

MENTAL HEALTH IN INDIA

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What Is mental health?

The World Health Organization (WHO) defines mental health not merely as the absence of mental disorders, but as a state of well-being in which every individual realizes their potential, can work productively, and contributes to the community.

Present scenario of Mental health in India

?According to the National Mental Health Survey (NMHS) 2015-16, lifetime prevalence of any mental morbidity in India is about 13.67%; current prevalence ~ 10.56%.

- Mood disorders (~5.6%), substance use, neurotic and stress-related disorders are among the highest.
- There is a huge treatment gap: ~ 84.5% of people who need treatment for mental disorders are not getting it.
- WHO estimates burden of mental health problems in India at 2443 DALYs per 100,000 population.
- Age-adjusted suicide rate is ~ 21.1 per 100,000 people.
- Economic loss due to mental health conditions (2012-2030) is estimated at **USD 1.03 trillion**.

Factors Responsible for Mental Health Degradation

1. Social Stigma & Discrimination

- Mental illness is often considered taboo in Indian society, leading to delayed help-seeking.
- Example: National Mental Health Survey (2016) noted stigma as a major barrier, with ~80% untreated cases.

1. Academic & Workplace Stress

- Pressure of examinations, competition, and long work hours increase stress, anxiety, and burnout.
- Example: Rising cases of student suicides in Kota (Rajasthan), where 23 suicides were reported in 2023 alone.

1. Unemployment & Financial Insecurity

- Joblessness, layoffs, and debt burden create a sense of hopelessness.
- Example: During COVID-19 lockdown, unemployment surged to 23.5% (CMIE, 2020), contributing to higher anxiety and depression levels.

1. Substance Abuse

- Alcohol and drug addiction not only affect physical health but also worsen depression, anxiety, and violent behavior.
- Example: Punjab has a high prevalence of opioid use, directly linked to deteriorating mental well-being.

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1. Urbanization & Lifestyle Changes

- Fast-paced urban life, isolation, lack of community bonding, and sedentary habits worsen stress and loneliness.
- Example: A WHO report (2022) flagged urban loneliness as a rising "silent epidemic."

1. Social Media & Digital Overload

- Excessive screen time, cyberbullying, and unhealthy comparisons impact self-esteem and cause anxiety.
- Example: A study in Lancet Psychiatry (2022) showed heavy social media users were at greater risk of depression, especially adolescents.

1. Trauma, Violence & Abuse

- Domestic violence, child abuse, sexual harassment, and workplace harassment create long-term psychological scars.
- Example: NCRB 2022 data recorded 4.45 lakh crimes against women, many of which have mental health consequences.

1. Lack of Access to Mental Health Services

- Inadequate professionals, facilities, and low government spending (?1% of health budget) worsen untreated cases.
- Example: India has only 0.75 psychiatrists per 1 lakh population (vs WHO norm of 3).

1. Chronic Illness & Pandemic Impact

- Diseases like cancer, diabetes, and COVID-19 increase stress and depression.
- Example: A Lancet study (2021) estimated COVID-19 increased global depression cases by 53 million and anxiety by 76 million.

1. Cultural & Gender Pressures

Patriarchal norms, dowry, early marriage, and discrimination worsen women's mental health.

Example: WHO (2022) highlights that women are **twice as likely** as men to experience depression due to social and gender inequalities.

Government measures for mental health issues in India

1.Mental Health Infrastructure in India:

- As part of the National Mental Health Programme (2024),25 Centres of Excellencewere sanctioned totrain postgraduate studentsinmental healthand provideadvanced treatment.
- 47 PG Departments in mental health have been established/upgraded in 19 government medical colleges.
- Mental health services are also being introduced in 22 newly established AIIMS.

2. Ayushman Bharat Integration: 1.73 lakhAyushman Arogya Mandirsprovide basic counselling, psychiatric medication, physician training, and referral linkages

3. Mental Healthcare Act, 2017

• Replaced the earlier Mental Health Act of 1987.

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- Ensures rights of persons with mental illness -access to care, protection from inhuman treatment, right to live with dignity.
- Decriminalised attempted suicide.
- Provisions for advance directives and nominated representative.

4. National Mental Health Programme (NMHP)

- Longstanding programme to strengthen mental health infrastructure, promote awareness, and integrate mental health into general health services.
- Includes **District Mental Health Programme (DMHP)** which aims to deliver mental health services at district level- through general hospitals etc.

5. National Tele Mental Health Programme: Tele-MANAS (Tele Mental Health Assistance and Networking Across States)

Launched a free 24×7 mental health helpline.

Services available in 20 Indian languages.

Handled 2.5 million calls by Aug 2025.

Way Forward for Mental Health in India

1. Strengthen Primary Mental Healthcare

- Integrate mental health services into *Ayushman Arogya Mandirs* and PHCs so that first-line screening, counselling, and referrals become routine.
- Example: Kerala's *Jeevani* programme for college students can be scaled nationwide.

1. Expand Human Resources

- Increase postgraduate seats in psychiatry, clinical psychology, psychiatric nursing, and social work.
- Incentivize placements in rural/district hospitals through scholarships and fellowships.

1. Boost Budgetary Allocation

• Current mental health spending is ~1% of total health budget. It should be raised gradually to 5–7%, ensuring funds for community care, training, and awareness.

1.

2. Leverage Technology & Tele-Mental Health

- Scale up *Tele-MANAS* with multilingual AI chatbots, 24×7 helplines, and integration with apps for follow-up.
- Partnerships with start-ups can help in remote monitoring and early detection.

1. Awareness & De-stigmatisation Campaigns

- Launch large-scale IEC (Information, Education, Communication) campaigns like "Poshan Abhiyan" but for mental health.
- Use social media, schools, workplaces, and celebrities to normalize seeking help.

1. Youth & Workplace Mental Health Initiatives

- Mandatory counsellors in schools and colleges.
- Corporate India should be incentivized through CSR and tax benefits to run employee wellness programmes.

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1. Community-Based Models

- Train ASHA, Anganwadi, and community volunteers to identify and refer mental health issues.
- Example: Nagpur's *Udaan Scheme* used ASHA workers to screen >6 lakh people successfully.

Conclusion

Mental health is no longer a private issue but a critical public health priority that shapes human capital and social cohesion. India must move beyond stigma and neglect towards a rights-based, inclusive, and preventive approach. By strengthening community care, investing in human resources, leveraging technology, and ensuring adequate funding, India can transform its mental health landscape and secure the well-being of its citizens, thereby fulfilling the vision of "health for all."