

NEXT IAS

DAILY EDITORIAL ANALYSIS

TOPIC

**INDIA'S MENTAL HEALTH
CRISIS**

www.nextias.com

INDIA'S MENTAL HEALTH CRISIS

Context

- Every year, **October 10** marks World Mental Health Day — a reminder of the global burden of mental illness affecting over **a billion people**.
- India, with a **13.7% lifetime prevalence** of mental disorders, needs to address mental health challenges through **legal, institutional, and policy frameworks**.

About the Mental Health

- According to the **World Health Organization (WHO)**, mental health is a state of well-being where individuals can cope with life's stresses, work productively, and contribute to their communities.
- It is shaped by a mix of individual, social, and structural factors—poverty, violence, inequality, and trauma all increase vulnerability.

Global Scenario

- According to the Mental Health Atlas 2024 of WHO, nearly **one in eight people** worldwide live with a **mental disorder**.
 - ♦ Depression and anxiety are the most common mental health conditions, affecting over 300 million people.
 - ♦ Suicide remains a leading cause of death among young people aged 15–29.
 - ♦ Over 40% of countries have fewer than one psychiatrist per 100,000 people.

Status in India

- According to the **NCRB's Accidental Deaths & Suicides in India (ADSI) 2023 report**, India recorded **1,71,418 suicides**.
 - ♦ **Top Suicide Rate States:** Andaman & Nicobar Islands, Sikkim, Kerala;
 - ♦ **Highest Absolute Deaths:** Maharashtra, Tamil Nadu, Madhya Pradesh, Karnataka, West Bengal;
 - ♦ **Demographic Trends:** Men formed **72.8%** of victims, revealing deep economic and social stress.
 - ♦ **Primary Causes:** Family issues (31.9%), illness (19%), substance abuse (7%), relationship and marriage problems (10%).
 - ♦ Men account for nearly 73% of all suicides, often driven by economic and social stress.
- **Agrarian Distress:** In 2023 alone, **10,786 farmers** — 6.3% of total suicides — took their lives, **largely in Maharashtra and Karnataka**.
 - ♦ Since 2014, over **1,00,000 farmers** have died by suicide, driven by debt, crop failure, and market instability.
- The **National Mental Health Survey (2015-16)** conducted by **NIMHANS** revealed that **10.6% of adults** suffer from mental disorders, excluding tobacco-related conditions.
- **WHO** estimates **India's suicide rate at 16.3 per 1,00,000**.

Persistent Challenges: Key Reasons For Mental Health Crisis

- **Severe Treatment Gaps:** Over **80%** of people with severe conditions receive **no professional care** out of nearly **230 million Indians who live** with some form of mental disorder.
 - ♦ The **National Mental Health Survey (2015–16)** revealed treatment gaps ranging between **70% and 92%**, with **85%** for common conditions like depression and anxiety.
- **Workforce Shortage:** India has **0.75 psychiatrists** and **0.12 psychologists** per 100,000 population against WHO's minimum recommendation of **3 psychiatrists per 100,000**.
- **Operational Inefficiencies: DMHP's uneven performance** across states due to inadequate resources;
 - ♦ **Frequent shortages** of essential psychotropic drugs at primary health centres;
 - ♦ **Rehabilitation coverage** meeting only **15%** of national needs.

- ♦ **Enduring Stigma:** More than **50% of Indians** still attribute mental illness to weakness or shame — perpetuating silence, dropout from care, and lost productivity worth **over \$1 trillion by 2030**.
- **Systemic Gaps and Policy Failures:** Despite statutory (**Mental Healthcare Act, 2017**) and regulatory (**National Suicide Prevention Strategy, 2022**) provisions in India, suicides have continued to rise.
 - ♦ Programs such as **Manodarpan**, intended to support students, remain under-implemented.
- **Rise of Digital Solace — and Its Risks:** OpenAI CEO Sam Altman acknowledged that people turn to **AI tools like ChatGPT** for emotional support, in the absence of accessible human care.
 - ♦ It underscores a **profound social failure**.
- **Cost of Inaction:** Suicide is now the **leading cause of death among Indians aged 15–29**.
 - ♦ **Untreated mental illness** could cost India **over \$1 trillion in lost GDP** by 2030, with employers already losing **₹1.1 lakh crore annually** due to burnout and absenteeism.

Global Comparisons

- Countries like **Australia, Canada, and the UK** report:
 - ♦ Treatment gaps of **40–55%** (far lower than India's);
 - ♦ **8–10%** of health budgets devoted to mental health (**India: only 1.05%**);
 - ♦ **Mid-level mental health providers** delivering 50% of counselling services;
 - ♦ **Universal insurance coverage** for 80%+ of citizens;
 - ♦ **Robust mental health surveillance systems** for real-time data and response;
- India's policies lag behind in adopting **WHO's International Classification of Diseases (ICD)-11 standards**, which include emerging disorders such as *complex PTSD*, *prolonged grief disorder*, and *gaming disorder*.

India's Legislative and Policy Response

- **The Mental Healthcare Act, 2017:** It remains a milestone in ensuring the *right to mental health care*. It decriminalises suicide, mandates insurance coverage for mental illnesses, and protects patient dignity and autonomy;
 - ♦ It has positioned **mental health as a fundamental right** under **Article 21** — reaffirmed by the *Supreme Court of India* in *Sukdeb Saha vs State of Andhra Pradesh*.
- **Expanding Access through National Initiatives:**
 - ♦ **District Mental Health Programme (DMHP):** Operates in **767 districts**, offering outpatient services, counselling, and suicide prevention.
 - ♦ **Tele MANAS (24x7 Helpline):** Over **20 lakh tele-counselling sessions** have extended mental health support to underserved populations.
 - ♦ **Manodarpan:** A school-based programme that has reached **11 crore students**, promoting psychological well-being among youth.

Way Forward

- **Prioritise Mental Health as a National Emergency:** Establish a **cross-ministerial task force** spanning health, education, agriculture, and women's welfare.
 - ♦ Ensure **independent funding and accountability** for all mental health initiatives.
- **Strengthen Human Infrastructure:** Increase the number of mental health professionals to **3–5 per 1,00,000 people** within five years.
 - ♦ Expand psychiatry and psychology training with **rural placement incentives**.
- **Institutionalise Counselling as Public Infrastructure:** Mandate **full-time counsellors** in schools, colleges, and hospitals.
 - ♦ Fund mental health services through **central and state budgets**, not NGOs alone.

- **Target High-Risk Groups:**
 - ♦ **Farmers:** Combine counselling with **debt relief** and **livelihood support**.
 - ♦ **Homemakers:** Create **community-based therapy networks**.
 - ♦ **Students:** Build continuous, preventive mental health systems in **coaching hubs** and **universities**.
- **Regulate Digital Mental Health Tools:** Enforce **privacy disclosures**, **disclaimers**, and **crisis-response protocols** in all emotional-support apps.
 - ♦ Require **real-time access** to licensed professionals for users in distress.
- **Increase Budget Allocation:** Raise mental health spending to **at least 5% of total health expenditure** to strengthen infrastructure, recruit workforce, and ensure medicine supply.
- **Integrate Mental Health into Primary Care:** Ensure **universal health insurance coverage** and embed mental health in primary healthcare delivery for equitable access.
- **Promote Mental Health Literacy and Anti-Stigma Campaigns:** Reach **60% of schools and workplaces by 2027** through awareness campaigns fostering early help-seeking and social inclusion.
- **Foster Inter-Ministerial Coordination:** Align efforts across **health, education, social justice, and labour ministries** to create a unified national mental health framework.

Conclusion

- **World Mental Health Day 2025** calls for **renewed commitment and systemic change**. India's progress — from constitutional guarantees to nationwide programmes — is commendable, yet incomplete.
- Only by **increasing investment, decentralising services, updating policies, and dismantling stigma** can India move closer to ensuring that *mental health is truly a right, not a privilege*.

Source: TH

Daily Mains Practice Question

[Q] Analyze the socio-economic and cultural factors contributing to India's mental health crisis. How can policy reforms and public awareness initiatives help address this growing concern?

