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# Centuries of Neglect: Rebuilding the Foundation of Mental Health Facilities in Rural India

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**Abstract**

This issue brief examines the significant challenges facing mental healthcare in rural India, highlighting the historical neglect and persistent gaps in access to services. Despite national policies like the National Mental Health Programme (1982) and the Mental Healthcare Act (2017), rural communities continue to suffer from inadequate infrastructure, limited awareness, and cultural stigmas that prevent effective treatment. Barriers such as a lack of trained professionals, gender disparities, and socio-cultural beliefs further exacerbate the issue, leading to a high burden of untreated mental illnesses. The brief advocates for integrating mental health services into primary healthcare, enhancing the capacity of community health workers, and promoting community-based care models. Collaboration between government ministries, NGOs, and civil society organizations is crucial to addressing social determinants like poverty and unemployment, which impact mental health. The brief calls for increased investment in infrastructure, continuous research, and evaluation of programs to strengthen rural mental health systems. By implementing these strategies, India can rebuild the foundation of mental healthcare in its rural regions, ensuring more equitable access to services.

## **Introduction:**

The Indian healthcare system has long overlooked mental health issues, with rural areas bearing the brunt of inadequate services and a wide treatment gap. While awareness and diagnosis of mental health disorders have improved in urban regions, mental health continues to be a neglected concern in rural communities. Deep-rooted stigma and stereotypes associated with mental illness persist, often leading to severe consequences like witch hunts and social discrimination (Alagarasami et al., 2023). These harmful beliefs further marginalize those affected, making it difficult for them to access the care they need. Despite the introduction of the National Mental Health Programme in 1982 and the District Mental Health Programme in 1996, a significant portion of the rural population remains untouched by these initiatives (Murthy & Wig, 2015). According to the National Commission on Macroeconomics and Health, 6.5% of India's population—around 71 million people—suffer from serious mental disorders, with no

clear difference between rural and urban prevalence (Thirunavukarasu & Thirunavukarasu, 2010). Although some studies suggest higher rates of mental illness in urban areas, this disparity does not indicate that rural populations are any less affected.

## The Evolution of Mental Health Policies in India: From History to Healing

The evolution of mental health care in India reflects a gradual shift towards a more comprehensive approach over time. In 1946, the Bhore Committee made significant contributions by recommending the expansion of hospital beds for mental illnesses and the establishment of mental health institutions at both central and state levels (Kumar, 2015). The committee also advocated for creating a Department of Mental Health at the All India Institute of Medical Sciences. Later, in 1962, the Mudaliar Committee evaluated the healthcare system and acknowledged the shortage of trained mental health professionals in India. The focus on rural mental health began with the Srivastava Committee (1974), which emphasized the importance of mental health in rural regions and recommended the Community Health Volunteer (CHV) program, including mental health training for communities, particularly in remote areas.

Legislatively, the Mental Health Act of 1987 (Gazette of India, 1987) marked a significant step forward in protecting the rights of people with mental illness. It established procedures for voluntary and involuntary commitments and sought to improve patient welfare, though it was criticized for neglecting community-based services essential for rehabilitation. The National Mental Health Policy of 2014 aimed to address these gaps by promoting comprehensive mental health care, emphasizing community participation, prevention, and patient rights. However, challenges remain due to insufficient funding, workforce gaps, and persistent stigma. The Mental Healthcare Act of 2017 further strengthened legal protections, advocating for equal access to quality mental health care and addressing community-based care, but implementation issues and the need for public education continue to hinder progress.

## Challenges and Barriers in Rural Mental Healthcare

### Lack of Infrastructural Support:

However, even though there is constant policy push for improvement, there is a lot that needs to be changed in addressing mental health issues in rural India. According to a report, mental health facilities are almost absent in rural areas and even where they exist, they are ill-equipped or not maintained (*Rural Mental Health Overview - Rural Health Information Hub*, n.d.-b). This is coupled with a lack of human resource that is professionally equipped to handle the situation. Senior mental health professionals, such as psychiatrists and psychologists, as well as counselors, are primarily available in urban areas, while millions of rural people live far away from specialist's treatment (A. Kumar, 2011). In addition, there are generally ongoing issues with the burden of care and lack of personnel in rural primary health care structures that are often unable to cope with even basic physical health concerns. Therefore, many times mental health concerns lack the attention they need as not a lot of facilities or personnel are available to handle them. This means that individuals suffer from mental illnesses without being recognized by the doctors, hence making the condition worse and leading to a vicious cycle of poor mental health.

### Socio- cultural Hurdles

Cultural and social factors constitute the most prominent barrier. Rural communities continue to hold preconceived notions and beliefs about mental illness to this day. People with mental health problems are socially stigmatized, rejected, blamed, or even being subjected to witch-hunt (Alagarasami et al., 2023b). This stereotype makes people shy away from asking for help and perpetuates silence and secrecy. At the same time, some common misconceptions can sometimes interfere with early diagnosis and compliance to medical treatment. For example, the well-intentioned recommendation of the Srivastava Committee in the year 1974 (Ministry of Health & Family Planning, 1975) to establish a Community Health Volunteer (CHV) scheme as a supply side intervention with a mental health component has not escaped limitations. These volunteers are recruited from the communities they serve and may hence have similar beliefs and perceptions as regard to mental health. This can lead to lack of empathy for the mentally ill people. The situation complicates with considered inhumane treatment of mental health in the

rural areas. Whenever mental illness is diagnosed, it can sometimes be attributed to a demonic or possessed affliction. Individuals with mental illness may be sent to religious healers (Baba or Ojha) before being taken to qualified practitioners, thereby interfering with or preventing effective treatment(Gupta, 2024). Such misplaced beliefs may even lead to scapegoating and in extreme cases millions of innocent lives suffering from mental illness are harmed physically and emotionally.

Gender Roadblocks:

Mental health stigma disproportionately affects women residing in rural India. Research shows that women are more prone to depression and anxiety due to factors like low or restricted social mobility, being economically dependent, or being exposed to domestic violence(Chandra et al., 2020). “Besides gender disadvantage, exposure to intimate partner violence (IPV) is also one of the main risk factors for common mental disorders (CMDs) in rural women” (Chandra et al., 2020). In addition, the patriarchy amplifies women’s stereotypical thoughts due to their emotions, which results in guilt and accusations over their psychological health. This stereotype of the female mind converses with a rough life in the countryside. Women in these areas lack sufficient exposure to education and awareness programs and may not know when they are grappling with a mental-health problem. Additionally, women are also the most susceptible targets of witch hunts when mental illness ceases to be a subject of social stigma (Alagarasami et al., 2023c). “According to a UN report, between 1987 and 2003, almost 25,000 cases related to witch-hunting were recorded in India. Also, the National Crime Records Bureau (NCRB) data shows that between 2001 and 2020, in Jharkhand, 590 people, mostly women, were murdered on alleged charges of practicing witchcraft” (*Wagadu Volume 6 Journal of International Women’s Studies Volume 10:1*, n.d.).

Financial and Economic Barriers:

With a population of over 1.3 billion people and scarce mental health workforce and resources, India requires fresh approaches to implement effective rural and community mental health services. The potential and demand for mental health services remain very high and have not been well addressed as they should. The unavailability of financial resources further adds to the difficulties of accessing care. “Despite cost-effective and feasible packages of care, very few

mentally ill people receive mental health care in India, the mental health workforce and facilities largely revolve around the major cities and in the private sector" (Kallivayalil & Enara, 2018). This leads to a situation whereby the provision of mental healthcare becomes a preserve of the rich. Lastly, the integration of mental health services within the National Rural Health Mission (NRHM) is a crucial area of focus. While the NRHM aims to enhance healthcare delivery in rural areas, the inadequate integration of mental health services often limits its reach and impact.

**Strengthening Rural Mental Health in India: Charting the Path Ahead**

Community care considers the family and community dynamics, along with cultural and religious values, making it a particularly effective approach for delivering mental health care in India. Given the economic and demographic conditions, this method proves practical and well-suited to the Indian context. It is inclusive and ensures that mental health services are accessible and affordable, even for remote rural populations.

Integration of Mental Health Services with Primary Healthcare:

One of the ways by which mental healthcare can be made accessible in rural areas should be the integration of such services in the primary healthcare system. Utilizing the infrastructure and the human resource developed through the National Rural Health Mission can make a huge difference in terms of expansion. Introduction of standard training modules for primary healthcare workers will ensure that they are able to screen for mental cases and also to further manage basic cases and proper referral. Having an effective referral and supervision system, with professionals in mental health at the higher levels would help in maintaining continuity of care.

Capacity Building of Community Health Workers (CHWs):

Community Health Workers like Accredited Social Health Activists (ASHAs) could play an important role in the provision of mental health services in rural areas. CHWs should be facilitated with training in specific modules that strengthen their skills in recognizing and managing common mental illness. Such trained CHWs could serve as paraprofessionals to offer psychosocial support, advocate for mental health, and carry out community-based psychosocial activities to address stigma and discrimination.

Promote Community-Based Care Models:

Empowering the vast rural population to take charge of its own mental health begins with increasing awareness. As awareness grows, early recognition of mental health issues will improve, leading to timely access to treatment. Misinformed attitudes that delay recognition and help-seeking can be effectively challenged with the information already accessible in the public domain. This approach would also reinforce the preventive aspects of mental health care. Further, the creation of go to facilities would allow long-term rehabilitative and psychological care by the community in a familiar place. Participating communities, faith-based institutions and nudging traditional healers could encourage people to opt for medical help, ensure sensitivity and help the sufferers to acknowledge the problem. Promoting awareness through Self Help groups and patients' mutual-help support networks would further enhance social integration and empowerment for people with mental health problems.

Foster Inter-sectoral Collaboration:

Other social determinants implicated in mental health are poverty, unemployment and social exclusion. There is a need for effective collaboration between different ministries like the Ministry of Health and Family Welfare and the Ministry of Social Justice and Empowerment and others which can play a key role in improving the situation. Collaboration and partnerships with the NGOs and the civil society organizations involved in mental health issues can provide crucial expertise and necessary resources as well as advocate for community-based program development (Rao et al., 2011). An exclusive chapter on mental health and well-being should be added in the public school curriculum.

Additionally, strengthening mental health infrastructure in rural India requires robust support for agencies conducting studies to gather data, identify risk factors, and assess gaps in treatment options across the region. An effective approach involves evaluating program implementation and effectiveness during the monitoring and evaluation phase. Furthermore, fostering collaboration between academic institutions, research organizations, and policymakers is crucial for identifying and supporting successful policies and interventions, ensuring a shared responsibility in improving rural mental health.

**Conclusion:**

India has long overlooked rural mental healthcare, leaving many to suffer from untreated conditions. But there is hope – a shift is possible. In order to address the gaps in the mental health system, there is a need to adopt several strategies. This strategy depends on integrating services for mental health into primary health care, enhancing the role of community health workers as well as community-based care processes. The necessity for transnational collaboration is vital, with ministries and NGOs tackling social determinants of mental health. Further development also requires further budgetary support, better infrastructure, and continued research and monitoring. By prioritizing these actions, one can ensure that rural India's mental health needs are not just addressed but transformed into a brighter, stronger, and more inclusive set up.

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