

Comparative Study of Mental Health Policies in the Public vs Private Sector

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Abstract

Mental health disorders pose a significant public health challenge globally and in India, where over 212 million individuals were living with mental health conditions in 2023. This paper presents a comparative analysis of mental health policies in India's public and private sectors, examining their governance structures, implementation strategies, and institutional effectiveness. The public framework—shaped by the National Mental Health Programme (1982), the National Mental Health Policy (2014), and the Mental Healthcare Act (2017)—reflects a rights-based, equity-driven approach aimed at universal access. However, implementation gaps, workforce shortages, and resource constraints continue to limit its impact. In contrast, the private sector has adopted agile, workplace-centered mental health initiatives, including Employee Assistance Programmes and corporate wellness strategies that integrate mental well-being with productivity goals. The study argues that strengthening public-private collaboration is essential to reducing the treatment gap and ensuring equitable, accessible, and sustainable mental healthcare delivery in India.

In 2023, over 1.17 billion people worldwide were living with one or more mental health and over 400 million new cases of mental health disorders were recorded globally in 2023. Specifically in India nearly 212 million people in India were living with mental health conditions in 2023 with 67.6 million new cases recorded. Across both Global and India, anxiety and depressive disorders are the two most prevalent mental health conditions (Global Burden of Disease Collaborative Network, 2024). Public and private policies addressing mental health are increasingly gaining prominence, reflecting heightened recognition of the importance of mental health at societal and institutional levels.

India's mental health policy has undergone a significant transition from custodial management and asylum-centric governance to a rights-based, community-oriented framework that seeks to incorporate mental healthcare into wider health services both in public and private sector (Jyotika et al., 2026). Public policies seek to close the substantial treatment gap by establishing legal rights and integrating mental health into primary care, while private sector actions, such as NGO programs and corporate wellness initiatives, aim to enhance service provision and combat stigma (Chakrapani and Bharat, 2023).

Public Policy Framework on Mental Health in India

India's public mental health framework has evolved over four decades, reflecting shifts in global health thinking, domestic legal reform, and growing recognition of mental health as a public policy priority. National Mental Health Programme (1982) serves as the foundation of India's modern mental health governance. The programme aimed to decentralise mental healthcare by integrating it into general health services rather than limiting care to specialised psychiatric institutions. Its objectives included universal

access, service integration within primary care, and equitable delivery of quality mental health services. It faced challenges such as workforce shortages, limited infrastructure, and uneven administrative capacity to scale services uniformly across the country (Wig and Murthy, 2015). To operationalise the NMHP at the grassroots level, the District Mental Health Programme (DMHP) was introduced to expand access by delivering services at district hospitals and community settings. In practice, however, implementation has varied significantly across states. Outcomes often depend on the availability of trained professionals, sustained funding, and state-level commitment (Khurana and Sharma, 2016). A significant conceptual shift occurred with the adoption of the National Mental Health Policy (2014). Unlike earlier programmes, the 2014 policy explicitly framed mental health through the principles of rights, equity, social justice, and participation. It focused on reducing the treatment gap, addressing disability burden, and strengthening prevention and mental health promotion (Gupta and Sagar, 2022). The key transformative legal development in India's mental health governance was the Mental Healthcare Act (MHCA) in 2017. MHCA established a legally enforceable right to access mental healthcare ensuring rights-based protection. To ensure accountability, the Act established Central and State Mental Health Authorities and Mental Health Review Boards (Malhotra, 2023). India public sector has expanded mental health support through digital and community-based initiatives such as Tele-MANAS (a nationwide tele-mental health platform, offering 24/7 multilingual counselling services through a tiered referral system), Manodarpan (focuses on psychosocial support for students, integrating mental health resources within educational systems). India's public policy framework is normatively robust and rights-driven; however translating these commitments into equitable and accessible care across has remained challenging (Dey, 2024).

Private Sector's Policy Framework on Mental Health in India

The private sector in India is becoming increasingly active in addressing mental health. There has been a significant shift in how contemporary workplaces understand the relationship between employee productivity and mental well-being. Organizations increasingly recognize that mental health is not just a personal matter but a factor influencing overall performance and organizational outcomes. Consequently, investing in structured health and wellness programs has become a strategic priority for organizations seeking to attract skilled professionals and cultivate a resilient, high-performing workforce within a supportive and sustainable work environment. Private companies are addressing this through tailored corporate wellness programs, educational workshops, and partnerships with startups to provide employee assistance programs and train peer champions to break the stigma is seeking treatments (Mohanty, 2025). Increasing adoption of Employee Assistance Programs (EAPs) to tackle job-related stress, burnout, and mental health awareness in the workplace have gained momentum (Banerjee and Gavaravarapu, 2018). Institutionalized Employee Assistance Programmes (EAPs) that provide confidential counselling and psychological support, while also encouraging preventive care and healthy lifestyle practices.

Several leading Indian corporations illustrate how comprehensive wellness strategies can be embedded into organizational culture. Infosys, through its "My Wellness" initiative, adopts a holistic model encompassing mental, emotional, and physical health, offering health screenings, mindfulness sessions, mental health webinars, and fitness challenges tailored to individual needs. Wipro's "Be Well" programme similarly integrates nutritional guidance, emotional support services, online fitness modules, and mental health workshops to promote sustainable work-life balance. The Aditya Birla Group advances employee well-being through its "ABG Wellness" framework, which combines health check-ups, fitness initiatives, and mental health awareness programmes across its diverse business units, reinforcing a culture centered

on preventive care and engagement. India's Public Sector Units (PSUs), wellness measures have also gained traction, although they tend to be comparatively less expansive than those in the private sector. Indian Oil Corporation Limited (IOCL) organizes regular health screening camps to facilitate early diagnosis and preventive healthcare. The State Bank of India (SBI) offers confidential counselling services through its Employee Assistance Programme, emphasizing stress management and psychological support. National Thermal Power Corporation (NTPC) promotes work–life balance by introducing flexible scheduling options in selected roles, acknowledging the demanding nature of the energy sector. Oil and Natural Gas Corporation (ONGC) conducts periodic webinars addressing stress management, nutrition, and mental health awareness, thereby enhancing health literacy among employees. Similarly, Steel Authority of India Limited (SAIL) encourages active participation in wellness activities through its “Wellness Champion” initiative, recognizing and rewarding employees who demonstrate commitment to health-promoting behaviors (Ota and Ray, 2023).

In conclusion, while India's public mental health framework is grounded in a rights-based and equity-driven approach aimed at universal access, its effectiveness remains constrained by implementation challenges and resource limitations. Conversely, the private sector has demonstrated relatively agile and resource-intensive responses—particularly through workplace wellness initiatives—highlighting the need for stronger public–private collaboration to bridge treatment gaps and ensure comprehensive mental health support across populations.

References:

1. Banerjee, P., & Gavaravarapu, S. M. (2018). Wellness programmes in the workplace in India. *The Lancet Public Health*, 3(11), e515.
2. Chakrapani, V., & Bharat, S. (2023). Mental health in India: Sociocultural dimensions, policies and programs—An introduction to the India series. *SSM - Mental Health*, 4, 100277. <https://doi.org/10.1016/j.ssmmh.2023.100277>
3. Dey, D. N. C. (2024). Mental health of adolescents and youth in India: a critical analysis in the era of AI. Available at SSRN 5056368.
4. Global Burden of Disease Collaborative Network. (2024). *Global Burden of Disease Study 2023 (GBD 2023) results*. Institute for Health Metrics and Evaluation (IHME). <https://vizhub.healthdata.org/gbd-results/>
5. Gupta, S., & Sagar, R. (2022). National Mental Health Policy, India (2014): Where Have We Reached?. *Indian journal of psychological medicine*, 44(5), 510–515. <https://doi.org/10.1177/02537176211048335>
6. Jyotika, Malik, P., Himanshi, A., & Devi, A. (2026). Mental health policies and laws in India: A critical review of historical evolution, legislative frameworks, policy architecture, and programmatic responses. *International Journal of Humanities, Social Science and Management (IJHSSM)*, 6(1), 271–278.
7. Khurana, S., & Sharma, S. (2016). National mental health program of India: a review of the history and the current scenario. *International Journal Of Community Medicine And Public Health*, 3(10), 2696–2704. <https://doi.org/10.18203/2394-6040.ijcmph20163191>
8. Malhotra S. (2023). Mental Health Care Act 2017 at five years of its existence. *Indian journal of psychiatry*, 65(9), 971–973. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_538_23

9. Mohanty, R. (2025). Employee Wellness Program in Indian Perspective: A case study on MNCs in India. *Journal of International Business and Economics*, 13(2), 45-56.
10. Ota, R., & Ray, S. S. (2023). *A study on the impact of health and wellness programme on the employee's productivity. International Journal of Research Publication and Reviews*, 4(12), 1314–1319.
11. Wig, N. N., & Murthy, S. R. (2015). The birth of national mental health program for India. *Indian journal of psychiatry*, 57(3), 315–319. <https://doi.org/10.4103/0019-5545.166615>