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MENTAL HEALTH STATUS QUO: SOCIO-ECONOMIC DECONSTRUCTION

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ABSTRACT

Mental health is an important aspect of health and, if left unattended, it can pose a major challenge to public health discourse. Despite its relevance, unmet needs within this context remain pervasive within the existing health structure of the economy. Mental health-related challenges pose as a source of distress for individuals, their caregivers and the economy. Therefore, this study aims to understand the causal and the enabling factors behind the looming mental health crisis. To do so, the paper first examines the impact of mental health on the economy. In the later part, the paper analyses the causal and the enabling factors of the crisis. The study also delves into the topic by applying a legal lens to understand national obligation toward this public health concern and the steps that are imperative for its effective management. Research indicates that stigma, workforce shortage and insufficient funding are major barriers towards the status of mental health crisis. Beyond deep-seated stigma, resource stretch due to increased urbanization, factors such as overinterpretation and concept creep has also led to prevalence inflation in the economy. The research undertaken in the present study shows that the disutility of the existing system is the leading cause behind the national mental health crisis, with ongoing measures to the current indictment leaving the most dependent and vulnerable strata of society without recourse to a meaningful and dignified life.

Key words: *Mental Health, Stigma, Workforce Shortage, Prevalence Inflation, Climate Change, Neo-Malthusian Theory, Public Health.*

INTRODUCTION

The Global Mind Health Report 2025, released by the US based Sapiens Lab, has revealed a mind health crisis among Indian young adults aged 18-34. According to the relevant report, Indian young adults scored 33 on the Mind Health Quotient (MHQ) in comparison to the older adults (55 and above). This stark difference in mental functioning, as indicated by the report, reflects deeper issues globally than stress, anxiety or diagnosis of depression. Mental Health is crucial for a youth populous economy like India to accrue the socio-economic dividend. However, data reveals rising mental health incidences in the country, leading to major economic losses. Mental health problems arise due to various socioeconomic factors, few of them being abuse, neglect, trauma, stress, poverty, bereavement, *inter alia*. Sometimes, genetic dispositions also play a huge role in shaping individual mental health outcomes.

The Constitution of the World Health Organization (hereinafter referred to as WHO) defines Health as the state of absolute physical, mental and social well-being and not only the absence of disease or infirmity. The definition of health by WHO is broad and comprises of two parts. One recognizes the various aspects of health, positive aspects which can exist outside a person and second, it affirms health as a holistic notion. Both parts unanimously demand that health should be considered holistically. No aspect of a person's constitution can exist *in silos*. While ensuring the well-being of a person must be approached holistically, this paper focuses on mental health, as the last few decades have witnessed increasing levels of mental health problems. Mental Health problems and conditions associated with it have existed for some time. However, it has gained traction and increasing attention both during and post the advent of novel Corona Virus pandemic. When the entire world was made to maintain social distance for the purposes of self-preservation, the inherent human characteristic of a social animal came to be under threat, underlining the importance of social capital in mental well-being, thereby, overall health.



In the same context, various empirical studies have been undertaken to discern the prevalence of the factors that enable the inequities to prevail in the existing structure. This paper, however, aims to understand various factors and their contribution to the status quo of mental health in the country. The paper is an exploration on mental health and its status in India. The first part of the paper deals with mental health and its development and current impact in India. The first part is then followed by a descriptive review of the factors that play a decisive role in keeping the existing system from aiding the vulnerable. In this part, the factors have been divided into causal factors and enabling factors. The classification of the factors into causal and enabling factors sheds light on understanding the underlying problem behind a sluggish healthcare system. It will help at discerning whether it is the causes which are overshadowing the current system or whether the failure of the existing system is due to its disutility. Furthermore, the research also uses KAP Indicators to assess what the general population or a specific population knows, believes and does in this context. Also, the research examines the legal and budgetary aspects with regards to the topic followed by suggestion and conclusion.

It should be noted that KAP is a survey-based research approach. Through questionnaires, it helps researchers identify knowledge gaps by identifying factors that influence collective and individual behavior. While the research undertaken is purely descriptive and analytical, it relies on sources that provide relevant information on the contributing factors by using KAP Indicators. The research is

focused on the current status of mental health in the country, and it does not draw a comparative analysis with the status of mental health or mental health infrastructure of other nation states. Mental Health and its care are axiomatic to the realisation of health, not only from the economic perspective but also from the individual perspective.

MENTAL HEALTH & ITS STATUS QUO

Introduction to Mental Health

The WHO defines health holistically and not merely as the absence of disease or infirmity. Health, as interpreted by the WHO, entails a state of absolute physical, mental and social well-being and not merely the absence of disease or infirmity¹. It does not only include socio-economic and psychological determinants of health but also biogenic factors, as well². The definition of mental health given by WHO, consequently, is broad and as such, encompasses not only the cognitive aspects but also behavioral and environmental aspects with mind being the seat of reason and understanding. WHO defines mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stressors of life, can work productively and fruitfully and is able to contribute to his or her community³. In simple terms, mental health is how we perceive and manage normal life stressors, how one engages with the outside world and the process of actualizing one's highest potential. Research alludes to the fact that there are differences in how mental health is perceived on account of cultural and gender differences⁴. While distinctions exist owing to the

¹ Mental Health, World Health Organisation, 8th October 2025, <https://www.who.int/news-room/factsheets/detail/mental-health-strengthening-our-response>.

² Bhansali, Heenakshi, *et al*, Accessibility and Affordability of Mental Health Services in India, BEST PRACTICES IN SUSTAINABLE DEVELOPMENT GOALS, Pg 96, First Edition, (2025), ISBN: 9789363449114, https://www.google.co.in/books/edition/Best_Practic

[es_in_Sustainable_Developmen/cTNoEQAAQBAJ?hl=en&gbpv=1](https://www.who.int/data/gho/data/themes/theme-details/GHO/mental-health).

³ The Global Health Observatory, World Health Organisation, <https://www.who.int/data/gho/data/themes/theme-details/GHO/mental-health>.

⁴ SIMMONS, LAURA, *et al.*, REDUCING MENTAL HEALTH STIGMA The Relationship between Knowledge and Attitude Change, European Journal of Mental Health, 12, 25-40, (2017), DOI: 10.5708/EJMH.



cultural and gendered lenses, the definitions given by WHO and American Psychological Association, they are commonly accepted definitions that provides structure or a commonality to a public health concern which is difficult to define. In fact, the definition given by American Psychological Association (hereinafter referred to as APA) has drawn considerable flak⁵ owing to its over-emphasis on constant positive emotions and positive functioning as a characterization of good mental health⁶. Various experts, in explaining what constitutes good mental health has attributed the following to be a characteristic of mental health: autonomy, competence, self-actualisation of one's emotional and intellectual potential, among others⁷. Engaging with one's immediate surroundings has been considered as an indicator of mental health because one's internal state reflects the quality of life one enjoys without. Good mental health has been claimed to be characterized by the following six indices: emotional stability, overall adjustment, autonomy, security-insecurity, self-concept and intelligence⁸. However, due to various socio-economic factors, few of them being abuse, neglect, trauma, stress, poverty, bereavement, *inter alia*, realization of mental health remains remiss. Sometimes, genetic dispositions also play a huge role in how a person's reality is shaped and amid rising health concerns, India today, is standing on the threshold of a looming mental health

crisis. Data suggest that today, children aged nine to fifteen have begun showing increasing instances of mood disorders, anxiety, depression, hypomanic episodes and attempt to commit suicide, by medication or slitting their wrists, over the past two decades⁹. In fact, a 2019 data suggests that common Mental Health Conditions (hereinafter referred to as MHCs) account for 10-20% of adolescent mental health, contributing to nearly 13% of the world's global burden of disease and injury¹⁰.

Mental Healthcare and Mental well-being are pivotal factors to a good mental health. Well-being, etymologically, means state of being happy and healthy. Mental well-being then, is reflective of a person's equilibrium between how an individual thinks, feels and behaves. Given the broad nature of meaning of mental health challenges, it can be said that mental wellness is not just the mere absence of illness¹¹. While being the Guardian of its citizens, ensuring access to Mental Healthcare is the responsibility of the State, mental well-being, however, can be said to be a product of both Governmental efforts and personal mental hygiene habits.

⁵ Galderisi S, Heinz A, Kastrup M, Beezhold J, Sartorius N. Toward a new definition of mental health, 14(2), World Psychiatry, 231-3, (2015), doi: 10.1002/wps.20231.

⁶ Gautam S, Jain A, Chaudhary J, Gautam M, Gaur M, Grover S. Concept of mental health and mental well-being, it's determinants and coping strategies. Indian J Psychiatry. 66, S231-S244., (2024) doi: 10.4103/indianjpsychiatry.indianjpsychiatry_707_23.

⁷ Jan Moomina, Jan Tasleema, MENTAL HEALTH: AWARENESS AND STRATEGIES TO PROMOTE MENTAL HEALTH, INSIGHT, 28, IJARE, 55-64, 56, (2023), ISSN: 0975-0665.

⁸ Kumar Sanjay, A Study of Mental Health of Adolescents, 4, IJEPR, 28-30, 28, (2015), [https://ijepr.org/panel/assets/papers/154ij7%20\(1\).pdf](https://ijepr.org/panel/assets/papers/154ij7%20(1).pdf)

⁹ Prakash Aasha, Early onset of mental illnesses in children: Unpacking the alarming mental health trend, THE TIMES OF INDIA, Sept. 8, 2025, <https://timesofindia.indiatimes.com/city/chennai/are-todays-kids-more-suicidal-unpacking-the-alarming-mental-health-trends-in-india/articleshow/123722635.cms>, 10:53 IST.

¹⁰ Sonam, Mahapatra AK, *et al.*, Prevalence of depression and anxiety among school going adolescents of Delhi: A cross-sectional study. 14(2), J Family Med Prim Care, 592-608., (2025), doi: 10.4103/jfmprc.jfmprc_786_24.

¹¹ Bhansali H., *et al.*, 'Accessibility and Affordability of Mental Health Services in India', in K. Gireesan (eds.), BEST PRACTICES IN SUSTAINABLE DEVELOPMENT GOALS, Concept Publishing Company Pvt. Ltd., 96-116, 97, (2025).



The Looming Mental Health Crisis

India consists majorly of the youth-population, surpassing the total population of China. As such, to accrue the socio-economic dividend, it is pivotal that the mental and emotional well-being is made a top priority to advance parallelly with the vision that has been idealized for India among the Comity of Nations. Instances of the sun being gloomier than it actually is, environmental concerns aside, indicate rising economic costs. As per a recent study made by WHO, India contributes to 18% of the population suffering from mental health issues¹². Mental Health, in the terms of World Health organization (hereinafter referred to as WHO) has been defined as a state of mind enabling people to cope with the daily stressors of life, realize their potential and in the same process, contribute to the community¹³. Therefore, our mind is not only an organ that is used for memory and thinking, rather, it also includes a set of cognitive tasks such as perception, imagination, recognition, consciousness and processing information that go onto shaping our attitudes and feelings¹⁴. The mind, being the seat of reasoning, guiding all our actions, decisions and behavior, renders its care that much more important. Yet records suggest that due to high expectations of emotional resilience, professional priority and success, being judged at workplace, knowledge and awareness gets arrested at the hands of stigma, leading to reduced help-seeking behavior¹⁵. Another facet that may significantly contribute to mental health crisis may be the emergence of AI,

and/or Digital Literacy. With a country that has individuals (< 25 years of age) estimated to 600 million and adolescents of 253 million¹⁶, percolation of AI in Gen Alpha and Beta and the possible consequence of such usage must be considered as this demography portrayed rising incidences of common MHCs, mood disorder and cybercrime.

‘Disability adjusted Life year’ is a term that is used to express the number of years that have been lost due to ill-health, disability or early death. At present, India’s contribution to the burden of disease (Mental health) has been estimated to be 2433 disability adjusted life years (hereinafter referred to as DALY) per 10000 population¹⁷. This data represents situations regarding mental health due to the presence of relevant stressors in life. A growing body of research has underlined that mental health incidences have increased over time despite targeted institutional policies and schemes put in place. A recent news article reported that early onset of Mental Health disorder has been witnessed in individuals below the age of 35 due to unprecedented changes in the social structure leading to alteration in the lived reality. Present day research indicates that depending upon various factors and contexts¹⁸, the psychosocial and maturation process of the children determines mental health outcome, among which, changing family structure has been accounted to have significant impact¹⁹. Changes in the lived reality then go onto shaping one's personal, interpersonal and professional dynamics²⁰. The literature suggests that taking care of the well-being of adolescents today,

¹² Advancing Mental Healthcare in India, Ministry of Health and Family Welfare, (2025), 05:26 pm, <https://www.pib.gov.in/PressReleaseFramePage.aspx?PRID=2100706®=3&lang=2>.

¹³ Mental Health, World Health Organisation, 08th October 2025, <https://www.who.int/news-room/factsheets/detail/mental-health-strengthening-our-response>.

¹⁴ Rivu Basu, Arkaprabha Sau, et al, A Study on Knowledge, Attitude, and Practice Regarding Mental Health Illnesses in Amdanga Block, West Bengal,61, *Indian J Public Health*, 169-173, (2017).

¹⁵ *Supra* note 1.

¹⁶ Mental Health of Adolescents and Youth in India: A Critical Analysis in the Era of AI, Dey C. Neelam, *Global J S S R*,1, 9-34, (2025), ISSN: 3107-3883,.

¹⁷ *Supra* note 6.

¹⁸ Kleinschlömer P, et al., Analyzing the Impact of Family Structure Changes on Children's Stress Levels Using a Stress 65(3), *Biomarker. J Health Soc Behav*, 449-465, (2024) doi: 10.1177/00221465231223953.

¹⁹ Agarwal, A. & Bahadur, A., Role of Family Structure on Mental Health of Adolescents: A Comparative Study. *IJIP*, 11(2),1571-1578, (2023), DOI:10.25215/1102.165.

²⁰ TheHindu Editor, 60% of mental disorders found in patients below 35 years: Indian Psychiatric Society,



who are more prone to developing mental health conditions due to disruptive or negative experiences in their developmental phase, would ensure that it is not only the present generation, but the future of present and successive generations that will benefit from sustained and consistent efforts²¹.

Early detection of Mental health disorders can reduce both mortality and morbidity rates along with reducing DALYs thereby significantly reducing the socio-economic costs associated. A recent study by WHO revealed that more than 1 billion people worldwide suffer from mental health disorders, anxiety and depression contributing to a major portion of the disease burden²². The economic cost because of increase in depression and anxiety alone has an outlay of around USD 1 trillion each year.

Urbanization is now identified as a key factor in increasing mental distress²³ as there is growing competition for limited resources. In this context, overcrowding also contributes to the deteriorating mental health conditions among the masses. Research conducted globally indicates that climate change is now directly linked with the rapid increase of mental health related issues among the masses, air pollution being a major contributor. Countries across the globe have streamlined their legislations to cater to the growing mental health crisis. However, a recent WHO

study reports that only 45% of the nations have evaluated their domestic legislations in tandem with the international human rights standard²⁴.

Mental health is a basic human right and is foundational to human development. Today, mental health is not merely limited to recognizing symptoms of illnesses. It also includes within its ambit the well-being of the professionals and those who provide services essential for tackling mental health crises such as the ASHA's²⁵ and Mental Health Workers²⁶ (hereinafter referred to as MHW) which include ASHAs, Auxiliary Nurse Midwives (ANMs) and Anganwadi Workers (AWWs). In contemporary world, mental health has been identified as a cross-cutting issue in tandem with other developmental issues such as climate change, gender justice and poverty alleviation²⁷. Despite the same being recognized globally for its importance, the above-mentioned statistics indicate that the situation in the current instance is not only deteriorating but also that stigma and consequently, discrimination still exists, contributing on a similar footing as other factors. It is, thus, pivotal from the perspective of overall health and well-being that targeted actions be taken to mitigate the rising mental health incidences.

TheHindu, Jan 28, 2026, <https://www.thehindu.com/sci-tech/health/60-of-mental-disorders-found-in-patients-below-35-years-indian-psychiatric-society/article70561575.ece>.

²¹ *Supra* note 10.

²² Over a billion people living with mental health conditions – services require urgent scale up, World Health Organisation, Geneva, 2 September 2025, <https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up>.

²³ Srivastava K. Urbanization and mental health. *Ind Psychiatry J.* 18(2):75-6., (2009), doi: 10.4103/0972-6748.64028..

²⁴ Over a billion people living with mental health conditions – services require urgent scale up, World Health Organisation, Geneva, (2025), <https://www.who.int/news/item/02-09-2025-over-a->

[billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up](https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up).

²⁵ Chakraborty Reshmi, The ASHA worker's mental health paradox, *THEHINDU*, February 20, 2026 11:53 IST, <https://www.thehindu.com/society/asha-workers-mental-health-paradox-rural-health-lack-of-incentive/article70147080.ece>.

²⁶ May Hannah, Millar Josie et al, Interventions to address empathy-based stress in mental-health workers: A scoping review and research agenda, *PLoS ONE* 19(12), (2024), <https://doi.org/10.1371/journal.pone.0306757>.

²⁷ Ranade Ketki, et al., Mental health law, policy and program in India – A fragmented narrative of change, contradictions and possibilities, 2, *SSM-Mental Health*, 100174, (2022), 1-8, 4, <https://doi.org/10.1016/j.ssmmh.2022.100174>.



THE INTERPLAY BETWEEN CAUSAL FACTORS AND ENABLING FACTORS

Causal Factors

Stress:

Mental well-being is as much a matter and concern of State as is to an individual. Bearing in mind the importance of lifestyle choices and the influencing role of general socioeconomic circumstances, stress today is a leading factor in the rising incidences of mental health. The WHO defines stress as a state of worry or mental tension that arises due to a difficult situation²⁸.

Now, stress may arise from a challenging situation that positively motivates us to think out of the box and respond to it, known as eustress. According to the definition, it is not just a negative state or an overload on the system that can be classified as stress, but it also includes stress from monotonous routine. A person who is under chronic stress at work because of unreasonable deadlines is under distress and may prioritise productivity ahead of their health, at the expense of proper sleep, eating healthily, and maintaining mental stability. The existence of stress and burnout amongst the Indian workforce, according to several studies, is a pressing concern. This is because the rising prevalence of stress and burnout among the working-age population is contributing to rising mental health incidences²⁹. Furthermore, identification of one's profession as a "calling," where they gain a strong sense of identity and purpose from it, this relationship becomes more complicated. Chronic stress has contributed to 70% of the population suffering from depressive disorders or any

other diseases³⁰. Not having the necessary emotional and mental support in the form of interpersonal relationships also contributes to deprecating mental health, to a greater extent.

Stigma:

A persistent lack of parity exists between mental and physical health in terms of service delivery and recognition. While mental health illnesses are frequently viewed as less noticeable and, as a result, remain underdiagnosed, physical ailments are diagnosed and treated much more routinely. Mental Health stigma often prevents the correct diagnosis of mental health issues negatively affecting help-seeking behaviour, whereas physical ailments receive standardised care. This is especially worrying at a time when the nation seems to be on the verge of a mental health crisis, as seen by rising comorbidities and frequency among younger populations³¹. Stigma is currently a persistent and ineffective barrier, even though in the past it may have had an adaptive, protective function, for example, in the context of life-threatening pathogens³². Except in specific situations like certain infectious diseases, stigma has little protective value in modern environments marked by advancements in medical technology, knowledge sharing, and healthcare innovation. The modern comprehension of the term 'Stigma' emerged when Goffman connected attributes, traits or any disease with mandatory community sanction. Later, the body of research established certain elements that must consist within the meaning of the term. Labelling leading to a stereotype, linguistic separation which creates a power asymmetry are the elements of Stigma³³. In the relationship between knowledge,

²⁸ World Health Organisation, Stress, 30 March 2026, <https://www.who.int/news-room/questions-and-answers/item/stress>.

²⁹ Srihita, R.H., *et al.* Workplace stress and burnout dynamics in Indian work environments, 6, *Discov Psychol.*, 131, (2026). <https://doi.org/10.1007/s44202-026-00682-y>.

³⁰ Rasheed N. Prolonged Stress Leads to Serious Health Problems: Preventive Approaches., 10(1), *Int J*

Health Sci (Qassim), (2016):V-VI. PMID: PMC4791152.

³¹ Lahariya Chandrakant, Gupta Deepak, *The quiet crisis of adolescent mental health in India*, *THE HINDU*, February 24, 2026, at Pg. 6.

³² *Supra* note 4.

³³ Kågström A, *et al.*, Mental health stigma and its consequences: a systematic scoping review of pathways to discrimination and adverse outcomes, 23,



attitude and perception, stereotypical or discriminatory behaviour directly stems from lack of knowledge, due to which problematic attitudes are developed³⁴. Negative stereotypes, discriminatory behaviour reflective of community sanction constitute public stigma whereas in cases of self-directed stigma, PwMIs are blamed for not being able to fulfil functional expectations. This blame then paves the way for diminished concept of self and reduced help-seeking behaviour. In this regard, raising awareness and encouraging mental health literacy is essential as otherwise, reintegration and long-term well-being would be hampered. It is pivotal that communities are sensitised towards the human rights implications of stigma and discrimination. There are still large gaps in the general public's knowledge of mental health symptoms in a time of unparalleled information access.

To guarantee information access and the provision of suitable support, especially for individuals with mental illness (PwMI), mental healthcare must be integrated into Primary Health Care (PHC) systems. In this sense, literacy and awareness become top concerns for all parties involved. Designing successful interventions requires evaluating current levels of knowledge, attitudes, and practices (KAP). Additionally, frontline healthcare professionals, such as Anganwadi Workers, Auxiliary Nurse Midwives (ANMs), and Accredited Social Health Activists (ASHAs), play a determinative role in lowering stigma and fostering community-level change.

Climate Change:

A growing body of global research indicates that climate change is now directly linked with the rising prevalence of mental health disorders, air pollution being a major contributor. Air pollution, which was already linked with worsening depression in an individual is now held to be responsible for deteriorating anxiety disorder, Schizophrenia disorder and depression³⁵. On 25th September 2025, Heads of States and Government met at UN General Assembly meeting and adopted a new political declaration³⁶ bolstering state effort to curb the escalation of the insidious mental health crisis³⁷. Notably, Para 44 (g) The Mental Health Action Plan 2012-2030³⁸ specifically puts an obligation on the part of the member nation states to make effort at reducing environmental pollution. Climate-related hazards pose enduring risk, exposing one to vulnerabilities thereby negatively affecting mental well-being. Recognizing the impact, various terms have emerged in academic and policy discourse reflecting the association between climate change and mental health. Climate change anxiety, climate-related psychological distress and ecological grief are some of the terms used to express interconnectedness, *inter alia*.

Considering the rise in the number of mental health disorders, it also demands examining the potential relationship between population growth and mental health. Urbanization is a significant contributing factor in the contemporary global mental health crisis.

EClinicalMedicine.; (2025), doi: 10.1016/j.eclinm.2025.103588.

³⁴ *Id.*

³⁵ Shetty Disha, Air Pollution Worsens Anxiety Disorders, Increases Rate of Schizophrenia Relapse, Health Policy Watch Independent Global Health Reporting, 19th February 2026, <https://healthpolicy-watch.news/air-pollution-worsens-anxiety-disorders-increases-rate-of-schizophrenia-relapse/>.

³⁶ World Health Organisation, HLM4: On the road to 2025 and beyond, World Health Organization, <https://www.who.int/teams/noncommunicable-diseases/on-the-road-to-2025>.

³⁷ United Nations General Assembly, Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, A/80/L.34, Para 27, Eighteenth Session, (Dec. 8th, 2025), https://cdn.who.int/media/docs/default-source/ncds/4th-high-level-meeting-of-ncds/unlm4_draft_pd_a_80_l_34.pdf?sfvrsn=65f041c4_1&download=true.

³⁸ *Id.*, Pg-8.



In this context, Neo-Malthusian theory seems to be prescient in predicting the stretch in resource distribution³⁹. Despite many claiming that technology will substitute products with cheap alternative resources, certain common goods cannot be substituted. However, from the abovementioned paragraph, it is evident that it is these common goods that are now being associated with worsening mental health disease burden.

Prevalence Inflation:

Another critical development in the domain of mental health awareness has been the development of a concept referred to as “Concept Creep”⁴⁰. The term was used for the first time by Haslam, to express over-expansion of psychological terms, specifically harm-related terms, to encompass everyday life stressors into the symptoms or behaviors enumerated by such said definitions of ‘psy’. To put it simply, it is the semantic inflation⁴¹ and pathologization of everyday emotions or distress. The over expansion is to such an extent that diagnosing a simple event as a life-threatening instance eventually leads to a self-fulfilled prophecy. A small event causing distress, if diagnosed as severe anxiety may lead the person to avoid normal situation meant for personal growth thereby ending up creating anxiety disorder in the person⁴². This underscores the need for knowledge and awareness among the masses so as not to end up creating a situation of overinterpretation⁴³. It is important to note that although the terms ‘concept creep’ and ‘overinterpretation’ exhibit similarities, they represent distinct analytical and theoretical framework. They

share similarity only in terms of over expansion. However, their distinction lies in the fact that while concept creep indicates semantic inflation, overinterpretation reflects prevalence inflation of mental health illnesses and disorders.

Enabling Factors

Availability, Affordability and Accessibility.

At the core of UHC lies these core dimensions, availability of services and medicine, access to services and information, affordable and high-quality care. In addition to upholding the Right to health and ensuring effective Public Health Interventions, the 3As are interconnected insofar as mental healthcare and its services are concerned.

Present day mental healthcare industry is picturesque of an infrastructure which has been reported to be unable to shoulder the burden, because of the rapid rise in mental health challenges. As such, to make services and care available and accessible to the deprived section, the National Mental Health Programme (NMHP) was introduced in 2014. Through NMHP, the District Mental Health Program (DMHP) was brought into effect that would help the inhabitants of the rural areas to deal with the symptoms of mental health effectively.

Reports of compassion fatigue, burnout, secondary trauma of mental healthcare professionals and frontline workers are not isolated factors that are affecting mental healthcare but are interconnected in nature⁴⁴. Additionally, research indicates that

³⁹ GURUSWAMY LAKSHMAN D., LEACH MARIAH ZEBROSKY, ‘Population Growth’, International Environmental Law in a Nutshell, WEST A Thomson Reuters Business, 4th Ed, (2012), Pg 138.

⁴⁰ Haslam N, Tse JS. Public awareness of mental illness: Mental health literacy or concept creep?, 33(1), Australas Psychiatry. 18-20, (2025). doi: 10.1177/10398562241292202.

⁴¹ Haslam N, *et al*, Concept Creep and Psychiatrization. 16, Front Sociol., (2021), doi: 10.3389/fsoc.2021.806147.

⁴² Lucy Foulkes, Jack L. Andrews, Are mental health awareness efforts contributing to the rise in reported mental health problems? A call to test the prevalence inflation hypothesis, 69, New Ideas in Psychology, 2023, 101010, ISSN 0732-118X, <https://doi.org/10.1016/j.newideapsych.2023.101010>.

⁴³ *Ibid*, Pg 2.

⁴⁴ Ballout S. Trauma, Mental Health Workforce Shortages, and Health Equity: A Crisis in Public Health., 22(4), Int J Environ Res Public Health, 620., (2025), doi: 10.3390/ijerph22040620. PMID: 40283844.



accessibility and availability of such said services are limited to the middle-class and affluent people of society, alone, living the strata that dominates much of the population, suffering without any possible recourse or even an alternative to lead a meaningful life⁴⁵. India reports a staggering 70% - 92% treatment gap in the context of mental healthcare. India also accounts for a shortage of mental healthcare workforce. Recent data suggests that South East Asian Countries report the maximum number of peer-support workers⁴⁶, 0.3 psychiatrists per 100 000 population⁴⁷ and 0.03 psychiatrists for child and adolescents in terms of mental health workers⁴⁸ by World Bank Income group. Per WHO region, SEAR has 0.5⁴⁹ and 0.04⁵⁰ psychiatrists per 100 000 population, respectively. Resultantly, matching its pace with the treatment gap, India accounts for only 0.75 psychiatrists and 0.12 psychologists per 1,00,000 population, failing to meet the guidelines stipulated by WHO⁵¹. Research also indicates that rural and semi-urban areas account for an acute shortage of mental health professionals⁵². They also account for a lack of availability and accessibility of mental healthcare services in comparison to urban areas leading to disutility.

Social Inclusion, Social Cohesion and Social Capital

The very essence of mental healthcare is the resuscitation of a person who has lost agency and is estranged from human society. In that context, exclusion due to stigmatisation leaves a person feeling isolated and being blamed translating to low self-esteem, curtailing their human rights. Also, it effects their motivation to get better to live a meaningful life forcing them to live at the edge of the society, disconnected, as individual units. Community-based healthcare approach would ensure that not only suffering is reduced but the person gradually becomes a unit of the social whole. Social Inclusion, Social capital and social cohesion, in the scheme of community based mental healthcare, ensures that such said resuscitation is possible. The entire gamut of this social connection revolves around the creation and sustenance of an identity through networks which happens with inclusion leading to Interactions⁵³. As such, social inclusion is a process of opportunity enhancement which facilitates access to services, income, resources and care^{54 55}. Popularised by Robert Putnam, social capital entails networks, norms and trust. Simply put, social capital depends on relationship between people formed by social networks, norms of reciprocity and trustworthiness⁵⁶. Social cohesion is the outcome borne by interactions and shared sense of belonging reducing atomisation

⁴⁵ *Ibid.*

⁴⁶ World Health Organisation, *Mental Health Atlas 2024*, (2024), Pg, 45, <https://iris.who.int/server/api/core/bitstreams/5897b3c7-2848-47a7-ba22-0a7902342a81/content>.

⁴⁷ *Id*, Pg-44.

⁴⁸ *Supra* note 13, Pg- 48.

⁴⁹ *Supra* note 14.

⁵⁰ *Supra* note 13.

⁵¹ Bal Samayeta, India needs a unified mental health response, *THEHINDU*, Oct. 10, 2025, 12:53 AM IST, <https://www.thehindu.com/opinion/op-ed/india-needs-a-unified-mental-health-response/article70144930.ece>.

⁵² TNN, *Over 80% with mental illness in India miss timely care: Experts*, Jan 04, 2026, 13:29 IST,

<https://timesofindia.indiatimes.com/city/delhi/over-80-with-mental-illness-in-india-miss-timely-care-experts/articleshow/126327275.cms>.

⁵³ Oxoby J Robert, *Understanding Social Inclusion, Social Capital and Social Cohesion*, 36, *Int. J. Soc. Econ.*, 1133- 1152, 1139, (2009).

⁵⁴ Avramov, D. *People, Demography, and Social Exclusion*. Number 37 in *Population Studies Series*. Strasbourg, Belgium: Council of European Publishing, (2002).

⁵⁵ *Supra* note, 1137.

⁵⁶ Häuberer, J., *Introducing the Civic Perspective on Social Capital – Robert D. Putnam’s Concept of Social Capital*. In: *Social Capital Theory*. VS Verlag für Sozialwissenschaften., (2011) https://doi.org/10.1007/978-3-531-92646-9_3



and resultantly leading the society to be a one, cohesive unit. To summarise, social capital enables interaction among the individual members of the society, which happens due to participation, which is the aim of social inclusion, thereby reducing exclusion. It is then followed by structural stability and integration as the outcome, which is termed as social cohesion. For better outreach and impact of community-based healthcare, it is pivotal that mental healthcare is integrated into the Primary Health Care system⁵⁷, whose importance was underlined by the Alma Ata Declaration⁵⁸. It should be noted that in the context of mental healthcare, social capital acts complementarily to health outcome. This is because it amplifies psychosocial, resource and access pathways which increases resilience insofar as self-worth and agency are concerned.

Awareness & Literacy

The etymological meaning of the term entails a broader consciousness, perception or knowledge of a particular situation. Mental health awareness then, is the comprehension of the clinical meaning, recognizing symptoms, identifying the problem and understanding the role of empathy and support to people dealing with mental health problems. There is an increasing awareness of substance abuse being a time-sensitive matter, the reason being that it is closely linked to depression and emotional distress⁵⁹. Protective factors such as safe and supportive interpersonal ties, social and emotional skills, positive

social interactions, decent work, safe and clean environment⁶⁰ are as important as the State's responsibility in the creation and maintenance of a welfare state to prevent rising mental health incidences. Awareness and Literacy can help with such preventive measures as it would reduce stigma and help early identification and/or recognition. Empathy, support and timely intervention are key elements of mental health awareness forming a foundational triad, around which the entire ecosystem of mental health awareness campaigns and efforts at increasing mental health literacy are revolving. Empathy is a key factor for a patient to comprehend and cope with their illnesses⁶¹. However, in the context of mental healthcare, it refers to both the bidirectional relationship between such person and service provider as well as the general masses. The emphasis on 'compassion' being a fundamental requirement of a healthcare system goes onto underline the current indictment^{62 63}. The barriers to awareness and literacy need to be curbed by strong implementation and by introducing innovative methods, streamlining communication of mental health related issues through informative and educative materials⁶⁴. Also, it has come to the surface that media plays a definitive role in increasing efforts or fructifying results in terms of awareness and literacy⁶⁵. Knowledge, Attitude and Practice Indicators (KAPI) help in ascertaining the existing levels of knowledge regarding a particular subject matter, attitude and perception of the general masses to a particular matter, awareness alone cannot

⁵⁷ International Conference on Primary Health Care, *Declaration of Alma-Ata*, ¶ [VI], U.N. Doc. (Sept. 12, 1978).

⁵⁸ *Ibid*.

⁵⁹ THE HINDU BUREAU, 'Safeguarding youth from substance abuse an urgent national responsibility', THE HINDU, January 13, 2026, 19:29 IST, <https://www.thehindu.com/news/cities/Mangalore/safeguarding-youth-from-substance-abuse-an-urgent-national-responsibility/article70505246.ece>.

⁶⁰ Mental Health, World Health Organization, 8th October 2025, <https://www.who.int/news-room/factsheets/detail/mental-health-strengthening-our-response#:~:text=Individual%20factors%20such%20>

[as%20emotional,reliably%20predict%20mental%20health%20outcomes.](#)

⁶¹ Letters, Vol. 322, 7 April 2001, bmj.com, <https://pmc.ncbi.nlm.nih.gov/articles/PMC1120030/pdf/865.pdf>.

⁶² *Ibid*

⁶³ Moudatsou Maria, Stavropoulou Areti et al, The Role of Empathy in Health and Social Care Professionals, 8(1), *Healthcare*, 26, (2020), <https://doi.org/10.3390/healthcare8010026>.

⁶⁴ Sahai, Monika, A Comparative Analysis of mental Health Awareness and Stigma in Urban and Rural India, 10, IJAER, 46-55, 52-53, (2025).

⁶⁵ *Supra* note 4.



dismantle the strong stigma associated with Mental Health⁶⁶. Dedicated practice needs to be put in place that translates the knowledge into action. To that effect, Awareness and Literacy are intricately connected and together they can be used to bridge the gap between awareness and attitude.

Workforce Shortage:

Role of Community workers such as ASHAs and Auxiliary Midwives in spreading awareness and aiding literacy on mental health cannot be undermined⁶⁷. The Community HealthCare Workers are frontline health workers for the development of welfare and well-being of rural women in India. In the rural setting, CHCs and PHCs, frontline mental health workers along with the medical professionals, are the ones who render the required and necessary services. The non- medical professionals are the Auxiliary Nurse Midwives (referred to as ANMs), Accredited Social Health Activists (ASHAs) and Anganwadi Workers (AWWs). Their key responsibilities include Travelling, Documentation, Staff Interaction, Administrative Work, Screening, Patient Interaction, Counselling, Break, Doctor Consultation, Miscellaneous, Review Process, Community Interaction, Home Visit and Waiting⁶⁸. Among the many responsibilities that have been reported to be consisting of their day-to-day activities, Home Visit, Community Interaction and Counselling has been categorized as ‘value-added activities’⁶⁹. A recent article in the national newspaper The Hindu which indicates the important role of Community

HealthCare Workers and the growing compassion fatigue on them, underlines few real-life instances which reflect the importance of CHWs on the above-mentioned parameters⁷⁰. Based on the Shrivastava Committee Report’s intention of “putting people’s health in people’s hands” led to the introduction of the three-tiered structure of primary healthcare infrastructure in rural areas. The three-tiered structure consists of Sub-Centre, Primary Health Centre (PHCs) and Community Health Centre (CHCs)⁷¹. Through these responsibilities, it is evident that the role of the CHWs has been envisaged with the aim of strengthening the healthcare system by spreading awareness and bolstering the foundation. Their role which was originally envisioned with the intent of bolstering mother and child health, today, includes counselling, interaction – personal and community, in respect of mental health challenges faced by women and children.

Judicial Recognition:

The term ‘mental health’ gained formal recognition in 1948 when WHO convened its first International Congress on Mental Health⁷². Prior to 1948, the term ‘mental hygiene’ was prominently used and often interchangeably. Several academic works contributed to the popularity of mental hygiene^{73 74} leading to the formation of National Commission of Mental Hygiene. The first International Congress perceived distinguished differences between ‘mental health’ and ‘mental hygiene’. However, WHO used the terms interchangeably prior to the adoption of its

⁶⁶ *Supra* note 65, Pg- 51.

⁶⁷ Chakraborty Reshmi, The ASHA worker’s mental health paradox, THEHINDU, February 20, 2026 11:53 IST, <https://www.thehindu.com/society/asha-workers-mental-health-paradox-rural-health-lack-of-incentive/article70147080.ece>.

⁶⁸ Subramanian, Vijaya-Chebolu, Sule Nachiket, et al, A time motion study of community mental health workers in rural India, BMC Health Services Research, 19: 878, (2019), <https://doi.org/10.1186/s12913-019-4732-7>

⁶⁹ *Ibid*, Pg- 5.

⁷⁰ *Supra* note 24.

⁷¹ Kalne P S, et al, Acknowledging the Role of Community Health Workers in Providing Essential Healthcare Services in Rural India-A Review. 14(9), Cureus, 1-7, 1, (2022), DOI 10.7759/cureus.29372.

⁷² Bertolote, M. Jose, The roots of the concept of mental health, 7, World Psychiatry, 113-116, 113, (2008).

⁷³ “Healthy mental and physical development of the citizens has been included as the first objective in a draft law submitted to the Berlin society of Physicians and Surgeons”, *Id*.

⁷⁴ ‘A mind that found itself’ by Clifford Beers, *Supra* note 1.



Constitution which gave a holistic understanding of the term 'health', firmly embedding mental well-being as an essential dimension. With parallel developments in the western countries, it should be noted that healthy physical and mental development of citizens became a pivotal aspect of public health discourse. In the Indian context, traditions of knowledge, has always emphasised upon the overall well-being of an individual, i.e., the indivisibility of mental and physical well-being. Health from the primordial eras has not only been about aspects in *silos*, but as a unified whole.

Legislations, policies and programmes, however, are historically wrought with human rights violations in the country⁷⁵. Various legislations were in effect in the country since the colonial rule. Those legislations subjected PwMI with indefinite detention, poor and unhygienic conditions with no chance of discharge and/or recovery. Considering this, the Mental Health Bill, 1950 was introduced only to be enacted and implemented at a much later date. The Mental Healthcare Act, 1987, was better in terms of its predecessors as it marked a shift from custodial approaches to care and treatment. However, the legislation was also remiss in various other aspects viz., inadequate safeguards against deprivation of liberty and patient dignity, imbalance between patient rights and caregiver responsibilities, casual comprehension of mentally retarded, exemption of Government Hospitals from licencing, among many others. In response to the rise in prevalence of mental health conditions in the country and the limitations of the earlier legislation to meet the needs and demands of the concerned stakeholders, the Government of India enacted the Mental HealthCare Act, 2017⁷⁶

(MHCA, 2017). A rights-based and person-centred legislation, it has introduced various key elements in mental health care services and delivery, marking a progressive normative change. Grounding principles of equality, liberty and dignity at its foundation, it enables concerned persons to make informed decisions especially regarding their treatment along with the right to receive any help to make such decision⁷⁷. The legislation is the first of its kind to introduce progressive mechanisms such as Nominated Representative⁷⁸ and Advanced Directives⁷⁹ enhancing patient autonomy. The legislation also outlined the role of various authorities including law enforcement under the legislation and has had a remarkable impact. The legislation has paved the way for a transformative shift, most notably with decriminalising suicide⁸⁰.

From a Constitutional perspective, the right to health including mental health has evolved through judicial interpretation. Before the recognition of Mental health within the ambit of Article 21⁸¹ of the Indian Constitution, 'health' was situated within the Directive Principles of State Policy, Article 38⁸² and Article 47⁸³ which puts emphasis on public health and the obligation of States in ensuring the same. It is an obligation on the State which must be borne keeping in consideration equity, human state of works, expansion of disorder among other things, respectively. While the landmark judgment of *Olga Tellis*⁸⁴ did not mention anything related to health, it did establish that life isn't just a mere animal survival but includes a life with human dignity⁸⁵. This interpretative expansion enabled Courts to subsequently recognise Right to Health within the ambit of Article 21, and later, mental health as a core

⁷⁵ *Supra* note 11, Pg- 105.

⁷⁶ THE MENTAL HEALTHCARE ACT, 2017, No. 10, Acts of Parliament, 2017 (India).

⁷⁷ THE MENTAL HEALTHCARE ACT, 2017, Sec. 4(2), No. 10, Acts of Parliament, 2017 (India).

⁷⁸ THE MENTAL HEALTHCARE ACT, 2017, Sec. 14, No. 10, Acts of Parliament, 2017 (India).

⁷⁹ THE MENTAL HEALTHCARE ACT, 2017, Sec. 5, No. 10, Acts of Parliament, 2017 (India).

⁸⁰ THE MENTAL HEALTHCARE ACT, 2017, Sec. 115, No. 10, Acts of Parliament, 2017 (India).

⁸¹ INDIA CONST., article 21.

⁸² *Ibid*, article 38.

⁸³ *Ibid*, article 47.

⁸⁴ *Olga Tellis & Anr. vs. Bombay Municipal Corporation & Ors. Etc.*, 1986 AIR 180.

⁸⁵ *Id.*



component. It was in *State of Punjab vs. MS Chawla*, that right to health was brought within the ambit of Article 21. *Rakesh Chandra Narayan vs. State of Bihar* was a decisive judgment that recognised the importance of mental health. It emphasised that in case of persons with mental health issues, right to food, water, sanitation, personal hygiene among other things assumes importance by virtue of Article 21 alongside adequate training, teaching and treatment coupled with research, which is necessary to bring about the required changes. A healthy body⁸⁶ and standard of living⁸⁷ are essential components to the realisation of Right to health. In a country like India which is led by youth, their welfare is an important condition for employment, given that data indicate that rise in mental health related issues are very well connected to economic distress⁸⁸. In addition to addressing general health jurisprudence, judicial precedent also comprises of the mental well-being of students. Education, which was supposed to be the conduit of opening minds, has assumed a darker influence as can be seen with an increase in the number of the student suicide across the country. Such influence manifests itself in the form of systemic issues such as academic pressure, increased competition, discrimination in educational institutions. In *Amit Kumar vs. Union of India*⁸⁹, the Apex Court constituted a National Task Force to investigate as to what ails the students of the nation and provide its recommendation on the same. In *Sukdeb Saha vs. State of Andhra Pradesh & Ors.*⁹⁰, fifteen binding guidelines were issued with the intent of preventing student suicide and protecting the

mental health of students across the country. Additionally, there are landmark judicial precedents that enforced psychological well-being and redress from stigma influenced life, to be within the ambit of Article 21⁹¹ ⁹². Within Constitutional and Statutory contexts, there are other judgments that uphold rehabilitation⁹³ and socio-economic welfare⁹⁴, insofar as mental health care and rights jurisprudence is concerned. In summary, the underlying dogma in this enduring partnership, that law has shared with psychiatry, refined over a course of time, is that recovery should extend beyond clinical treatment and include reintegration of a person into the society along with appropriate treatment and rehabilitation.

Financial aspects:

Major demographics of the country are grappling with mental health challenges. Research identifies three principal bottlenecks within the relevant ecosystem. Insufficient funding⁹⁵, lacking infrastructure⁹⁶ and persistent stigma⁹⁷ are the three most pivotal challenges that are acting as the bottleneck to the mental healthcare industry. Although, the scene has improved in comparison since Independence, spending less than 1% of the total health budget reflects structural dearth on the part of the relevant authorities. While the increase in budgetary allocation from INR 683 crore in 2020-21 to INR 1,898 crore, can be claimed to represent a positive and necessary development, it is still under 2% of the GDP. Notably, the trend of mental healthcare infrastructure being

⁸⁶ *Vincent vs. UoI*, 1987 AIR 990.

⁸⁷ *Consumer Education and Research Center vs. Association of India*, 1995 AIR 922.

⁸⁸ *Supra* note 15.

⁸⁹ 2026 INSC 62.

⁹⁰ 2025 INSC 893.

⁹¹ *Navtej Singh Johar vs Union of India*, AIR 2018 SC (CRI) 1169.

⁹² *Shatrughan Chauhan vs. Union of India*, 2014 AIR SCW 793.

⁹³ *Gaurav Kumar Bansal vs. Dinesh Kumar*, Contempt Petition (Civil) No. 1653 of 2018 in W.P.(C) No. 412/2016.

⁹⁴ *Shikha Nischal vs. National Insurance Company Ltd. & Anr.*, Number W.P.(C)-3190/2021.

⁹⁵ Halder S, Mahato A, De Sousa A, Mukherjee R: Mental health care in India: a descriptive report. 39, *Taiwan J Psychiatry*, 138-48,145, (2025).

⁹⁶ Chaudhary Aditya, et al, Mental health: a stigma and neglected public health issue and time to break the barrier, 11(3), *Int J Community Med Public Health*, 1378-1383, 1381, (2024), <http://www.ijcmph.com>.

⁹⁷ *Supra* note 1.



under-resourced is a global phenomenon rather than being unique to India amid the high disease burdens⁹⁸. It is a well-known fact that financial resources have a foundational role to play in a healthcare system. In the context of mental healthcare, the financial aspects of the mental healthcare along with the already reiterated status of resources are suboptimal. The current utilisation and availability of funds are constraining the growth of the industry. A news article has reported that States in India underutilise the funds allocated to them for undertaking actions targeted for reducing mental health strain, to an extent of 50% of the allocated amount over five years⁹⁹. In the same article, it has been reported that closer to INR 691.24 crore has been allocated through the DMHP. Research indicates that budgetary allocation for mental healthcare has plateaued. Additionally, the direct mental health expenses under MoHFW have been 1% of the Budgeted Expenditure¹⁰⁰.

The financial allocation for mental healthcare expenditure happens through the National Health Mission (NHM), with the National Mental Health Programme (NMHP). Introduced in the year of 1982, it ensured availability and accessibility of minimum mental healthcare with community participation and application of mental healthcare knowledge to general healthcare and in social development¹⁰¹. The DMHP, introduced in 1996 under NHMP, is based on the Bellary model of Karnataka. The model, which was initiated in 4 districts of Karnataka, vide the IX Five Year Plan, was incorporated in 27 districts. Currently, it has expanded over 767 districts under the program.

Health is a matter of State. However, the programme being a flagship initiative for decentralised community-based healthcare, the financial responsibility is borne by both the Centre and the State, based on State Project Implementation Plans (PIPs) in the ratio of 60:40 or 90:10, in the case of Centre and State and Centre and North-Eastern State, respectively¹⁰². Keeping re-invention of NMHP a key theme, it was re-strategized in 2003. Vide such process of re-strategy, two additional schemes were introduced viz., Manpower Development Scheme and Psychiatric Wings of Medical Colleges and General Hospitals. Under the tertiary care component, Centres of Excellence has been established and Psychiatric Wings of Medical Colleges and General Hospitals were modernised. Currently, India has 25 Centres of Excellence under the tertiary care component of NMHP. However, rapid Socio-economic changes and in the wake of CoVID-19, the need for a digital mental health initiative was felt to enable continuing universal access to affordable, available and quality mental healthcare. The need was met by introducing through remote and technology enabled interventions such as, KIRAN and MANO DARPAN, thereby addressing the needs of vulnerable groups, including students and Teachers.

Furthermore, funds are also allocated through institutional routes. At present, the National Institute of Mental Health and Neurosciences (NIMHANS), is the apex body that provides specialised treatment,

⁹⁸ World Health Organisation, Mental Health, https://www.who.int/health-topics/mental-health#tab=tab_3.

⁹⁹ RICHHARIYA SNEHA, Gross underspend cripples India's community-level mental health battle. States spent 50% funds for 5 yrs, The Print, Mar. 14, 2026, 06:30 am IST, <https://theprint.in/health/gross-underspend-cripples-indias-community-level-mental-health-battle-states-spent-50-funds-for-5-yrs/2878442/>.

¹⁰⁰ Keshav Desiraju INDIA MENTAL HEALTH OBSERVATORY, Budget for Mental Health 2025-2026, 19 (2025).

¹⁰¹ DIRECTORATE GENERAL OF HEALTH SERVICES, Technical Division, Ministry of Health and Family Welfare, National Mental Health Programme, 27th Feb. 2026, <https://dghs.mohfw.gov.in/national-mental-health-programme.php>.

¹⁰² Hazarika Murchana, Unpacking Indias District Mental Health Programme, Keshav Desiraju INDIA MENTAL HEALTH OBSERVATORY, Jul. 18, 2025, <https://cmhlp.org/imho/blog/unpacking-indias-district-mental-health-programme/>.

¹⁰³ Ministry of Health and Family Welfare,



leading efforts at research and workforce training¹⁰⁴. The Body has been responsible for leading the National Mental Health Survey 2015-16 unearthing major facts that were crippling the mental health care industry. Major findings include work-staff shortage, treatment gap, *inter alia*. Now, research alludes that the Union Budget 2026-27 has given an impetus to the creation of NIMHANS 2.0 in North India, considerably reducing the geographical and logistical burdens for patients from the rest of the parts of the country. Also, dedicated Institutions have been set-up for an upgradation in Assam and Jharkhand, i.e., Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) in Tezpur and Central Institute of Psychiatry (CIP) in Ranchi, respectively. The creation of NIMHANS 2.0 along with targeted approach towards LGBRIMH and CIP and their formation into regional powerhouses has been hailed as a structural decentralisation since Independence¹⁰⁵. In the financial year of 2025-26, the direct budget was marked at just over 1% of the MoHFWs total allocation¹⁰⁶. In 2023-24, 1.03% of the total budget was allocated to mental health¹⁰⁷. Even though, in the fiscal year of 2024-25, the allocation rose to 1.11% of the total health budget¹⁰⁸ under Ministry of Health and Family Welfare (MoHFW). In the current fiscal year of 2026-27, Government of India, approved a total of INR 1,663 Cr. Despite that, Direct mental health expenditure has been estimated to be less than 1% of the health budget¹⁰⁹. With the renewed focus on tertiary care and digital platforms, there is a concern of district and community services to remain opaque, thereby taking the brunt of resource commitment.

PUBLIC HEALTH DISCOURSE

Throughout history, human community has continually weathered various manifestations of epidemics and pandemics which eventually went on to forge societal norms, hygiene standards and institutional responses despite initial resistance. In keeping with the change in the living standards and environmental conditions, the complex interplay between the pathogens, environment and hosts have also transformed and developed. In this context then, public health is a continuing process which evolves in tandem with human development, and social complexity. It aims to secure health and prevent diseases in the community. This implies the growth of the discipline as an organized health protection system which is developed by trial-and-error methods, adapting with the demands of the habitat thereby bringing a paradigm shift in the public health approach by proactively addressing the shifting requirements of modern life¹¹⁰.

Considering the rise in the prevalence of mental health cases, it has assumed a matter of immediate concern. Persistent challenges associated with mental health, compounded by existing stigma which is rooted in ignorance may foster excessive individualism functioning as an anti-thesis to the governance of a cohesive social unit. In this context then, a population approach towards the promotion of mental well-being and prevention of mental health disorders is encapsulated within the ambit of Public Mental Health. Public mental health then, includes experience, occurrence, distribution, determinants, prevention, promotion, positive trajectories and

¹⁰⁴ Sagar Rajesh, A new era for mental health: Why the union budget 2026-2027 is an important milestone in India's mental health, *Indian J Psychiatry* 2026;68:215-7.

¹⁰⁵ *Id*, 215.

¹⁰⁶ *Supra* note 7, Pg 5.

¹⁰⁷ Mahasur Sayali, The Interim Union Budget FY 2024-25: where does mental health stand? Keshav Desiraju INDIA MENTAL HEALTH OBSERVATORY, Mar. 07th, 2024,

<https://cmhlp.org/imho/blog/the-interim-union-budget-fy-2024-25-where-does-mental-health-stand/>.

¹⁰⁸ *Id*.

¹⁰⁹ Keshav Desiraju INDIA MENTAL HEALTH OBSERVATORY, Budget for Mental Health 2025-2026, 20 (2026).

¹¹⁰ Tulchinsky TH, Varavikova EA. A History of Public Health. *The New Public Health*. 1-42., (2014), doi: 10.1016/B978-0-12-415766-8.00001-X.



system, policies and organization¹¹¹. A central objective of public mental health is the promotion of mental health among the disadvantaged strata of society, thereby reducing inequality¹¹². As previously noted, the Alma Ata Declaration¹¹³ introduced the concept of Universal Health Coverage (UHC). Piggybacking on Primary Healthcare has come up as a pragmatic and effective solution to addressing public mental health challenges. They serve as the first point of contact for mental health care including healthcare diagnosis, medication, and counselling for mental disorders and substance abuse. Mental health morbidities are giving rise to a parallel increase in non-communicable diseases, thereby making this a pressing public health concern.

International charters such as the Madrid Charter¹¹⁴ the Ottawa Charter¹¹⁵ also played key roles in shaping mental healthcare discourse. The former framework makes it an obligation on the psychiatrists to protect patient rights. More importantly, it is the duty of the psychiatrists to actively address stigma related to mental health, both within clinical settings and in society. Concurrently, the latter contributed to widespread understanding of the term ‘health’ embedding mental health into public health and public policy frameworks. Concretizing the notion of UHC, the Ottawa Charter strengthened the foundation for “Health for All”. The charter has been key in rooting the fact that health cannot exist and be approached *in silos*. Factors such as education, income, sustainable resources, peace, social justice, *inter alia*, has a determinative role in deciding the trajectory of health – individually and collectively. In advancing the goal of optimal health for all, it underlined the centrality of

empowerment in achieving optimal health. Herein, empowerment encompasses health literacy, access to information and relevant services as well as medicines and a buoyant and patient-centered health system. This in turn would facilitate the creation of robust public policy, strengthen community engagement, developing personal capacity, all the while re-orienting healthcare services to prevent illness and promote health. Additionally, consistent with the characteristics of an international instrument, it urges nations to assume responsibility by means of domestic implementation and global advocacy. The five action areas of the Charter, appeared to be interconnected with the objective of reducing inequities and the realisation of UHC, resultantly, connecting the vision of the Charter with the comprehensive United Nations Sustainable Development Goals (SDGs), specifically, Goal 3, which stipulates commitment to healthy lives and promotion of well-being for all at all ages¹¹⁶ among other SDGs, as health cannot be determined *sans* social, economic and environmental factors.

DECONSTRUCTION OF MENTAL HEALTH STATUS QUO

According to Global Mind Health Report 2025, Indian Young Adults between the age of 18-35 scored 33 in Mind Health Quotient (MHQ) which is considerably lower than the MHQ of older adults (55 and above), scoring 96. This stark difference in mental functioning reflected by Young Adults being ranked at 60th and older adults on 49th, globally reflects deeper issues than stress, anxiety or diagnosis of depression. Reports suggest that this difference brings to the limelight the increasing intergenerational gap along

¹¹¹ Wahlbeck K. Public mental health: the time is ripe for translation of evidence into practice. 14(1), World Psychiatry. 36-42. (2015), doi: 10.1002/wps.20178. PMID: 25655149; PMCID: PMC4329888.

¹¹² *Ibid*.

¹¹³ World Health Organisation, The Declaration of Alma Ata, (Sept. 12, 1978), <https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata>.

¹¹⁴ World Psychiatry Association General Assembly, The Madrid Declaration of Ethical Principles of

Psychiatric Practice, (Aug. 25, 1996), <https://www.wpanet.org/>.

¹¹⁵ World Health Organisation, The Ottawa Charter for Health Promotion, (Nov. 21, 1986), <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>.

¹¹⁶ Sagar, D., Bhutta, Z.A. and Niranjana, K., Empowering people for sustainable development: the Ottawa Charter and beyond. Journal of global health, 7(1), (2017).



with differences in emotional regulation, food and lifestyle habits, screen time, focus and social connectedness¹¹⁷. The Mind Health Quotient, a composite metric, collects responses across 47 cognitive, emotional, social and physical indicators. The MHQ assesses productivity and life satisfaction across four parameters driving mental health – family bonds, spirituality, consumption of ultra-processed food and early exposure to smartphones¹¹⁸. Indian Young adults scoring a lowly 33 in the Mind Health Quotient (MHQ) Report, not only reflects the deeper concerns, but tangentially, also, indicates the importance of social inclusion, cohesion and capital. The report shows an increasingly deteriorating mental health concern of Indian young adults as compared to the older adults, nationally and even internationally¹¹⁹. The research by Sapiens Lab reveals the grim reality of mind health of the young adults in the country. The present research has been undertaken with the intent of discerning the underlying factors that are enabling the structural inequities. Based on the division of the factors into causal and enabling factors, it has now become evident that the complex interplay between these causal and enabling factors are keeping the realisation of the notion of “*Health for All*”. Additionally, the looming mental health crisis can be dealt with effectively, provided that current infrastructure is utilized to its full potential. The present research indicates that it is the disutility of the existing system that increased the prevalence of mental health problems in the country. Chronic stress due to workload pressure has been a leading factor towards national mental health crisis. The secondary

trauma burden and compassion fatigue with the modest number of psychiatrists and frontline mental health workers are interconnected in nature. Other than leading to workforce shortage, it also hampers such person’s access, efforts aimed at social inclusion, awareness and literacy together with deepening stigma levels. The presence of a modest number of psychiatrists as compared to during Independence and the industry not being able to cope under pressure of rising mental health prevalence, incidences and workforce shortage are indicative of a paradigm shift within the industry that must be brought to deal with the current indictment. Climate change has surfaced to be a major contributor towards such increasing incidence. With the existence of program and establishment of regulatory authorities to navigate the complex challenge posed by climate change in the psyche of the vulnerable strata such as the National Program for Climate Change and Human Health (NPCCHH), or National Disaster Management Authority (NDMA), research presents that there is dearth of preparedness, long term follow-up care and sustained support¹²⁰ post the event. People involved in agriculture and businesses related to fishing are the worst hit with toiling under heat in the rural areas as compared to their counterpart and the rising levels of the sea, respectively¹²¹. Urbanization because of increasing migration from rural areas to urban centers has created a resource stretch. Despite that, literature points to differing levels of stigmatizing attitude in

¹¹⁷ Press Trust of India, Indian youths rank 60 in 84-nation mental health study, older people perform better, TheHindu, March 01, 2026, 05:07 PM IST, <https://www.thehindu.com/sci-tech/health/indian-youths-rank-60-in-84-nation-mental-health-study-older-people-perform-better/article70691375.ece>.

¹¹⁸ Goswami Shreya, Alarming Gap: India’s Young Adults Rank 60th In Global Mental Health Study, NDTV, Feb 27, 2026, 10:26 am IST, <https://www.ndtv.com/health/alarming-gap-indias-young-adults-rank-60th-in-global-mental-health-study-11143388>.

¹¹⁹ Bhattacharya Amit, Indian young adults rank lowly 60th in 84 nation mental health study, The Times of India, Feb 27, 2026, 04:28 IST, <https://timesofindia.indiatimes.com/india/indian-young-adults-rank-lowly-60th-in-84-nation-mental-health-study/articleshow/128831188.cms>.

¹²⁰ Singh A, Singh S. Climate change and mental health in India. Indian J Soc Psychiatry, 41, 327-9, 328, (2025).

¹²¹ Basistha B, *et al.*, Climate change and mental health in India: a narrative review of vulnerabilities, impacts, and resilience pathways., 13, Front. Public Health, 1-12, 04, 07, (2025). doi: 10.3389/fpubh.2025.1686876.



rural areas¹²² even with the use of vignettes¹²³ as a method of education control. The urban population, throughout the research has consistently shown liberal attitude towards PwMI, with declining rate of proactive approach towards the same. The industrialization theory refers to economic growth directly related to rising levels of psycho-social distress. To deal with the problem of concept creep and prevalence inflation, it is necessary that the general masses frequently stay in touch with the clinical understanding of mental health challenges and their associated terms. This is because, with more familiarity and appropriateness in recognizing symptoms and identifying diseases whether by staying in touch with psychiatric hospital or mental health workers¹²⁴, the existing or predicted levels of prevalence inflation arising due to overinterpretation can be reduced¹²⁵. Workforce shortage not only end up increasing DALYs and large treatment gap but also hinder the methodical efforts to reduce stigma and promotion of social inclusion efforts, availability, accessibility and awareness measures. Task shifting, as is the case with the frontline healthcare workers, was introduced as a tool of empowerment and to democratize medical knowledge. However, it has been reported that it has now come to be assumed as a method of task dumping and making frontline workers

feel incompetent. Also, task shifting may also end up exacerbating stigma levels towards service-users and caregivers¹²⁶. The introduction of Tele-Mental Health Services under NMHP for a wider access to a wider population, however, has a silver lining. That being, it can only be accessed by the population that has access and knowledge as to usage of technology. Such focus on tertiary care and digital platforms indicate the relative neglect of district-level and community-based services, which continue to bear the burden of service delivery at the grassroot level. The utilisation of fraction of allocated funds of funds exacerbates existing inefficiencies. Although dedicated funding streams have been instituted, overall budgetary commitments is dishearteningly low. To prevent mental health being on the edges of policy discourse and bring about long-term change, financing need to be supported by community-based systems, livelihood security and prevention programmes¹²⁷. Also, use of social media has been reported to give rise to mental health morbidity in the nation, teenage, young adults and adult population alike^{128 129}. However, research presents that alluding increased usage of social media in a digital world may act as a set-back for the younger population. Contrarily, the quality of the content plays a more determinative role in the context of mental health^{130 131}. Also, present day research also alludes

¹²²Jadhav S, *et al.*, Stigmatization of severe mental illness in India: Against the simple industrialization hypothesis. *Indian J Psychiatry*, 49:189-94, 19, 2007, DOI: 10.4103/0019-5545.37320 .

¹²³ Armstrong *et al.*: A mental health training program for community health workers in India: impact on knowledge and attitudes. *International Journal of Mental Health Systems* 2011 5:17.

¹²⁴ *Supra* note 65, Pg- 50.

¹²⁵ Speerforck, S., Jürgensen, V., Göbel, M. *et al.* 'Concept creep' in perceptions of mental illness — an experimental examination of prevalence-induced concept change. 276, *Eur Arch Psychiatry Clin Neurosci*, 33–37 (2026). <https://doi.org/10.1007/s00406-023-01737-0>

¹²⁶ Ketki Ranade, Arjun Kapoor & Tanya Nicole Fernandes, Mental health law, policy & program in India – A fragmented narrative of change, contradictions and possibilities, 2, 1-10, 5, *SSM-*

Mental Health 100174 (2022), <https://doi.org/10.1016/j.ssmmh.2022.100174>.

¹²⁷ Keshav Desiraju INDIA MENTAL HEALTH OBSERVATORY, Budget for Mental Health Analysis of Union Budget 2026-2027, 22 (2026).

¹²⁸ Dey C. Neelam , Mental Health of Adolescents and Youth in India: A Critical Analysis in the Era of AI, 1, *Global J S S R*, 9-34, (2025),ISSN: 3107-3883,.

¹²⁹ Zsila Á, Reyes MES. Pros & cons: impacts of social media on mental health.11(1), *BMC Psychol*. 1-2, 1, (2023)doi: 10.1186/s40359-023-01243-x. PMID: 37415227,

¹³⁰ *Id*, Pg- 2.

¹³¹ United Nations Children's Fund, Global Office of Research and Foresight-Innocenti, Child Well-Being in an Unpredictable World, Innocenti Report Card 19, Pg11, (2025), <https://www.unicef.org/innocenti/media/11111/file/U-NICEF-Innocenti-Report-Card-19-Child-Wellbeing-Unpredictable-World-2025.pdf>.



that tech-based solutions are being resisted as a possible method of managing the crisis due to lack of privacy measures and lack of confidentiality. Supporting this, upon reviewing data privacy practices of mobile mental health applications available on app stores in 2017, only 4% has been found to adhere to secure data management and handling practices¹³². With the increase in the number of mental health issues among the younger demography as reflected by data from numerous sources, research provides that school programmes¹³³ can be effective in maintaining the equilibrium between exploring identities and crossing the threshold to delinquency. In the same context, promoting mental health within the ambit of holistic education or social and emotional learning and emotional intelligence can be effective. Interventions and programmes aimed towards violence, bullying, substance abuse, parenting *inter alia*, can have successful result. The role of frontline healthcare workers such as the ASHAs, AWWs^{134 135} in shaping early parent-child interaction can prove to be pivotal in the mental, emotional and cognitive development of the child. India, in the past decade has witnessed an exponential rise in the rate of suicides among the students of higher education. Lack of implementation roadmap or guiding operating procedure along with no adverse consequences for non-compliance for HEIs despite the binding effect of various statutory regulations interfere with redressal mechanism. This renders such interventions as reactive and generic with the nature of the matter becoming abstract in their wake¹³⁶. Despite governmental efforts at making mental healthcare services available, affordable and accessible, disparities in availability, lack of mental health knowledge and service awareness coupled with underutilization of the current resources are major barriers to accessibility¹³⁷.

Summarily, resource stretch, workplace stress, lack of accessible and affordable healthcare services with

stress, anxiety, depression, PTSD, trauma induced by Climate change and stigmatisation leading to isolated living conditions, coupled with socio-economic triggers exacerbate mental health issues. Added to that is compassion fatigue, secondary trauma burden due to prevalence inflation, task shifting assuming the grim reality of task dumping and further aggravation of existing levels of stigma within the workforce, which is dealing with the rising mental health incidences. This in turn, affect availability and affordability and with eventual decline regarding financial commitment, rampant discriminatory practices across all segments of the society including the Education sector, further aggravates the crisis. Lack of preparedness and sustained follow up, increasing student suicide rates, cybercrimes and delinquent behaviours demonstrate the interconnectedness of these factors and prove the hypothesis that appropriate utilisation of the available resources can prove to be turning point in the current trajectory. Applying the lens of KAPI to these elements prove that and knowledge of mental health and mental healthcare services are prominent in urban centres than in rural counterparts. The lack of knowledge or education control method then go onto influencing the attitude and practice element of the KAP Indicators. With the rising instances of record stigma, it has become imperative that awareness about mental Health problems and discriminatory attitude can have on PwMH conditions.

Considerable literature is aimed at understanding the Knowledge, Attitude and Perception of people towards Mental Health, Mental Health Awareness and Mental Health Literacy. By using the KAP Indicator, it has become increasingly easier to understand Community attitude and perception towards PwMI. Consequently, the interpretation of data also underlines the existence and prevalence of stigma and discrimination leading to the barriers in achieving mental well-being. According to a study, there is

¹³² *Supra* note 27, Pg- 6.

¹³³ *Supra* note 108, Pg 37.

¹³⁴ *Id.*

¹³⁵ *Supra* note 68.

¹³⁶ Sukdeb Saha vs. State of Andhra Pradesh & Ors., 2025 INSC 893.

¹³⁷ *Supra* note 2, Pg- 100.



significant difference between the urban and the rural population of a sample in terms of awareness, literacy, infrastructure and even the perception and stigma associated with Mental health¹³⁸. While the sample was limited to the city of Kanpur, other studies have concluded that there exists significant divide on the abovementioned parameters between urban and rural India¹³⁹ ¹⁴⁰, students from medical faculty and non-medical faculty¹⁴¹. Literature suggests differences to exist between genders, in terms of tolerability and help seeking behavior¹⁴², despite the same being recorded to not be as significant as other results. While, research presents mixed results with respect to attitude of rural population towards PwMIs, they are, on a consistent basis, excluded from participation in activities such as marriage, social functions, that act as pillar of social cohesion within a community.

SUGGESTION & CONCLUSION

A multitude of literature outlines the slippery slope, that is, mental healthcare. Stress, sadness, anger, dissatisfaction, are all normal responses of our system meant to accelerate our growth and to enable human beings to think outside the box. However, when our reactions or coping strategies to them start to linger, or we have adverse reactions to such stressors, especially amid increased competition or limited resources, they are indicative of degrading mental health. Additionally, habits surrounding our lifestyle, dietary patterns and mental and emotional processing also play a determinative factor in the persistence of mental health challenges. Today, mental health has become a public health concern as opposed to being a psychological concern. Mental health issues are no longer limited to only adults but are now being

diagnosed in children and teenagers. Moreover, the burden arising due to exercising empathy and the secondary trauma amongst Mental Health workers has assumed importance in public health discussions and deliberations. The research also underscores the lack of funding, prevalence inflation, lack of availability and accessibility, exclusionary practices arising from stigma, climate change and lack of awareness concerning knowledge, rights and duties, and how they have shaped the nation's attitude and perception regarding mental health. To create a system that is effectively utilized, efforts at increasing awareness and literacy must be taken on a proactive basis, through innovative methods. Furthermore, to deal with workforce shortage and resultantly bridge the treatment gap, the frontline workforce should be provided with capacity building programs, mentoring and supervision so that elements such as compassion fatigue and feeling of incompetency can be eliminated thereby, reducing existing levels of stigma and not further aggravate the same. This would ensure that the gap created by the interplay of all these complex factors does not affect availability, affordability and awareness. Development of more green spaces and proactive effort to address climate change are a necessity at a time when frequent erratic weather conditions have become a reality. Additionally, the current scenario also requires the government to increase its budgetary allocation resultantly, securing mental health through public financing architecture. Addressing these imbalances is essential to ensuring an equitable, efficient, and responsive mental healthcare system.

¹³⁸ *Supra* note 65, Pg-49.

¹³⁹ Rivu Basu, Arkaprabha Sau, et al, A Study on Knowledge, Attitude, and Practice Regarding Mental Health Illnesses in Amdanga Block, West Bengal, Indian Journal of Public Health.

¹⁴⁰ Armstrong et al.: A mental health training program for community health workers in India: impact on knowledge and attitudes. 5:17, IJMHS, (2011).

¹⁴¹ Irma M Puspitasari, *et al.*, Perceptions, Knowledge, and Attitude Toward Mental Health Disorders and

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¹⁴² Zebukumar N and Aravind, Sandhya, Breaking Barriers: Understanding Mental Health Stigma and Help-Seeking Behavior in Young Adults, 7(2), OA J Behavioural Sci Psych 1-5, 3, (2024)



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