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MENTAL HEALTH CARE PROMOTION IN INDIA

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ABSTRACT

Mental health is a critical determinant of human well-being, productivity, and social development, yet it remains under-recognized and under-prioritized in healthcare systems, particularly in India. Mental disorders, including depression, anxiety, schizophrenia, bipolar disorder, and substance use disorders, contribute significantly to global morbidity, disability, and premature mortality. India, with its large youth population, faces a rising burden of mental illness, with one in seven individuals affected and suicide rates among the highest globally. Contributing factors include lifestyle changes, workplace stress, excessive use of digital platforms, and weak family and social support systems. Despite this growing challenge, India continues to experience a wide treatment gap, largely due to stigma, lack of awareness, and inadequate mental health infrastructure.

Policy measures such as the National Mental Health Programme (1982), the Mental Healthcare Act (2017), the Rights of Persons with Disabilities Act (2016), and the National Health Policy (2017) have laid a foundation for integrating mental health into primary care. Recent initiatives like Tele MANAS and academic reforms to expand mental health professionals mark significant progress. However, achieving mental well-being requires a holistic, multi-sectoral approach that combines healthcare, education, workplace reforms, and community-level interventions. Strengthening awareness, accessibility, and preventive strategies is essential for India to safeguard its demographic dividend and ensure sustainable socio-economic growth.

KEY WORDS: *Mental Health, Mental Health Care, India.*

INTRODUCTION

Mental disorder is a hidden un-health condition in most of the humans which individual can't identify by him, if identified can't express to other and very realer self consult for the treatment. This condition not just disturbs the individual but also distracts oneself from the society and may lead to self destruction (suicide). The loss of the individual implies to loss of knowledge, wisdom and impact on the society which later can be replaced but not in the same prospective. This put forward the need for understanding mental health care, mental disorder and its promotion.

India being a huge youth populated country and also observed that India accounts for a third of global female suicides annually and nearly a fourth of male suicides. On an average, more than 100,000 lives are lost to suicide in India each year (1). This also rises concern for the promotion of mental health in India.

Objectives

- To explain the concepts of mental health and mental disorder.
- To analyse the mental health status in India.
- To explain the promotion of mental health promotion in India.

Mental Health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is also an integral component of health and well-being that under-pins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. It is crucial to socio-economic, personal and community development.The mental health is more than absence of mental disorders.

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of the mental well-being.

Mental disorders and psychoactive substance-related disorders are highly prevalent throughout the world and are major contributors to morbidity, disability, and premature mortality. However, the resources allocated by countries to tackle this burden are insufficient, are inequitably distributed, and, at times, inefficiently used. Together, this led to treatment gap in many countries, more than 70%. The stigma, social exclusion, and discrimination that occur around people with mental disorders compound the situation (2).

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Mental Disorder

Mental disorder is a psychological factor reflected in the behavior, which affect the normal development of a person's culture. Mental and behavioral disorders are found in people of all regions, countries, and societies. It may be associated with functions of the brain or nervous system. The personality disorders are emerging in childhood or at least by adolescence or early adulthood. Personality disorders incorporate a mixture of acute dysfunctional behaviors that may resolve in short periods (3).

Global Mental Disability

Mental and substance use disorders are some of leading causes of the disability globally. Depressive and anxiety disorders account for more than 970 million prevalent cases globally in 2019. The prevalence of substance use disorders has increased substantially since 1990. Among substance use disorders, alcohol use disorders account for more than 108 million prevalent cases and drug use disorders account for more than 56 million prevalent cases globally. Opioid use disorders are the most prevalent drug use disorder accounting for more than 22% of prevalent drug use disorder cases.

According to recent estimates, more than 13% of adolescents globally have a mental disorder, with common mental disorders such as anxiety and depressive disorders comprising about 40% of mental disorders. Mental disorder prevalence continues to show consistent variation by gender with depression and anxiety being more common among females and attention-deficit hyperactivity disorder (ADHD) and conduct disorder being more common among males. The prevalence of substance use disorders also continues to vary by gender with the prevalence in males being twice as high as that of females (4).

Mental health in India

In 2017, one among every seven people in India had a mental disorder, ranging from mild to severe. The contribution of mental disorders to total disease burden in India doubled from 1990 to 2017. Among the mental disorders that manifest predominantly during adulthood, the highest disease burden in India was caused by depressive and anxiety disorders, followed by schizophrenia and bipolar disorder. Among the mental disorders that have their onset predominantly during childhood and adolescence, the highest disease burden was caused by IDID, followed by conduct disorder and autism spectrum disorders The occurrence of mental disorders that manifest predominantly during adulthood was higher in more developed southern states than in less developed northern states, whereas prevalence of the mental disorders with onset predominantly in adolescence and childhood was higher in the less developed northern states than in more developed southern states. The higher prevalence of depressive and anxiety disorders in the southern states could be related to higher levels of modernization and urbanization in these states and to many other factors that are not yet well understood(5), (6).

LIFESTYLE WORK CULTURE AND MENTAL WELL-BEING

The lifestyle choices, workplace culture and family situations are critical for productivity and if India's economic ambitions are to be met, then immediate attention must be given to lifestyle choices that are often made during childhood/youth.

The increase in mental health issues in children and adolescents is often linked to the overuse of the internet and, specifically, social media. Survey emphasizes that the arrival of the "phone-based childhood" is rewiring the very experience of growing up. A better workplace culture will lead to better mental well-being. It also states that lifestyle choices and family situations also play a significant role in mental well-being.

The individuals who rarely consume ultra-processed or packaged junk food have better mental well-being than those who regularly do. It also says that those who rarely exercise, spend their free time on social media or are not close to their families have worse mental well-being and spending long hours at one's desk is equally detrimental to mental well-being.

The low levels of mental well-being is worrying, the ramifications of these trends on the economy are equally disturbing. The document also highlights that hostile work cultures and excessive hours spent working at the desk can adversely affect mental well-being and ultimately put the brakes on the pace of economic growth. The urgent need for school and family-level interventions to encourage healthy meeting with friends, playing outside, building close family bonds would go a long way towards keeping children and adolescents away from internet and improving well-being.

The returning to our roots may allow us to reach further for the heights in terms of mental health. Economic Survey 2024-25 notes that given the direct costs to human welfare and the spirit and sentiment of the nation, putting mental well-being at the centre of the economic agenda is prudent and the scale of the problem is immense.

It is about time to find viable, impactful preventive strategies and interventions as India's demographic dividend is riding on skills, education, physical health and, above all, mental health of its youth(7).

Treatment gap in Mental Well Being

According to the Indian Journal of Psychiatry India has 0.75 psychiatrists per 100,000 people, whereas WHO recommends at least 3 per 100,000. 70% to 92% of people with mental disorders do not receive proper treatment due to lack of awareness, stigma, and shortage of professionals.

Mental Health Care Promotion through schemes and programs

National Mental Health Programme (NMHP) – 1982

Recognizing the growing burden of mental disorders and the shortage of mental health services, India launched the National Mental Health Programme (NMHP) in 1982. The primary goal

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was to ensure that mental healthcare becomes an integral part of the general healthcare system, rather than being confined to specialized hospitals.

Key components include:
District Mental Health Programme (DMHP) was introduced under the NMHP to expand community mental health services.Covers 767 districts. Provides counselling, outpatient services, suicide prevention programs, and awareness initiatives.10-bedded inpatient mental health facilities at the district level.

The Rights of Persons with Disabilities (RPwD) Act, 2016
The Rights of Persons with Disabilities (RPwD) Act which replaced the Persons with Disabilities (PWD) Act, 1995, expanded the definition of disability to include mental illness and introduced stronger legal protections for individuals with psychosocial disabilities. The Act aligns with India's commitment to the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and aims to ensure equality, dignity, and non-discrimination for persons with disabilities, including those with mental health conditions.

National Mental Healthcare Act, 2017
The Mental Healthcare Act, 2017, was enacted to ensure the right to mental healthcare services, protect the dignity and rights of individuals with mental illness, and align India's mental health laws with international standards, particularly the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Act replaced the Mental Health Act of 1987 and introduced several progressive changes to mental health care and services in India like the Right to affordable and quality mental healthcare services and the decriminalization of suicide in India.

National Health Policy, 2017
The National Health Policy (NHP), 2017 was a landmark that acknowledged mental health as a national health priority. This policy aimed to address mental health issues through a multi-pronged approach, integrating mental healthcare into primary healthcare, strengthening human resources, and improving treatment accessibility

iGOT-Diksha Collaboration for Mental Health Training
The government has also collaborated with the iGOT-Diksha platform, a digital learning initiative in 2020, to train healthcare professionals, frontline workers, and community health volunteers in mental healthcare. This program focuses on: Building capacity for mental health care at the grassroots level. Equipping doctors and nurses with skills to diagnose and treat mental disorders. Promoting mental health awareness in rural areas.

Through **iGOT-Diksha**, India has expanded its mental health workforce, ensuring better early intervention strategies and community support mechanisms.

National Tele Mental Health Programme (Tele MANAS), 2022
Launched on October 10, 2022, the National Tele Mental Health Programme (Tele MANAS) was a game-changer in India's digital mental health infrastructure. Tele MANAS provides free, 24/7 mental health support to individuals through a national toll-free helpline (14416 / 1800-89-14416). Available in 20 Indian languages.

As of February 7, 2025, the Tele MANAS helpline has handled over 1.81 million (18,27,951) calls since its launch in 2022, providing essential mental health support across India. There are 53 Tele MANAS Cells across various states, ensuring local access to mental health services. The program is supported by 23 Mentoring Institutes nationwide, along with 5 Regional Coordinating Centers, ensuring efficient service delivery and expert guidance in mental healthcare.

Tele MANAS services include:
- Immediate tele-counselling by trained professionals.
- Referral support to psychiatrists for severe cases.
- Mental health awareness campaigns via digital platforms.
- Mobile-based mental health interventions, ensuring accessibility in rural and remote areas.

Tele MANAS Mobile App & Video Consultation
The Tele MANAS App was launched in October 2024.
Offers self-care strategies, stress management tools, and direct access to mental health professionals.Video consultation services introduced in Karnataka, Tamil Nadu, and J&K.

WHO Recognition
The World Health Organization (WHO) praised Tele MANAS as an effective and scalable mental health solution, making mental healthcare more inclusive and affordable(8).

Mental health care promotion through academics
To address the mental health problems in the country, the Government of India has been making continuous efforts to increase the number of mental healthcare professionals. The Government of India is implementing the National Mental Health Programme (NMHP) in the country. Under the tertiary care component of NMHP, 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialties as well as to provide tertiary-level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. One of the components of DMHP is to provide training to specialist and non-specialist cadres such as Medical Officers, Psychologists, Social Workers, and Nurses. The Government is also taking steps to strengthen mental healthcare services at the

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primary healthcare level. The Government has upgraded more than 1.73 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to Ayushman Arogya Mandirs. Mental health services have been added to the packages of services under Comprehensive Primary Health Care provided at these Ayushman Arogya Mandirs. Operational guidelines and training manuals for various cadres on Mental, Neurological, and Substance Use Disorders (MNS) at Ayushman Arogya Mandirs have been released under the ambit of Ayushman Bharat. The Government is also augmenting the availability of manpower to deliver mental healthcare services in the underserved areas of the country by providing online training courses to various categories of general healthcare medical and para-medical professionals through the Digital Academies, established since 2018, at the three Central Mental Health Institutes namely National Institute of Mental Health and Neuro Sciences, Bengaluru, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam, and Central Institute of Psychiatry, Ranchi. The total number of professionals trained under Digital Academies are 42,488. Also, 66 institutions/universities are offering M.Phil Clinical Psychology course. The Council has launched B.Sc. Clinical Psychology (Hons.) course from the academic session 2024- 25 and granted approval to 19 universities to offer this course for developing more professionals in clinical psychology(9).

CONCLUSION

Mental health is an essential component of overall well-being and human development, yet it remains one of the most neglected areas of healthcare. The burden of mental disorders in India is steadily increasing, with depression, anxiety, and substance use disorders affecting a large share of the population, particularly youth. Stigma, lack of awareness, and inadequate resources contribute to a significant treatment gap, leaving millions untreated and vulnerable. This not only affects individual productivity and family stability but also slows national economic growth.

India has made commendable progress through policies and programmes such as the National Mental Health Programme, Mental Healthcare Act 2017, and the launch of Tele MANAS, which has emerged as a scalable and inclusive digital support system. Academic interventions and training initiatives are also strengthening the mental health workforce, while workplace and lifestyle reforms remain crucial for improving well-being. However, the challenge is immense and requires a multi-sectoral approach that integrates health systems, education, workplaces, and communities.

Promoting mental health must be prioritized alongside physical health, ensuring affordable access, awareness, and early interventions. Only by addressing mental health holistically can India harness its demographic dividend and build a healthier, more productive and resilient society.

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