

# India's Mental Health Landscape: Opportunities, Challenges, and Policy Pathways

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## Abstract

A recent common phenomenon observed in almost every household of the world including India is that, at least one individual in every family is suffering from one or the other mental illnesses, which has a direct or indirect bearing on the entire family. Surely, if that person is the only breadwinner for rest of the members, then the repercussions are even more severe. Gradually it starts disturbing the family in all aspects, be it psychological, economic or social. Mental disorder or illness though is not a novel gordian knot, but it is recently that from past two decades it has come to the limelight. Also, it is not bound by any age limit, and bears the potential to affect people of any age group be it elderly or the young generation. Keeping an eye on rising toll of mental health related issues, it is not hard to presume that Gen-Z age group will be the most affected in times to come due various external or environmental factors around. Increasing suicidal tendencies even over trivial issues has alarmed the world including our country, thus it is high time that mental wellbeing should be prioritized, for which combined efforts are required from the individuals, families, society and the most important health care system of the country. In such a frightening situation, it becomes even more crucial to know what the government has been doing to take cognizance of the matter and what more yet needs to be done.

This research paper is designed to shed light on the available medical facilities for the treatment pertaining to psychological issues and the political will to curb the rising numbers of psychological disorders, by providing a helping hand through effective policies thus strengthening our human capital.

**Keywords:** Democracy, Ketogenesis, ADHD, Rehabilitation, Dopamine, Lunacy, Schizophrenia, Metabolism, Legislation, Bio-marker.

## Introduction

World Health Organization (WHO) defined Mental Health as: “a state of well-being where individuals are aware of their abilities, bear potential to manage everyday stress effectively, work efficiently and contribute to their community”<sup>i</sup>. A good mental health therefore is a primary requirement for any individual to make contribution towards society and the community. But, when a disbalance is created in one's mental wellbeing then societal growth remaining far-fetched, even survival becomes difficult.

According to the recent data of WHO, out of every eight people in the world, every single person is affected by mental illness and the most common problems comprise anxiety and depression disorder. Similarly, Lancet University of Psychiatry in 2023 predicted that out of the total world population, half of it will be suffering from one or the other mental disorder by the time people reach seventy-five years of their age. At ground level it is generally observable that if any individual within the family is suffering

from any mental illness, it impacts the entire family. These days ADHD, autism and depression have become common problems people are suffering from and particularly within India, approximately twenty-one crore people are undergoing one or the other mental illness, which is increasing every year. Out of all, the most commonly affected age group is between 13-30 years and if it continues with the same pace, the numbers might rise to another level. Looking at the suicidal statistics, we can infer that it is increasing by 4.2 per-cent every year within India but despite these numbers, it is wrong to blame mental illness as the sole root-cause for these suicides, as alcoholism, substance abuse and emotional trauma are also some other major factors impacting people's lives severely. Psychological illness is not exclusively present in India but even the countries like USA, UK and China have also hardly achieved enough to curb rising issues pertaining to mental wellness of the people. Widely speaking, reducing working days in a week is not sufficient to attain mental health of people, undoubtedly some stringent and more effective actions are required by the society as a whole and especially through government policies. India, is soon going to become fourth largest economy of the world (GDP wise) following USA, China, France and Japan but realistically, still lacks initiatives to target mental wellness of its Human resource. To portray the question of how to make India or any other nation great, it is undoubtedly by increasing productivity per person who contributes towards national growth in one or the other way. But in a scenario where people's mental condition is stripping, how can we expect them to work seventy hours a week, making it difficult for them to maintain work-life balance.

### Problem Statement

Ever rising issue of psychological disorder or illness has captured our society so much so that, according to NCRB data 1,70,924 people in India have attempted suicide in 2022.<sup>ii</sup> But the question arises what is the take of our representative government on this matter. Is Indian government even slightly bothered to make policies for mental well-being of people. If it is taking action, to what extent have those measures been effective.

### Mental Illness: Causes and Symptoms

Before assessing the government action plan, let us find out the meaning of Mental illness in laymen language. Many a time, people suffer from mental illness yet they fail to recognize what they are exactly going through. It is sad to know that despite being one of the largest democracies in the world, India still suffers from myths associated with psychotic disorders. As sometimes, it is seen people relate such illness with myths of black magic or sometimes try to hide it because, people suffering from any mental disorder are generally tagged as lunatic and made fun off by the so called society. But, scientific causes for mental illness generally include hormonal disbalance, genetic disorder and inefficiency of neuro transmitters. Rarely, even when few people recognize or accept their mental illness, they are treated with anti-psychotic drugs which hardly manage their illness and gradually stop working on the patients. Thus, these patients are prescribed higher dosage which has a diminishing impact on the patients over a period of time, further making them enter a vicious circle of illness. Presently, every year India spends around 57,000 crore rupees on pharmaceuticals to treat mental illness, which is projected to rise upto 5.2 lac crore i.e. 28.16% of insane growth by 2032<sup>iii</sup>. It is not only about monetary expenditure but its impact is more severe on the society as a whole.

To illustrate, Chris Palmer, a psychiatrist, Harvard Medical School Researcher, mentioned in one of his famous works that he treated a case in which a thirty-three year old man suffering from schizophrenia and

depression disorder took seventeen different medications for almost thirteen years. But nothing improved his condition, rather these medications sedated him completely. Side-effects of these medications were clearly visible on his obese body with low self-esteem and dopamine crush.<sup>1</sup> When the patient approached Chris Palmer, he helped him lose some bodyweight through Ketogenic diet, including high fat, moderate protein, low carbohydrates and zero sugar. After few weeks, the patient not only reduced the weight but also noticed reduced psychotic symptoms. This example helps us to understand how Keto diet can help the patients to reduce symptoms of any inflammation in the human body. Another researcher and an American Physician, Russell Morse Wilder in 1921 used Keto diet to treat epilepsy, and noticed positive outcomes in his patients. It was only in mid-twentieth century that the usage of keto diet was reduced because of the introduction of some medications like Phenytonin and Valproic acid in the market. Despite thousands of researches in the field of Mental wellness, according to Dr. Tom Insel, Former Director at National Institute of Mental Health (NIMH) nothing has really changed. He stated in 2017-

“ During my thirteen years at NIMH, I concentrated heavily on the neuroscience and genetics behind mental illnesses. In hindsight, although we managed to publish numerous notable research papers with talented scientists—spending roughly \$20 billion, but we made no real impact in lowering suicide rates, decreasing hospitalizations, or improving recovery for the many people affected by mental illness”

Once again, we can notice resurgence of Ketogenic diet and researchers' claim of sub-optimal impact of various medications in comparison to the Keto diet in 1990s. It is noticed that the symptoms for all the psychotic disorders including depression, anxiety, PTSD, OCD, ADHD, OPIOID addiction, eating disorder, autism, Bi-polar disorder, alcoholism and schizophrenia appear almost the same or generally overlap with each other. The visible reasons for all these disorders are biological, psycho-social or social, but all of them together harm different parts of the brain caused by inflammation in it.

Though there are multiple reasons responsible for any psychological illness but Dr. George Engel in 1977 made a classification through a working Bio-Psycho-social model explaining three major causes<sup>iv</sup>. This model is still widely accepted across globe-

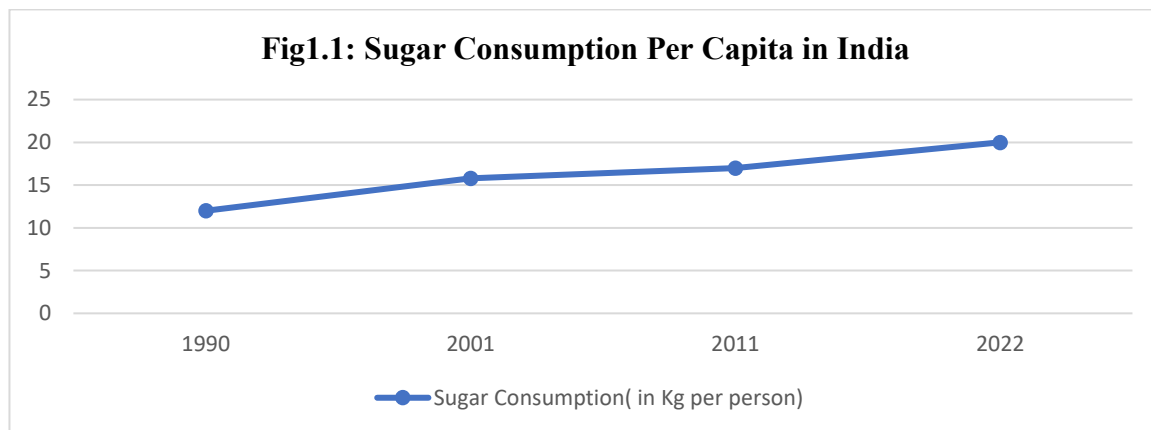
- **Biological Cause:** It includes problems related to genetic disorder and hormonal imbalance impacting mental wellbeing of an individual. APO-E<sup>2</sup> (Apolipoprotein), for example impacts memory of an individual. One copy of APO-E4 is considered crucial, increasing risk of Alzheimer by two-three times whereas, two copies of APOE E4 increase risk of Alzheimer by eight-twelve times.
- **Psycho-social Cause:** These causes are based on rigid belief system, forced traditional way of living, infertility and upbringing of an individual. Traumatizing instances of child abuse, body shaming and loss of loved ones are generally considered under this cause.
- **Social Cause:** Peer pressure, bullying, comparison with others and poverty are some common examples of social factors responsible for mental illness. A feeling of disgust and social anxiety are general symptoms created by these causes.

Though these causal factors are general and still widely accepted yet in contemporary times they cannot be treated as the absolute reason for all mental problems. Over the years, with changing trends, people are facing some new challenges which they find difficult to deal with and eventually result in ending their

<sup>1</sup> Dopamine is a neuro transmitter used by the body or brain for reward, pleasure, movement, attention and learning. Reduced dopamine results in lethargic approach, low self-esteem, depression, Parkinson's disease.

<sup>2</sup> Apolipoprotein is considered vital for heart and brain health of any human being and is related with problems like Alzheimer.

precious lives. With increased use of social media and internet facilities many youngsters start believing in virtual reality and loosing followers on social networking sites like Instagram, YouTube, Facebook or X (formerly known as Twitter) impact their mental wellness. Some recent examples are those where many social influencers committed suicide when their followers decreased causing insecurity and peer pressure. Similarly, a major change in eating habits, lifestyle and increased consumption of sugar in any form has caused detrimental effect not just on physical but mental health of people across the globe.



**Source: Food and Agriculture Organization Corporate Statistical Database<sup>v</sup>**

Fig 1.1 shows, about eighty-five percent rise has been recorded in sugar consumption within India (Per capita) over past three decades.

So overall, factors including hormonal change, socio-economic and psychological trauma and diet, individually or together are responsible for causing psychological disorder or mental illness.

## Differentiating Psychotic and Other Diseases

It is to be accepted that the severity of mental illness is such that it can cause several other physical ailments, impacting different organs of human body, yet it should be differentiated from the latter. It is commonly practiced in many countries that psychotic and other physical disease are treated in a similar way, due to which the health care facilities fail to cater to the exclusive needs of mentally ill people. According to some experts, one of the key challenges in Psychotic disease is that they are symptomatic and syndrome based, which means a person might face hallucination, hearing of unknown voices, which can impact his behaviour and change his approach towards others. These symptoms can only be observed and not traced in blood or other biological reports many times, these symptoms therefore are primary in nature. While other diseases are objective and test based, as physicians can check body vitals, MRI, CT scan to find root-cause of these medical conditions like diabetes, Ischemic strokes, Gall stone and Kidney Diseases, Peripheral Neuropathy which is caused by diabetes and can be checked through blood sugar level and insulin report. These symptoms are thus categorized as secondary in nature. So one can say that, in cases of bi-polar disorder, anxiety, depression etc. reports of an individual can seem perfect, despite patient being suffering from psychotic disorders.

Another major difference between Psychotic and other diseases are based on Bio-markers<sup>3</sup> which are generally absent or experimental in psychotic disorder, while they are visible and remarkably noticeable in other medical illness. Evidently it is also regarded that the reversibility in Psychotic disorders is far lesser in comparison to the other physical conditions, making the former more serious in nature, difficult to cure, requiring more attention.

### History of Mental Wellness Initiatives in India

Every year on an average, eight lakhs people commit suicide around the globe and there are indications that for each adult committing suicide there are twenty others trying to attempt it. Suicide has become third most important cause of deaths especially in 15 to 19 years old population. Various statistics show that around seventy-nine percent of the suicide occurs in low-middle income group countries including India. In 2016, a Bengaluru-based National Institute of Mental Health and Neuro Sciences (NIMHANS) covered some interesting insights, and showcased data highlighting- ten percent of the population in twelve states of India having normal mental issues and approximately two percent of the populace experiencing extreme mental condition. Well, problems like schizophrenia, bi-polar emotional issue (BPAD), sadness, psychoses, fear, self-destruction, hypochondriac, conjugal disharmony, liquor reliance and substance abuse, and dementia turning into normal issues in everybody's life. Also, some experiments show that only ten percent of the Indians with psychological issues get prescribed medicines and there exists huge treatment gaps even today due to inadequate financing. India's spending on emotional wellness care has reliably been deficient despite the fact that the quantity of people influenced by dysfunctional behaviour are numerous. Consequently, NCRB in its 2022 data mentioned the rate of suicide has seen a dramatic rise since the first published ADSI report in 1966. A total of 4.2 percent increase was observed in suicide rate of 2022 in comparison from 2021. It is a fact, more than one lakh lives are lost every year to suicide in India and young adults aged between 18-30 years accounted for thirty-five percent of all the suicides in 2022. Maharashtra, Tamil Nadu, and Madhya Pradesh, top this chart in absolute numbers, collectively accounting for one-third of the total cases in the country. The most affected professional categories include - daily wage workers, housewives, self-employed, followed by salaried persons, unemployed people and the students.<sup>vi</sup>

These ascending figures call for a greater political will to address this problem with much more diligence and efforts.

The first law to address the problem of mental illness was introduced during pre-independence era, the **Lunatic Asylums Act 1858** which was passed by the Indian Legislative Council to align legal situation in India with that of Britain. It was based on English Lunacy Act, 1853 and aimed to facilitate the extradition of British offenders with mental health problems. It empowered the courts instead of medical officers to determine whether a person is lunatic and if proven patients were detained for an indefinite period in poor living conditions, without any recovery or discharge.<sup>vii</sup> To consolidate this legislation **Indian Lunacy Act was re-introduced in 1912**, which drew heavily from the English Lunacy Act, 1890. This Indian Act brought fundamental change in Mental Health Care system and defined terms such as asylum, medical practitioner and lunacy. It targeted to provide a legal framework for the care and treatment of mental health problems but also aimed to protect general public from mental patients who were

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<sup>3</sup> Bio-markers help an individual to understand the relationship between the disease and its cause-root in the patient.



considered dangerous for the society. These acts provided guidance for the establishment of mental asylums and the admission of mental health patients but also completely ignored human rights.

During the post-independence era, the first initiative from the side of Indian government was incorporated in Seventh Five Year Plan (1985-1990) which aimed to strengthen existing Psychiatry departments, promote community psychiatry by providing services and drugs through Primary Health Care System (PHC) and organize more intensive training programmes. However, due to financial constraints no action was taken on these points despite a will to address mental health issues. **Mental Health Act 1987** was finally passed and enforced in 1993 after almost three decades of legislation, to bring changes in mental health services. This act of 1987 was the first step towards improving condition of those with mental health problems, giving them recognition and enhancing role of judiciary to safeguard patients' rights. It also introduced humanitarian considerations to prevent cruelty on people suffering from severe mental disorders. Then a District Mental Health Program (DMHP) based on Bellary Model<sup>4</sup> was launched under National Mental Health Program (NMHP)<sup>5</sup> in 1996 through Ninth Five Year Plan. to decentralize mental health services at the community level. It aimed to decentralize mental health services by taking it to the community level and integrate it with the general healthcare system. Since then, India has attempted to merge mental health care into its primary health care system and due to its community link, Integrated Child Development Scheme has been started to make mental healthcare services more effective at the primary level. Through these schemes, health care providers are trained to identify individuals with mental illness at the initial stages, providing knowledge and facilities to them but despite these initiatives, India still faces a wide treatment gap.<sup>viii</sup>

The most recent **National Mental Health Care Act 2017** was passed and enforced on 29 May, 2018 superseding previously existing Mental Health Act, 1987. The law is described in its opening remarks to provide for mental healthcare and services for persons with mental illness. To protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services. It decriminalized attempting suicide which was earlier punishable under **Section 309 Indian Penal Code**. This section imposed punishment on the individual attempting suicide or providing any assistance in doing so with imprisonment up-to one year and a suitable fine. The Supreme Court in 2011 recommended Parliament to remove section 309 from the act, after many years of *Gian Kaur v. State of Punjab*<sup>6</sup> case. It was finally in 2014 when, the then Minister of State for Home Affairs, Haribhai Chaudhary announced restrictions on using Section 309 of IPC.

### Features: NMHCA 2017

- The most important characteristic of this law is, it offers opportunities for rehabilitation to the affected person from the government, without being punished for the attempt.

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<sup>4</sup> Mental healthcare delivery was possible in the primary healthcare setting with training of primary care physicians and supervision program officers in the Bellary district of Karnataka. This same model was then expanded to the other districts of India after its success.

<sup>5</sup> NMHP was adopted in 1982, in order to train physicians, to diagnose and treat mental illness. It was a landmark program in the history of Indian Psychiatry aimed to provide mental health care to the affected people.

<sup>6</sup> *Gian Kaur v. State of Punjab* was a landmark case (1996) in which the appellant challenged the existence of Section 309 of IPC, claiming it to be in violation of Article 21 of Indian Constitution. However, the final verdict did not favour the appellant.

- The Mental Health Care Act 2017 includes provisions for the registration and regulation of mental health related institutions within the country. It necessitated setting up of mental health establishments across the country so that no person with mental illness finds it difficult to get its treatment done.
- This act also ensures creation of a Mental Health Review Board which will act as a regulatory body for all mental health care institutions. The board shall comprise a district judge, a representative of the district collector, district magistrate, or Deputy Commissioner, two members of whom one shall be a psychiatrist and the other shall be a medical practitioner, two members of whom one shall be persons with mental illness or care-givers, or persons representing organizations of persons with mental illness or care-givers or non-governmental organizations working in the field. The board has all the power to take decisions regarding the appointment of nominated representatives, reviewing advance directives, and addressing complaints about working of mental health care institutions.
- The Act has also restricted the usage of ECT (Electro Convulsive Therapy), which can be only used in emergency and rare conditions, further prohibiting its use on minors as a viable therapy.
- Prior to this act, attempts to die by suicide were penalized with either imprisonment for one year, a fine, or both under Section 309 IPC which now has been restricted.
- The Mental Health Care Act 2017, also provides facility of counselling from mental healthcare professionals and establishments with procedures. The government also provides funding in order to assist individuals who attempt suicide to prevent the future possibility of similar attempts.
- It also ensures that the government creates awareness about mental health care and work in the direction of reducing the stigma associated with mental illness. The govt. is thus bound to take necessary actions to address the crunch of human resource requirements in mental health services by planning, developing, and training the professionals.<sup>ix</sup>

Though Act of 2017 is a strong step in the direction of providing better mental health care services to the sufferers, yet there are some loopholes in this act which need amendment. For example: one of the clauses states that people with and without mental health problems, shall take their own decisions regarding their mental healthcare treatment. It is only in extreme conditions, when a nominated representative on behalf of the person with mental health problems can be allowed to take decisions for the betterment of the patient (only when the patient loses the ability to understand the information relevant to making a decision regarding one's admission or treatment). Now due to this clause, in many situations the decision taken by the patient halts his/her proper treatment, therefore an amendment is required in this particular feature to make it more effective.<sup>x</sup>

Besides this act, the Government of India during Eleventh Five Year Plan funded eleven Center of Excellence for addressing the acute workforce gap and providing state-of-the-art mental health care facilities. It provided funds to several Postgraduate departments of Psychiatry in the country and offered upgradation of the psychiatric departments of government and general medical colleges/hospitals. Additionally, many medical spaces were allotted required budgets for their modernization and over last decade an increase has been observed in the postgraduate MD seats to produce more psychiatrists with the engagement of the Medical Council of India. In November 2022, the Ministry of Health and Family Welfare, GOI announced “**National Suicide Prevention Strategy**” with time-bound action plans, inclusivity and multi-sectoral collaborations targeting ten percent reduction in suicide mortality by 2030. This strategy is based on WHO's South East-Asia Region Strategy for suicide prevention. It seeks to establish surveillance mechanisms to curb suicide within the next three years and establishing Psychiatric OPD that will provide suicide prevention services through District Mental

Health Programme for community engagement within the next five years. It also aims to integrate mental well-being curriculum in all educational institutions within the next eight years and envisage guidelines for responsible media reporting of suicides, and restricting access to means of suicide.

### **Other Initiatives: Toll Free Helpline Services**

Jawaharlal Nehru Institute of Postgraduate Medical Education and Research (JIPMER), introduced an app to strengthen digital mental health infrastructure, and became essential part of National Tele Mental Health Programme of government of India on October 10, 2022. It helps to provide counselling service, covering all the states within the country on toll free and twenty-four hour helpline number. Prior to this, the Ministry of Social Justice and Empowerment had launched a 24/7 toll-free helpline 'Kiran' in September 2020 to provide support to the people facing anxiety, stress, depression and suicidal tendency. Union HRD Minister Shri Ramesh Pokhriyal Nishank also inaugurated a National Toll-free Helpline, a special web page of MANODARPAN<sup>xi</sup>, and a handbook as part of Atmanirbhar Bharat Scheme in New Delhi on 21st July, 2020 to provide psychosocial support and counselling to the students, teachers and family members especially during COVID period for strengthening human capital and increasing productivity. The webpage contained advisory, practical tips, posters, podcasts, videos for psycho-social support, and online query system. This unique helpline was managed by experienced Psychologists and other mental health professionals and continued beyond the COVID-19 situation. Through these helpline numbers, the government aimed to provide tele-counselling to the students to address their mental health, well-being and psycho-social issues.

However, while these initiatives were appreciable but the ground reality shows inefficiency of projects funded under the manpower development schemes. Sluggish response in developing manpower indicates dearth of leadership in the mental health sector in the country currently. According to official data, there are still three psychiatrists and psychologists for every million people within India. WHO data also indicates a severe lack of psychiatric beds (per 10,000 patients) in both psychiatric (1.490) and government (0.823) hospitals (World Health Organization, 2017). Furthermore, only 1.9 % of the GDP is allocated by the Indian government for expenditure on health and within that the amount is even low on mental well-being. The non-availability of an adequate workforce makes the mental initiatives a mere shortcoming and if not addressed, may cause a delay in the implementation of treatment, leading to an stress on the service providers.<sup>xii</sup>

### **Way Out**

According to the recent statistics available, a multi-faceted approach is required to address mental well-being across population involving healthcare, education, workplace practices, community support, and policy reforms. Some key measures may include:

#### **1. Launch of Public Awareness Campaigns:**

The government has to focus on running strong Mental Awareness Programme, which removes stigmas associated with mental well-being. It is required to generate early detection signals with which an individual can himself/herself identify mental wellbeing at the very early stage, these signals may include:

- Irritability and hyper reactionary behaviour
- Sadness for longer duration
- Feeling Lethargic over longer period of time



- Developing negative approach towards life
- Being ensnared by metabolic diseases at younger age such as diabetes

Running successful programmes require increased funding in health infrastructure & services, therefore the government needs to increase its expenditure on mental health care specifically, establish suicide prevention programs, including hotlines and emergency care facilities.

## **2. Happiness Curriculum:**

Happiness Curriculum should to be incorporated in school education at pan-India level from the beginning of school life for holistic development of children, strengthening Mental Health and socio-emotional wellbeing of children.

## **3. Workplace Mental Health:**

Focusing on healthy work environment is essential for reducing job stress and a balanced lifestyle. Companies should be encouraged by government regulations to implement employee friendly and flexible working policies. As young entrepreneurs like Rohit Kapoor, CEO Swiggy backlashed glorifying work burnout and encouraged winning with rhythm, not with exhaustion. With this, managers of the companies should be trained to identify and spot early warning signs in the employees.

## **4. Functioning Legal Framework:**

Mental health legislation like MHA 2017 should be strengthened and ensure rights-based, non-discriminatory treatment. Multi-departmental collaborations among education, health, justice should be fostered to prioritize health and development plans. More research and data collection should be encouraged to improve understanding, treatment, and prevention strategies by incorporating it in legislation.

## **5. Role of Nutrition:**

Mental health is one of the biggest challenges of our time. But if we truly want to address mental illness at its roots, we need to begin not with the brain — but with the gut. Whether it is a physical or psychological disorder, around 90% of all health issues originate in the gut. Even when doctors prescribe oral medication, it must first be metabolized in the gut before it can impact the body or brain. That's why we need a form of nutrition that directly influences our metabolism, particularly our mitochondria, the cellular engines that convert food into usable energy. A dysfunctional metabolism often means the brain isn't getting the right kind of fuel in the right way. Interestingly, when a baby is in the mother's womb and even after birth until solid food is introduced the body naturally stays in a state of ketosis. This metabolic state, where the body runs primarily on fat instead of carbohydrates, is not unnatural, it is the biological default at the beginning of life. Modern research is now reaffirming what biology already knew, Ketones are a high-quality, efficient source of energy for both the body and the brain. Our organs especially the brain is primarily made of fat and this makes fat a more compatible and stable source of fuel for cognitive function and neurological stability according to nutrition experts. Therefore, a well-structured ketogenic diet can be incredibly therapeutic which involves:

- Limiting carbohydrates to under 30 grams per day, primarily from green vegetables which also nourish the good bacteria in the gut.
- Moderate protein intake to support muscle function and repair.
- High fat consumption to provide long-lasting energy and stabilizing metabolic processes.

In conclusion, we can say that mental illness is not just a chemical imbalance, it is often a metabolic imbalance, and combination of proper diet, societal support, government legislation and policies are

powerful tools which can correct mental health related issues, and the path to mental clarity might just begin from the plate, not the pill.

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