



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.

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 Excellence were sanctioned to train postgraduate students in mental health and provide advanced 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 lakh Ayushman Arogya Mandirs provide basic counselling, psychiatric medication, physician training, and referral linkages

3. Mental Healthcare Act, 2017

- Replaced the earlier Mental Health Act of 1987.

- 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.

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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."