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ORIGINAL RESEARCH PAPER

How can India strengthen mental health services as part of its efforts to promote holistic wellbeing by 2047

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Abstract

A strong and comprehensive mental health system is essential to the country's ambition for holistic development as India nears its centennial of independence in 2047. Despite advancements in knowledge and legislation, many people still stigmatize, lack access to, and lack resources for mental health, especially in rural and marginalized regions. In order to support holistic well-being, this article investigates the ways in which India might improve its mental health services. Expanding community-based mental healthcare, incorporating mental health into primary health systems, utilizing digital technologies, educating and raising awareness of mental health issues at all levels, and training non-specialist clinicians are some important tactics. The study also highlights the necessity of addressing socioeconomic determinants of mental health including unemployment, gender inequality, and poverty, as well as the significance of intersectoral collaboration and more public investment. In addition to being a health necessity, improving mental health care is also a social justice and development goal for India's future.

Keywords: Mental Health, Holistic Wellbeing, India@2047, Community-Based Care, Mental Health Policy, Digital Health, Stigma Reduction, Mental Health Education, Social Determinants, Public Health, Health Infrastructure, Primary Care Integration.

Introduction

In 1948, the "World Health Organization (WHO)" characterized health as "a state of complete physical, mental, and social wellbeing and not only the absence of disease and infirmity" (WHO, 2020, p. 1).

Mental health (MH) covers emotional, psychological, along social wellbeing, reflecting an individual's mental and emotional condition. It affects cognition, perception, and behavior and also dictates an individual's stress management, interpersonal interactions, and decision-making, rendering it essential for overall health and wellbeing, equally significant as physical health.

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Prevalence of Mental Health Disorders in India

The WHO Global Health Report 2019 demonstrates that one in four individuals can encounter a mental health issue at some stage in their lives (Barry, M. M. (2012). Mental illness has consequently become the primary cause of disability and poor health globally.

Mental, neurological, and drug use disorders are responsible for almost 10% of the worldwide disease burden; nonetheless, around 85% of individuals in low- and middle-income nations do not have access to therapy.

About 150 million (12.5%) people in India necessitate active intervention for mental health disorders. Of these, around 12 million individuals have been affected by severe mental problems (Avasthi, A., 2010).

National Mental Health Survey (NMHS) (2015-16)

A comprehensive study performed by the "National Institute of Mental Health & Neurosciences (NIMHANS)" indicates that approximately 13.7% of India's general population is anticipated to be afflicted by several mental disorders, with 10.6% necessitating urgent intervention.

Depressive Disorders

India is experiencing a substantial MH crisis, with around 56 million individuals affected by depression and 38 million by anxiety disorders, as reported by the WHO.

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The 2016 NMHS in India reported an overall prevalence of "Common Mental Disorders (CMDs)" that involve depression along with anxiety disorders at 5.1%, accompanied by a treatment gap of 80.4%.

Suicide Rates

India possesses the lamentable distinction of recording a high suicide rate worldwide. The "National Crime Records Bureau (NCRB)" study indicates that 171,000 individuals committed suicide in India in 2022. The suicide rate in India has escalated to 12.7 per 100,000 inhabitants.

Suicide has emerged as the predominant cause of mortality among those aged between 15 to 29 years in India (Kafczyk, T., & Hämel, K., 2024). Each life lost to suicide is a tragic loss, although it merely signifies the surface of the broader MH crisis in the nation, specifically in young adults. Women generally experience greater suffering.

The right to optimal health is inherent to each individual, irrespective of race, economic status, political ideology, religion, or social condition, and it is the goal of the WHO, achievable only through the execution of adequate health and social interventions (Roy, S., & Rasheed, N., 2015).

Consequently, the government is implementing an integrated approach in the healthcare system, emphasizing both health and wellness by delivering high-quality services at no cost directly to individuals' residences.

Suicide prevention has thus emerged as a worldwide focus and is integrated with the "Sustainable Development Goals (SDG 3.4)". Maintaining the right to health and achieving "Sustainable Development Goal 3" on "good health and wellbeing" requires addressing mental health. When populations are healthy, nation-building creates strong civilizations and boosts output.

Status of Mental Healthcare in India

Data from "The National Institute of Mental Health and Neurosciences" reveals that more than 80% of individuals in India lack MH care treatments because of reasons such as lack of awareness, stigma, and prohibitive costs.

The projected economic loss attributable to MH illnesses from 2012 to 2030 is expected to reach USD 1.03 trillion (WHO).

Shortfall of Specialists

As per the WHO, the "mental health workforce" in India comprises psychiatrists (0.3), psychologists (0.07), nurses (0.12), and social workers (0.07) per 100,000 individuals.

The scarcity of specialists and mental health services (MHS) renders treatment either unavailable or inaccessible, even for individuals who actively pursue care. There is around one trained psychiatrist for every 250,000 individuals, while the total availability of the mental health workforce (comprising psychiatrists, clinical psychologists, along psychiatric social workers) is below 1 per 100,000 population.

Approximately 3.6 to 4.5 million individuals in India necessitate hospitalization for mental health disorders; nonetheless, there are only 6.4 to 8 dedicated psychiatric beds available for every 1,000 individuals in need of such care.

Factors Associated with Mental Health

Poverty

Poverty and economic disparity, combined with restricted educational access, can exacerbate mental health problems. Individuals in poverty have an elevated likelihood of developing MH disorders (Samudre, S., Shidhaye, R., Ahuja, S., Nanda, S., Khan, A., Evans-Lacko, S., & Hanlon, C., 2016). Conversely, individuals with significant MH issues are more susceptible to poor results of unemployment and improved healthcare expenses.

Online and Social Media Influences

Cyberbullying, social comparison, and the spread of disinformation may adversely impact mental health.

Gender Disparities

Women in India experience increased levels of depression, anxiety, and domestic violence, frequently encountering little autonomy in obtaining support. A recent NCRB analysis indicates that housewives constituted 50% of the suicides in India in 2021.

Vulnerability of Adolescents (childhood to adulthood) to Mental Health Challenges

These comprise body image problems, social norms, academic pressure, peer influence, and apprehensions over the future (7.3%).

Aging Population and Geriatric Mental Health

Loneliness, depression, and dementia are significant issues among the elderly population.

Natural Disasters and Trauma

India is susceptible to disasters such as floods and earthquakes, which may result in trauma and "Post-Traumatic Stress Disorder (PTSD)."

Covid-19 Pandemic

Research published in 'The Lancet' indicates that the Covid-19 epidemic led to a 28% spike in depression and a 26% rise in anxiety within 1year, from 2020 to 2021. Significant surges have been found in younger generations, attributed to financial, uncertainty, and employment losses, grief, heightened childcare obligations, school closures, and social isolation.

Steps Taken to Promote Mental Health

Global Initiatives

"World Mental Health Day" is reported annually on October 10, aiming to enhance global awareness of mental health

complications and stimulate assistance for mental health initiatives.

The 66th "World Health Assembly" accepted WHO's "Comprehensive Mental Action Plan 2013-2020".

The "Mental Health Atlas" was initiated by the WHO in the year 2017 and has been published every three years thereafter. It collects information submitted by nations globally regarding mental health policies, human resources, legislation, funding, service availability as well as utilization, and data collection approaches. It functions as a framework for nations in the formulation and organization of MHS.

Initiatives by the Government of India (GOI)

1. National Mental Health Program (NMHP)

It was implemented by the GOI in 1982 to address a substantial prevalence of mental diseases and a deficiency of MH specialists. In 2003, the program was modified to involve two initiatives: the "Modernization of State Mental Hospitals" and the "Enhancement of Psychiatric Wings" in "Medical Colleges and General Hospitals".

The GOI has been actively working to improve the number of mental healthcare practitioners to address the nation's mental health challenges.

The GOI is executing the NMHP across the country. Within the tertiary care segment of the NMHP, "25 Centres of Excellence" are approved to escalate student enrollment in postgraduate departments focused on mental health and to offer tertiary-level treatment services (Mathias, K., Mathias, J., Goicolea, I., & Kermode, M., 2018). Additionally, the government has sponsored nineteen medical colleges/institutions to enhance forty-seven postgraduate departments in MH specializations.

The "District Mental Health Programme (DAMP)" has prioritized community MHS at the "primary healthcare level" since 1996, including 767 districts with State/UT funding under the "National Health Mission". The DMHP encompasses training for both specialized and non-specialized workers, including Medical Officers, Psychologists, Social Workers, and Nurses.

DMHP provides outpatient therapy, counseling, and psychosocial interventions, with community and primary health center support for major mental disorders. These treatments collectively represent a comprehensive approach to mental health care in India.

The GOI is implementing measures to enhance MHS within basic healthcare. It has been upgraded over 1.73 lakh "Sub Health Centres (SHCs)" and "Primary Health Centres (PHCs)" to "Ayushman Arogya Mandirs (AAMs)." MHS have been incorporated into the service offer of "Comprehensive Primary Health Care" at these AAMs. Operational instructions and training manuals for different cadres for "Mental, Neurological, and substance use disorders (MNS)" at AAMs have been issued under the framework of "Ayushman Bharat".

The GOI is enhancing the accessibility of persons delivering MHS in marginalized areas online training courses to multiple categories of general healthcare and paramedical professions via the "Digital Academies," which was established in the year 2018 at 3 "Central Mental Health Institutes": the "National Institute of Mental Health and Neuro Sciences in Bangalore," "Lokopriya Gopinath Bordoloi Regional Institute of Mental Health in Tezpur, Assam, and the Central Institute of Psychiatry in Ranchi." A total of 42,488 professionals have been trained through the "Digital Academies."

Moreover, 66 organizations and universities provide the M. Phil Clinical Psychology program. The Council has initiated a B.Sc. in Clinical Psychology (Hons.) program for the 2024-25 academic year and has authorized 19 universities to provide this degree to promote additional professionals in clinical psychology.

2. Ayushman Bharat – Health and Wellness Centres (AB-HWC) Scheme

The AB-HWCs are part of the "Ayushman Bharat Programme".

The "National Health Policy 2017" increased the mainstreaming potential of "AYUSH systems (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy)" in pluralistic integrated healthcare.

In the year 2018, India converted sub- and basic health clinics into 150,000 health and wellness clinics to provide complete primary care. Thus, the "Ministry of AYUSH" will convert ten percent of sub-health clinics into Ayushman Bharat Health and Wellness clinics.

It provides rehabilitative, preventive, curative, promotive, and palliative care to enhance the quality of life for those with serious diseases.

Subsequently, the operational regulations for MNS were issued at Health and Wellness Centres (HWC).

3. Mental Health Act

The "Mental Health Care Act 2017" ensures that all those impacted are entitled to government-provided mental health care.

It has considerably limited the applicability of Section 309 UPC, rendering "the attempt to commit suicide punished only in unusual situations.

4. Kiran Helpline

In the year 2020, the Ministry of Social Justice and Empowerment established a 24/7 toll-free helpline named 'Kiran' to provide mental health assistance to persons facing suicide ideation, anxiety, depression, stress, and different psychological issues.

It is offered in 13 languages and includes 660 clinical and rehabilitative psychologists, along with 668 psychiatrists, volunteering.

The helpline is managed by the" "National Institute for the Empowerment of Persons with Multiple Disabilities

(NIEPMD)" in "Chennai, Tamil Nadu, and the National Institute of Mental Health Rehabilitation (NIMHR) in Sehore, Madhya Pradesh. Both NIEMPD and NIMHR function under the Ministry of Social Justice and" Empowerment.

5. National Tele Mental Health Programme

The "National Institute of Mental Health and Neuro Sciences (NIMHANS)" in Bangalore, the "National Apex Centre," oversees the operations of Tele MANAS throughout India.

Furthermore, GOI initiated a "National Tele Mental Health Programme" on October 10, 2022, to improve accessibility to excellent MH counseling and care services nationwide, which includes 24/7 tele-counseling in 20 languages via a toll-free helpline (14416). As of November 22, 2024, thirty-six States and Union Territories had created 53 Tele MANAS Cells and commenced Tele MHS. Over 1,595,000 calls are managed on helpline numbers.

- *MANAS Mobile App*

On October 10, 2021, "World Mental Health Day," the GOI introduced the "MANAS (Mental Health and Normalcy Augmentation System)" Mobile App to improve mental wellbeing among various age demographics. MANAS received authorization as a national programme from the "Prime Minister's Science, Technology, and Innovation Advisory Council (PM-STIAC)". It is an extensive mobile platform designed to assist with mental health concerns, encompassing both wellbeing and mental diseases.

6. Manodarpan Initiative

During the COVID-19 pandemic, the Ministry of Education is providing MH and wellbeing support to children, families, and educators.

7. Rashtriya Kishor Swasthya Karyakram

Established by the "Ministry of Health and Family Welfare (MoHFW)" in the year 2014, the initiative aims to ensure the comprehensive development of the adolescent demographic.

An adolescent is defined as an individual aged 10 to 19 years, inclusive of both urban and rural settings, and comprising girls and boys, married and unmarried, as well as those from impoverished and affluent backgrounds, regardless of their educational status (Schultz, C., Walker, R., Bessarab, D., McMillan, F., MacLeod, J., & Marriott, R., 2014).

The campaign aims to include all adolescents, including those who identify as "Lesbian, Gay, Bisexual, Transgender, and Queer (LGBT)".

The MoHFW, in partnership with the "United Nations Population Fund (UNFPA)," has formulated a National Adolescent Health Strategy to facilitate the execution of this initiative.

8. Yuva Spandana Yojana (Karnataka)

The "Yuva Spandana program" is a youth policy project in Karnataka, set up by the "Department of Youth Empowerment and Sports," "Government of Karnataka, with technical assistance from the Department of Epidemiology, Centre for Public Health, NIMHANS. It seeks to deliver comprehensive behavioral, mental, along psychological" support services for youth via guidance centers known as "Yuva Spandana Kendra (YSK)," signifying youth response centers.

9. National Institute of Mental Health and Neurosciences (NIMHANS)

It provides guidelines and advice for the management of MH concerns and offers online capacity training for health professionals to provide psychosocial support.

10. NIMHANS and iGOT-Diksha Collaboration

NIMHANS provides psychological assistance along with training using the "(iGOT)-Diksha platform", facilitating "online training for the health workers offered by NIMHANS.

Addressing Pandemic-Induced Mental Health Challenges

The GOI implemented a 24/7 helpline providing psychosocial assistance to several demographic groups.

Financial Support for Mental Health Institutions

The "District Mental Health Program" is allocated Rs. 159.75 Crore for States/UTs under the "National Health Mission" for the financial year 2022-23.

Challenges in Promoting Mental Health

High Public Health Burden

As per" the most recent NMHS (2015-16), over 150 million individuals in India necessitate mental health care interventions.

Demographic Dividend

The WHO asserts that the incidence of mental problems is greatest in young adults. Demonstrated that more than 50% of India's population is under 25 years old, it is imperative for the government to prioritize youth mental health to capitalize on the demographic dividend.

Loss to Economy

Prolonged or insufficient treatment of individuals suffering from mental disorders leads to a depletion of human capital and a general economic decline due to lost workdays (Thieme, A., Wallace, J., Meyer, T. D., & Olivier, P., 2015, July). Moreover, the impoverished experience heightened stress due to the concentration of mental healthcare services in urban locales, which are sometimes inaccessible at primary healthcare facilities in rural areas, resulting in elevated expenses.

Rise in Severity

Mental health challenges often escalate during economic recessions, requiring focused attention during times of financial hardship.

Social Stigma

Due to fears of social discrimination, many people and families avoid seeking help.

Lack of Awareness and Education

A major deficiency in awareness of MH leads to misunderstandings and disregard. Educational interventions are lacking in advancing mental health literacy.

Prone to Abuse

Individuals with mental illness are susceptible to physical violence, sexual assault, and unlawful confinement, even in their residences and mental healthcare facilities, which raises significant concerns and represents a severe violation of human rights.

Lack of Mental Health Infrastructure

Presently, about 20 to 30% of patients suffering from mental diseases obtain appropriate care owing to inadequate resources. Under 2% of the governmental health budget is designated for mental health concerns (Thara, R., & Patel, V., 2010). The necessary medicine list comprises a restricted selection of WHO-recommended mental health pharmaceuticals.

The WHO observed that India's MH workforce per 100,000 people comprises 0.3 psychiatrists, 0.12 nurses, 0.07 psychologists, and 0.07 social workers.

India possesses 0.75 psychiatrists per 100,000 individuals, although the optimal ratio is 3 psychiatrists per 100,000.

In view of these resource constraints, how might India reconceptualize mental health? An immediate necessity exists for an adequately funded, comprehensive societal strategy to protect, enhance, and support the mental health of our populace.

Lack of Resources

The minimal allocation of financial resources, exceeding about 1% of GDP for healthcare, has established challenges to public access to inexpensive mental healthcare.

Considering estimated requirements that exceed Rs 93,000 crore for MH, the GOI allotted only Rs 600 crore in 2019 and Rs 1,000 crore in the most recent budget, with most of the money allocated to postsecondary organizations.

High Treatment Costs

Private mental health services are too expensive for many.

The current NMHS found an 83% mental disorder treatment gap in India.

Up to 20% of Indian households experience poverty because of expenditures on mental illness care.

Post-Treatment Gap

There is an urgent want for sufficient rehabilitation of patients with mental illness post-treatment, which is presently deficient.

Urban-Rural Divide

MHSs are primarily situated in urban regions, resulting in restricted or absent access to care for rural communities. The mental health crisis in rural communities is made worse by this geographic inequity.

Challenges in Policy Implementation

A significant challenge in the policies of India is the disparity between necessity and practicality.

The "National Mental Health Policy of 2014 and the Mental Health Act of 2017" sought to promote MH; nonetheless, uncertainty persists around implementation, funding distribution, and timetables.

Future Prospects/Goals

There is an imperative to foster mental health awareness among the general population through initiatives such as Swachh Mansikta Abhiyan.

Shifting to a Convergent Model of Mental Health

The 'Whole School, Whole Community, Whole Child' framework from the United States, which takes a holistic approach to children's wellbeing by integrating aspects like nutrition, physical activity, and emotional health within the educational setting, should be adopted by policymakers in order to shift from medical model to a convergent model of MH.

Including Mental Health in Education

It is beneficial to incorporate MH education into the curriculum of schools to foster early awareness and reduce stigmatization.

Including Mental Health (MH) in Public Health Programs

Integrating MH into public health initiatives to alleviate stress, encourage healthy lifestyles, identify and screen high-risk populations, and enhance MH interventions such as counseling services. Particular attention must be directed at schools and colleges, where students are presently under considerable academic pressure to attain their objectives in a fiercely competitive environment (Tiwari, R., & Shukla, A, 2024). Particular focus is required for populations that are especially susceptible to mental health challenges, including victims of domestic or else sexual assault, unemployed youth, marginalized farmers, military personnel, and individuals employed in challenging environments.

Integration with Primary Healthcare

Integrating MHS into the current primary healthcare framework is crucial for facilitating early detection and intervention.

It is equally crucial to train primary care physicians to identify and address prevalent mental health concerns.

Increasing Mental Healthcare Infrastructure

Enhancing investment in mental health clinics and facilities' development, especially in rural and neglected regions.

Recruiting and training supplementary mental health experts, encompassing psychiatrists, psychologists, along counselors.

Advocating for telemedicine and online mental health treatments to connect urban and rural regions and improve accessibility.

Increasing Awareness

Promoting timely care for patients by eliminating societal biases and stigma.

Working on Affordability Aspects

MHS must be accessible and inexpensive for every individual. Increased coverage without sufficient financial protection would cause inequalities in service utilization and results (Van Ginneken, N., Jain, S., Patel, V., & Berridge, V., 2014). Every government system responsible for assuring health, which includes "Ayushman Bharat," must include the broadest possible mental health disorders.

Mental Health Insurance Coverage

Gradually expanding mental health coverage inside health insurance plans to enhance affordability and accessibility of treatment.

Enacting policies that ensure insurance equivalence for mental health treatments.

Increasing Investment in Public Healthcare

In India, there exists a singular primary healthcare center serving a population exceeding 51,000 individuals.

The "World Bank" anticipates that 90% of health requirements may be fulfilled at the basic healthcare level. Therefore, increased funding and grassroots training for ASHA, ANM, and AWW center staff to identify common to serious mental health disorders that include schizophrenia, depression, anxiety, and alcohol dependence are needed to improve patient access, affordability, and speed.

Moreover, financial support for mental health services must be improved. India has designated only 0.05% of its yearly health budget to MH in recent years, markedly lower than the typical expenditure of low-income countries, which is approximately 0.5% of their healthcare budgets.

In the financial year 2024 to 25, the health budget comprises about two percent of the total budget, with the mental health budget accounting for around one percent of the overall health budget.

Community Partnership

Establishing self-help groups for caregivers' families in collaboration with non-governmental organizations (NGOs) can enhance community engagement and mitigate the social stigma around mental illness.

Organizations including "Banyan (Tamil Nadu), Sangath (Goa)", and the "Centre for Mental Health Law and Policy (Pune)" have significantly advanced mental health through innovative and evidence-based approaches.

Empathetic Service Delivery

Service delivery must be empathetic, caring, and free of stigma and discrimination within public medical service organizations. Moreover, it is essential to provide "police with sensitization and training" to identify acute mental diseases and implement appropriate measures to protect "the human rights of people suffering from mental illness, their families, and the community.

Learning Lessons from Combating HIV-AIDS

The achievements of India in fighting HIV-AIDS offer" significant insights for focusing on MH issues.

Successful approaches include the involvement of the community, evidence-based interventions, and broad stakeholder participation.

NMC Taskforce

The editorial titled "Mental health of medical students can no longer be ignored" was published in "The Indian Express on 19/08/2024". The essay emphasizes the critical issues inside the mental healthcare system of India and proposes methods to address mental health challenges impacting all demographics.

In recent times, "National Medical Commission" established a Taskforce to address the psychological wellbeing and health "of medical students in response to the unfortunate suicides of 122 students over the previous 5years (Wyn, J., Cahill, H., Holdsworth, R., Rowling, L., & Carson, S. (2000). A commission-conducted online poll found that 27.8% of undergraduate medical students had MH issues and 31.3% of" postgraduates have pondered suicide. The need for a comprehensive mental health plan is clear.

Conclusion

With the aforementioned programs already accepted by the government of India and the prospects to be addressed in the near future, India may enhance mental health services as part of its efforts to promote holistic wellbeing by 2047, in alignment with the "Sustainable Development Goals (SDG 3.4)" on 'good health and wellbeing' for the Indian population.

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