

Achieving Scalable and Equitable Solutions for Mental Health in India: Structural Challenges and Policy Imperatives

Insights from the panel, *FundaMentally Speaking: Addressing Challenges of Achieving Scalable Mental Healthcare*, at the World Health Summit Regional Meeting 2025, Delhi, India

Context

Mental disorders represent a substantial and escalating public health concern in India.

As of 2017, approximately 197 million individuals—or 14.3% of the population—were affected by mental health conditions, making these disorders among the leading causes of Years Lived with Disability (YLDs) in the country.¹ Per the National Crimes Record Bureau (NCRB) data, suicide remains high among the 15-24 years age group. Issues such as mental health, socio-economic marginalization and unemployment are key contributing factors for suicide.²

India's mental health legal and policy architecture is progressive in intent; however, it is undermined by structural and systemic challenges.

The Mental Healthcare Act, 2017 outlines commendable principles—equity, affordability, universality, and community participation—and aligns with the United Nations (UN) Convention on the Rights of Persons with Disabilities. Its translation into actionable, measurable outcomes, however, has been limited by systemic constraints—inadequate infrastructure and resource allocation, a severe shortage of trained mental health professionals, biomedical and clinical outlook toward mental health, and weak monitoring and enforcement mechanisms.³ India's vast geography, diverse population and cultural variations add to the limitations to planning and response. Implementation is further hampered by a lack of widespread awareness among service users and providers, and persistent stigma surrounding mental health conditions.

Key Takeaways

01

Mental health is still predominantly treated as a medical or clinical concern, rather than as a critical socio-economic development issue.

02

Intersectoral coordination—cutting across departments of health, education, women and child, social justice, labour, law and justice—which is key to addressing mental health challenges, remains weak and fragmented, undermining the holistic approach that aspirational legislations and policies have put forward.

03

The scope and scale of this crisis demand a reorientation of perspective—from hospital-centric psychiatric care to models that are more accessible, inclusive, and community driven.

04

Without building resilient communities and skills to address mental health issues, a mere increase in infrastructure and human resources will be inadequate.



Bridging the Gap

At a panel titled 'FundaMentally Speaking: Addressing Challenges of Achieving Scalable Mental Healthcare', at the World Health Summit (April 25, 2025, New Delhi), experts deliberated upon the critical directions that India must take to address the mental health burden. Collectively, the panel opined that a key shift required to address the current gaps in tackling India's mental health challenge is in reframing mental health as a socio-economic development concern, and shared crucial insights on the same, which are outlined below.

Addressing the challenge would require attention not just to strengthening health infrastructure through human and other resources, but expanding mental healthcare through inclusive, intersectoral, community-based models that also consider everyday socio-economic challenges, social historical marginalization and stigma.



Rooting Mental Healthcare in Lived Experiences

The panel noted that much of India's mental health burden reflects deeper structural problems: agrarian distress, social violence, gender-based oppression, and systemic inequality. Mental health issues cannot be treated in isolation from these realities. A socio-historical and intersectional understanding of distress, mental health and well-being in India, rooted in specific cultural and contextual realities, must be incorporated into service delivery for mental health issues. For example, existing frameworks—such as the Juvenile Justice Act, 2022—despite adopting progressive revisions focused on care, protection, rehabilitation, integration and classification of offenses, adopt a punitive lens that overlooks vulnerable youth and individuals' social histories, and their need for care and protection. This inadequacy calls for a reconceptualization of mental health services. However, such reforms must begin with a basic recognition—existing services are not designed for the complexity or diversity of mental health needs in India today. Instead of siloed, clinical and curative interventions, a transdisciplinary model is needed—one that integrates a focus on education, social protection, justice, community engagement and public health.

Education, legal reform, and dedicated healing centres are essential to creating an inclusive system that supports resilience rather than one that penalizes vulnerability.



Responding to Intersectional Marginalization

The panel further discussed how mental health systems in India often operate on assumptions of able-bodiedness, neurotypicality, and social privilege. These assumptions render the needs of marginalized groups invisible. Populations with marginalized identities—such as LGBTQIA+ persons or individuals from oppressed castes—face systemic barriers that go unaddressed by standardized approaches.

A genuinely inclusive model must centre intersectionality and community—recognizing how caste, gender, class, and disability shape individuals' experiences of distress and healing.

Trauma, for example, must be recognized as what may emerge as a consequence of intergeneration and structural marginalization, and systemic dysfunction, not merely as an individual ailment. "Access" must be redefined. It is not merely the physical availability of services that matters, but whether individuals feel safe, dignified, and understood when they engage with them.



Integrating Community-based Approaches

Traditional institutional care, with respect to mental health in India, has often led to the isolation of individuals. Institutions tend to focus narrowly on containment, rather than on building resilience or ensuring recovery, offering limited scope for rehabilitation, empowerment, or social integration.

Mental healthcare must not be imposed from above, but built from the ground up. This means actively engaging with communities and valuing indigenous knowledge systems and practices.

As the World Health Organization (WHO) notes, the term "community" refers not merely to a physical location but to a dynamic and interconnected system of relationships and services, encompassing local organizations, families, schools, workplaces, volunteers, and individuals with lived experience, who can collaborate across sectors to meet the complex mental health and psychosocial needs of individuals.⁴ Community-based mental health models present a promising alternative, especially when grounded in local cultures, languages, and lived realities, as was seen during the COVID-19 pandemic. In Karnataka, grassroots infrastructure and local governance were able to offer meaningful mental health support, through community libraries which were repurposed as educational and recreational spaces.^{5,6}

Community-based care emphasizes autonomy, inclusion, and continuity of care.

It supports individuals in regaining control over their lives, fostering recovery in environments that feel familiar and less stigmatizing. Such models inherently encourage the normalization of mental health issues within society by embedding services in locations such as schools, workplaces, and homes.



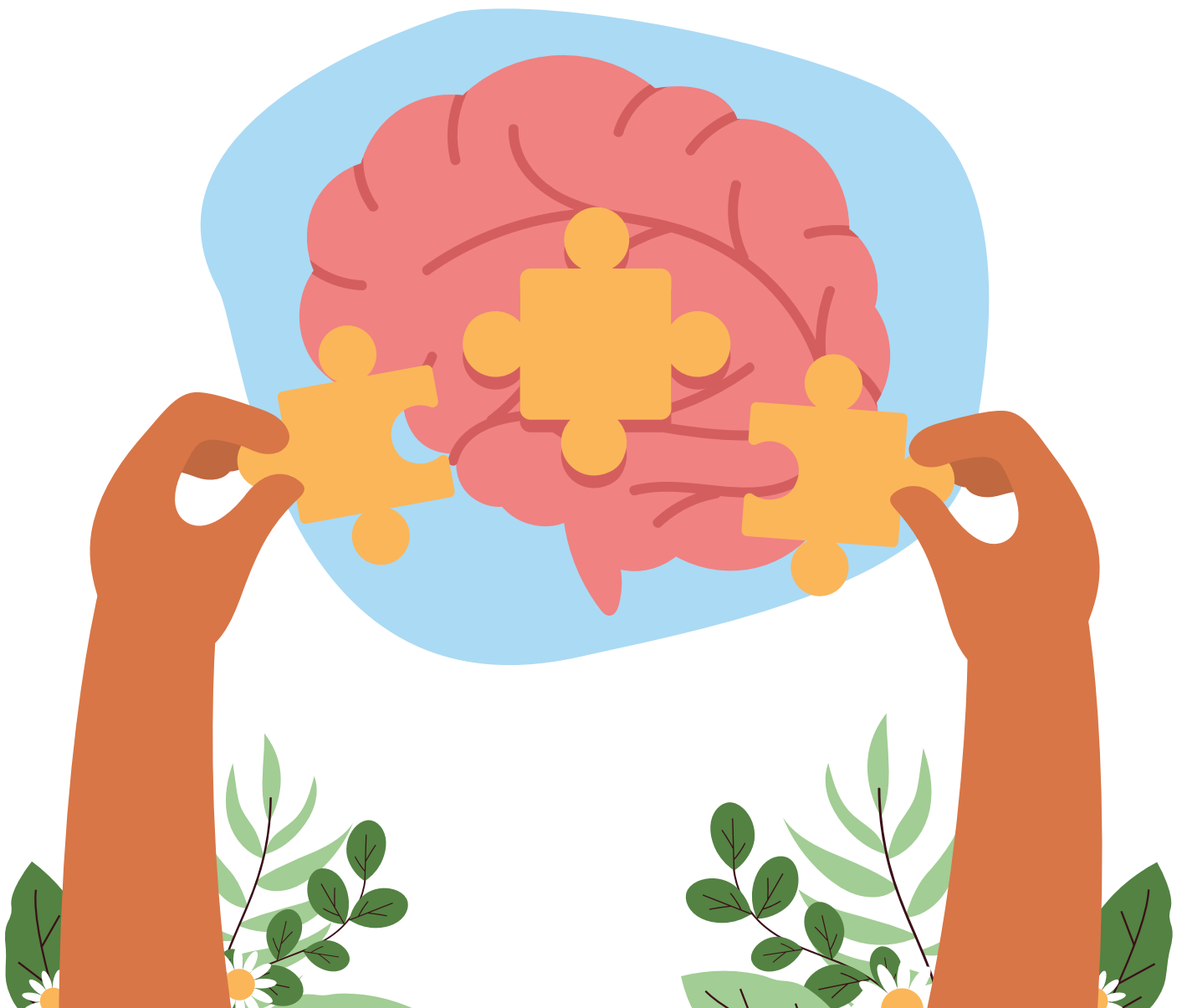
Rethinking Funding and Technology for Mental Health

The funding landscape similarly suffers from a misalignment of priorities. Despite the 2023-24 and 2024-25 Economic Surveys highlighting mental health as a crucial concern for social and economic development,⁷ mental health spending has remained stagnant in recent years. In 2025-26, the estimated Budget Allocation for Mental Health stood at INR 1,338 crore, a nominal increase over the INR 1,314 crores allocated in 2024-25.^{8,9} Mental health receives less than 1% of the national health expenditure with mental health institutions, and clinical and tertiary infrastructure and services taking up the bulk of the budgets.¹⁰ This funding gap particularly impacts peri-

urban, rural and underserved populations that depend on accessible, local mental health services rather than central facilities.¹¹ While policy efforts such as the National Mental Health Programme and District Mental Health Programme have expanded the footprint of services, their ability to address the true burden of mental illness remains constrained by limited availability of trained psychiatrists and counsellors, overburdened Primary Health Centres (PHCs) with limited staff, high patient load and non-availability of psychotropic drugs in the primary healthcare system.¹² Further, private and philanthropic funding often gravitates toward research, training, and formal institutions, neglecting the urgent need for innovation at the grassroots level.

Technology holds potential, but its application in mental health must be culturally sensitive and user-informed. Generic digital tools developed without local engagement risk alienating the very populations they aim to serve. Investment must shift toward outcome-oriented, rather than output and activity-driven, frameworks. Counting the number of services delivered is not equivalent to improving lives.

Transparent, collaborative, and context-sensitive funding mechanisms are essential for enabling meaningful change.





Towards a Grounded and Resilient Mental Health Ecosystem

The future of mental health in India depends on democratization of care, empowerment of frontline systems, and embrace of the full complexity of the lives we aim to heal.

Mental health in India must be redefined: not as a standalone health sector issue, but as a societal imperative that intersects with education, law, economy, and justice. By grounding policy in lived realities and embracing inclusive, locally-driven models, India can begin to close the chasm between policy aspirations and service delivery. India stands at a critical juncture in reimagining its mental health system. The burden is immense, yet the opportunity-

-is equally profound. A shift from tertiary, institutional care to community-embedded, culturally grounded, and developmentally integrated systems is essential. Building local knowledge, community peer support systems, and community-based champions are critical to address mental health in a contextually responsive manner.

Greater and better integration of community-based mental health services could enhance accessibility, especially in remote and underserved areas, and help shift the cultural narrative surrounding mental health from shame and stigma to acceptance and support. Such models, if harnessed properly, could allow for more cost-effective use of limited resources by leveraging community health workers, telemedicine, and localized interventions. Such approaches can also be supportive of frontline workers—who are often poorly supported and overburdened, and the carry heavy emotional loads of dealing with the intricacies of community responses.



Key Recommendations



References

- ¹India State-Level Disease Burden Initiative Mental Disorders Collaborators. (2020). The burden of mental disorders across the states of India: The Global Burden of Disease Study 1990-2017. *The Lancet. Psychiatry*, 7(2), 148–161. [https://doi.org/10.1016/S2215-0366\(19\)30475-4](https://doi.org/10.1016/S2215-0366(19)30475-4)
- ²National Crime Records Bureau, Ministry of Home Affairs, Government of India (Gol). (2023). Figure 2.6: Percentage Share of Various Causes of Suicides During 2022. Accidental Deaths and Suicide in India 2022. Gol. <https://www.ncrb.gov.in/uploads/files/AccidentalDeathsSuicidesinIndia2022v2.pdf>
- ³Ranade, K., Kapoor, A., & Fernandes, T.N. (2022). Mental health law, policy & program in India – A fragmented narrative of change, contradictions and possibilities. *SSM - Mental Health*, Volume 2. Elsevier. <https://doi.org/10.1016/j.ssmmh.2022.100174>.
- ⁴Community-based mental health services in the WHO South-East Asia Region. New Delhi: World Health Organization, Regional Office for South-East Asia; 2023. Licence: CC BY-NC-SA 3.0 IGO.
- ⁵Chakraborty, R. (2025). Inside India's rural reading rooms | Is there a lesson for the public library system in these community libraries?. *Society, The Hindu*. <https://www.thehindu.com/society/india-community-libraries-growing-influence-reading-rooms-public-library-system/article69118791.ece>
- ⁶Goswami, M. (2025). Words that help us belong—how grassroots libraries are shaping lives, from Assam to Karnataka. *Education | The Fine Print. The Print*. <https://theprint.in/india/education/words-that-help-us-belong-how-grassroots-libraries-are-shaping-lives-from-assam-to-karnataka/2622948/>
- ⁷Department of Economic Affairs, Ministry of Finance, Gol. (2024). Economic Survey 2024-25. Gol. <https://www.indiabudget.gov.in/economicsurvey/doc/echapter.pdf>
- ⁸Keshav Desiraju India Mental Health Observatory. (2025). Analysis of Union Budget 2025–2026. Centre for Mental Health Law and Policy. <https://cmhlp.org/wp-content/uploads/2025/03/IMHO-Budget-For-Mental-Health-2025%E2%80%932026.pdf>
- ⁹Keshav Desiraju India Mental Health Observatory. (2024). Analysis of Union Budget 2024–2025. Centre for Mental Health Law and Policy. <https://cmhlp.org/wp-content/uploads/2024/09/Unioin-Budget-for-Mental-Health-2024-25.pdf>
- ¹⁰Keshav Desiraju India Mental Health Observatory. (2025). Analysis of Union Budget 2025–2026. Centre for Mental Health Law and Policy. <https://cmhlp.org/wp-content/uploads/2025/03/IMHO-Budget-For-Mental-Health-2025%E2%80%932026.pdf>
- ¹¹Keshav Desiraju India Mental Health Observatory. (2025). Analysis of Union Budget 2025–2026. Centre for Mental Health Law and Policy. <https://cmhlp.org/wp-content/uploads/2025/03/IMHO-Budget-For-Mental-Health-2025%E2%80%932026.pdf>
- ¹²Hans G, Sharan P. (2021). Community-based Mental Health Services in India: Current Status and Roadmap for the Future. *Consortium Psychiatricum*. 2(3):63-71. DOI:10.17816/CP92

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