Empowering Mental Health in India

This editorial is based on " [Court's nod to mental health as right](#)" *which was published in The Hindu on 16/09/2025. The article analyses the Sukdeb Saha vs State of Andhra Pradesh verdict (2025), which upheld mental health as an essential component of the right to life under Article 21.*

In a **landmark July 2025 judgment**, the **Supreme Court of India** in **Sukdeb Saha vs State of Andhra Pradesh** recognised **mental health as an essential component of the right to life under Article 21**.This ruling elevates **mental well-being** from a **charitable concern** to a **constitutional right**, mandating **state and institutional responsibility.**

This judicial recognition underscores the urgency of addressing mental health as a**critical component of public health** and human rights in India.

What is Mental Health?

- **[Mental health](#)** refers to an individual's **emotional, psychological, and social well-being**. It influences how people **think, feel, and behave** in **daily life**. It also affects **decision-making, stress management, and relationships**.
- According to the **[World Health Organization (WHO)](#)**, **mental health** is a **state of mental well-being** that enables people to **cope with the stresses of life**, **realize their abilities**, **learn well and work well**, and **contribute to their community**.

Chart XI.9.a: Mental wellbeing

Mind-Body Connection

Mood & Outlook

Cognition

Social Self

Drive & Motivation

Adaptability & Resilience.
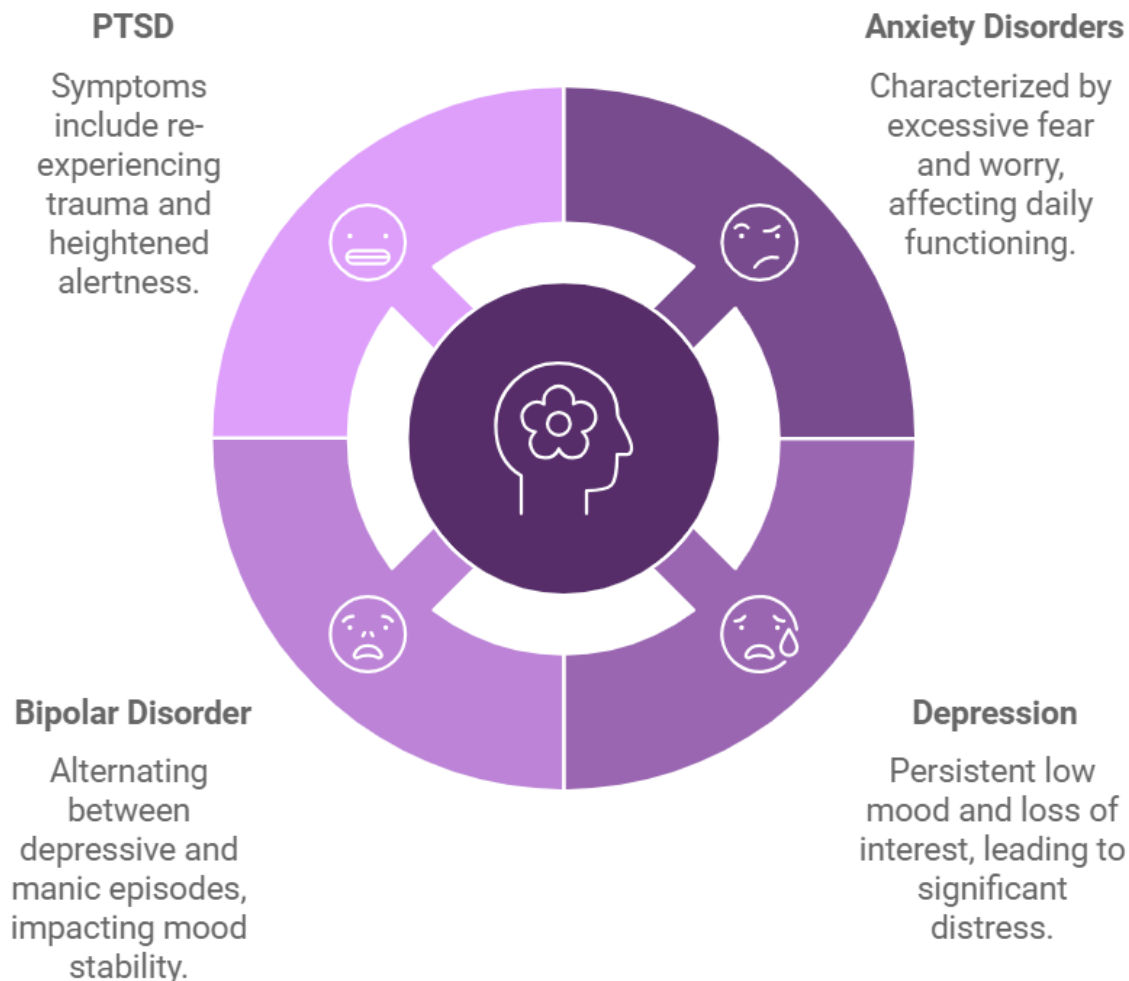
Mental Wellbeing

What is the Current Status of the Mental Health Scenario in India?

- **Prevalence of Mental Disorders :**
  - According to the **National Mental Health Survey (NMHS) 2015–16, NIMHANS**, **10.6% of adults** in India suffer from **mental disorders**.
  - The **lifetime prevalence** of mental disorders is **13.7%**, suggesting that over a tenth of the population may experience a mental health condition at some point.
  - **15% of adults** require **intervention or treatment** for mental health issues, highlighting the need for accessible services.
- **Urban-Rural Divide in Mental Health :**
  - **Urban areas** show a higher prevalence (**13.5%**) compared to **rural areas (6.9%)**, pointing to factors like lifestyle, stress, and awareness differences.
- **Burden of Mental Health Problems :**
  - The **burden of mental health problems** is measured at **2443 disability-adjusted life years (DALYs) per 10,000 population**, reflecting the years lost due to disability or premature death.
  - Between 2012 and 2030, mental health conditions are projected to cause a loss of **USD 1.03 trillion**, affecting productivity and national growth.
- **Suicide as a Youth Epidemic:**
  - Suicide has become one of the **leading causes of death** among Indian youth aged **15–29 years**, reflecting the severity of mental health crises among young populations.
  - India's suicide rate is **12.6 per 100,000**, considerably higher than the **global average of 9.2**, emphasizing the need for urgent attention. (**WHO 2021 data)**

Understanding Mental Disorders

PTSD
Symptoms include re-experiencing trauma and heightened alertness.

Anxiety Disorders
Characterized by excessive fear and worry, affecting daily functioning.

Bipolar Disorder
Alternating between depressive and manic episodes, impacting mood stability.

Depression
Persistent low mood and loss of interest, leading to significant distress.

What Factors Drive the Rise of Mental Health Disorders in India?

- **Academic Pressure and Fear of Failure**:
    - India's **exam-focused education system** exerts immense pressure on students to perform.
    - **High-stakes testing**, demanding academic streams, and **low tolerance for failure** contribute to chronic **stress and psychological strain**.
    - Between 2019–2023, **98 suicides** were reported in top institutions like **IITs and NITs**, with **61% of IIT students** citing **academic stress** as the primary trigger.
- **Societal and Family Pressures**:
    - **High youth unemployment** creates **frustration and despair**, impacting **mental well-being**.
    - Conflicts or perceived **failure to meet expectations** are directly linked to **suicidal behaviour**.
    - **NCRB** data shows about **48% of youth suicides** stem from **family problems, love affairs, and marriage-related stress**.
- **Inadequate Access to Care**:
    - Conditions such as **depression, anxiety, and addiction** often remain **undiagnosed**.
    - **Professional mental health care** is **unavailable or inaccessible**, particularly in **rural areas**.
    - As per the **Indian Journal of Psychiatry**, India has only **0.75 psychiatrists per 100,000 people**, far below the **WHO recommendation of 3 per 100,000**, exposing a severe **human resource deficit** in mental healthcare.

- **Stigma and Silence**:
  - **Social stigma** discourages youth from seeking help due to fear of being seen as **weak, unstable, or attention-seeking**.
  - Emotional suffering is **internalised** and often **recognised too late**.
  - Nearly **70% to 92%** of people with **mental disorders** in India do **not receive adequate treatment**, mainly due to a **lack of awareness**, **social stigma**, and a **shortage of trained professionals**.
- **Issues in Translating Mental Health Policies into Action :**
  - A common issue in India's **policymaking** is the **gap between need and feasibility**.
  - The **National Mental Health Policy (2014)** and the **Mental Health Care Act (2017)** aimed to **prioritize mental health**, but challenges remain in **implementation, resource allocation, and timelines**.
  - Despite an **estimated need of ₹93,000 crore** for mental health, the **government allocation** was only **₹600 crore (2019)** and around **₹1,000 crore (latest budget)**, with a **majority of funds directed to tertiary institutions** rather than community-level care.

What are the Key Government Initiatives Related to Mental Health in India?

- **National Mental Health Programme (NMHP), 1982:**
  - Launched to integrate mental health into general healthcare.
  - The District Mental Health Programme expanded services in 767 districts.
  - Includes counselling, OPD, suicide prevention, and 10-bedded inpatient facilities.
- **NIMHANS Act, 2012:**
  - Declared the **National Institute of Mental Health and Neurosciences (NIMHANS)**, **Bengaluru,** as an Institute of National Importance.
  - Strengthened role in research, education and psychiatry training.
- **Rights of Persons with Disabilities (RPwD) Act, 2016:**
  - Expanded disability definition to include mental illness.
  - Ensured equality, dignity and non-discrimination.
  - Aligned with the UN Convention on the Rights of Persons with Disabilities.
- **Mental Healthcare Act, 2017:**
  - Guaranteed right to affordable and quality mental healthcare.
  - Protected dignity and rights of persons with mental illness.
  - Decriminalized suicide in India.
- **National Health Policy, 2017:**
  - Recognized mental health as a national priority.
  - Focused on integration with primary healthcare.
  - Strengthened human resources and expanded services through PHCs and HWCs.
- **iGOT-Diksha Platform, 2020:**
  - Provided digital training to doctors, nurses and volunteers.
  - Built capacity for diagnosis, treatment and awareness at the grassroots.
- **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**.
- **Ayushman Bharat Integration:** 1.73 lakh **Ayushman Arogya Mandirs** provide basic counselling, psychiatric medication, physician training, and referral linkages
- **National Tele Mental Health Programme (Tele-MANAS), 2022:**
  - Launched a free 24×7 mental health helpline.
  - Services available in 20 Indian languages.
  - Handled 2.5 million calls by Aug 2025.

Tele MANAS Scheme

01 Tele MANAS provides **free, 24/7 mental health support** across India

02 **Toll-free helpline:** 14416 / 1800-89-14416

03 **Available in 20 Indian languages** for wider accessibility

04 **Over 1.82 million (18,27,951) calls handled** since its launch in 2022

05 **23 Mentoring Institutes** guiding mental health professionals nationwide

06 **5 Regional Coordinating Centers** ensuring seamless service delivery

07 Providing **immediate counseling & referral services** for mental well-being

08 A major step towards accessible & **stigma-free mental healthcare** in India

What Should be the Way Forward to Improve Mental Healthcare in India?

- **Increase Funding and Investment:**
    - The **mental health budget** remains only **1% of the total health budget** (FY 2024–25).
    - A significant **increase in funding** is required to bridge the treatment gap, strengthen

infrastructure, and ensure affordable services, especially for **daily wage earners** and vulnerable groups.
- **Build Human Resource Capacity:**
  - Train **primary care doctors, nurses, and community health workers** in early detection and intervention.
  - Increase the number of **psychiatrists, psychologists, and social workers** through incentives, scholarships, and expansion of **Centres of Excellence**.
- **Expand Facilities and Accessibility:**
  - Expand programs like **MNREGS** and strengthen **social security measures** for informal workers to reduce economic stressors linked to mental health decline.
  - Develop **community health centres**, **emergency care units**, and **mobile mental health services** to reach underserved areas.
  - Promote **helplines** like **KIRAN** and **Tele-MANAS** widely among youth. Ensure better integration of **emergency counselling services** in schools, colleges, and workplaces.
- **Strengthen Policy Implementation:**
  - Ensure effective execution of the **National Mental Health Policy (2014)** and **Mental Healthcare Act (2017)**.
  - Establish robust **data systems** to monitor prevalence, treatment gaps, and outcomes for evidence-based policy decisions.
- **Learn from the HIV-AIDS Model:**
  - India's fight against **HIV-AIDS** showed the importance of **evidence-based interventions**, **community participation**, and an **autonomous body (NACO)**.
  - A similar **independent mental health authority** could coordinate resources and stakeholders.
- **Promote Awareness and Destigmatisation:**
  - Conduct **nationwide awareness campaigns** in schools, colleges, and communities to normalize **help-seeking behaviour**.
  - Reduce **stigma and shame** through open family discussions and community engagement.
  - Empower **families, caregivers, and peer groups** to support individuals facing distress.
- **Collaboration and Partnerships:**
  - Collaborate with **non-governmental organizations (NGOs)**, **healthcare providers**, and **community organizations** to expand **mental health services** and outreach to **marginalized communities**.
  - **Organizations** like **Banyan (Tamil Nadu)**, **Sangath (Goa)**, and the **Centre for Mental Health Law and Policy (Pune)** have made significant contributions to **mental health** through **innovative** and **evidence-based strategies**.
- Economic Survey 2024-25 **Suggestions:**
  - **Mental Health Education in Schools** : Focus on **early intervention**, tackle **anxiety**, **stress**, and **behavioural issues**.
  - **Workplace Mental Health Policies**: Address **job stress**, **long working hours**, and **burnout**.
  - **Digital Mental Health Services** : Strengthen **Tele MANAS**, adopt **AI-based solutions**.

Conclusion

The **Supreme Court's 2025 verdict** upholding **mental health as an integral part of Article 21** marks a historic step in India's rights-based approach. In alignment with **SDG 3.4**, which seeks to reduce premature mortality from non-communicable diseases through mental health promotion, India must prioritize **accessible care, stigma reduction, community-based models, and robust crisis support systems**. This will ensure that mental well-being is treated not as charity, but as a **constitutional right and national responsibility**.

Drishti Mains Question:

"Mental health has been recognised as a constitutional right under Article 21."Discuss the challenges and measures to strengthen mental healthcare in India.

UPSC Civil Services Examination, Previous Year Questions (PYQs)

Prelims

Q.Which of the following can be said to be essentially the parts of 'Inclusive Governance'? (2012)

1. Permitting the Non-Banking Financial Companies to do banking
2. Establishing effective District Planning Committees in all the districts
3. Increasing the government spending on public health
4. Strengthening the Mid-day Meal Scheme

Select the correct answer using the codes given below:

(a) 1 and 2 only

(b) 3 and 4 only

(c) 2, 3 and 4 only

(d) 1, 2, 3 and 4

Ans: C

Mains

Q. In order to enhance the prospects of social development, sound and adequate health care policies are needed particularly in the fields of geriatric and maternal health care.Discuss.(2020)