



Mental Health Policy as a Catalyst for Viksit Bharat 2047

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Abstract:

Mental health is essential for individual well-being, socioeconomic productivity, and inclusive national development. As India pursues the Viksit Bharat 2047 vision aiming to transform key social sectors, integrating a strong mental health policy has become imperative. This paper examines the current status of mental health in India, key policy frameworks including legislation and programmes, challenges in implementation, and opportunities for policy strengthening to achieve a mentally resilient and developed Bharat by 2047.

Keyword: Viksit Bhart, Mental Health, Health Policy

Introduction

Mental health refers to emotional, psychological, and social well-being, influencing how individuals think, feel, and act. It determines how people handle stress, relate to others, and make choices in life. Globally, more than 1 billion people live with mental health disorders, affecting productivity and quality of life. In the Indian context, approximately 10.6 % of adults are affected by mental health disorders translating to nearly 20 crore people highlighting an urgent public health priority.

[Mental Healthcare Act \(MHCA\), 2017](#), aiming to provide universal access to mental healthcare, promote de-stigmatization, and protect the rights of individuals with mental illness. Key pillars include decriminalizing suicide, integrating services via the District Mental Health Programme (DMHP), and expanding support through digital platforms like Tele-MANAS

The landscape of mental health in India presents a significant and growing public health challenge. Current data indicates that the **prevalence of mental health disorders remains high** across the country, affecting a substantial portion of the population.



The impact of these conditions is not confined to a single demographic; however, the burden is particularly heavy among specific groups: **Common Disorders:** Conditions such as **depression, anxiety, and chronic stress** are increasingly reported, often linked to socioeconomic pressures and changing lifestyle patterns. **Substance Abuse:** Addiction remains a critical concern, creating a ripple effect that impacts physical health, family stability, and economic productivity. **Vulnerable Demographics:** While these issues span all age groups, **adolescents and the youth** are especially susceptible. The transition into adulthood, coupled with academic competition and social media influences, has made this cohort a primary focus for mental health interventions.

Mental Healthcare Act (MHCA), 2017

The **Mental Healthcare Act, 2017** marked a paradigm shift in India's approach to mental health, moving from a colonial-era focus on custody to a modern, rights-based framework. It fundamentally reimagines the relationship between the state, healthcare providers, and individuals living with mental illness.

Key Pillars of the Act

A Guaranteed Right: The Act mandates that every person shall have a right to access mental healthcare and treatment from mental health services run or funded by the government. This effectively treats mental health as a fundamental human right.

Protection of Dignity: It emphasizes the protection of rights for persons with mental illness (PWMI), ensuring they are protected from cruel, inhuman, and degrading treatment.

Least Restrictive Care: One of its most progressive features is the push for least restrictive care. This means treatment should be provided in a way that minimally limits a person's freedom and integrates them within their community rather than isolating them in long-term institutionalization.

Decriminalization of Suicide: Crucially, the Act effectively decriminalized suicide attempts under the Indian Penal Code, shifting the perception of suicide from a criminal act to a manifestation of extreme stress requiring medical intervention.

Mental Health and the Road to 2047:-

A "Healthy India" is a prerequisite for a "Wealthy India." Without a robust mental health infrastructure, the demographic dividend risks becoming a "demographic disaster" characterized by a disengaged and exhausted workforce. For India to achieve its "Viksit Bharat" (Developed India)



vision by 2047, the conversation must shift from viewing mental health as a purely medical issue to recognizing it as a critical economic driver. The "demographic dividend" our massive young workforce can only be successfully harvested if that workforce is cognitively and emotionally resilient.

To address the growing mental health crisis, the Government of India has shifted its strategy toward technology-driven accessibility and increased fiscal commitment. These initiatives aim to bridge the "treatment gap" by bringing professional support directly to the citizen. As of 2026, the strategy for Indian government and corporate sectors has matured. We are seeing a decisive shift from superficial "wellness perks" toward a systemic, "Health for All" model built on two primary pillars: integrated care and holistic lifestyle shifts.

Digital Accessibility: NMHP and Tele-MANAS :-

The Transformation of India's Mental Health Landscape (2025–2026)

India has transitioned into a critical "scale-up" phase, moving beyond awareness toward a robust, decentralized, and rights-based mental health infrastructure. This evolution is driven by three strategic pillars:

1. Decentralized Institutional Expansion

To bridge the long-standing geographical gap in specialized care, the **Union Budget 2026-27** prioritized physical infrastructure. Key initiatives include: 1) **NIMHANS-** The establishment of a second National Institute of Mental Health and Neurosciences in North India. The institutional backbone of India's response is the National Mental Health Program (NMHP), which focuses on providing community-based care. Building on this, the government launched Tele-MANAS (Tele-Mental Health Assistance and Networking Across States) to modernize service delivery.

2) 24/7 Availability: Tele-MANAS serves as a national tele-mental health helpline, ensuring that support is just a phone call away at any hour. Tiered Care: It provides a digital bridge between distressed individuals and a network of specialized counselors and tertiary care institutions (like NIMHANS).

Regional Upgradation: Comprehensive modernization of the Central Institute of Psychiatry (Ranchi) and LGBRIMH (Tezpur) to serve as primary regional hubs.



2. The Digital Delivery Revolution

Technology is now the primary vehicle for rural outreach, effectively democratizing access to care: Tele-MANAS Scaling: Since its 2022 inception, the platform has surpassed 2.5 million consultations as of 2025. AI Integration: The deployment of AI-powered assistants like 'Asmi' and the rollout of multilingual video consultations have significantly lowered the barrier for non-English speaking and rural populations.

3. Judicial Recognition & Rights-Based Care

The legal framework has shifted from charity to entitlement. A landmark 2025 Supreme Court ruling (*Sukdeb Saha vs. State of AP*) fundamentally redefined the legal landscape:

Article 21 Integration: The court officially recognized mental health as an essential component of the Right to Life.

Impact: This mandate ensures that mental healthcare is no longer a luxury but a fundamental right that the State is obligated to protect and provide. By utilizing tele-technology, the program helps bypass the social stigma often associated with visiting a psychiatric clinic in person.

Union Budget 2026-27: Strengthening Infrastructure

The **Union Budget 2026-27** reflects a significant policy evolution, marking a transition from mere awareness to heavy investment in physical and human capital. Key focus areas include:

Trauma Care Integration: For the first time, there is a specialized emphasis on trauma-informed care, recognizing the long-term psychological impact of accidents and disasters.

Infrastructure Expansion: Dedicated funding has been allocated for the construction of mental health wings in district hospitals and the modernization of existing mental health institutes. Capacity Building: To tackle the shortage of professionals, the budget supports the expansion of training programs, aiming to increase the number of psychiatrists, clinical psychologists, and psychiatric social workers in the workforce.

State Policies

States like Punjab have launched state mental health policies to integrate services with primary healthcare and reduce stigma. (The Times of India).

Workplace Wellness Framework: 2026 Model

Dimension	Intervention	2047 Vision
Physical	Standing desks, ergonomic audits, and on-site screenings.	Zero occupational lifestyle diseases.
Mental	Confidential EAPs (Employee Assistance Programs) & AI support.	De-stigmatized, normalized mental health leave.
Financial	Financial literacy clinics & emergency savings nudges.	Reduced worker anxiety over inflation and debt.

Challenges to Overcome

The Leadership Gap: Many CEOs still prioritize short-term financial output over long-term human capital health.

Implementation Friction: While 80% of employees report mental health challenges, only a small fraction utilize available corporate resources due to fear of career repercussions.

Implementation Friction: The "Fear Factor"

There is a massive disconnect between the **availability** of resources and their **utilization**. This gap is largely driven by a lack of psychological safety within the Indian professional environment. **The Usage Paradox:** Research indicates that while **80% of employees** report facing mental health challenges, only a tiny fraction actually utilizes corporate-sponsored counseling or "Stepped Care" pathways. **Career Repercussions:** The "stigma tax" remains high. Employees often fear that admitting to mental health struggles will lead to being passed over for promotions, being labeled as "unreliable," or facing subtle professional isolation. **Confidentiality Concerns:** Despite the



protections in the **Mental Healthcare Act 2017**, many workers remain skeptical about the true anonymity of corporate-linked mental health portals.

Discussion

Mental health policy in India has evolved from basic legislation to more comprehensive multi-sectoral frameworks. Still, challenges in accessibility, affordability, human resources, and social acceptance persist. Aligning mental health policy with national aspirations in *Viksit Bharat 2027* can: Enhance societal well-being, Reduce healthcare costs long-term, and Promote equitable growth.

It also requires collaboration among government, civil society, academia, and international partners like WHO and UNICEF.

Conclusion

Mental health is not an isolated clinical issue; it is central to India's progress on social and economic fronts. By integrating robust mental health policy with the *Viksit Bharat 2027* vision, India can ensure a healthier, more productive population, ready to engage meaningfully in national development.

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