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Presidential Address: Mental Health—Current Scenario and Future Prospects

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Introduction

India stands at the cusp of a mental health reckoning. Mental health challenges are emerging as a silent epidemic in our vibrant and diverse country, which is marked by profound socio-political transformations, rapid urbanisation, and evolving familial structures. With an estimated 10.6% of our population experiencing mental health disorders and up to 90% of them remaining untreated,[1] this reality demands urgent and sustained attention.

Mental disorders are among the leading contributors to the global burden of disease. From 1990 to 2019, the global disability-adjusted life years (DALYs) attributable to mental disorders increased significantly.[2] Addressing this public health crisis demands a multidimensional approach—one that simultaneously strengthens healthcare infrastructure and confronts the entrenched socio-political determinants of mental health.[3] Innovative strategies are also required to address the chronic shortage of mental health professionals and to extend care to underserved and remote populations.

This presidential address offers a panoramic view of India's current mental health landscape, identifies systemic challenges, and proposes forward-looking strategies. We aim to stimulate dialogue among mental health professionals and all stakeholders. Generate a roadmap for strengthening psychiatry as a discipline' in-lien' with other specialities, scientifically respected, socially integrated, and ethically anchored, and improving the mental well-being of the population.

Demographic and Socio-Political Determinants of Mental Health

India's population, exceeding 1.4 billion, is undergoing rapid demographic and socio-political transformation. Urban areas report a higher prevalence of mental disorders (13.5%) compared to rural areas (6.9%), with disparities driven by healthcare inequities, environmental stressors, and shifting familial support systems.[4] Contributing factors include:

- Erosion of traditional joint families and weakening social networks.
- Migration, unplanned urbanisation, and environmental degradation.

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- Caste-based discrimination and political polarisation, unrest and instability.
- Gender-based violence, occupational stress, and substance misuse.
- Persistent stigma and misconceptions associated with mental illness.

These factors shape epidemiology and challenge society at large. There exists a bidirectional dynamic interaction in the form of both acting as a consequence and a catalyst.

Policy Landscape and Systemic Barriers

India's mental health policy framework has evolved considerably. The National Mental Health Programme (NMHP), launched in 1982, was followed by the District Mental Health Programme (DMHP) in 1996 to bridge urban–rural disparities. In 2014, the National Mental Health Policy reaffirmed the government's commitment to holistic, rights-based mental healthcare. The Mental Healthcare Act of 2017 marked a significant step forward by decriminalising suicide and ensuring individuals' rights to access mental health services.[5]

With less than 1% of the health budget allocated to mental health and only 0.75 psychiatrists per 100,000 people, our systemic response lacks the scale and depth required to address this crisis.[6] Strong policy must be matched by actionable investment and administrative accountability.

Current Scenario of Mental Health Services in India

Mental health services in India remain fragmented and inadequately resourced. While metropolitan centres have relatively good infrastructure, rural regions face glaring deficits. The National Mental Health Survey (2015–16) revealed that nearly 150 million individuals required mental health services, yet fewer than 30 million received care.

Innovative models such as Tele MANAS, launched in October 2022, have shown promise by offering free counselling services nationwide.[7] However, their success depends on sustainable financing, public awareness, and seamless integration into primary healthcare systems.

Unique Challenges in Psychiatry Compared to Other Medical Fields

Mental health in India operates at a critical intersection of science, society, and human rights. Yet, compared to medicine and surgery, it faces unique challenges.[8,9] Please refer to Table 1 for a structured breakdown of these issues and pathways forward, including the promotion of precision psychiatry, interventional competence, subspecialization, and integrated training.[3,10–14]

While other medical specialities benefit from clear diagnostic criteria, specialised infrastructure, and substantial research funding, psychiatry still grapple with diagnostic ambiguity, variable access to care, and marginalisation within the health policy agenda.

Path Forward: Strengthening Psychiatry as a Discipline

Enhance acceptability and understanding

Foster mental health literacy through public education initiatives that normalise mental illnesses and reduce stigma. Community engagement should cultivate inclusive support networks.

Improve accessibility & minimise barriers to care

Allocate at least 5% of the national health budget to mental health. Expand and decentralise the mental health workforce. Integrate services into primary healthcare for early detection and timely intervention. Leverage digital platforms for remote consultations and awareness campaigns.

Establish parity with other medical specialties

Promote interdisciplinary and transdisciplinary research. Strengthen policy advocacy grounded in empirical evidence.

Promote subspeciality and leadership

Encourage subspeciality development (e.g., geriatric psychiatry, neuropsychiatry). Build academic leadership free from professional insecurities or disciplinary isolation.

Table 1:

	Challenge		*Way forward*
1.	Biological Validity and Precision in Diagnostics	Medicine and surgery rely on objective, often biomarker-based, diagnosis. While psychiatry operates largely within symptom-based frameworks (e.g., DSM-5, ICD-11), which lack biological specificity.	Invest in translational neuroscience and precision psychiatry. Longitudinal cohort studies that track prodromal, active, and recovery phases of illness (e.g., UK Biobank, ABCD Study). Align with frameworks like the research domain criteria project (RDoC) and the Hierarchical Taxonomy of Psychopathology (HiTOP) to bridge categorical and dimensional approaches
2.	Promote Structured Subspecialization and Credentialing	In fields like internal medicine or surgery, sub-specialization is well-defined and contributes to clinical precision and career structure v/s Psychiatry, it lags behind in standardized sub-specialist training globally.	Advocate for national medical council-certified fellowships. Develop internationally harmonized curricula. Encourage dual training programs (e.g., psycho-oncology, psycho-dermatology, end-of-life care) in line with other specialties' liaison models.
3.	Integrate Psychiatry with Physical Health Specialties	Psychiatric illnesses have somatic comorbidities (e.g., metabolic syndrome in schizophrenia). Medicine-surgery fields emphasize integrated care pathways, which psychiatry should inculcate.	Propagate need to have psychiatrists in every multidisciplinary team in ICUs, oncology, palliative care e.t.c.,. Develop consultation-liaison psychiatry as a formal subspecialty in all tertiary centers. Promote shared electronic health records and cross-disciplinary clinical case reviews, with to and fro feedback system.
4.	Develop Infrastructure for Procedural Psychiatry	Like surgical specialties which are often defined by procedural competence. Psychiatry has to standardize emerging procedural areas—neuromodulation (ECT, rTMS, DBS), ketamine therapy.	Create and support fellowships and procedural certifications in interventional psychiatry. Ensure operating room/ICU access for procedures like DBS in treatment-resistant OCD/depression. Standardized protocols, credentialing, and documentation for neuromodulation.
5.	Advance Evidence-Based Psychopharmacology and Therapeutics	Medicine and surgery benefit from rigorous RCT-based protocols v/s Psychiatry faces criticisms of treatment generalization and polypharmacy.	Conduct more head-to-head RCTs and large-scale pragmatic trials (e.g., STAR*D, CATIE). Incorporate therapeutic drug monitoring, pharmacogenetics, and adverse event registries. Create treatment algorithms akin to hypertension or diabetes guidelines (e.g., CANMAT guidelines for depression).
6.	Improve Research Culture and Academic Leadership	Clinical advancement in other specialties is driven by strong research cultures and subspecialty journals. v/s Psychiatry needs more translational and systems-level research.	Foster early research exposure in psychiatry residencies and MD-PhD pathways. Secure dedicated psychiatry representation in national biomedical research councils. Support cross-disciplinary journals and consortia (e.g., ENIGMA, IMAGEN, BRAIN Initiative).
7.	Establish Robust Training and Workforce Development	Structured clinical ladders and simulation-based training are hallmarks of surgical specialties. Psychiatry training must match this sophistication.	Integrate competency-based medical education (CBME) with entrustable professional activities (EPAs). Include procedural training, simulation (e.g., risk assessment, suicide prevention), and reflective practice. Develop continuous professional development tracks for subspecialists.
8.	Reframe Public Perception and Policy Influence	Medicine and surgery are seen as authoritative and science-driven. Psychiatry is often perceived as subjective or lacking empirical grounding.	Increase psychiatry's visibility in public health advocacy, global health, and policymaking. Use media engagement and medical humanities to demystify psychiatry. Publish public health impact studies (e.g., economic cost of untreated depression) to inform policy.

Ensure a dignified life

A recovery-oriented, rights-based approach should underpin psychiatric care, respecting autonomy and promoting reintegration.[15] Supported decision-making should replace coercive models.

Finally: A Scientific and Moral Calling In summary

The future of psychiatry lies not only in scientific discovery but in our moral commitment to justice, dignity, and inclusion. Psychiatrists must lead reforms that span the clinic, community, and policymaking arenas. To evolve psychiatry on par with other medical and surgical specialities, mental health professionals must: deepen biological validity, institutionalise subspecialties, integrate with general medical care, expand procedural competency, advance evidence-based therapeutics, elevate research leadership, reinvent training models, and shape public and policy narratives. Mental Health professionals must rise to meet the complexity of current times with humility, integrity, and innovation.

A Message to the Next Generation

To my young mental health professionals. The mantle is now yours. Nurture your aspirations without fear. The future belongs to you. You are the vanguards of transformation. Lead with scientific knowledge, speak with empathy, and act with courage. Be curious, yet compassionate.

"Life is a gift, and it offers us the privilege, opportunity, and responsibility to give something back by becoming more." – Tony Robbins.

Let's work together to build a society where mental health is not only prioritised but seamlessly honoured in the broader health and social fabric.

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