सत्यमेव जयते

REPORT NO.

148

PARLIAMENT OF INDIA
RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

ONE HUNDRED FORTY-EIGHTH REPORT

ON

"MENTAL HEALTH CARE AND ITS MANAGEMENT IN CONTEMPORARY TIMES"
PERTAINING TO
MINISTRY OF HEALTH AND FAMILY WELFARE

(Presented to the Rajya Sabha on 4th August, 2023)
(Laid on the Table of Lok Sabha on 4th August, 2023)

भारतीय संसद, राज्य सभा
PARLIAMENT OF INDIA, RAJYA SABHA

Rajya Sabha Secretariat, New Delhi
August, 2023/Sravana, 1945 (SAKA)

Website: http://rajyasabha.nic.in

E-mail : rs-chfw@sansad.nic.in

PARLIAMENT OF INDIA

RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

ONE HUNDRED FORTY-EIGHTH REPORT

ON

"MENTAL HEALTH CARE AND ITS MANAGEMENT IN CONTEMPORARY TIMES"
PERTAINING TO
MINISTRY OF HEALTH AND FAMILY WELFARE

(Presented to the Rajya Sabha on 4th August, 2023)
(Laid on the Table of Lok Sabha on 4th August, 2023)

Rajya Sabha Secretariat, New Delhi
August, 2023/Sravana, 1945 (SAKA)

CONTENTS

to be appended at the circulation stage

COMPOSITION OF THE COMMITTEE

(2022-23)

1. Shri Bhubaneswar Kalita - Chairman

RAJYA SABHA

2. Dr. Anil Agrawal
3. Shri Sanjeev Arora
4. Dr. L. Hanumanthaiah
5. Shri Shambhu Sharan Patel
6. Shri Imran Pratapgarhi
7. Shri B. Parthasaradhi Reddy
8. Shri S. Selvaganabathy
9. Dr. Santanu Sen
10. Shri A. D. Singh

LOK SABHA

11. Shrimati Mangal Suresh Angadi
12. Ms. Bhavana Gawali (Patil)
13. Shri Maddila Gurumoorthy
14. Ms. Ramya Haridas
15. Shri K. Navas Kani
16. Dr. Amol Ramsing Kolhe
17. Shri C. Lalrosanga
18. Dr. Sanghmitra Maurya
19. Shri Arjunlal Meena
20. Shrimati Pratima Mondal
21. Dr. Pritam Gopinath Rao Munde
22. Dr. Lorho S. Pfoze
23. Adv. Adoor Prakash
24. Shri Haji Fazlur Rehman
25. Dr. Rajdeep Roy
26. Dr. DNV Senthilkumar S.
27. Dr. Jadon Chandra Sen
28. Shri Anurag Sharma
29. Dr. Mahesh Sharma
30. Dr. Sujay Radhakrishna Vikhepatil
31. Dr. Krishna Pal Singh Yadav

SECRETARIAT

1.	Shri Sumant Narain	Joint Secretary
2.	Shri Shashi Bhushan	Director
3.	Shri Rajendra Tiwari	Director
4.	Shri Saurav Trivedi	Secretariat Assistant

PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, present this One-Hundred Forty-Eighth Report on the subject "Mental Health Care and its Management in Contemporary Times".

2. The primary objective behind identifying the subject, "Mental Health Care and its Management in Contemporary Times" by the Committee is to examine the landscape of mental healthcare in India, regulatory structure, the status of mental health infrastructure, causes behind the high prevalence of mental health issues and the rising cases of suicides in the country.

3. The Committee held its first meeting on the subject "Mental Health Care and its Management in Contemporary Times " on 19th October, 2022 and heard the views of the Ministry of Health and Family Welfare. The Committee decided to issue a Press Release on the subject in November, 2022 to elicit feedback from the concerned stakeholders and the general public. In response thereto, several memoranda were received. Continuing with the examination of the subject, the Committee heard Ministry of Ayush, Department of School Education and Literacy, Department of Biotechnology, Department of Empowerment of Persons with Disabilities, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) Tezpur, Assam and Central Institute of Psychiatry (CIP), Kanke, Ranchi, Following this, during its deliberations on the subject, the Committee held meetings with NGOs - Manas Foundation, New Delhi and Ashadeep, Guwahati. The Committee also heard several experts inclduing Dr. V.K. Paul, Member, NITI Aayog and Prof. Rajinder K. Dhamija, Director, Institute of Human Behaviour and Allied Sciences, New Delhi. The Committee also sought the written view of various AIIMS, NGOs and experts. Accordingly, the Committee deliberated on the subject during the course of 5 meetings. The meetings of the Committee were held on 19th , October, 2022, 3rd, 4th November, 2022, 28th and 29th March, 2023. The Committee also visited NIMHANS, Bengaluru in April, 2022 and LGBRIMH, Tezpur in Janurary, 2023 to understand the ground realities regarding the subject.

4. During the finalization of its Report, the Committee relied upon the following documents/ papers:-

(i) Background Note on "Mental Health Care and its Management in Contemporary Times" received from the Department of Health and Family Welfare;
(ii) National Mental Health Policy, 2014;
(iii) Mental Healthcare Act, 2017
(iv) Oral Evidences tendered by Secretaries, Department of Health and Family Welfare, Department of School Education and Literacy, Department of Biotechnology, Department of Empowerment of Persons with Disabilities, Ministry of Ayush;
(v) Oral evidences tendered by stakeholders and their written submissions;
(vi) Written submissions of various Organizations/Associations;
(vii) Response of the Department of Health and Family Welfare on the issues raised in memoranda received by the Committee;
(viii) Replies to the questionnaires received from the Department of Health and Family Welfare;

(ix) Written submissions of various AIIMS and NGOs; and
(x) Other relevant documents pertaining to the subject.

5. The Report is divided into three chapters, viz: - (i) Chapter 1 deals with the introduction to the subject, present status of mental health issues in India, effect of Covid-19 in India, rising trends of suicides in India (ii) Chapter 2 focuses on National Mental Health Policy and Mental Healthcare Act, 2017 (iii) Chapter 3 deals with National Mental Health Programme (NMHP) and mental healthcare infrastructure.

6. The Committee, in its meeting held on 31st July, 2023, considered the draft Report and adopted the same.

7. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in bold letters in the body of the Report and also reproduced at the end of the Report at 'Observations/Recommendations -at a Glance' .

8. On behalf of the Committee and on my own behalf, I extend special thanks to Secretary (i) Department of Health and Family Welfare (ii) Directors of NIMHANS, Bengaluru, LGBRIMH, Tezpur and CIP, Ranchi. I also acknowledge the contribution of the stakeholders for their deep insight and valuable suggestions during the course of interactions. I further extend special appreciation to the officers of the Committee Section for their valuable efforts in assimilating all relevant information and enabling the Committee in producing this quality Report.

New Delhi
31st July, 2023
Sravana 9, 1945 (Saka)

SHRI BHUBANESWAR KALITA
Chairman,
Department-related Parliamentary Standing Committee on Health and Family Welfare

ACRONYMS

AIIMS	All India Institute of Medical Sciences
ASHAs	Accredited Social Health Activists
ANM	Auxiliary Nurse Midwife
BIMSTEC	Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation
CBAC	Community-Based Risk Assessment
CEO	Chief Executive Officer
CIDT	Community Informant Decision Tool
CSE	Civil Services Examination
CRPD	Convention on the Rights of Persons with Disabilities
CHCs	Community Health Centres
CHO	Community Health Officer
CMHA	Central Mental Health Authority
CSIR	Council of Scientific and Industrial Research
DMHP	District Mental Health Programme
DDRS	Deendayal Disabled Rehabilitation Scheme
DRPSC	Department -Related Parliamentary Standing Committee
HWCs	Health and Wellness Centres
ICT	Information and Communication Tools
IIT	Indian Institute of Technology
iGOT	Integrated Government Online training
IHBAS	Institute of Human Behaviour and Allied Sciences
INI	Institute of National Importance
IRDAI	Insurance Regulatory and Development Authority
LMICs	Low- and Middle-Income Countries
LGBRIMH	Lokopriya Gopinath Bordoloi Regional Institute of Mental Health
MHEs	Mental Health Establishments
MHCA	Mental Healthcare Act
MHRB	Mental Health Review Board
MHQ	Mental Health Quotient
MNS	Mental, Neurological and Substance
MO	Medical Officer
NCRB	National Crime Records Bureau
NHRC	National Human Rights Commission
MoH&FW	Ministry of Health and Family Welfare
NGO	Non-Government Organisation
PTSD	Post-traumatic Stress Disorder
PHCs	Primary Health Centres
NIMHANS	National Institute of Mental Health and Neuro Sciences
NMHS	National Mental Health Survey
NMHP	National Mental Health Programme
NITI	National Institution for Transforming India
NMC	National Medical Commission
NSPS	National Suicide Prevention Strategy
NIMH	National Institute of Mental Health

SAARC	South Asian Association for Regional Cooperation
SDGs	Sustainable Development Goals
SMHA	State Mental Health Authority
SSC	Staff Selection Commission
UPSC	Union Public Service Commission
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

Chapter-I

Introduction

1.1 WHO defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community.” India, a nation known for its rich cultural heritage and ancient wisdom, has long recognised the importance of mental health and its impact on overall well-being. In contemporary times, particularly post-COVID-19 pandemic, the management of mental health has gained significant attention as people have understood the importance of mental well-being in determining overall health. While contemporary approaches to mental health have evolved, it is important to acknowledge the profound insights offered by ancient Indian texts, which continue to resonate in the context of mental well-being. Throughout history, India has nurtured a holistic approach to health, recognising the inter-connectedness of the mind, body, and spirit that can be traced back to ancient texts like the Vedas, which provide spiritual essence to physical and mental health to lead fulfilling lives.

1.2 Recently, mental health has garnered significant attention in India, reflecting a growing recognition of its importance in today's society. Prominent individuals from different walks of society, viz. sports, cinema etc., have played a crucial role in promoting awareness regarding mental health concerns. By sharing their experiences with anxiety and stress, they have initiated meaningful conversations and helped diminish the stigma associated with mental health problems. Candid discussions about their struggles and the significance of seeking assistance have inspired individuals to prioritise their mental well-being and consider professional help when necessary. These efforts have contributed to a broader understanding and acceptance of mental health issues in the country.

1.3 The evolution of legislation and policy surrounding mental health in India has been a journey of hits and misses. Often overlooked in the past, in recent years, there has been a growing recognition of its significance. The Mental Health Act, 1987 was a prominent step forward, focusing on the rights and care of individuals with mental illness. However, its implementation was limited, leading to inadequate access to quality mental healthcare and the persistence of societal stigma. The Government of India rolled out Mental Healthcare Act, 2017 to address gaps in the Act. The legislation aimed at prioritising mental health as a fundamental right and aligning India's mental health policies with international standards. It emphasised upon the provision of affordable and accessible mental healthcare services and decriminalise attempted suicide. Despite the promising provisions, several challenges remain. There is a shortage of mental health infrastructure, particularly in rural areas, and a lack of trained professionals. Additionally, stigma and discrimination persist, hindering effective intervention and support. However, these challenges provide an opportunity for India to forge a path forward, adopting a comprehensive and inclusive approach to mental health management. By leveraging the people’s growing awareness about mental health, learning from the past, addressing gaps and

embracing the evolving perspectives of the present, India is moving towards a society that prioritises mental well-being and strives for the holistic well-being of its citizens.

A. Present status of mental health issues in India

1.4 Mental health-related issues are increasing, as evidenced by the abrupt and unprecedented challenges of contemporary times – Disasters, environmental and geopolitical issues, global pandemics and economic crises. Modern-day living, i.e. fast-paced, highly demanding nature of modern life, often exposes individuals to various stressors that can significantly impact their mental well-being. Factors such as long working hours, high expectations, intense competition, financial pressures, information overload, and constant connectivity through technology can all contribute to heightened stress levels.

1.5 In a country like India, migration is a large-scale phenomenon, often leading to mental health issues. Migrants often face stressors such as adapting to a new culture, language barriers, discrimination, financial difficulties, and social isolation. These factors can significantly impact an individual's mental well-being and increase the risk of developing mental health problems such as anxiety, depression, and post-traumatic stress disorder.

1.6 Acknowledging the importance of high-quality, scientifically sound, and reliable information to enhance mental health policies and programs at the national and state levels, the Ministry of Health and Family Welfare (MoH&FW) commissioned the National Institute of Mental Health and Neuro Sciences (NIMHANS) to conduct a National Mental Health Survey (NMHS) in a representative population. The Survey aimed to examine priority mental disorders, estimate the treatment gap, assess service utilisation, disability, and socio-economic impact, and evaluate available resources and systems. The NMHS 2015-16 was implemented in 12 states across six regions of India, including North (Punjab and Uttar Pradesh), South (Tamil Nadu and Kerala), East (Jharkhand and West Bengal), West (Rajasthan and Gujarat), Central (Madhya Pradesh and Chhattisgarh), and North-east (Assam and Manipur).

1.7 The Committee notes that the National Mental Health Survey 2015-16 played a crucial role in highlighting the state of mental health in our country as it was arguably the first large-scale exercise in India to assess the prevalence of mental health morbidity and the availability of mental health care services across the country. It provided valuable insights into the state of mental health in India and offered a comprehensive overview of the challenges and gaps in addressing mental health issues.

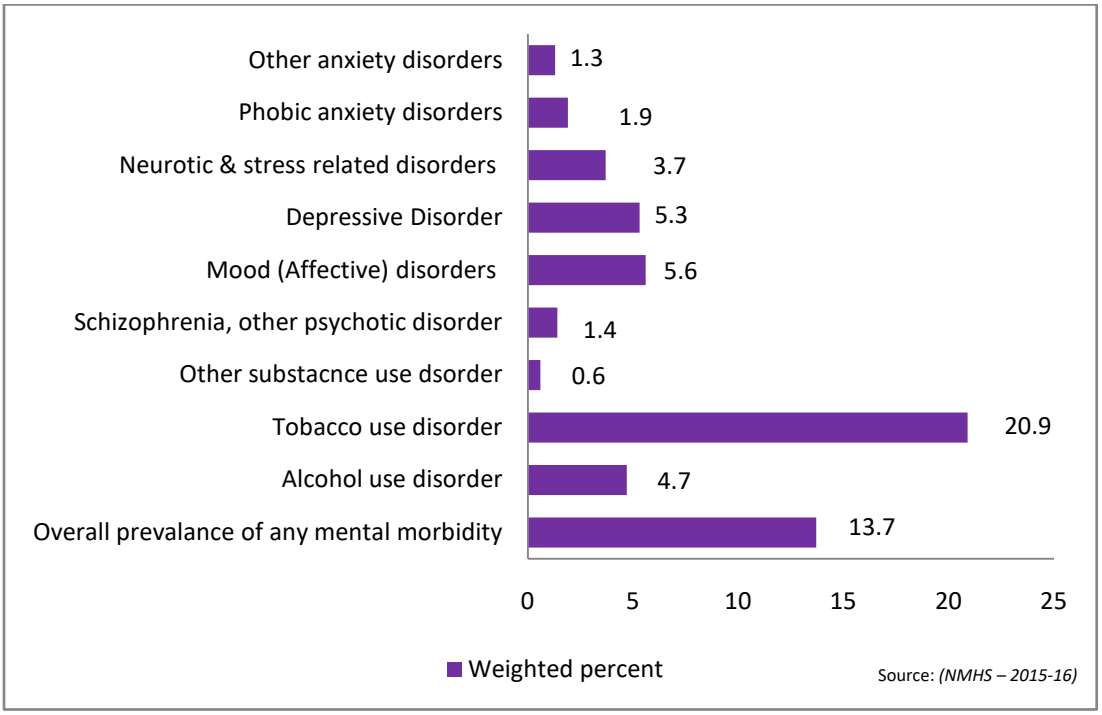
B. National Mental Health Survey 2015-16 (NMHS – 2015-16)

1.8 India, one of the most populous countries in the world (approximately 17.7% of the world population), witnesses a significant burden from non-communicable diseases, including mental morbidities. According to National Mental Health Survey (NMHS), about 150 million Indians are affected by some type of mental illness. The Survey identified that the mental morbidity of

individuals above the age of 18 years was 10.6%, and the lifetime prevalence of mental disorders in the surveyed population was 13.7%.

1.9 The Survey states that approximately 15% of Indian adults (aged 18 and above) require active interventions for one or more mental health issues. The Survey further highlights the coexistence of common mental disorders, severe mental disorders, and substance use problems, with the middle-aged working population being particularly affected. Both adolescents and the elderly also face significant mental health challenges, and urban metros are experiencing a growing burden of mental health problems. The impact of these issues on individuals' work, family, and social lives, as well as their economic consequences, is concerning. However, the current mental health systems suffer from weaknesses, fragmentation, and a lack of coordination, with deficiencies observed across all components at the state level.

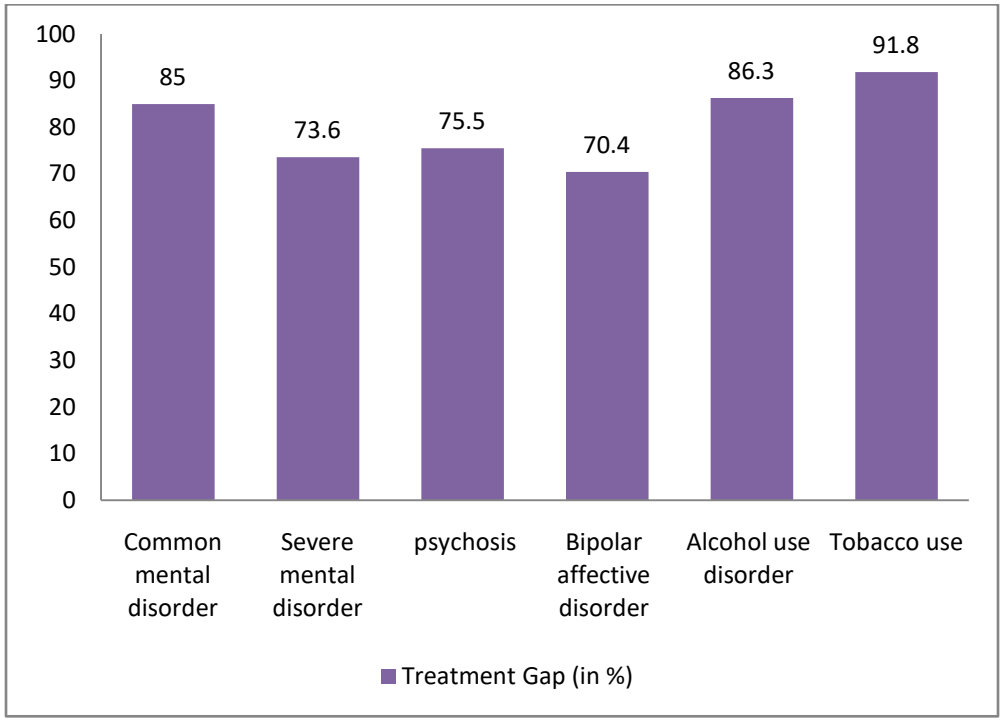
Figure 1: Prevalence of Mental Health issues and percentage of population affected Lifetime Prevalence



C. Treatment Gap

1.10 According to the National Mental Health Survey, despite years of research and a continued focus on improving health systems, changes seen in the mental health field are few and limited. The Survey says that the treatment gap associated with mental health is huge, and the reasons for this are several and range from availability to affordability and are influenced by several factors. The treatment gap in India for mental disorders ranged between 70 to 92% for different disorders.

Figure 2: Treatment Gap in Mental illness



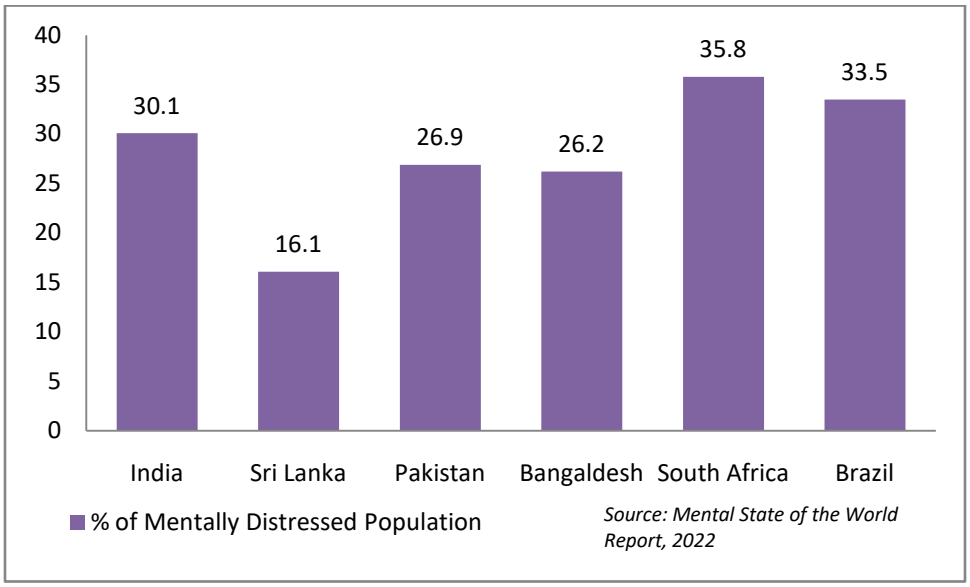
1.11 The Committee notes that most of the issues highlighted by the National Mental Health Survey 2015-16 have remained almost the same even in 2023. There is still considerable scope to improve the treatment gap that results from the lack of mental health professionals, weak mental healthcare infrastructure, inadequate and inequitable access to mental health services, stigma and discrimination.

1.12 The Committee also observes that while National Mental Health Survey 2015 was a welcome step, it still had scope to be more comprehensive, viz. the Survey, which was done only in 12 states out of 36 states/UTs in India, covered only about 40,000 people which is a tiny sample considering the population of the country. Secondly, the Survey relied on self-reporting (and not clinical analysis) of mental morbidities by the interviewees, which can be subject to recall biases and underreporting due to the stigma associated with mental health. Furthermore, the Survey was limited to collecting data on certain specific mental disorders, potentially overlooking mild or moderate mental health issues like emotional breakdown, etc, that may still require support and intervention. Additionally, the Survey did not include specific vulnerable populations, such as homeless individuals, prisoners, and those living in institutions, which may have led to underestimating the prevalence of mental disorders. The Committee, therefore, recommends the Ministry to address these issues in its next National Mental Health Survey (NMHS) and conduct a comprehensive study of the mental health issues and mental healthcare landscape in India.

D. Global Comparison

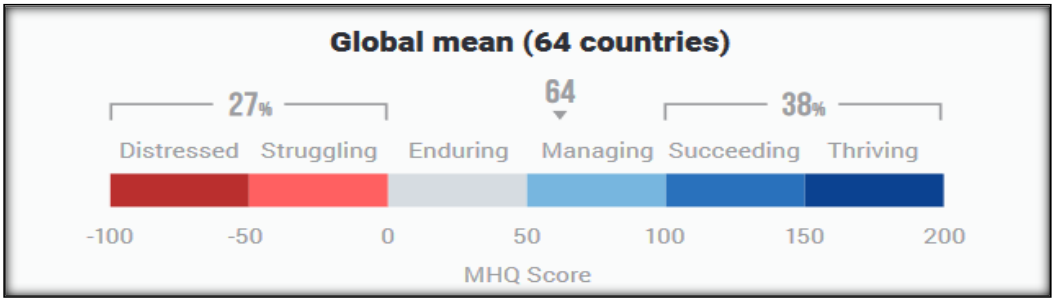
1.13 As per WHO's World Mental Health Report- Transforming Mental Health for All – 2022, in 2019, an estimated 970 million people in the world were living with a mental disorder, 82% of whom were in LMICs (Low- and Middle-Income Countries). According to the Mental State of the World Report 2022, India is one of the most mentally distressed countries in the world. According to the report, 30.1% of Indians are mentally distressed or are struggling with their mental health. According to the report, India has the highest mentally distressed population among its neighbouring countries.

Figure 3: Comparision of Mentally Distressed Population: India and its Neighbours & BRICS countries



1.14 Mental State of the World Report 2022 measured the mental well-being of the people of 64 countries on the 300-point MHQ (Mental Health Quotient) scale. The mental Health Quotient is an aggregate metric of the mental well-being of the citizens of a country. The more the MHQ, the better the mental state of that country. The average MHQ score across the 64 countries in 2022 was 64, as shown below. Across the spectrum of mental well-being, 27% of respondents were Distressed or Struggling, i.e. sub-zero MHQ score.

Figure 4: MHQ Scale



1.15 India, with a mental well-being score (MHQ) of 58.8, was ranked 56th in terms of mental wellness amongst 64 countries. Countries with the highest mental well-being scores were Tanzania, followed by Spanish-speaking countries like Panama and Puerto Rico.

1.16 The Committee has noted India's unsatisfactory status in terms of mental well-being, life satisfaction and happiness across the globe. The Committee believes that it is crucial to recognise that the ultimate goal of development should be to improve people's lives and enhance their overall satisfaction and happiness. Therefore, for India's sustainable socio-economic growth, it is necessary to give the citizens sense of equality, inclusiveness, justice, social security and participation.

E. Effect of COVID-19 on Mental Health

1.17 In 2018, WHO highlighted India as the world's most depressed country and the recent COVID-19 pandemic has only exacerbated mental health issues amongst Indians. The COVID-19 pandemic caused a significant impact on the mental health of people around the world, including in India. According to a Lancet study - "Global prevalence and burden of depressive and anxiety disorders due to COVID-19", the pandemic caused a 27.6% increase in cases of major depressive disorder and a 25.6% increase in cases of anxiety disorders globally in 2020. The same study estimated an increase of about 35 per cent in the prevalence of anxiety and depression in India during the COVID-19 pandemic.

1.18 Similarly, according to the Survey during the second wave of Covid-19conducted under the 2021 report "How India perceives mental health" by Long Live Foundation, there was an increase in the prevalence of mental illnesses and conversations around mental health. The Survey conducted in 9 cities also highlighted that 65% of the respondents recognised stress as a cause of mental illnesses.

1.19 The COVID-19 pandemic has significantly impacted people's mental health as it brought about numerous challenges that have affected people's mental well-being in different ways. Firstly, the fear and uncertainty surrounding the virus led to increased anxiety and stress among individuals. The constantly changing situation created a sense of fear and worry about one's health and the well-being of loved ones and has taken a toll on the mental health of many Indians, leading to heightened levels of anxiety and panic. Secondly, strict lockdown measures and social distancing guidelines resulted in isolation and limited social interactions. The inability to meet friends and family, participate in social events, or even go to work or school led to loneliness, boredom, and sadness. Additionally, the pandemic has brought about economic hardships for many individuals in India. Loss of jobs, financial instability, and business closures created a sense of insecurity and stress regarding livelihoods and basic needs. The economic strain has added to the burden of mental health issues, causing feelings of helplessness, frustration, and depression. Furthermore, the disruption in routine and lifestyle changes, including work from home, remote learning, and increased screen time, has blurred the boundaries between personal and professional life. This constant merging of spaces and the

pressure to adapt to new ways of functioning have increased stress levels and led to burnout among individuals.

1.20 The combination of fear, social isolation, economic hardships, and lifestyle changes has increased anxiety, stress, loneliness, and depression. Addressing the mental health consequences of the pandemic requires continued support, awareness, and accessible mental healthcare services to help individuals cope with the ongoing challenges and build resilience.

1.21 The Ministry of Health and Family Welfare, in its submission to the Committee, informed that realising the impact that COVID-19 and related lockdowns may have on the population's mental health; the Government took several initiatives to provide psycho-social support.

1.22 These initiatives included:

i. Setting up of a 24/7 helpline to provide psycho-social support, by mental health professionals, to the entire affected population, divided into different target groups viz children, adult, elderly, women and healthcare workers.

ii. Issuance of guidelines/ advisories on the management of mental health issues, catering to different segments of society.

iii. Advocacy through various media platforms in the form of creative and audio-visual materials on managing stress and anxiety, and promoting an environment of support and care for all.

iv. Issuance of detailed guidelines by the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru- "Mental Health in the times of COVID-19 Pandemic – “Guidance for General Medical and Specialised Mental Health Care Settings".

v. Issuance of guidance document regarding Caring for Health Care Warriors – Mental Health Support During COVID-19

vi. Issuance of guidelines on Managing Mental Illness in Hospital Settings during COVID-19

vii. All the guidelines, advisories and advocacy material can be accessed on Ministry of Health and Family Welfare website under “Behavioural Health – Psycho-social helpline” (https://www.mohfw.gov.in/).

viii. Online capacity building of health workers by NIMHANS in providing psycho-social support and training through (iGOT)-Diksha platform.

1.23 The Ministry of Health and Family Welfare has apprised the Committee that building on the lessons learnt from NMHS 2015 – 16 and leveraging on it, the Ministry is working on NMHS 2, which is proposed with the objectives viz. to estimate the prevalence of NMS disorders in a nationwide representative population; to identify the disability, socio-economic impact, pathways to care and service utilisation pattern and to characterise mental disorders/illness concerning vulnerable and special populations. NHMS-2 is proposed to be conducted in two Phases; Mental Health Systems Assessment and Characterising Vulnerability would be assessed across all States and UTs; under NMHS 2, Phase 1 (Oct 2022 – Mar 2024), 18 States / UTs and in Phase 2 (April 2024 – March 2025) remaining 18 states would be covered.

1.24 The Committee notes that the COVID-19 pandemic increased risks to mental health and psycho-social well-being and accentuated stress factors for all, especially children, adolescents, and caregivers. During the pandemic, people from all age groups, including children, experienced grief, uncertainty, and isolation, affecting their mental health and psycho-social well-being. The Committee, therefore, believes that the devastating impact of the COVID-19 pandemic on mental health in India necessitates an immediate and comprehensive countrywide mental health survey. A post-COVID-19 mental health survey is crucial to assess the prevalence and severity of mental health disorders among the Indian population. Such a survey will provide valuable insights into the demographic groups and regions most affected by the pandemic's mental health consequences. The Committee is of the firm opinion that the findings from the Survey will serve as crucial evidence for policymakers to take informed decisions related to mental health funding, infrastructure development, and evidence-based interventions. Therefore, the Committee recommends that the National Mental Health Survey -2, which is scheduled to be completed in 2025, should be expedited so that the impact of Covid-19 may be accurately ascertained.

F. Mental Health Issues in Children and Youth

1.25 WHO, in its "World Mental Health Report- Transforming Mental Health for All" 2022, states that around 8% of the world's young children (aged 5–9 years) and 14% of the world's adolescents (aged 10–19 years) live with a mental disorder. The report further states that children with mental health problems and cognitive impairments are four times more likely to become a victim of violence than others. The report points outs that adverse childhood experiences, including exposure to violence, increase the risk of developing a wide range of behavioural problems and mental health conditions, from substance use and aggression to depression, anxiety, and post-traumatic stress disorder (PTSD).

1.26 The National Mental Health Survey (2015-16) found that the prevalence of mental disorders in Indians aged 13-17 years was 7.3% on average. However, the comparable prevalence among children in urban metros was much higher at 13.5%.

1.27 UNICEF, in its written submission to the Committee, informed that - In the context of children, adolescents and young people, risk factors for many common mental disorders are

heavily associated with social inequalities, gender-based and other forms of violence, abuse, exploitation, unhealthy lifestyles, poverty, lack of access to education or other essential services. On the other hand, factors such as supportive relationships with peers, families, and teachers, open, honest, and stigma-free conversations for children and young people are some of the major factors for positive mental health and well-being. Therefore it is of major importance that action is taken to improve the conditions of everyday life, beginning before birth and progressing into early childhood, older childhood and adolescence, and young age to promote a continuum of mental health well-being.

1.28 The Committee notes the findings of "World Mental Health Report- Transforming Mental Health for All" and believes that childhood experiences significantly affect behavioural aspects. The Committee understands that behavioural aspects play a crucial role in mental health as they can significantly influence an individual's well-being, coping mechanisms, and overall mental state. The Committee, therefore, urges the Government to adopt a multi-faceted approach that involves collaboration between the Government, healthcare providers, educational institutions, and the community to address the behavioural aspects of mental health. The Government can invest in public awareness campaigns to educate citizens about the importance of mental health and the role of behavioural aspects. These campaigns can promote healthy habits, coping skills, and ways to seek help when needed. The Committee further suggests that the Government work with employers to implement workplace wellness programs focusing on mental health. These initiatives can include stress management workshops, counselling services, and flexible work arrangements to reduce stress. Similarly, the implementation of mental health education in schools can teach young individuals about behavioural aspects that contribute to mental well-being. This can equip them with the tools they need to manage their emotions and cope with challenges effectively. The Government should also invest in research to better understand the behavioural aspects that impact mental health and the effectiveness of different interventions.

1.29 Furthermore, the Committee is of the view that the mental health care services, surveys and programmes should be designed to have a dedicated section for children, adolescents and young people and also mental service providers need to be exclusively trained in understanding the developmental needs as well as vulnerabilities of the young age population. There is also a lack of comparable data and evidence on the mental health problems affecting children, adolescents and young people. The Committee, therefore, recommends that in the NMHS-2, specific provisions should be made to generate evidence and data on mental health and psycho-social well-being of children, adolescents, youth and caregivers to understand the magnitude, trends, patterns and the prevalence of mental health and psycho-social problems among children, adolescents, youth and caregivers in India.

1.30 The Committee further recommends that a dedicated cadre of school counsellors in all schools under the "Manodarpan" initiative should be developed for this purpose. School management committees should be encouraged to have inclusive learning spaces focusing on students' social and emotional learning.

G. Rising Trends of Suicides in India

1.31 WHO, in its World Mental Health Report- Transforming Mental Health for All – 2022, states that suicide affects people of all ages and their families from all countries and backgrounds. Globally, there may be 20 suicide attempts for every one death, and yet suicide accounts for more than one in every 100 deaths. The report says that suicide is a major cause of death among young people.

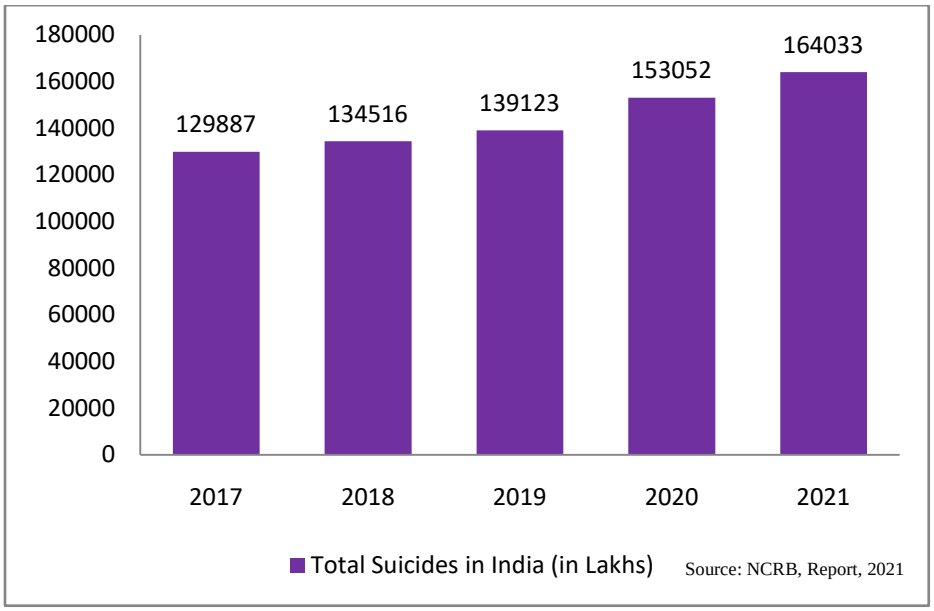
1.32 According to National Mental Health Survey 2015-16, the annual suicide incidence rate in India was 10.6 per 1 lakh population. However, according to National Crime Records Bureau's (NCRB) "Accidental Deaths & Suicides in India" Report 2021, the suicide rate in India has increased to an alarming 12 per 1,00,000 population.

1.33 According to the NCRB report following is the detail of numbers for suicides in India in 2021 are as below:

Si. No.	Category	Number of Suicides
1.	Self- employed	20,231
2.	Salaried	15,870
3.	Unemployed	13,714
4.	Students	13,089
5.	Business	12,055
6.	Private Sector	11,431
7.	Farming	10,881 (5,563 labourers + 5,318 farmers)

1.34 The Report says that out of 5,318 farmers, 4,806 were those who used to cultivate their own land with or without the assistance of agricultural labourers, and 512 were those who used to cultivate on lease land or work on lease or on other's land with or without the assistance of agricultural labourers. As per the report, men were the overwhelming victims of suicide; of the 1,64,033 persons who committed suicide last year, 1,18,970 were men, and 45,026 were women. Similar to 2020, in 2021, daily wage earners, self-employed persons, and the unemployed had topped the suicide victims. While the report did not cite Covid-19 directly as the reason behind the 14 per cent increase in suicide among daily wagers and 11 per cent among the unemployed, lack of livelihood and income during the lockdown was termed as one of the prominent factors responsible for the spurt in suicides.

Figure 5: Rising Suicides in India (2017-2021) in Lakhs



1.35 Institute of Human Behaviour and Allied Sciences, in its submission, apprised that despite the efforts put in by the Government of India, including the promotion of suicide prevention through the National Mental Health Programme (NMHP), decriminalisation of suicide under the provisions of Mental Healthcare Act, 2017 and other direct or indirect measures for suicide prevention, the trend of suicide in India has shown a steep rise.

1.36 The Committee has also been apprised that India launched its National Suicide Prevention Strategy (NSPS) on November 21, 2022. This is the first policy in India to make suicide prevention a public health priority. The strategy primarily aims to reduce suicide mortality by 10% by 2030 compared with 2020. The NSPS aims to achieve this target by establishing effective surveillance mechanisms by 2025, establishing suicide prevention services through the District Mental Health Programme in all districts by 2027, and integrating a mental well-being curriculum in all educational institutions by 2030. The strategy includes an implementation framework for various activities aimed at achieving its primary objective, involving multilevel stakeholders (ministerial stakeholders at the national level, governmental stakeholders at the state and district level, mental health institutes, and strategic collaborators). The strategy recognises the crucial role of existing programmes run by various ministries in reducing the burden of suicide, either directly or indirectly. However, challenges exist that might impede its implementation in community settings.

1.37 The Committee takes note the continuously rising number of suicides in the country. The Committee believes that feeling hopeless and low self-esteem pushes a person to take extreme steps to end life. The Committee is pained to observe that students and unemployed youth accounted for the highest number of suicides in India. The Committee notes that while more students committed suicide than farmers, the latter's suicides were

termed a national crisis. However, suicides by students hardly caught anyone's attention and were dealt with on a case-to-case basis.

1.38 The Committee recommends the Ministry to make provision under its 24/7 helpline to telephonically connect with youths who fail to qualify for competitive exams like UPSC-CSE, NEET, SSC, JEE, etc., by few marks and counsel them against committing suicides. Furthermore, the Government should prioritise mental health awareness and education campaigns to eliminate the stigma surrounding mental health issues by conducting awareness programs in schools and colleges, providing information on available mental health resources, and promoting open discussions on mental well-being.

1.39 The Committee also acknowledges the National Suicide Prevention Strategy (NSPS), which is a comprehensive plan that aims to reduce suicide mortality in the country by 10% by 2030. Through NSPS, the Committee recommends the Ministry to strengthen surveillance mechanisms to track factors causing suicides and trends and thus devise mitigation strategies. The Committee further recommends that short-term training courses should be formulated to strengthen the number of mental health workers and also further the capacity of existing mental health service providers.

Chapter-II

Mental Health Policy& Legislation

2.1 Over the past decade, the Government of India has made significant changes to the country's legal and policy framework concerning mental health and disabilities. One major factor behind these changes was India's ratification of the UN Convention on Rights of Persons with Disabilities (CRPD), which mandated aligning all legislation, policies, and programs with its provisions. In line with this, the Government implemented the National Mental Health Policy (NMHP) in 2014. The Parliament passed the Rights of Persons with Disabilities Act in 2016 and the Mental Healthcare Act (MHCA) in 2017. These laws and the policy offer various rights, entitlements, and services to individuals with mental illness.

A. National Mental Health Policy, 2014

2.2 India's National Mental Health Policy, titled "New Pathways, New Hope", was released in October 2014. It was a significant step towards addressing mental health issues in the country. The policy aims to provide a framework for promoting mental health, preventing mental disorders, enabling recovery from mental illness, and promoting destigmatisation and the provision of accessible and affordable mental health care services. National Mental Health Policy seeks to address mental health in a manner that takes into account the needs of all concerned stakeholders. It adopts an inter-sectoral approach, acknowledging the role and influence of structural determinants, such as unemployment, homelessness, marginalisation, and exclusion, on mental health and well-being. It recognises the need for a 'holistic approach to alleviating distress' which addresses cross-cutting stigma, right-based approach, vulnerable populations, adequate funding, support for families, intersectoral coordination, institutional care, promotion of mental health, and research.

2.3 The policy document recognises seven strategic areas that need intervention; these strategic areas include issues of concern, goals and objectives as mentioned in the National Mental Health Policy. The strategic areas are – (i) effective governance and delivery mechanism for mental health; (ii) promotion of mental health; (iii) prevention of mental health and suicides; (iv) universal access to mental health services; (v) increased availability of trained human resources for mental health; (vi) community participation and (vii) research on mental health.

B. Analysis of the Implementation of the National Mental Health Policy

2.4 The National Mental Health Policy establishes crucial strategic directions and offers actionable recommendations. However, despite almost a decade since its introduction, the policy's progress has been limited. Due to India's quasi-federal governance structure and healthcare being a concurrent subject, both the central and state governments share the

responsibility for implementing the policy. However, only a few states have embraced and implemented the outlined recommendations of the National Mental Health Policy.

Effective governance and delivery mechanism for mental health:

2.5 The National Mental Health Policy recommended developing and introducing evidence-based policies, laws, and programs across various sectors. Aligning with the policy's vision, the Government brought Mental Healthcare Act (MHCA) in 2017. However, there are concerns regarding the implementation of the MHCA. Recently, the National Suicide Prevention Strategy (NSPS) was enacted in accordance with the National Mental Health Policy and MHCA provisions. However, the prompt and effective implementation of the NSPS remains to be determined. A significant concern surrounding the implementation of the MHCA and NSPS is the absence of budgetary allocations and the need for more capacity building for all stakeholders involved.

Promotion of mental health

2.6 The National Mental Health Policy (NMHP) recommended implementing prevention and promotion activities in various settings beyond healthcare facilities, including Anganwadi centres, classrooms, and workplaces. It emphasises the involvement of diverse stakeholders, such as policymakers, planners, and state governments, in conducting these activities. The policy also provides specific recommendations for addressing social determinants impacting mental health and well-being. It suggests designing and implementing interventions to tackle domestic violence, unemployment, discrimination, stigma, exclusion, food security, and access to healthcare and sanitation facilities. Similarly, the Mental Healthcare Act (MHCA) incorporates several provisions per the NMHP's recommendations. These provisions include ensuring access to mental healthcare treatment and facilities, facilitating social recovery through financial literacy and access to community support systems. Despite the presence of these provisions in both the NMH and the MHCA, most of them still need to be implemented.

Prevention of Mental Health and Suicides

2.7 The National Mental Health Policy (NMHP) recommends implementing programs and policies to reduce suicide deaths and instances of self-harm. It suggests measures such as restricting access to lethal means, developing guidelines for responsible media reporting, decriminalising suicide, and training community members to identify individuals at risk of suicide. National Suicide Prevention Policy (NSPS) launched in 2022 was introduced, signalling efforts to address the recommendations outlined in the NMHP. However, it is too early to determine the current status of NSPS implementation. Section 115 of the Mental Healthcare Act (MHCA) decriminalised suicides by stating that individuals who attempt suicide should be considered under severe stress and provided with the necessary support instead of being charged under the Indian Penal Code. However, many stakeholders, particularly police personnel

working on the ground, largely remain unaware of these provisions and continue to file cases against individuals who have attempted suicide under Section 309 of the Indian Penal Code.

Increased awareness of trained human resource

2.8 The National Mental Health Policy (NMHP) recommends addressing the shortage of trained mental health professionals by integrating core principles of mental health care into training programs for other allied health professionals. It also suggests providing opportunities for community health workers, such as ASHAs and ANMs, to enhance their skills, including mental health support. Currently, National Mental Health Programme focuses predominantly on training specialists rather than laypersons, community workers, or allied healthcare professionals.

2.9 The Committee, after analysing the implementation of the National Mental Health Policy (NMHP), is of the consensus that strategic objectives identified in the NMHP are yet to be translated into full action by responsible authorities and those in charge of implementation. To address this issue, the Committee recommends formulating national and state-level action plan (s) to actualise the recommendations given in the NMHP.

2.10 Furthermore, the Committee believes there is still scope for policy and programmatic interventions to effectively prioritise and address the underlying factors, viz., vulnerable groups, unemployed youth, women, and others contributing to mental health issues. The Committee, therefore, recommends the Ministry to integrate psycho-social interventions targeted at specific vulnerable groups into schemes and programs, such as those related to social justice, women's empowerment, and child development. The Committee further recommends enhancing intersectoral collaborations and establishing synergy among different ministries, departments, and agencies while implementing NMHP.

2.11 The Committee further believes that the policy should be evaluated and reviewed periodically due to the constantly evolving landscape of mental health issues and the subsequent difficulty in implementing an all-encompassing policy like the NMHP. This would result in incorporating evolving mental health issues in the NMHP, making the policy-relevant.

C. Mental Healthcare Act (MHCA), 2017

2.12 The Mental Healthcare Act (MHCA) was introduced by the Indian Government in 2017 and officially implemented in May 2018. The Act comprises 16 chapters and 126 clauses and covers various provisions related to mental healthcare and the rights of individuals with mental illness. It addresses critical areas such as decriminalising suicide, advance directives, nominated representatives, mental health establishments, and involuntary admissions. Its purpose was to replace the previous Mental Health Act of 1987 and align with India's commitments as a signatory to the Convention on the Rights of Persons with Disabilities (CRPD). The MHCA is a strategic link between the National Mental Health Policy and state-led programs and

interventions. It can potentially bring significant transformative changes to India's mental health landscape by ensuring accessible and rights-based mental health services. However, even though the MHCA came into effect in 2018, five years later, there is still much work to be done to implement the provisions of the Act effectively.

2.13 According to the written submission of the Ministry of Health and Family Welfare, the Objective of the Mental Healthcare Act, 2017 is to provide mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto.**Advance Directive** – Every adult shall have a right to make an advance directive in writing, specifying the way the person wishes how to be and how not to be cared for and treated for a mental illness.

I. **Nominated Representative** – Every adult shall have a right to make an advance directive in writing, specifying the way the person wishes how to be and how not to be cared for and treated for a mental illness.

II. **Nominated Representative** – Every adult shall have a right to appoint a nominated representative who shall provide support to the person with mental illness in making treatment decisions.

III. **Rights of mentally ill person** – Every person who has mental illness shall have the right to access mental health care, community living, protection from cruel, inhuman and degrading treatment, equality and non-discrimination, information, confidentiality, Restriction on the release of information in respect of mental illness, access medical records, personal contacts and communication, legal aid, make complaints about deficiencies in the provision of services.

IV. "Mental illness", "mental healthcare" and "determination of mental illness" have been defined.

V. **Coordination of different Departments of Government of India** – Representatives of various Government Ministries/Departments are proposed to be nominated as members of the Central Mental Health Authority and State Mental Health Authorities.

VI. It shall be the Duty to the appropriate Governments to plan, design and implement programme for mental health/mental illness.

VII. The concerned Board shall review the decision of the medical officer or psychiatrist in charge of the mental health establishment regarding involuntary admission.

VIII. Restrictions on:

- Sterilisation of men and women.
- Separation of mother and her child below three years of age.
- Use of Electro-Convulsive Therapy on minors and on adults without anaesthesia
- Psychosurgery without the informed consent of the person and approval from the concerned Board to perform the surgery.
- Persons with mental illness shall not be chained in any manner or form whatsoever.

- The appropriate Govt. shall take all measures to ensure sensitisation of different officers, including police and judicial officers.

D. Analysis of Key Features of the Act

2.14 Chapter III of the Indian Mental Healthcare Act, 2017, focuses on advance directives; it mandates allowing individuals to express their preferences for treatment and care during a mental health crisis. While including advance directives is a positive step towards promoting patient autonomy and decision-making, certain aspects warrant critical examination.

2.15 The Committee believes that the key challenge with implementing of advance directives is the need for more awareness and understanding among healthcare professionals and the general public. Individuals may need to be made aware of the provision or help understand how to create an advance directive effectively. Therefore, the Committee recommends the Government to put in adequate efforts to educate and raise awareness about advance directives to ensure their meaningful utilisation. Furthermore, the Committee believes that mental health conditions and circumstances may change over time, leading to alterations in an individual's preferences for treatment. The Act does not explicitly address the issue of periodic review and updating of advance directives. The Committee, therefore, recommends that regular review and the provision for modifying advance directives in response to evolving preferences and conditions should be considered to ensure their relevance and applicability.

2.16 Chapter VII of the Act provisions for establishing the Central Mental Health Authority to oversee the implementation of the legislation and to advise the Government on matters relating to mental health and services in the country. Some of the functions of the CMHA include registration, maintenance of a register and supervision of all Mental Health Establishments (MHEs) under the Central Government, drafting norms for the quality and provision of services, and maintaining a register of mental health professionals in the country. The CMHA, as mandated by the Act, was constituted in November 2018.

2.17 The Committee acknowledges establishing the Central Mental Health Authority (CMHA). However, the Committee takes note of the largely inconspicuous presence and functioning of CMHA. The Committee observes that despite CMHA being a statutory body and almost five years after its establishment, there needs to be more public presence about its functioning and work done. The Committee, therefore, recommends the Government to develop a dedicated website for the authority and recommends the authority to release its annual report comprising of its vision, objectives, programmes implemented, achievements etc. The Committee would also like to be apprised of the present status and the budgetary allocation to the CMHA fund, which the Central Government primarily funds.

2.18 Chapter VIII, Section 45 of the Mental Healthcare Act, 2017 mandates that every state Government must establish an authority to be known as the State Mental Health Authority

(SMHA). Some of the SMHA's key functions include - maintaining a register of all Mental Health Establishments (MHEs) in the state, supervision of and reception of any complaints against services provided by MHEs, and maintaining and publishing the register of mental health professionals in the state.

2.19 The Committee notes that, like CMHA, SMHA is crucial for implementing National Mental Health Programme across all states. The Committee further notes that though most of the States have established SMHAs, efforts related to the appointment of ex-officio and non-official, appointment of CEOs, officers and other staff, development of mechanisms for complaints redressal and establishment of SMHA funds need further push in most of the States. The Committee, therefore, recommends the Ministry to expedite the work-related completion of the aforementioned issues alongwith establishement of Mental Health Review Boards (MHRB), which still remain unconstituted in the majority of states. The Committee further recommends developing a tracker to track the implementation status of the establishment of SMHAs, MHRBs and other determinants governing the development of mental health infrastructure and human resources.

2.20 Different chapters in the Mental Healthcare Act 2017 mandate for taking care of the mental health of prisoners. Chapter VI on "Duties of Appropriate Government" mentions training all medical officers in public healthcare establishments and all medical officers in prisons or jails to provide primary and emergency mental healthcare. Similarly, Mental Health Review Boards (MHRB) in Chapter XI have been mandated to inspect prisons or jails and seek clarifications from the medical officer in charge of health services in such prisons or jails. Clause 103 in Chapter XIII on "Responsibilities of Other Agencies" also mandates that a prisoner with mental illness should be admitted to mental health establishment having a psychiatric ward in the prison's medical wing.

2.21 According to ‘Prison Statistics India’ report by NCRB, as many as 9,180 inmates were reported to be suffering from mental illness, accounting for 1.7% of the total 5.54 lakh inmates lodged in various jails in the country as on December 31, 2021. In 2020, 7,524 inmates were reported to be suffering from mental illnesses. The report says the number of prison deaths has increased from 1,887 in 2020 to 2,116 in 2021, having increased by 12.1%. Moreover, deaths due to natural causes increased from 1,642 in 2020 to 1,879 in 2021, having increased by 14.4%.

2.22 The Committee understands the need to establish mental health facilities in prison and ensure well-trained staff in such facilities. The Committee, therefore, recommends the Ministry to provide adequate training to the prison staff regarding mental healthcare and to ensure that adequate mental healthcare staff is stationed in the prison establishment to address the needs of the prison inmates.

2.23 The Committee further recommends the Ministry to conduct periodic training programs through CMHA and SMHAs for police personnel, people associated with the

judiciary and also general health practitioners to sensitise them about their responsibilities and about the different provisions and issues concerning mental health of the MHCA.

2.24 In Chapter V on Rights of Persons with Disabilities, Clause 21 states that every person with mental illness shall be treated as equal to persons with physical illness in the provision of all healthcare and that every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness. To implement this provision in the Act, IRDAI, on November 01, 2022, made it mandatory for all health insurance companies to cover mental illnesses.

2.25 The Committee notes the provision in the Mental Healthcare Act for medical insurance for treating mental illness on the same lines as is available for treating physical illness. The Committee feels that the IRDAI's action to make it mandatory for the insurance companies will pave the way for significant improvement in the insurance scenario for mental illness. The Committee, however, recommends the Ministry to work in tandem with IRDAI and encourage the insurance providers to include more and more mental health issues in the insurance policies as the Committee feels that insurance policies traditionally are designed to cater to the in-patient procedures. Thus insurance providers might not be willing to include mental health procedures primarily out-patient, viz. counselling sessions.

2.26 The Committee further recommends the Ministry to develop a mechanism for monitoring the insurance delivery for mental health issues; the Government should ascertain data on policies covering mental health issues, total claims received for mental issues, total claims cleared, rejection of policies and reasons for rejection. The Committee further recommends the Ministry to actively pursue IRDAI to discourage the insurance providers from excluding treatment for attempted suicide or self-injury as both of these may require treatment or hospitalisation.

2.27 The Mental Healthcare Act, 2017 in Chapter in Chapter V on Rights of Persons with Disabilities, clause 19 states that every person with mental illness shall have a right to live in, be part of and not be segregated from society and not continue to remain in a mental health establishment merely because he/she does not have a family or is not accepted by his family or is homeless or due to absence of community-based facilities. The Act further mandates that where a mentally ill person cannot live with his family or relatives or where a mentally ill person has been abandoned by his family or relatives, the appropriate Government shall provide for or support the establishment of less restrictive community-based establishments, including half-way homes, group homes and the like for persons who no longer require treatment in more restrictive mental health establishments such as long stay mental hospitals.

2.28 Clause 20 of Chapter V states that every person with mental illness shall have a right to live with dignity and that every person with mental illness shall be protected from cruel, inhuman or degrading treatment in any mental health establishment.

2.29 The Department of Empowerment of Persons with Disabilities under the Ministry of Social Justice and Empowerment, in its oral submission to the Committee, stated that the Department under the scheme Deendayal Disabled Rehabilitation Scheme (DDRS) is working on several projects for developing "Half Way Home" for Psycho-Social rehabilitation of treated and controlled persons with Mental Illness. The Department is also working on rehabilitating treated and controlled persons with mental illness through vocational training, reskilling, and counselling beneficiaries and families to facilitate integration into families and society/community. Furthermore, the Department apprised the Committee that more than 230 projects have been undertaken to develop special schools for children with other disabilities (Intellectual disabilities, cerebral palsy, autism spectrum disorder, muscular dystrophy etc.).

2.30 **The Committee acknowledges the efforts put in by the Department of Empowerment of Persons with Disabilities for establishing community-based establishments, including half-way homes, for persons who no longer require treatment in mental health establishments. The Committee, however, recommends the Ministry to make concerted efforts to ensure that such patients who are treated and don't require to stay in mental health establishments are not redesignated to old age or beggar homes.**

2.31 **The Committee also recommends the Ministry of Social Justice and Empowerment to expedite the establishment of half-way homes/community-based establishments, particularly in states having high mental morbidities like Kerala, Manipur, Tamil Nadu, Jharkhand, Bihar etc. Concerted efforts should be put in to establish vocational training centres in all districts for persons with mental illness; similarly, special employment exchange should be started so that people who are now fit can secure livelihood and dignity. The Ministry should also work towards developing a portal for real-time display of half-way homes established in all states and UTs, their capacity and occupancy, the facilities provided and the mental healthcare professionals available.**

Chapter-III

National Mental Health Programme and Mental Healthcare Infrastructure

3.1 The mental health infrastructure in India is a critical area that requires immediate attention and substantial improvement. Despite the increasing recognition of mental health issues in the country, the existing infrastructure remains woefully inadequate to meet the growing demand. One of the significant challenges is the scarcity of mental health professionals, including psychiatrists, psychologists, and counsellors, especially in rural areas where the need is often greater. This shortage severely limits access to quality care and leaves many individuals needing more support.

3.2 Furthermore, there is a significant disparity in the distribution of mental health facilities, with urban areas having better access than rural and remote regions. This imbalance perpetuates inequities and denies vulnerable populations, such as those in poverty or marginalised communities, the opportunity to receive proper mental health care. The lack of financial resources allocated to mental health services also hinders the development and expansion of infrastructure, resulting in underfunded and understaffed facilities.

3.3 According to the submission by the Ministry of Health and Family Welfare, there are a total of 47 Government Mental Health Hospitals functioning in the country, including 03 Central Mental Health Institutions, namely (i) National Institute of Mental Health and Neuro Sciences, Bengaluru, (ii) Central Institute of Psychiatry, Ranchi and (iii) LokopriyaGopinathBordoloi Regional Institute of Mental Health, Tezpur, Assam. Department of Psychiatry has been provided in the new All India Institute of Medical Sciences (AIIMS) to increase mental healthcare facilities in the country further. Similarly, many other Central and State Government hospitals also have Psychiatry Departments.

3.4 According to the NITI Ayog – "In a recent report by the National Human Rights Commission (NHRC), it was observed that all Government mental hospitals are "in a deplorable condition" and are yet to adhere to the MHCA, 2017 guidelines".

3.5 The Committee notes the remark of the NHRC that almost all the 47 Government mental health institutions functioning in the country have failed to adhere to the MHCA guidelines. The Committee, therefore, recommends the Ministry to put concerted efforts to strengthen the infrastructure, capacity, and facilities and upgrade these institutions to generate more human resources. Furthermore, the Ministry should take measures to enable these institutions to become centres of academic research and also participate in the public healthcare system.

A. National Mental Health Programme (NMHP)

3.6 As per the information furnished by the Ministry of Health and Family Welfare, the Government has been implementing the National Mental Health Programme in the country since 1982 to facilitate the integration of mental health care with primary healthcare services. The Programme was revised in 1996 to include the District Mental Health Programme (DMHP). Subsequently, the Manpower Development Scheme was added to the Programme in 2009 with the following components:

3.7 Centre of Excellence (Scheme-A): Scheme-A includes financial support towards construction, technical & non-technical types of equipment, library and faculty salary to the existing Central and State Mental Health Institutions. A total of 25 Centres of Excellence have been established/ approved to date. The four kinds of PG seats are there - Psychiatry, Clinical Psychologists, MSc in Psychiatric Nursing and MSc Social Worker. Under Scheme-A, about 1,007 seats have been added in recent years -- 55 in Psychiatry, 306 in Clinical Psychology, 251 in Psychiatric Social Worker and 385 in Psychiatric Nursing.

3.8 Strengthening/Establishment of PG departments in mental health specialities (Scheme-B): Scheme-B includes financial support towards capital works and faculty support to the existing Central and State Mental Health Institutions for strengthening/establishment of Post Graduate Departments in mental health specialities viz: Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nurse. A total of 47 PG Departments in 19 institutes have been established/ approved to date. These schemes are set to be completed by 2024. The Ministry is pursuing the States and the institutions to complete these schemes on time.

a. District Mental Health Programme (DMHP):

3.9 For improving coverage and accessibility of mental healthcare, district-level activities under the NMHP have been supported in 704 districts across all 36 states/UTs. A dedicated District Mental Health Programme team stationed at District Hospital has organised these district-level activities. As per the Guidelines of the Scheme, one Psychiatrist, one clinical psychologist, one psychiatric social worker, one psychiatric nurse, one community nurse, one monitoring and evaluation officer and one case registry assistant and one ward assistant are the staff of the District Mental Health Programme Team. The remaining districts would be supported for implementation of the DMHP in a phased manner based on the proposals submitted by the States/UTs in their Annual Programme Implementation Plans.

Services provided under DMHP

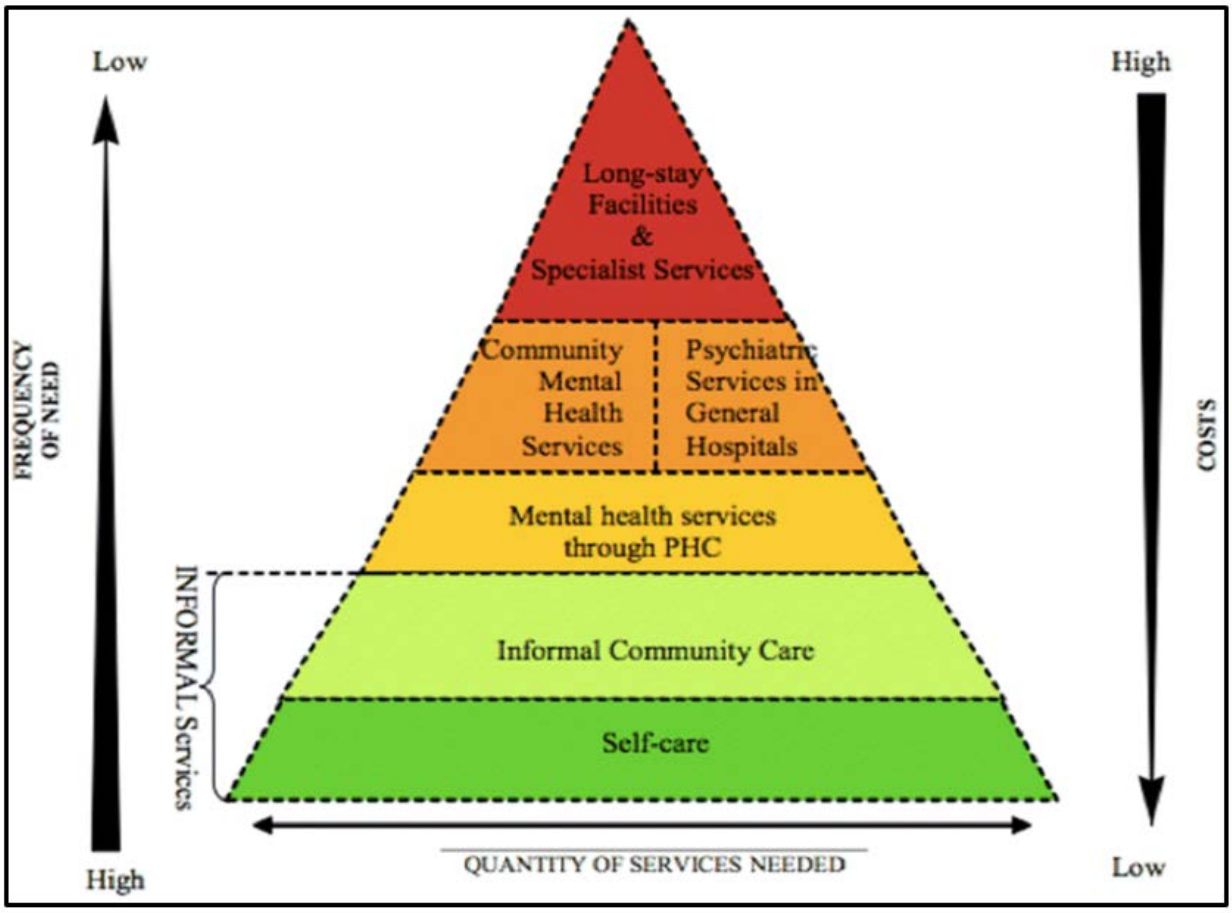
S.No.	Levels	Services
1.	District Hospital	Outpatient services, Assessment, Counselling/ Psyhco-social Interventions, Inpatient treatment services, Psychotropic Drugs
2.	CHC-level	Outpatient services, Counselling services, Continuing care and support to persons with Severe Mental Disorders, Drugs, Ambulance services
3.	PHC-level	

3.10 The Committee acknowledges the measures taken under NMHP and DMHP to integrate mental health services with Primary and Secondary health services. The Committee believes that quality mental health services if provided at the Primary and Secondary levels, will result in fewer cases requiring treatment at the tertiary level. Also, the capital expenditure for augmenting the primary and secondary mental health facilities is far lower than the budgetary requirements for developing tertiary mental healthcare infrastructure. Also, the expenditure (public and out-of-pocket) for treating mental illnesses is comparatively lower if mental issues can be screened early at the PHC and CHC levels (as shown in the pyramid below under 3.12). Therefore, the Committee recommends the Ministry to take appropriate measures and allocate sufficient funds to strengthen primary and secondary mental health services. For this, the Ministry should develop improved monitoring systems to oversee the functioning of the DMHP and to generate reliable data on the functioning of the DMHP. The data generated can be used to update/ upgrade the DMHP for better functioning.

3.11 Furthermore, the Committee believes that at the primary level i.e. at in DMHP, along with the existing biomedical approach, equal focus, if not more, should be given to community-based care. The Committee believes that community-based care offers a person-centred and community-oriented approach to mental health, promoting accessibility, early intervention, holistic care, integration, reduced stigma, and continuity of support. It recognises the importance of addressing mental health within the broader social fabric and promoting well-being at the community level. Therefore, the Committee recommends that under DMHP, the Ministry devise treatment/ rehabilitation/ counselling measures rooted in community-based care. The DMHP should work beyond the clinical services and also focus on awareness of mental health issues, mitigate stigma through its outreach activities, improve intersectoral action and build linkages with other health initiatives, viz. TB elimination programme to strengthen overall well-being.

3.12 The Pyramid below indicates the frequency of the need for mental health services and the associated cost of treatment.

Figure 6: Frequency of the need for mental health services and the associated cost of treatment



Care for Mental, Neurological and Substance Use (MNS) Disorders through Ayushman Bharat Health and Wellness Centres:

3.13 Ministry of Health and Family Welfare's submission to the Committee apprised that Mental, Neurological and Substance Use (MNS) disorders contribute to significant morbidity, disability and mortality among those affected and are associated with significant negative social and economic impact. The District Mental Health Program (DMHP) has been functional since 2003 and provides essential mental health care services through various public health facilities. The Ministry further elaborated that with the launch of Ayushman Bharat Health and Wellness Centres, Care for Mental, Neurological & Substance Use (MNS) Disorders has been an integral part of Comprehensive Primary Health Care delivery, complementing the District Mental Health Program. The focus has been to assure 'care closer to home' and reduce stigma in the community associated with the disorder.**A five-pronged approachis adopted:**

i. **Community level Health Promotion with** interventions for improving mental health literacy and enabling understanding of mental health, common symptoms, risk factors/causes of disorders, treatment, reduction of stigma and discrimination, and techniques such as psychological first aid and self-care.

ii. **Early identification of probable patients,** Community Based Risk Assessment (CBAC) use of the Community Informant Decision Tool (CIDT) by front-line health functionaries viz., ASHA and ANM/MPW.

iii. **Screening for disorder by** Community Health Officer (CHO) at the SHC-HWC using standard screening tool, psycho-social management and referral to higher facilities as needed.

iv. **Diagnosis and initiation of treatment by Medical Officer at PHC-HWC/UPHC-HW,** teleconsultation services at AB-HWCs is leveraged by CHO and MO for diagnosis and drug prescription as well as specialist consultation.

v. **Supporting Treatment adherence** through regular supplies of required drugs at AB-HWC and regular follow-up care by the primary health care team.

3.14 To ensure capacity building of the primary health care team inclusive MO, CHO, Staff Nurses, ANM and ASHA, 59 national and 437 state-level trainers have been created. As of 11th October 2022, out of the operational 1,21,649 AB-HWCs in the country, 23,505 AB-HWCs (19%) are already rendering MNS care services.

3.15 The Committee acknowledges that with the launch of the Ayushman Bharat Health and Wellness Centres (HWCs) scheme, Care for Mental, Neurological & Substance Use (MNS) Disorders has witnessed an augmentation at PHCs and CHCs under District Mental Health Program. To further leverage the network of HWCs, the Committee recommends the Ministry to ensure quality training is imparted to Community Health Officers and Medical Officers so that they are being able to provide first-line mental health counselling and care either in person or by tele-consultation/ tele-medicine by leveraging the ICT tools.

3.16 Furthermore, the Committee notes that 17 psychotropic and substance use medications are currently included in the National List of Essential Medicines, 2022; 13 are to be made available at the Primary level i.e. at HWCs for treatment of fundamental mental health issues. Therefore, the Committee recommends that the Ministry should ensure essential medicines are available concerning mental health issues like depression and anxiety at HWCs.

B. Human Resource in Mental Health

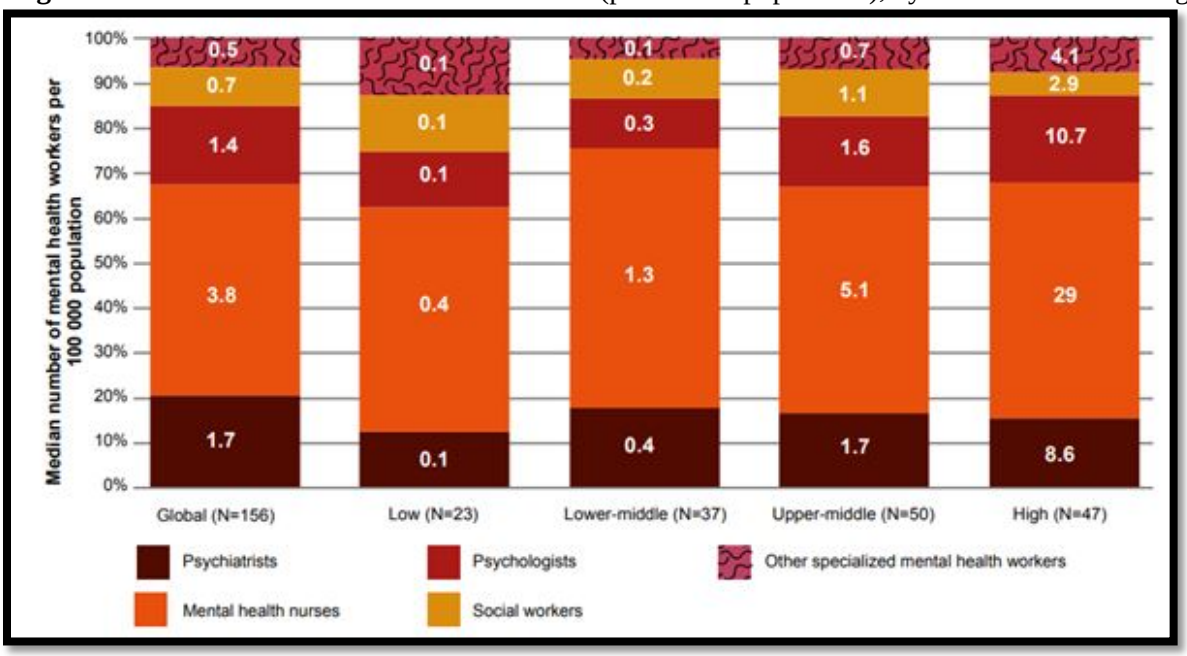
3.17 As per the oral submission by the Director, NIMHANS, the number of psychiatrists in India currently is about 9000 and about 1000 psychiatrists graduate every year. However, the Director stated that the increase in the number of psychologists, social workers and nurses is a little lower. According to the RCI, there are about 2,840 accredited clinical psychologists. She further apprised the Committee that one major issue is that according to the New Education Policy (NEP), the M. Phil. courses have been discontinued. These are the one-year M. Phil. Courses. Director IHABAS also voiced a similar concern and apprised the Committee that unlike

NIMHANS and other mental health institutions, which continue to have M. Phil. courses in Clinical Psychology and Psychiatric Social Work, IHBAS has been instructed to stop its M.Phil courses owing to the directive by the NEP. He has apprised the Committee that this has affected the future of several candidates who have already taken/were in the process of taking admission for the course.

3.18 According to the Indian Journal of Psychiatry, India has 0.75 Psychiatrists per 100,000 population, while the desirable number is anything above 3 Psychiatrists per 100,000. However, these are only non-Government figures as Government does not maintain data regarding the number of mental health professionals in the country as per the answer given by the Government to a question in Lok Sabha on 01.04.2022.

3.19 According to WHO's Mental Health Atlas Report, 2020 the global average for the number of Psychiatrists per 1 Lakh population is 1.7. The report also states that globally, the median number of mental health workers is 13 per 100 000 population. There continues to be extreme variation between World Bank income groups (from below two workers per 100 000 population in low-income countries to over 60 in high-income countries).

Figure 7: Breakdown of mental health workforce (per 1 Lakh population), by World Bank income group



3.20 The Committee notes that the average of 0.75 mental health professionals for every 100,000 people is meagre and the lack of numbers is reflected on the ground where millions of people battling the range of mental health issues continue to suffer – not only because of stigma and ignorance but also because there are insufficiently trained mental health professionals. The Committee feels that if even the target is three Psychiatrists (per 100,000 population) as the desired number, India needs 36,000 psychiatrists to reach that goal. So, currently, India is short of 27,000 psychiatrists. Not considering attrition and other factors, at the rate of 1000 new psychiatrists, it may take India another 27 years to achieve the

target. The scenario is more or less the same for other mental health professionals viz. psychologists, psychiatric social workers and nurses.

3.21 The Committee, therefore, recommends the Ministry not to terminate the Manpower Development Scheme in 2024 and continue it beyond, as it is vital to augment the availability of mental health professionals to achieve the set target within a decade. The Committee recommends the NMC (National Medical Commission) through the Ministry to actively explore the feasibility of augmenting the MD Psychiatry seats in the medical colleges. The Committee also suggests the Ministry to examine the possibility of 3 year DNB degree in Psychiatry and other mental health specialisation in private hospitals, Railway hospitals, PSU hospitals etc, through the National Board of Examinations.

3.22 The Committee further recommends the Ministry to expedite the solution of the problem which has emanated due to the discontinuation of the M.Phil courses as per the New Education Policy. The Committee believes that Clinical Psychologist is an essential mental health resource and thus suggests that the Ministry may explore re-naming the course or any other alternative and thus relieve the candidates who have already joined for the course.

C. Awareness Generation Programmes regarding Mental Health

3.23 Ministry of Health and Family Welfare's presentation to the Committee stated that to generate awareness among the masses about mental illnesses, Information, Education and Communication (IEC) activities are included as an integral part of the NMHP. Funds up to Rs. 4 lakh per annum are provided to each District under the DMHP for IEC and awareness generation activities in the community, schools, colleges, work places, with community involvement. Under the DMHP, various IEC activities, such as awareness messages in local newspapers and radio, street plays, wall paintings, hoardings etc., are also undertaken. Through social media and advertisement also, awareness is created.

3.24 The Committee is happy to note the district-centric approach of the Government in spreading awareness of mental health. The Committee believes that spreading awareness amongst the masses is the easiest yet most effective way to reduce mental morbidity in the country. During the COVID-19 pandemic, the awareness of mental health issues did receive public attention and positive messages also got around and became visible. The Committee, therefore, recommends the Ministry to reach out, in a very big way, through all the interpersonal channels, electronic channels, social media, print media, meetings, all those community processes, and community congregations. The Ministry, on the lines of the "Polio Campaign", may rope in popular personalities who have battled mental issues to spread awareness amongst the masses and encourage people to come out and seek help and treatment. The Committee also recommends the Ministry to devise social media-specific campaigns, particularly for adolescents on social media platforms like, Facebook and

Twitter as these platforms though a potential source of mental health concerns, are also pathways of solutions to work with youngsters.

D. Case Study: NIMHANS (National Institute of Mental Health and Neuro-Sciences)

3.25 For several decades, NIMHANS has undergone a remarkable transformation. Starting as a lunatic asylum in the nineteenth century, it evolved into the Mysore Government Mental Hospital in 1936. Subsequently, it further progressed to become the All India Institute of Mental Health in 1954, and in 1974, it finally attained its present status as NIMHANS. Notably, in 1994, the institution achieved the distinction of a Deemed University and, in a significant recognition of its importance, was bestowed the status of an Institute of National Importance (INI) through a separate act of Parliament in 2013. This progression signifies the institution's growing stature and its tremendous strides in its development.

3.26 NIMHANS plays a pivotal role in national policy and programming and is at the forefront of setting the agenda for mental health in India. The flagship District Mental Health Programme of the Government of India emerged out of the Bellary model of care piloted by NIMHANS. The Institute continues to provide the impetus to strategise, strengthen and bring innovation in institutional and community-based mental health care services nationwide. NIMHANS also contributed to the National Mental Health Policy and promotes/supports rights-based mental health care. The Institute actively collaborates and networks with several Governmental, quasi-Governmental and non-Governmental agencies.

3.27 Originally intended as a tertiary care referral centre for mental, neurological, and neurosurgical disorders, NIMHANS has become renowned for its high-quality care, attracting patients from all corners of India and beyond. Its therapeutic approach combines modern medical practices with traditional care and management systems. In the meeting held with representatives of NIMHANS on 27th April 2022 during the Committee's visit to the Institute, the Director NIMHANS apprised the Committee that annually, the Institute sees around 6 lakh patients. Below are the Patient Care Statistics of NIMHANS for 2021-22.

Figure 8: Number of Patients seeking different services in NIMHANS

Category	Number of Patients
OPD Footfall	465101
Admissions	15781
Emergency Care	38998
Surgical Procedure	6691
Clinical Services	976296
Diagnostics	143656
Lab Tests	1996891
Rehabilitation Services	64291
	Source: Nimhans Annual Report, 2021-22

3.28 The Committee commends NIMHANS, Bengaluru, for its exceptional services as a leading tertiary care hospital, teaching, and research institute in mental health and neurosciences. The Institute's unwavering commitment to providing comprehensive healthcare services, nurturing future professionals through robust teaching programs, and making groundbreaking contributions to research deserves utmost appreciation.

3.29 To further enhance its impact and fulfil its visionary goals, the Committee recommends NIMHANS to focus on expanding outreach programs to underserved communities, fostering collaborative research initiatives with national and international institutions, and advocating for mental health awareness at the national level. The Committee believes that strengthening the training programs for mental health professionals and embracing technological advancements in the field will also be instrumental in advancing patient care and research capabilities.

3.30 The Committee also recommends NIMHANS to explore the possibility of establishing offshore institute campuses, potentially in SAARC or BIMSTEC countries, as a strategic move to enhance its international image and expand its global presence. By establishing such campuses, NIMHANS can further foster international collaborations, promote knowledge exchange, and contribute to advancing mental health and neurosciences in the region. By seizing this opportunity to create offshore institute campuses, NIMHANS can showcase India's leadership in mental health and neurosciences on a global stage, attract top-notch faculty and researchers from diverse backgrounds, and elevate the Institute's reputation as a centre of excellence in the international community. This initiative will enrich NIMHANS' academic and research endeavours and contribute significantly to improving mental healthcare in neighbouring regions.

3.31 During the visit to NIMHANS, the Committee was informed that India faces a considerable deficiency of trained mental health professionals. To address this issue, NIMHAHS, in its part, runs NIMHANS Digital Academy (NDA), through which it has introduced various digital courses such as Diploma in Community Mental Health and Diploma in Primary Care Psychiatry. Nearly 10,000 Mental Health Professionals, Doctors, Nurses, Psychologists, and Social Workers have been trained by NDA; Certificate Courses in addiction, suicide gatekeeper training, perinatal mental health, neuro-developmental dementia, and psycho-social effects of COVID-19 have also been started. The Committee was also given to understand that a lot of primary Mental Health care can be taken care of by non-specialist healthcare professionals by giving basic training to these professionals through initiatives like NDA; these trained professionals then through the network of TELEMANAS can deliver essential mental healthcare services to the remotest corner of the country.

3.32 The Committee strongly recommends the Government to take significant steps towards expanding the NIMHANS Digital Academy (NDA) nationwide, as it presents a remarkable opportunity to revolutionise mental health education and training nationwide. By leveraging the digital platform, NDA can bridge the gap in mental health services and

ensure that quality training is accessible to mental health professionals in Primary Health Centers (PHCs), Community Health Centers (CHCs), and district hospitals. To achieve this, the Government should allocate adequate resources to scale up NDA's infrastructure and content creation, ensuring seamless access to courses for mental health professionals in remote and rural areas. Additionally, mental health professionals should be given incentives and encouragement to take courses through NDA, much like Government officials participate in capacity-building courses under the Karmyogi Bharat program.

3.33 The Committee further recommends the Government to collaborate with state Governments, medical institutions, and NGOs to enhance the reach and impact of NDA further. This partnership will enable a wider dissemination of knowledge and expertise, empowering mental health professionals with evidence-based practices and the latest advancements in the field. Furthermore, the Government should focus on the localisation of content to cater to diverse cultural and linguistic backgrounds, making the courses more inclusive and relevant for mental health professionals working in different regions of the country. By fostering a culture of continuous learning and professional development through NDA, mental health professionals in PHCs, CHCs, and district hospitals will be equipped with the necessary skills and knowledge to address the growing mental health needs of the population effectively.

3.34 NIMHANS started the Department of integrative medicine in 2019. It was the first of its kind initiative in the country; the Department focuses on translational research on integrating modern medicine with AYUSH systems of medicines viz. Ayurveda and Yoga. In the NIMHANS model, all the physicians, that is, a Yoga physician, Ayurveda physician as well as Psychiatrist, sit together to consult one patient; this helps in optimising the treatment to a particular patient instead of sending the patient to different departments and creating confusion in his mind regarding treatment procedures. Additionally, studies and research at NIMHANS have established that Ayurveda and Yoga in mild to moderate depression can do standalone therapy.

3.35 The Committee commends NIMHANS for its efforts in establishing the Department of integrative medicine. It also wholeheartedly recommends adopting the NIMHANS model to foster seamless integration between modern medicine and traditional systems like Ayurveda and Yoga. By having Psychiatrists and physicians of traditional systems collaboratively consulting a patient, treatment plans can be optimised and tailored to the patient's needs. The Committee notes that Yoga and Ayurveda can be used as a standalone therapy for treating moderate depression. Therefore, the Committee recommends the Government to explore the concept of collaborative consultation as this approach ensures holistic care. Integrating these systems not only benefits the patients through different systems of treatment simultaneously but also capitalises on the strengths of each discipline, thereby advancing comprehensive healthcare practices. We encourage the Government to

champion this model, promoting greater harmony and efficiency in our healthcare system while embracing the richness of our traditional healing practices.

3.36 Department of Epidemiology, NIMHANS provides technical support to a program "Yuva Spandana" run by the Department of Youth Empowerment and Sports, Government of Karnataka. It is a program to bridge the gap between youth, their families, and the ever-changing society to enable a smooth transition of youth from childhood to adulthood. This program plans to create safe spaces for youth within their families and societies to express themselves and to raise general awareness about youth, their dilemmas, needs, and other concerns. Yuva Spandana focuses on youth aged between 15-30 years. Under the program, centres called as Yuva-Parivartakas and Yuva-Samalochakas are set up. Under the program, about 50 people in each District are trained to attend to the youth's problems, mainly related to relationship issues, education-related issues, interpersonal relationships, or their future. The program has benefitted more than 15 lakh youths across Karnataka.

3.37 The Committee notes the rising trend of mental health issues, particularly in the country's youth population. It thus acknowledges the wonderful initiative "Yuva Spandana" of the Department of Epidemiology, NIMHANS. The Committee recommends the Government to expand "Yuva Spandana" scheme throughout the country. By training 20-30 dedicated individuals in each District, this transformative program will empower them to address the pressing mental health challenges our nation's youth face. Under the scheme, these trained individuals can identify and respond to mental health concerns at their nascent stages through early intervention strategies, preventing potential crises and promoting timely, compassionate support. Furthermore, the replication will ensure a youth-centric approach, recognising the unique needs and circumstances of young minds from diverse backgrounds.

3.38 The Committee hopes the program's effectiveness will extend to remote and underserved regions of the country by integrating telemedicine services, breaking geographical barriers and fostering a robust mental health support network. Collaboration with local health centres, educational institutions, NGOs, and other stakeholders will create a web of care, ensuring a seamless continuum of support for youth in need.

3.39 During the meeting, the Director, NIMHANS, apprised the Committee that the Institute sees about 150 patients daily in the emergency. However, the infrastructure in the Institute viz. number of beds is limited. So, the Institute is working with the Government of Karnataka on a hub and spoke model. As a positive effect of the COVID-19 pandemic, many smaller hospitals have strengthened; they have been provided ventilator beds, and the overall infrastructure has dramatically improved in such institutes. Under the hub and spokes model, NIMHANS aims to train healthcare professionals in such hospitals so that they can take care of patients who come with trauma or acute stroke. The Director further informed the Committee that many patients who come to NIMHANS do not need to come to NIMHANS as their mental illnesses can be

cared for by any hospital in their area of residence. The need is to mentor such hospitals and adequately train their staff to cater to patients suffering from mental issues.

3.40 The Committee takes note of the "Hub and Spoke Model" suggested by NIMHANS and understands its importance in strengthening mental healthcare services in all regions of the country. The Committee recommends the Government to adopt and expand the Hub and Spoke model for mental health care across the entire country, following the successful implementation of a similar model employed in cancer care by Tata Memorial Hospital. This approach can potentially revolutionise mental health infrastructure and expertise, particularly in peripheral centres, and ensure better accessibility and quality of care.

3.41 These hubs at prominent institutions with specialised expertise, resources, and state-of-the-art facilities can serve as centres of excellence, offering mental health professionals comprehensive diagnostic, treatment, and training services. In North India, IHBAS, New Delhi can be brought under Central Government and set up as a hub; similarly, LGBRIMH, Tezpur can be set up as a hub for East India, CIP, Ranchi for Central India and NIMHANS, Bengaluru for South India. Furthermore, the Government should develop a network of spoke centres in rural and remote areas strategically connected to the hubs. These centres would act as primary care providers and offer essential mental health services while being supported and guided by the expertise available at the hubs. The Committee also recommends the Government to grant status of "Institute of National Importance" to LGBRIMH, Tezpur and CIP, Ranchi.

3.42 The Committee further recommends the Government to invest in advanced training programs for healthcare staff at the spoke centres to facilitate the successful implementation of the Hub and Spoke model. This can be achieved through collaboration with hub institutions and other mental health organisations to conduct specialised workshops, skill-building sessions, and telemedicine consultations, enhancing the expertise of healthcare professionals at peripheral centres.

E. Budgetary Allocation for Mental Health

3.43 In India, the glaring lack of funding for mental health services has emerged as a pressing societal concern. Despite increasing recognition of the prevalence and impact of mental health issues, allocating resources to address this crisis remains woefully inadequate. The scarcity of funds has perpetuated a stark disparity between the magnitude of the problem and the available support systems. As a result, a significant portion of the population grappling with mental health challenges is left without access to essential care and treatment. This scarcity not only hampers individuals' well-being but also burdens families, communities, and the healthcare system at large. Urgent action is imperative to rectify this situation and pave the way for a more compassionate and inclusive approach towards mental health in the country.

3.44 As per the Notes on Demands for Grants for 2023–24, the total BE for the MoHFW is Rs. 89,155 crore of this Rs. 2,980 crore is the BE for the Department of Health Research. The remaining Rs. 86,175 crore is the BE for the Department of Health & Family Welfare.

3.45 In FY-24, under the MoHFW budget, allocations for mental health is- (i) National Institute of Mental Health and Neuro-Sciences, (NIMHANS), Bengaluru (Rs. 721 crore); (ii) Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur (Rs. 64 crore) and (iii) the National Tele-Mental Health Programme (Rs. 134 crore).

3.46 According to Budget documents of the Ministry of Health and Family Welfare, there has been about a 42% reduction in the Budget Estimate (BE) for the Tertiary Care Programme, declining from Rs. 500 crore in FY 2022–23 to Rs. 289.81 crore in 2023–24.

3.47 The Committee expresses its concern regarding the insufficient budgetary allocation for the development of primary, secondary, and tertiary mental health infrastructure and mental healthcare services. The Committee notes that a decrease in funding of tertiary care programs raises concerns about its potential impact on the tertiary components of the National Mental Health Programme (NMHP). The Committee fears that the reduced budgetary allocation would hamper the state of tertiary-level mental health institutions in the country. The Committee, after analysing the budget numbers, is of the consensus that the budgetary allocation falls woefully short of meeting the escalating demand for mental health care, and it hinders the improvement of the existing infrastructure. Therefore, the Committee strongly recommends the Ministry of Health and Family Welfare to conduct an in-depth assessment of the current mental health infrastructure, identifying the gaps and deficiencies that need urgent attention. The Committee recommends the Government to allocate funds to establish and enhance regional mental health centres, ensuring accessibility and adequate services in remote areas. Further additional funding should be provided to upgrade and equip existing mental health facilities with modern technologies and skilled personnel.

F. Comparison: Budgetary Allocation to NIMHANS, Bengaluru and NIMH, US

Figure 9: Union Government Budgetary allocation to NIMHANS from FY21-24

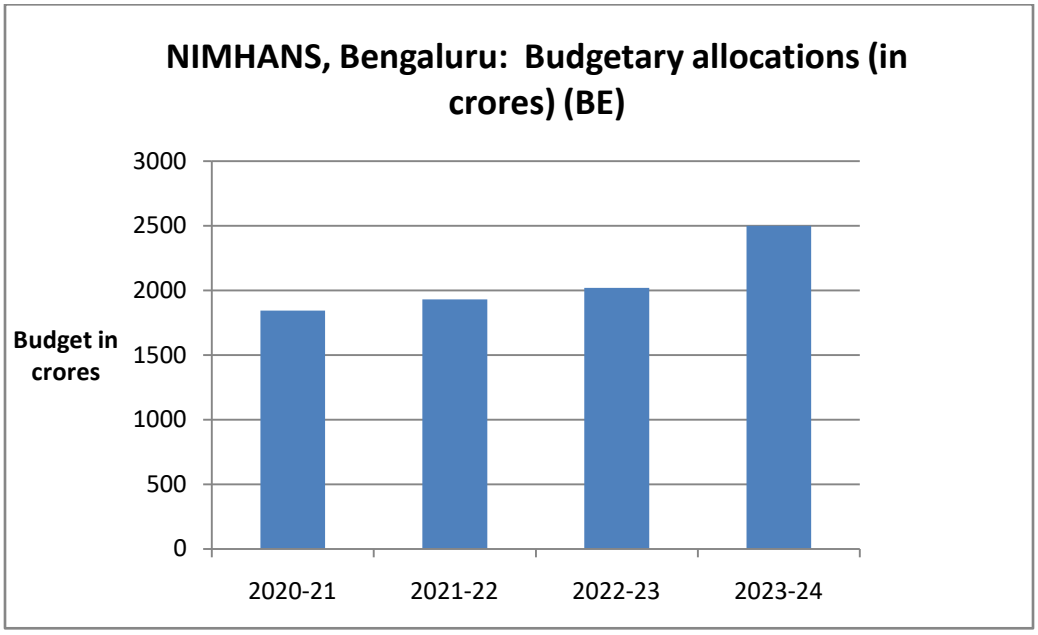
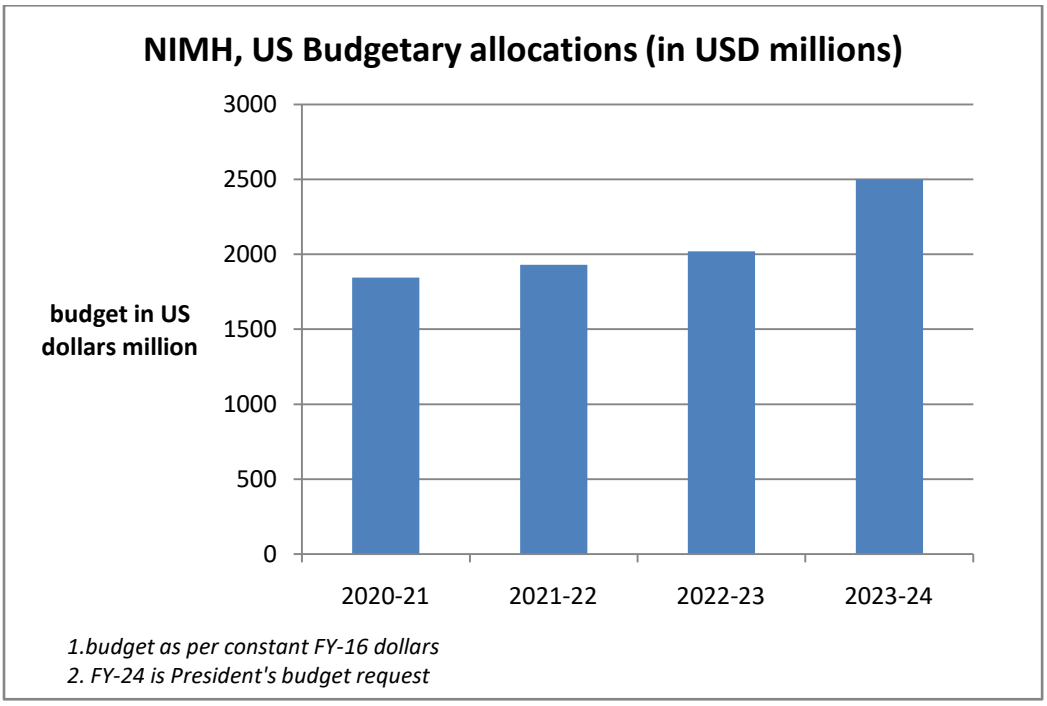


Figure 10: Federal Budgetary allocation to NIMH, US from FY21-24



3.48 The Committee notes that NIMHANS is India's premier mental health and neurosciences research institute. However, compared to NIMH in the United States,

NIMHANS receives relatively limited funding from the Indian Government. While the Indian Government does allocate funds to NIMHANS, it might not be sufficient to meet the growing demand for mental health services in the country. The Committee further notes that substantial funding allows NIMH to conduct cutting-edge research on mental health disorders, develop innovative treatments, and support various research projects nationwide. Additionally, NIMH collaborates with numerous academic and medical institutions, fostering a robust mental health research ecosystem. On the other hand, NIMHANS, despite having an excellent reputation and expertise, faces challenges due to limited resources. While it strives to provide quality mental health services and research, the constraints on funding can hinder its ability to reach a broader population and invest in advanced research endeavours. The Committee, therefore, recommends the Government to significantly increase budgetary allocations to mental health institutions like NIMHANS and LGBRIMH, Tezpur, as adequate funding is crucial for research, infrastructure development, and expanding mental health services to underserved areas.

Budgetary allocation for TeleManas (T-MANAS) Scheme

3.49 National Tele Mental Health Programme (T-MANAS) was announced during the Union Budget 2022–23 and was launched in October 2022. T-MANAS is a two-tier system comprising State Tele-MANAS cells, which includes trained counsellors as first-line service providers at Tier 1 and mental health professionals at District Mental Health Programmes (DMHP) at Tier 2 to provide secondary-level specialist care. In FY 2023–24, the BE allocation for T-MANAS is Rs.134 crore which means an 11% rise compared to BE 2022–23 i.e. 121 crore.

3.50 The Committee notes that T-MANAS initiative is a promising step towards enhancing access to mental health services, especially in light of the shortage of trained mental health professionals and limited availability of primary mental healthcare services in the country. The program holds the potential to extend mental healthcare to remote regions. The Committee, however, recommends the Government to take adequate measures to address the concerns regarding the security, privacy, and management of personal and sensitive data, considering the absence of robust data privacy regulatory frameworks in the country.

3.51 The Committee further believes that while T-MANAS is a valuable initiative, it cannot be viewed as a comprehensive solution for long-term mental health improvement, nor should it be the sole focus of the Government's efforts. Instead, investing in and enhancing community-based mental healthcare services is essential. Strengthening the District Mental Health Programme (DMHP) at the community level, as directed by the Mental Healthcare Act, 2017, and developing other community-based models of mental health is of utmost importance and should continue to receive appropriate budgetary allocations. T-MANAS can complement community-based approaches and help establish a more comprehensive and sustainable mental health support system for the people of the country.

G. Sustainable Development Goals (SDGs) and Mental Health

3.52 The SDGs are a set of 17 global goals adopted by all UN Member States in 2015 to address various challenges, including poverty, inequality, climate change, environmental degradation, peace, and justice, among others. Mental health is an important part of overall health and well-being, and it is essential for achieving the Sustainable Development Goals (SDGs).

3.53 Mental health is directly linked to several of the SDGs, including:

- **SDG 3: Good Health and Well-being.** This goal aims to ensure healthy lives and promote well-being for all at all ages. Mental health is a critical component of overall health and well-being, and it is essential for achieving this goal.
- **SDG 4: Quality Education.** This goal aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. Mental health is essential for learning, and it is important to ensure that all children and youth have access to mental health services.
- **SDG 8: Decent Work and Economic Growth.** This goal aims to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all. Mental health is important for productivity and well-being in the workplace, and it is important to create workplaces that are supportive of mental health.
- **SDG 10: Reduce Inequality.** This goal aims to reduce inequality within and among countries. Mental health is a major determinant of inequality, and it is important to address mental health disparities in order to achieve this goal.

3.54 SDG India Index is a tool used to assess and track the progress of Indian states and union territories towards achieving the United Nations Sustainable Development Goals (SDGs). It is a comprehensive framework that evaluates various aspects of sustainable development, including poverty eradication, gender equality, health, education, clean energy, climate action, and more.

3.55 The Committee notes that mental health is a crucial element of human well-being and sustainable development, and it is increasingly gaining recognition as an essential component of the development agenda in India. The Committee believes that by including mental health parameters in the SDG India index, India can track its progress in this area and identify areas where more work needs to be done. The Committee, therefore, recommends the Government to include mental health parameters in future iterations of the SDG India Index.

H. Way Forward

3.56 According to WHO, half of all mental health conditions start by 14 years of age. Young adults are unable to recognise the causes and symptoms of mental health problems. As per the National Mental Health Survey 2016, an estimated 150 million persons need mental health interventions, from children to the elderly.

3.57 The Committee is of the consensus that promoting mental health and ensuring accessible and effective mental health care is crucial for the overall well-being of individuals and society. Considering the burden amongst the population and children and adolescents in India, there are several steps that the Government and society can take to address mental health challenges and improve mental health care. Below are a few significant measures that can be taken at the Government and individual levels to strengthen mental healthcare delivery in India.

1. **Need to Increase funding:** The Government should allocate more resources towards mental health, including funding for infrastructure, research, training programs, and awareness campaigns.
2. **Integration of mental health into primary healthcare:** Mental health services should be integrated into primary healthcare centres to ensure accessibility and early intervention.
3. **Policy Development:** Develop and implement comprehensive mental health policies that address prevention, treatment, rehabilitation, and destigmatization.
4. **Mental health legislation:** Effective enforcement of MHCA, 2017 and other laws that protect the rights of individuals with mental health conditions and ensure access to quality care.
5. **Human resource development:** Invest in training and capacity building for mental health professionals to meet the growing demand for services.
6. **Awareness and Education:** Launch massive nationwide campaigns to raise awareness about mental health, reduce stigma, and promote help-seeking behaviours. School and college programs should be launched to incorporate mental health education into the curriculum to enhance understanding, early identification, and emotional well-being. Also, community outreach programmes should be devised to provide information, support, and resources related to mental health.
7. **Telemedicine and Technology:** Expand the use of telemedicine and Tele-Manas scheme to reach underserved areas and increase access to mental health professionals.
8. **Research and Collaboration:** Allocate resources for research on mental health, including epidemiology, intervention strategies, and the development of culturally appropriate approaches.
9. **Collaboration with NGOs and private sector:** Foster partnerships between the Government, non-Governmental organizations (NGOs), and the private sector to enhance mental health services and support.

3.58 It is essential to approach mental health holistically, considering the cultural, social, and economic factors influencing mental well-being. By implementing these recommendations, the Government and society can work together to create a more supportive environment and improve mental health care in India.

RECOMMENDATIONS/OBSERVATIONS — AT A GLANCE

Present status of mental health issues in India

The Committee notes that the National Mental Health Survey 2015-16 played a crucial role in highlighting the state of mental health in our country as it was arguably the first large-scale exercise in India to assess the prevalence of mental health morbidity and the availability of mental health care services across the country. It provided valuable insights into the state of mental health in India and offered a comprehensive overview of the challenges and gaps in addressing mental health issues.

(Para 1.7)

National Mental Health Survey 2015-16 (NMHS – 2015-16)

The Committee notes that most of the issues highlighted by the National Mental Health Survey 2015-16 have remained almost the same even in 2023. There is still considerable scope to improve the treatment gap that results from the lack of mental health professionals, weak mental healthcare infrastructure, inadequate and inequitable access to mental health services, stigma and discrimination.

(Para 1.11)

The Committee also observes that while National Mental Health Survey 2015 was a welcome step, it still had scope to be more comprehensive, viz. the Survey, which was done only in 12 states out of 36 states/UTs in India, covered only about 40,000 people which is a tiny sample considering the population of the country. Secondly, the Survey relied on self-reporting (and not clinical analysis) of mental morbidities by the interviewees, which can be subject to recall biases and underreporting due to the stigma associated with mental health. Furthermore, the Survey was limited to collecting data on certain specific mental disorders, potentially overlooking mild or moderate mental health issues like emotional breakdown, etc, that may still require support and intervention. Additionally, the Survey did not include specific vulnerable populations, such as homeless individuals, prisoners, and those living in

institutions, which may have led to underestimating the prevalence of mental disorders. The Committee, therefore, recommends the Ministry to address these issues in its next National Mental Health Survey (NMHS) and conduct a comprehensive study of the mental health issues and mental healthcare landscape in India.

(Para 1.12)

Global Comparison

The Committee has noted India's unsatisfactory status in terms of mental well-being, life satisfaction and happiness across the globe. The Committee believes that it is crucial to recognise that the ultimate goal of development should be to improve people's lives and enhance their overall satisfaction and happiness. Therefore, for India's sustainable socio-economic growth, it is necessary to give the citizens sense of equality, inclusiveness, justice, social security and participation.

(Para 1.16)

Effect of COVID-19 on Mental Health

The Committee notes that the COVID-19 pandemic increased risks to mental health and psycho-social well-being and accentuated stress factors for all, especially children, adolescents, and caregivers. During the pandemic, people from all age groups, including children, experienced grief, uncertainty, and isolation, affecting their mental health and psycho-social well-being. The Committee, therefore, believes that the devastating impact of the COVID-19 pandemic on mental health in India necessitates an immediate and comprehensive countrywide mental health survey. A post-COVID-19 mental health survey is crucial to assess the prevalence and severity of mental health disorders among the Indian population. Such a survey will provide valuable insights into the demographic groups and regions most affected by the pandemic's mental health consequences. The Committee is of the firm opinion that the findings from the Survey will serve as crucial evidence for policymakers to take informed decisions related to mental health funding, infrastructure development, and evidence-based interventions. Therefore, the Committee recommends that the National Mental Health Survey -2, which is

scheduled to be completed in 2025, should be expedited so that the impact of Covid-19 may be accurately ascertained.

(Para 1.24)

Mental Health Issues in Children and Youth

The Committee notes the findings of "World Mental Health Report-Transforming Mental Health for All" and believes that childhood experiences significantly affect behavioural aspects. The Committee understands that behavioural aspects play a crucial role in mental health as they can significantly influence an individual's well-being, coping mechanisms, and overall mental state. The Committee, therefore, urges the Government to adopt a multi-faceted approach that involves collaboration between the Government, healthcare providers, educational institutions, and the community to address the behavioural aspects of mental health. The Government can invest in public awareness campaigns to educate citizens about the importance of mental health and the role of behavioural aspects. These campaigns can promote healthy habits, coping skills, and ways to seek help when needed. The Committee further suggests that the Government work with employers to implement workplace wellness programs focusing on mental health. These initiatives can include stress management workshops, counselling services, and flexible work arrangements to reduce stress. Similarly, the implementation of mental health education in schools can teach young individuals about behavioural aspects that contribute to mental well-being. This can equip them with the tools they need to manage their emotions and cope with challenges effectively. The Government should also invest in research to better understand the behavioural aspects that impact mental health and the effectiveness of different interventions.

(Para 1.28)

Furthermore, the Committee is of the view that the mental health care services, surveys and programmes should be designed to have a dedicated section for children, adolescents and young people and also mental service providers need to be exclusively trained in understanding the developmental needs as well as vulnerabilities of the young age population. There is also a

lack of comparable data and evidence on the mental health problems affecting children, adolescents and young people. The Committee, therefore, recommends that in the NMHS-2, specific provisions should be made to generate evidence and data on mental health and psycho-social well-being of children, adolescents, youth and caregivers to understand the magnitude, trends, patterns and the prevalence of mental health and psycho-social problems among children, adolescents, youth and caregivers in India.

(Para 1.29)

The Committee further recommends that a dedicated cadre of school counsellors in all schools under the "Manodarpan" initiative should be developed for this purpose. School management committees should be encouraged to have inclusive learning spaces focusing on students' social and emotional learning.

(Para 1.30)

Rising Trends of Suicides in India

The Committee takes note the continuously rising number of suicides in the country. The Committee believes that feeling hopeless and low self-esteem pushes a person to take extreme steps to end life. The Committee is pained to observe that students and unemployed youth accounted for the highest number of suicides in India. The Committee notes that while more students committed suicide than farmers, the latter's suicides were termed a national crisis. However, suicides by students hardly caught anyone's attention and were dealt with on a case-to-case basis.

(Para 1.37)

The Committee recommends the Ministry to make provision under its 24/7 helpline to telephonically connect with youths who fail to qualify for competitive exams like UPSC-CSE, NEET, SSC, JEE, etc., by few marks and counsel them against committing suicides. Furthermore, the Government should prioritise mental health awareness and education campaigns to eliminate the stigma surrounding mental health issues by conducting awareness programs in schools and colleges, providing information on

available mental health resources, and promoting open discussions on mental well-being.

(Para 1.38)

The Committee also acknowledges the National Suicide Prevention Strategy (NSPS), which is a comprehensive plan that aims to reduce suicide mortality in the country by 10% by 2030. Through NSPS, the Committee recommends the Ministry to strengthen surveillance mechanisms to track factors causing suicides and trends and thus devise mitigation strategies. The Committee further recommends that short-term training courses should be formulated to strengthen the number of mental health workers and also further the capacity of existing mental health service providers.

(Para 1.39)

Analysis of the Implementation of the National Mental Health Policy

The Committee, after analysing the implementation of the National Mental Health Policy (NMHP), is of the consensus that strategic objectives identified in the NMHP are yet to be translated into full action by responsible authorities and those in charge of implementation. To address this issue, the Committee recommends formulating national and state-level action plan (s) to actualise the recommendations given in the NMHP.

(Para 2.9)

Furthermore, the Committee believes there is still scope for policy and programmatic interventions to effectively prioritise and address the underlying factors, viz., vulnerable groups, unemployed youth, women, and others contributing to mental health issues. The Committee, therefore, recommends the Ministry to integrate psycho-social interventions targeted at specific vulnerable groups into schemes and programs, such as those related to social justice, women's empowerment, and child development. The Committee further recommends enhancing intersectoral collaborations and establishing synergy among different ministries, departments, and agencies while implementing NMHP.

(Para 2.10)

The Committee further believes that the policy should be evaluated and reviewed periodically due to the constantly evolving landscape of mental health issues and the subsequent difficulty in implementing an all-encompassing policy like the NMHP. This would result in incorporating evolving mental health issues in the NMHP, making the policy-relevant.

(Para 2.11)

Mental Healthcare Act (MHCA), 2017

The Committee believes that the key challenge with implementing of advance directives is the need for more awareness and understanding among healthcare professionals and the general public. Individuals may need to be made aware of the provision or help understand how to create an advance directive effectively. Therefore, the Committee recommends the Government to put in adequate efforts to educate and raise awareness about advance directives to ensure their meaningful utilisation. Furthermore, the Committee believes that mental health conditions and circumstances may change over time, leading to alterations in an individual's preferences for treatment. The Act does not explicitly address the issue of periodic review and updating of advance directives. The Committee, therefore, recommends that regular review and the provision for modifying advance directives in response to evolving preferences and conditions should be considered to ensure their relevance and applicability.

(Para 2.15)

The Committee acknowledges establishing the Central Mental Health Authority (CMHA). However, the Committee takes note of the largely inconspicuous presence and functioning of CMHA. The Committee observes that despite CMHA being a statutory body and almost five years after its establishment, there needs to be more public presence about its functioning and work done. The Committee, therefore, recommends the Government to develop a dedicated website for the authority and recommends the authority to release its annual report comprising of its vision, objectives, programmes implemented, achievements etc. The Committee would also like to be apprised

of the present status and the budgetary allocation to the CMHA fund, which the Central Government primarily funds.

(Para 2.17)

The Committee notes that, like CMHA, SMHA is crucial for implementing National Mental Health Programme across all states. The Committee further notes that though most of the States have established SMHAs, efforts related to the appointment of ex-officio and non-official, appointment of CEOs, officers and other staff, development of mechanisms for complaints redressal and establishment of SMHA funds need further push in most of the States. The Committee, therefore, recommends the Ministry to expedite the work-related completion of the aforementioned issues alongwith establishement of Mental Health Review Boards (MHRB), which still remain unconstituted in the majority of states. The Committee further recommends developing a tracker to track the implementation status of the establishment of SMHAs, MHRBs and other determinants governing the development of mental health infrastructure and human resources.

(Para 2.19)

The Committee understands the need to establish mental health facilities in prison and ensure well-trained staff in such facilities. The Committee, therefore, recommends the Ministry to provide adequate training to the prison staff regarding mental healthcare and to ensure that adequate mental healthcare staff is stationed in the prison establishment to address the needs of the prison inmates.

(Para 2.22)

The Committee further recommends the Ministry to conduct periodic training programs through CMHA and SMHAs for police personnel, people associated with the judiciary and also general health practitioners to sensitise them about their responsibilities and about the different provisions and issues concerning mental health of the MHCA.

(Para 2.23)

The Committee notes the provision in the Mental Healthcare Act for medical insurance for treating mental illness on the same lines as is available for treating physical illness. The Committee feels that the IRDAI's action to make it mandatory for the insurance companies will pave the way for significant improvement in the insurance scenario for mental illness. The Committee, however, recommends the Ministry to work in tandem with IRDAI and encourage the insurance providers to include more and more mental health issues in the insurance policies as the Committee feels that insurance policies traditionally are designed to cater to the in-patient procedures. Thus insurance providers might not be willing to include mental health procedures primarily out-patient, viz. counselling sessions.

(Para 2.25)

The Committee further recommends the Ministry to develop a mechanism for monitoring the insurance delivery for mental health issues; the Government should ascertain data on policies covering mental health issues, total claims received for mental issues, total claims cleared, rejection of policies and reasons for rejection. The Committee further recommends the Ministry to actively pursue IRDAI to discourage the insurance providers from excluding treatment for attempted suicide or self-injury as both of these may require treatment or hospitalisation.

(Para 2.26)

The Committee acknowledges the efforts put in by the Department of Empowerment of Persons with Disabilities for establishing community-based establishments, including half-way homes, for persons who no longer require treatment in mental health establishments. The Committee, however, recommends the Ministry to make concerted efforts to ensure that such patients who are treated and don't require to stay in mental health establishments are not redesignated to old age or beggar homes.

(Para 2.30)

The Committee also recommends the Ministry of Social Justice and Empowerment to expedite the establishment of half-way homes/community-based establishments, particularly in states having high mental morbidities

like Kerala, Manipur, Tamil Nadu, Jharkhand, Bihar etc. Concerted efforts should be put in to establish vocational training centres in all districts for persons with mental illness; similarly, special employment exchange should be started so that people who are now fit can secure livelihood and dignity. The Ministry should also work towards developing a portal for real-time display of half-way homes established in all states and UTs, their capacity and occupancy, the facilities provided and the mental healthcare professionals available.

(Para 2.31)

National Mental Health Programme and Mental Healthcare Infrastructure

The Committee notes the remark of the NHRC that almost all the 47 Government mental health institutions functioning in the country have failed to adhere to the MHCA guidelines. The Committee, therefore, recommends the Ministry to put concerted efforts to strengthen the infrastructure, capacity, and facilities and upgrade these institutions to generate more human resources. Furthermore, the Ministry should take measures to enable these institutions to become centres of academic research and also participate in the public healthcare system.

(Para 3.5)

National Mental Health Programme (NMHP)

The Committee acknowledges the measures taken under NMHP and DMHP to integrate mental health services with Primary and Secondary health services. The Committee believes that quality mental health services if provided at the Primary and Secondary levels, will result in fewer cases requiring treatment at the tertiary level. Also, the capital expenditure for augmenting the primary and secondary mental health facilities is far lower than the budgetary requirements for developing tertiary mental healthcare infrastructure. Also, the expenditure (public and out-of-pocket) for treating mental illnesses is comparatively lower if mental issues can be screened early at the PHC and CHC levels (as shown in the pyramid below under 3.12). Therefore, the Committee recommends the Ministry to take appropriate measures and allocate sufficient funds to strengthen primary and secondary

mental health services. For this, the Ministry should develop improved monitoring systems to oversee the functioning of the DMHP and to generate reliable data on the functioning of the DMHP. The data generated can be used to update/ upgrade the DMHP for better functioning.

(Para 3.10)

Furthermore, the Committee believes that at the primary level i.e. at in DMHP, along with the existing biomedical approach, equal focus, if not more, should be given to community-based care. The Committee believes that community-based care offers a person-centred and community-oriented approach to mental health, promoting accessibility, early intervention, holistic care, integration, reduced stigma, and continuity of support. It recognises the importance of addressing mental health within the broader social fabric and promoting well-being at the community level. Therefore, the Committee recommends that under DMHP, the Ministry devise treatment/ rehabilitation/ counselling measures rooted in community-based care. The DMHP should work beyond the clinical services and also focus on awareness of mental health issues, mitigate stigma through its outreach activities, improve intersectoral action and build linkages with other health initiatives, viz. TB elimination programme to strengthen overall well-being.

(Para 3.11)

Care for Mental, Neurological and Substance Use (MNS) Disorders through Ayushman Bharat Health and Wellness Centres

The Committee acknowledges that with the launch of the Ayushman Bharat Health and Wellness Centres (HWCs) scheme, Care for Mental, Neurological & Substance Use (MNS) Disorders has witnessed an augmentation at PHCs and CHCs under District Mental Health Program. To further leverage the network of HWCs, the Committee recommends the Ministry to ensure quality training is imparted to Community Health Officers and Medical Officers so that they are being able to provide first-line mental health counselling and care either in person or by tele-consultation/ tele-medicine by leveraging the ICT tools.

(Para 3.15)

Furthermore, the Committee notes that 17 psychotropic and substance use medications are currently included in the National List of Essential Medicines, 2022; 13 are to be made available at the Primary level i.e. at HWCs for treatment of fundamental mental health issues. Therefore, the Committee recommends that the Ministry should ensure essential medicines are available concerning mental health issues like depression and anxiety at HWCs.

(Para 3.16)

Human Resource in Mental Health

The Committee notes that the average of 0.75 mental health professionals for every 100,000 people is meagre and the lack of numbers is reflected on the ground where millions of people battling the range of mental health issues continue to suffer – not only because of stigma and ignorance but also because there are insufficiently trained mental health professionals. The Committee feels that if even the target is three Psychiatrists (per 100,000 population) as the desired number, India needs 36,000 psychiatrists to reach that goal. So, currently, India is short of 27,000 psychiatrists. Not considering attrition and other factors, at the rate of 1000 new psychiatrists, it may take India another 27 years to achieve the target. The scenario is more or less the same for other mental health professionals viz. psychologists, psychiatric social workers and nurses.

(Para 3.20)

The Committee, therefore, recommends the Ministry not to terminate the Manpower Development Scheme in 2024 and continue it beyond, as it is vital to augment the availability of mental health professionals to achieve the set target within a decade. The Committee recommends the NMC (National Medical Commission) through the Ministry to actively explore the feasibility of augmenting the MD Psychiatry seats in the medical colleges. The Committee also suggests the Ministry to examine the possibility of 3 year DNB degree in Psychiatry and other mental health specialisation in private hospitals, Railway hospitals, PSU hospitals etc, through the National Board of Examinations.

(Para 3.21)

The Committee further recommends the Ministry to expedite the solution of the problem which has emanated due to the discontinuation of the M.Phil courses as per the New Education Policy. The Committee believes that Clinical Psychologist is an essential mental health resource and thus suggests that the Ministry may explore re-naming the course or any other alternative and thus relieve the candidates who have already joined for the course.

(Para 3.22)

Awareness Generation Programmes regarding Mental Health

The Committee is happy to note the district-centric approach of the Government in spreading awareness of mental health. The Committee believes that spreading awareness amongst the masses is the easiest yet most effective way to reduce mental morbidity in the country. During the COVID-19 pandemic, the awareness of mental health issues did receive public attention and positive messages also got around and became visible. The Committee, therefore, recommends the Ministry to reach out, in a very big way, through all the interpersonal channels, electronic channels, social media, print media, meetings, all those community processes, and community congregations. The Ministry, on the lines of the "Polio Campaign", may rope in popular personalities who have battled mental issues to spread awareness amongst the masses and encourage people to come out and seek help and treatment. The Committee also recommends the Ministry to devise social media-specific campaigns, particularly for adolescents on social media platforms like, Facebook and Twitter as these platforms though a potential source of mental health concerns, are also pathways of solutions to work with youngsters.

(Para 3.24)

Case Study: NIMHANS (National Institute of Mental Health and Neuro-Sciences)

The Committee commends NIMHANS, Bengaluru, for its exceptional services as a leading tertiary care hospital, teaching, and research institute in mental health and neurosciences. The Institute's unwavering commitment to providing comprehensive healthcare services, nurturing future professionals

through robust teaching programs, and making groundbreaking contributions to research deserves utmost appreciation.

(Para 3.28)

To further enhance its impact and fulfil its visionary goals, the Committee recommends NIMHANS to focus on expanding outreach programs to underserved communities, fostering collaborative research initiatives with national and international institutions, and advocating for mental health awareness at the national level. The Committee believes that strengthening the training programs for mental health professionals and embracing technological advancements in the field will also be instrumental in advancing patient care and research capabilities.

(Para 3.29)

The Committee also recommends NIMHANS to explore the possibility of establishing offshore institute campuses, potentially in SAARC or BIMSTEC countries, as a strategic move to enhance its international image and expand its global presence. By establishing such campuses, NIMHANS can further foster international collaborations, promote knowledge exchange, and contribute to advancing mental health and neurosciences in the region. By seizing this opportunity to create offshore institute campuses, NIMHANS can showcase India's leadership in mental health and neurosciences on a global stage, attract top-notch faculty and researchers from diverse backgrounds, and elevate the Institute's reputation as a centre of excellence in the international community. This initiative will enrich NIMHANS' academic and research endeavours and contribute significantly to improving mental healthcare in neighbouring regions.

(Para 3.30)

The Committee strongly recommends the Government to take significant steps towards expanding the NIMHANS Digital Academy (NDA) nationwide, as it presents a remarkable opportunity to revolutionise mental health education and training nationwide. By leveraging the digital platform, NDA can bridge the gap in mental health services and ensure that quality training is accessible to mental health professionals in Primary Health

Centers (PHCs), Community Health Centers (CHCs), and district hospitals. To achieve this, the Government should allocate adequate resources to scale up NDA's infrastructure and content creation, ensuring seamless access to courses for mental health professionals in remote and rural areas. Additionally, mental health professionals should be given incentives and encouragement to take courses through NDA, much like Government officials participate in capacity-building courses under the Karmyogi Bharat program.

(Para 3.32)

The Committee further recommends the Government to collaborate with state Governments, medical institutions, and NGOs to enhance the reach and impact of NDA further. This partnership will enable a wider dissemination of knowledge and expertise, empowering mental health professionals with evidence-based practices and the latest advancements in the field. Furthermore, the Government should focus on the localisation of content to cater to diverse cultural and linguistic backgrounds, making the courses more inclusive and relevant for mental health professionals working in different regions of the country. By fostering a culture of continuous learning and professional development through NDA, mental health professionals in PHCs, CHCs, and district hospitals will be equipped with the necessary skills and knowledge to address the growing mental health needs of the population effectively.

(Para 3.33)

The Committee commends NIMHANS for its efforts in establishing the Department of integrative medicine. It also wholeheartedly recommends adopting the NIMHANS model to foster seamless integration between modern medicine and traditional systems like Ayurveda and Yoga. By having Psychiatrists and physicians of traditional systems collaboratively consulting a patient, treatment plans can be optimised and tailored to the patient's needs. The Committee notes that Yoga and Ayurveda can be used as a standalone therapy for treating moderate depression. Therefore, the Committee recommends the Government to explore the concept of collaborative consultation as this approach ensures holistic care. Integrating these systems not only benefits the patients through different systems of treatment

simultaneously but also capitalises on the strengths of each discipline, thereby advancing comprehensive healthcare practices. We encourage the Government to champion this model, promoting greater harmony and efficiency in our healthcare system while embracing the richness of our traditional healing practices.

(Para 3.35)

The Committee notes the rising trend of mental health issues, particularly in the country's youth population. It thus acknowledges the wonderful initiative "Yuva Spandana" of the Department of Epidemiology, NIMHANS. The Committee recommends the Government to expand "Yuva Spandana" scheme throughout the country. By training 20-30 dedicated individuals in each District, this transformative program will empower them to address the pressing mental health challenges our nation's youth face. Under the scheme, these trained individuals can identify and respond to mental health concerns at their nascent stages through early intervention strategies, preventing potential crises and promoting timely, compassionate support. Furthermore, the replication will ensure a youth-centric approach, recognising the unique needs and circumstances of young minds from diverse backgrounds.

(Para 3.37)

The Committee hopes the program's effectiveness will extend to remote and underserved regions of the country by integrating telemedicine services, breaking geographical barriers and fostering a robust mental health support network. Collaboration with local health centres, educational institutions, NGOs, and other stakeholders will create a web of care, ensuring a seamless continuum of support for youth in need.

(Para 3.38)

The Committee takes note of the "Hub and Spoke Model" suggested by NIMHANS and understands its importance in strengthening mental healthcare services in all regions of the country. The Committee recommends the Government to adopt and expand the Hub and Spoke model for mental health care across the entire country, following the successful implementation

of a similar model employed in cancer care by Tata Memorial Hospital. This approach can potentially revolutionise mental health infrastructure and expertise, particularly in peripheral centres, and ensure better accessibility and quality of care.

(Para 3.40)

These hubs at prominent institutions with specialised expertise, resources, and state-of-the-art facilities can serve as centres of excellence, offering mental health professionals comprehensive diagnostic, treatment, and training services. In North India, IHBAS, New Delhi can be brought under Central Government and set up as a hub; similarly, LGBRIMH, Tezpur can be set up as a hub for East India, CIP, Ranchi for Central India and NIMHANS, Bengaluru for South India. Furthermore, the Government should develop a network of spoke centres in rural and remote areas strategically connected to the hubs. These centres would act as primary care providers and offer essential mental health services while being supported and guided by the expertise available at the hubs. The Committee also recommends the Government to grant status of "Institute of National Importance" to LGBRIMH, Tezpur and CIP, Ranchi.

(Para 3.41)

The Committee further recommends the Government to invest in advanced training programs for healthcare staff at the spoke centres to facilitate the successful implementation of the Hub and Spoke model. This can be achieved through collaboration with hub institutions and other mental health organisations to conduct specialised workshops, skill-building sessions, and telemedicine consultations, enhancing the expertise of healthcare professionals at peripheral centres.

(Para 3.42)

Budgetary Allocation for Mental Health

The Committee expresses its concern regarding the insufficient budgetary allocation for the development of primary, secondary, and tertiary mental health infrastructure and mental healthcare services. The Committee

notes that a decrease in funding of tertiary care programs raises concerns about its potential impact on the tertiary components of the National Mental Health Programme (NMHP). The Committee fears that the reduced budgetary allocation would hamper the state of tertiary-level mental health institutions in the country. The Committee, after analysing the budget numbers, is of the consensus that the budgetary allocation falls woefully short of meeting the escalating demand for mental health care, and it hinders the improvement of the existing infrastructure. Therefore, the Committee strongly recommends the Ministry of Health and Family Welfare to conduct an in-depth assessment of the current mental health infrastructure, identifying the gaps and deficiencies that need urgent attention. The Committee recommends the Government to allocate funds to establish and enhance regional mental health centres, ensuring accessibility and adequate services in remote areas. Further additional funding should be provided to upgrade and equip existing mental health facilities with modern technologies and skilled personnel.

(Para 3.47)

Comparison: Budgetary Allocation to NIMHANS, Bengaluru and NIMH, US

The Committee notes that NIMHANS is India's premier mental health and neurosciences research institute. However, compared to NIMH in the United States, NIMHANS receives relatively limited funding from the Indian Government. While the Indian Government does allocate funds to NIMHANS, it might not be sufficient to meet the growing demand for mental health services in the country. The Committee further notes that substantial funding allows NIMH to conduct cutting-edge research on mental health disorders, develop innovative treatments, and support various research projects nationwide. Additionally, NIMH collaborates with numerous academic and medical institutions, fostering a robust mental health research ecosystem. On the other hand, NIMHANS, despite having an excellent reputation and expertise, faces challenges due to limited resources. While it strives to provide quality mental health services and research, the constraints on funding can hinder its ability to reach a broader population and invest in advanced research endeavours. The Committee, therefore, recommends the

Government to significantly increase budgetary allocations to mental health institutions like NIMHANS and LGBRIMH, Tezpur, as adequate funding is crucial for research, infrastructure development, and expanding mental health services to underserved areas.

(Para 3.48)

Budgetary allocation for TeleManas (T-MANAS) Scheme

The Committee notes that T-MANAS initiative is a promising step towards enhancing access to mental health services, especially in light of the shortage of trained mental health professionals and limited availability of primary mental healthcare services in the country. The program holds the potential to extend mental healthcare to remote regions. The Committee, however, recommends the Government to take adequate measures to address the concerns regarding the security, privacy, and management of personal and sensitive data, considering the absence of robust data privacy regulatory frameworks in the country.

(Para 3.50)

The Committee further believes that while T-MANAS is a valuable initiative, it cannot be viewed as a comprehensive solution for long-term mental health improvement, nor should it be the sole focus of the Government's efforts. Instead, investing in and enhancing community-based mental healthcare services is essential. Strengthening the District Mental Health Programme (DMHP) at the community level, as directed by the Mental Healthcare Act, 2017, and developing other community-based models of mental health is of utmost importance and should continue to receive appropriate budgetary allocations. T-MANAS can complement community-based approaches and help establish a more comprehensive and sustainable mental health support system for the people of the country.

(Para 3.51)

Sustainable Development Goals (SDGs) and Mental Health

The Committee notes that mental health is a crucial element of human well-being and sustainable development, and it is increasingly gaining

recognition as an essential component of the development agenda in India. The Committee believes that by including mental health parameters in the SDG India index, India can track its progress in this area and identify areas where more work needs to be done. The Committee, therefore, recommends the Government to include mental health parameters in future iterations of the SDG India Index.

(Para 3.55)

Way Forward

The Committee is of the consensus that promoting mental health and ensuring accessible and effective mental health care is crucial for the overall well-being of individuals and society. Considering the burden amongst the population and children and adolescents in India, there are several steps that the Government and society can take to address mental health challenges and improve mental health care. Below are a few significant measures that can be taken at the Government and individual levels to strengthen mental healthcare delivery in India.

(Para 3.57)