

MENTAL HEALTH IN INDIA'S DEVELOPMENT AGENDA: A POLICY GAP ANALYSIS IN THE CONTEXT OF SDGS AND VIKSIT BHARAT@2047

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1. INTRODUCTION

According to the **World Health Organization (WHO)**, the state of wellbeing related to mental health to cope with the life stress, understanding their abilities, learn and work well, and manage to contribute to the community. According to the **WHO** estimates, the burden caused due to the problems related to mental health is **2443** disability-adjusted life years (**DALYs**) per **10000 population**, when it comes to the suicide rate per **100000**, based on age adjusted population is **21.1**. The economic loss caused due to mental health conditions, is estimated at **USD 1.03 trillion** between **2012-2030**. The youth is the primary driving force for the national development, playing a dual role in bond the creation or improvement of the society.

Although significant improvements is still going on in the field of health, education but still the investment doesn't marks up that well and the youth mental health remains one of the crucial area where progress in much needed. Mental health wellbeing is associated with the Millennium development Goals as well as Sustainable Development Goals 3, (Target 3.4). In 2015-16 the National Mental Health Survey (**NMHS**) discovered that around 10.6% of adults in India suffer from disorders related to mental health. According to **WHO** (World Health Organization) already more than 50% of the world's population are currently involved in work and among them around 15% of the working-age adults are suffering with a mental disorder. Other researches provide the fact that without proper support, mental health conditions is one of the major reasons to affect a person's self-esteem and confidence, productivity related to work. According to the data twelve billion of working days are lost each year due to anxiety and depression, which impact the societal growth as a whole. The cost related to the global economic loss is predominantly around **US \$ 1 trillion**. There is a positive effect towards the mental health of the people who are involved in a stable and decent.

There is a shortage of workforce which is prevailing globally while delivering of the mental healthcare where there is the existence of the excessive demand of the workforce which fails to match the supply of the workforce in nearly each and every region. Due to the lack of the mental healthcare professionals there are complexities prevailing both in the developed and the developing countries making it difficult to meet the shortages of the mental health. According to the statistics of the World Health Organization.in most of the countries there is less than 1 psychiatrist per 100,000 people which points down towards the inequities related to the proper access of the mental health, whereas in Sub Saharan Africa, for around 500,000 people, there are less than 1 psychiatrist whereas for around 100000 population there are less than 1 psychiatrist. The economics loss due to the mental health between the span of 2012-2030 is estimated to be around **USD 1.03 trillion**

The World Health Organization (WHO) has highlighted that mental health conditions account for a substantial share of years lived with disability globally, thereby affecting workforce efficiency and long-term economic output. In developing economies such as India,

these effects are often magnified due to the predominance of informal employment, limited access to social security, and inadequate health coverage. Consequently, mental health challenges translate into broader development concerns, affecting household incomes, poverty dynamics, and economic resilience.

Mental health also plays a crucial role in shaping educational attainment, skill formation, and employability. Psychological well-being is closely associated with learning capacity, cognitive development, and sustained participation in education and training programmes. Disruptions to mental well-being can adversely affect educational trajectories, reduce skill acquisition, and weaken employability outcomes. In an economy where policy emphasis has increasingly focused on education, skilling, and workforce readiness, inadequate attention to mental health risks undermining investments in human capital development.

India's demographic dividend, characterized by a relatively young and expanding working-age population, presents both an opportunity and a challenge. The realization of this demographic advantage depends not only on population size but also on the health, skills, and productivity of the workforce. Mental health challenges among working-age populations can reduce labour participation, constrain productivity growth, and limit the long-term benefits of demographic transitions. Without adequate policy integration, the demographic dividend may fail to translate into sustained economic gains.

At the global level, the importance of mental health has been formally acknowledged through the Sustainable Development Goals (SDGs), particularly SDG 3.4, which explicitly emphasizes mental health and well-being. This inclusion reflects a growing recognition that well-being is integral to sustainable development. However, translating global commitments into effective national policy action remains uneven. In many developing countries, mental health policies exist but face persistent constraints related to financing, institutional capacity, and governance.

India has articulated its commitment to mental health through initiatives such as the National Mental Health Policy (2014), the National Health Policy (2017), and recent digital interventions such as Tele MANAS. Despite these initiatives, mental health continues to receive limited prioritization within broader development planning. Public expenditure on mental health remains low relative to the burden of mental disorders, and service delivery is characterized by significant regional and institutional disparities. In this context, aligning mental health policy with long-term development goals such as Viksit Bharat@2047 becomes critical.

Against this backdrop, this paper undertakes a policy gap analysis to examine the integration of mental health within India's development agenda. Situating the analysis within the frameworks of the SDGs and Viksit Bharat@2047, the study seeks to identify gaps between policy intent and implementation and to highlight the need for a development-oriented approach to mental health governance in India.

2. STATEMENT OF THE PROBLEM

India's development strategies generally focus on human capital, inclusive growth. Despite the existence of National mental health policies, Tele Manas and structured frameworks, there is a wide gap between the policy framed and their implementation. According to the sources of Ministry of health and family welfare around 70-90% of people

with mental disorders fail to receive proper treatment due to asymmetric information, lack of awareness, inadequate number of professionals available for the population. According to the WHO recommendation, there should be at least 3 psychiatrists per 100,000 people but according to Indian Journal of Psychiatry India has 0.75 psychiatrists per 100,000 people, highlighting a workforce deficit. There is also economic impact related to the poor mental health of workers which causes productivity losses (WHO, 2025), which in turn causes reduction in the potential and growth, increase in unemployment rates. These shortcomings pose a serious threat to India's long term development journey. This makes it necessary to initiate a systematic assessment of mental health policy gaps from a development perspective focussing on how to focus on the structure of the existing frameworks which can help to strengthen productivity and inclusive and sustainable economic growth

3. OBJECTIVES

- To assess whether India's national mental health policies and programmes function as development-integrated interventions or remain largely health-sector-bound initiatives.

4. MENTAL HEALTH POLICY FRAMEWORK IN INDIA

The National Tele Mental Health Programme (NTMHP), which was launched by the Government of India on October 10, 2022, Tele MANAS (Tele Mental Health Assistance and Networking across States), providing a vast range of mental health services where individuals are eligible of accessing through this digital platform including telephone based counselling, urgent care, etc without the cost or distance barriers.

Tele MANAS has made mental healthcare more accessible to millions across India, ensuring that people, especially in remote areas, receives timely support. The program's ability to deliver mental health services on such a broad scale has drawn praise from global health authorities.

The World Health Organization (WHO) hailed Tele MANAS as an innovative and effective model for delivering mental health care. National studies have revealed that round 15% of the adult population experiences issues related to the mental health, although there is an intervention of the policies but still the treatment gap ranges from around 70-92%, leaving most of the population without the access of care.

The data shows that although there is an existence of the Mental Healthcare Act, 2017 describe the mental health is a more extensive way where it is described as a significant disorder related to thinking, memory, perception that blunts the behaviour, ability to appraise reality to satisfy the conventional needs of life, but doesn't include the mental retardation.

The provisions of the Act show that it is outlined with the end goal of giving all-encompassing advancement to people who are unhinged. But the execution is a real difficult task where government needs to act is a serious and genuinely. The infrastructure has to be strongly built as it isn't sufficient enough. It is stated by the World Health Organization that there is a huge shortage of psychiatrists and psychologists in contrast to the number of people suffering from mental health issues. It mentions that in India, there are only 0.3 psychiatrists, 0.12 nurses, 0.07 psychologists, and 0.07 social workers available (per 100,000 population), while anything above three psychiatrists and psychologists per 100,000 population is the advantageous number.⁴⁵ About 7.5 per cent of Indians experience the ill effects of some psychological issue.

Tele MANAS Service is a two-tier structured system attempting to optimize care delivery and enhance support.

Tier 1 basically comprises of the trained counsellors who provide immediate support through tele counselling and tele consultation and Tier 2 includes specialists from District Mental Health Programme (DMHP) facilities and medical colleges offering other consultations via e-Sanjeevani.

By offering promotive, preventive, and curative mental health services, Tele MANAS focuses to break down the barriers of stigma ensuring everyone has the right to affordable, and quality mental health care, wherever they may be.

Across several previous fiscal years, allocations towards the health and related programs have stayed around 2% of the total fiscal structure of the Union government budget. The Budgeted Expenditure is just above 1% for direct mental health expenses of Budget Expenditure of the Ministry of Health and family welfare. It is very clear that although initiatives such as Tele Manas have made the mental health services accessible, but here is a persistence of gaps in the treatment, shortages in workforce, and low prioritization in the government budget expenditure indicates that the mental health policies in India remain weakly integrated among the huge budget planning of the government.

5. RESEARCH METHODOLOGY

A descriptive research approach is adopted relying primarily on secondary data sources. The analysis is based on official policy documents, government reports, and institutional publications related to mental health governance in India. Key data sources include the National Mental Health Policy (2014), the Mental Healthcare Act (2017), the National Tele Mental Health Programme (Tele MANAS) guidelines, the National Mental Health Survey (2015–16), and Union Budget documents and Demand for Grants of the Ministry of Health and Family Welfare. In addition, reports from international organizations such as the World Health Organization (WHO) are used to supplement the analysis.

6. LIMITATIONS

- The study relies exclusively on secondary data sources, which limits empirical verification at the ground level.
- Variations in the state level investment on mental health are not examined in detail.
- Outcomes received by the population in terms of treatment are not examined in detail.

7. MENTAL HEALTH, SDGS, AND VIKSIT BHARAT@2047

The inclusion of mental health within SDG 3.4 reflects its importance for sustainable development. However, India's progress toward this target remains constrained by policy fragmentation and underinvestment. The vision of *Viksit Bharat@2047* emphasizes human capital, productivity, and inclusive growth, yet mental health has not been systematically integrated into development planning.

Aligning mental health policy with long-term development goals requires recognizing mental health as a productivity-enhancing investment rather than welfare expenditure.

Without such alignment, development strategies risk overlooking a critical determinant of economic and social well-being.

8. REVIEW OF LITERATURE: MENTAL HEALTH, POLICY, AND DEVELOPMENT

The literature review basically reveals the gaps persisting which have been existing between the policy and the implementation or the inefficiency of the policy especially related to the mental health.

The World Health Organization (WHO, 2013), through its *Mental Health Action Plan 2013–2030*, established mental health as a core component of sustainable development, emphasizing community-based care, human rights, and integration with primary healthcare systems. This framework significantly influenced national mental health policies in low- and middle-income countries, including India. However, the WHO also highlighted that policy adoption alone is insufficient without adequate financing and institutional capacity, a concern highly relevant to the Indian context.

In India, the **National Mental Health Policy (NMHP), 2014** marked a crucial shift by explicitly recognizing mental health as a public health and development issue. The policy emphasized access, equity, and rights-based care, aligning broadly with global development goals. Studies reviewing the NMHP note that while the policy framework is progressive, its implementation has been uneven across states due to weak governance mechanisms and limited financial commitment (Patel et al., 2016).

The **Mental Healthcare Act (MHCA), 2017** further strengthened the rights-based approach by legally guaranteeing access to mental healthcare. Scholars such as Duffy and Kelly (2019) argue that the Act represents a normative advancement in mental health governance. However, multiple analyses point out that legal entitlements have not been matched with corresponding service capacity, resulting in implementation challenges and unmet demand, particularly in rural and underserved regions.

Patel et al. (2018), in their global analysis of mental health systems, emphasize that India faces one of the highest treatment gaps for mental disorders globally. Their work highlights structural barriers such as workforce shortages, stigma, and underinvestment, arguing that mental health neglect undermines economic productivity and human capital development. This aligns with development economics perspectives that frame mental health as a determinant of labor market participation and income stability.

9. POLICY GAP ANALYSIS: MENTAL HEALTH IN INDIA'S DEVELOPMENT FRAMEWORK

Despite progressive policy recognition, mental health in India continues to suffer from significant structural and institutional gaps that limit its contribution to sustainable development.

10. FINANCIAL GAPS IN MENTAL HEALTH POLICY

One of the most persistent weaknesses in India's mental health framework is inadequate public financing, where the budgetary allocation remains inefficient, compared to the

estimated burden of the mental disorders, limiting the expansion of the services, development of the infrastructure, trained professionals which further limits the implementation capacity

11. INSTITUTIONAL AND HUMAN RESOURCE GAPS

Proper Infrastructure of the institution serves as a middle mediator for the effective delivery of the of mental health services. India faces a real shortage of the trained professionals according to the WHO prescribes data, where the uneven distribution of the mental health facilities are visible where the large segment of people is left underserved.

12. GOVERNANCE, MONITORING, AND COORDINATION GAPS

Effective policy implementation requires robust governance and monitoring frameworks. In the case of mental health, weak coordination between central and state governments, limited inter-sectoral collaboration, and inadequate monitoring mechanisms hinder accountability. Although policies outline broad objectives, measurable targets and outcome-based evaluation frameworks are often absent.

The lack of systematic data collection and monitoring reduces the ability to assess policy effectiveness and make evidence-based adjustments. Mental health governance also remains fragmented, with limited integration across health, education, labor, and social welfare sectors. This fragmentation undermines the potential of mental health policies to contribute meaningfully to broader development outcomes.

13. MENTAL HEALTH, SDGS, AND VIKSIT BHARAT@2047

According to the World Health Organization mental health has been declared as the human right, as there can be no sustainable development without mental health. Under 3.4 sustainable goal captures the mental health as a component which shows the importance of the mental health as an indicator of the global development. But there is an uneven distribution related to it and thus this makes the India's progress also uneven, reflecting the policy gaps. The vision of Viksit Bharat@2047 emphasizes productivity, social inclusion, and quality of life as pillars of India's development strategy. However, mental health has not been systematically integrated into economic and development planning. Without recognizing mental health as a productivity-enhancing investment rather than a welfare expenditure, development strategies risk overlooking a critical determinant of long-term growth.

14. POLICY RECOMMENDATIONS

The study proposes some policy oriented recommendations focussed towards the governance of mental health

- **Budgetary allocations:** To ensure the significance of mental health, there should be increased budgetary allocations aligned with its burden towards the developmental significance. A dedicated funding must be a good way for a long term planning and to achieve the Sustainable goal.
- **Facilities in the educational institutions and working institutions:** There are innumerable competitions in the educational and variations in the working

environment. It's better to make it mandatory to recruit trained mental health professionals and investment is necessary.

- **Awareness:** Mental health is still considered as a stigma, so proper awareness should be made about the idea behind this and the policies taken up by the government. Greater autonomy and support is required to address the regional based disparities from the states.
- **Robust Monitoring and Evaluation Frameworks :** It is important to establish outcome based evaluation system with proper indicators which can strengthen accountability and understand the adjustments required in the policies.

15. CONCLUSION

Although mental health captures a crucial part but still remain in a position where it is in an underdeveloped position within the picture of India's development. Despite making the attempt to put forward the progressive frameworks, there is a huge gap prevailing between the intention of the policy and the proper implementation. Uneven awareness and access to the services, stigma, underfinancing by the government, limit the proper effectiveness of the policies which are related to the mental health and their contribution towards the goal of sustainable development remains underdetermined. Mental health is one of the important area to focus on and this core area should be focussed on because it is hereby linked with the formation of human capital, productivity, social welfare. This study basically focuses that there is a need for accountable mental health governance whose contribution might led to long term development.

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