

Editorial

A Call for Inclusive and Community-Based Mental Health Treatment by Bridging the Real Gap

Kazal Islam*

Development Professional on Community on Mental Health, Govind Ballabh Pant Social Science Institute, Banaras Rd, near Shashtripur Bridge Colony No. 9, Jhusi, Prayagraj, Uttar Pradesh 211019, India

***Corresponding author:** Kazal Islam, Development Professional on Community on Mental Health, Govind Ballabh Pant Social Science Institute, Banaras Rd, near Shashtripur Bridge Colony No. 9, Jhusi, Prayagraj, Uttar Pradesh 211019, India

Tel: 09027537257;

Email: kazal.islam22_dev@apu.edu.in

Received: July 09, 2025

Accepted: July 24, 2025

Published: July 25, 2025

Abstract

Without mental health, there is no health. India is a lower-income country; due to a constrained budget and socio-cultural barriers, it is hard to access mental health care. However, community-based organizations have been playing a vital role in treatment and offering more practical, community-based solutions. Mental health is always perceived with social stigma. To break the cycle, collective responsibility could enhance the roadmap for mental health treatment

Keywords: Mental health; Stigma; Community-based care; Real Gap; Non-Profit

Editorial

Mental health is a “state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community” [1]. Mental health refers to cognitive, behavioral, and emotional well-being. Depression, stress, and anxiety are silent, chronic, and impairing mental health conditions. The topic focuses on the gap between anticipated development outcomes and real-life experiences of communities. Poor mental health outcome is strongly associated with higher rates of suicide, self-harm, and morbidity; reduced cognitive and social functioning; low self-esteem; and many more adverse mental health outcomes. Mental health is not only an individual concern but also a public health priority. Mental health should be treated with the same urgency as physical health.

The term ‘Real Gap’ refers to the difference between the outcomes of beneficiaries and schemes, plans, and initiatives, and the ground reality of populations. Mental illness is a global public health concern among both the elderly and young adults. India is one of the first countries in the world to promote mental health and develop a National Mental Health Programmed in the early 1980s for accessible and equitable mental health care. However, mental health has received the lowest priority, received little or no attention from the policymakers, and made progress that is far from satisfactory [2]. Despite the NMHP program in 1982, the mental health program never paid attention. The gap highlights the challenges in implementing the policy frameworks and verbal commitment for achievements and

equitable progress for all the sections of the society. According to a recent report by the World Health Organization, 56 million Indians, i.e., 4.5% of the population, suffer from depression, and another 38 million, i.e., 3.5%, suffer from anxiety disorders. Despite this alarming prevalence, India has only 0.7% of mental health care professionals per 100,000 people, far below WHO guidelines. Informal caregivers who provide crucial mental health assistance are frequently ignored, with minimal documentation of their efforts. The patient-to-doctor ratio in mental health treatment is extremely troubling, highlighting the critical need for a strong policy framework. The Government of India’s mental health budget allocation (Table 1).

The National Mental Health Survey (NMHS) of India (2015–2016) highlighted a significant disparity in mental health treatment-seeking behaviour [3]. The existing treatment gap for mental health is as high as 84%, with nearly 150 million Indians in need of mental health services and active interventions. However, fewer than 30 million people seek treatment. India’s medical market has further jeopardized the situation by not offering insurance for mental health treatment. According to the 75th National Sample Survey, only 23% of hospitals had any form of health insurance coverage, and this figure dropped to just 3.4% among the poorest economic groups [4]. The Mental Health Care Act of 2017 needs to be effectively implemented and promoted to ensure greater access to mental health care. Mental health is a growing concern and is recognized as a critical requirement, engaging the attention of policymakers, health communities, and professionals

Table 1: The Government of India's mental health budget allocation.

Year	Union Budget(₹ lakh cr)	Health Budget(₹ cr)	Mental Health Budget(₹ cr)	% of Health Budget for Mental Health
2022–23	₹39,44,909	₹ 86,200	₹1035.39	1.20%
2023–24	₹ 45,03,097	₹89155	₹1199	1.34%
2024–25	₹48,20,512	₹90,659	₹1,614	1.78%
2025–26	₹50,65 345	₹99858	₹1898	1.90%

in India and around the globe. It is a major global public health concern. The mental health illness or neurological and substance use disorder includes broader aspects of non-communicable diseases (NCDs) and shares a greater burden of morbidity. The real gap sheds light on complex social issues and current challenges for achieving equitable social welfare on poor mental health and the inaccessibility of its service.

“Health is wealth” is widely recognized, yet its true essence appears to have been overlooked by today's generation in its mental dimension. Mental health disorders or illnesses affect everyone irrespective of age, gender, residence, and living standards. However, the issues of mental health are higher among some groups; for example, mental disorders among children, depression among pregnant women, and dementia among the elderly population.

India's diverse challenges and regional variations call for policies tailored to local needs and solutions. The Ministry of Health and Family Welfare and the Ministry of Social Justice and Empowerment, along with the Ministries of Rural Development, Panchayati Raj, Women and Child Development, and Youth Affairs, should work collaboratively. Ultimately, collective responsibility is critical for promoting health and well-being.

The Government of India and local Panchayats should advocate for it. Gram Panchayats have untapped potential to address mental health problems and reduce the stigma associated with mental health by advocating at the village level. This stigma continues to run deep within marginalized communities. Individuals often hesitate to seek help. Counsellors or consultant psychologists play a vital role by offering a safe space to discuss mental health concerns.

The idea of civil society is invaluable and plays a vital role in addressing stigma around mental health and breaking its cycle by offering grassroots-level mental health interventions. With an understanding of sociocultural norms, NGO professionals should effectively diagnose psycho-cultural syndromes. Only mental health experts and institutions cannot address mental illness. Without active community engagement, socio-cultural barriers will continue to hinder access to mental health services. **Atmiyata** is a community-led, evidence-based intervention aimed at reducing the mental health and social care gap in communities [5].

Community-based mental health interventions by organizations can serve as a crucial bridge to close the gaps in health services. The Western idea of support or peer groups holds immense potential for the treatment of mental illness. The amount of social cooperation and teamwork is significantly influenced by these cultural values. Homeless shelters, old age homes, or orphanages are places where community social workers can easily reach out and convince individuals to seek treatment and share their stories, making them feel comfortable. In formal structural settings, it is hard and challenging for individuals to seek help due to inferiority complex, lack of awareness, stigma, hesitation, and negative social perceptions.

Offering treatment through a socio-ecological lens helps promote mental health and social well-being. People often visit temples, churches, and shrines—places where they share close bonds and trust, seeking healing and direction. Therefore, community-based organizations should partner with healthcare institutions such as Altruist, the NGO running the Dava and Dua Project [6].

To promote better financial management, capacity building, counselling, workshops, awareness generation, and accessibility, the community can be mobilized. This could have significant potential for reducing poverty and addressing mental health issues. On this long road to change, it is critical to adopt a more inclusive and sustainable strategy to achieve meaningful and long-term growth.

Our behaviour, shaped by today's technologically advanced world, market demands, and societal pressures, is evolving rapidly, leading to internal conflicts for both current and future generations. With the help of social media platforms, online content, art, and short videos related to mental health should be made available. Misinformation poses serious issues regarding the fundamental meaning of life.

In a small region, there may be social disharmony or ideological clashes, which form the foundation for the deterioration of its members' mental well-being. There is a need to bridge the gap. Building a framework is critical to promoting resilient and sustainable rural health care, accelerating equitable health outcomes, reducing health disparities, and enhancing the quality of life and emotional well-being of rural populations.

India has tremendous strength, with 66% of its population being young people. Let us strive to make our country healthier, more progressive, and sustainable, and set an example for the rest of the world by taking on collective responsibility for development. There is an urgent need for an effective policy framework led by social scientists and mental health specialists. Together, we can close the real gaps and establish a brighter future.

Activists continue to advocate for bold initiatives and demand better policies, but their efforts frequently fall short. The rapid commercialization must be balanced with efforts to address local disparities and empower marginalized communities. Activist Abhay Bang, director of the Society for Education, Action, and Research in Community Health (SEARCH) in Gadchiroli, advocates practical solutions for rural healthcare [7]. He supports a 3-year B.Sc. or bridge course for rural doctors, arguing that medical training isn't rocket science. He emphasizes empowering community health workers and promoting home-based neonatal care. Indian society has long been shaped by caste, religion, and socio-economic constraints. Community-driven steps are more practical for mental health support and essential to co-creating more resilient support systems. In this capitalist society, the state has offered very few welfare schemes for mental health rehabilitation. Without mental health, there is no health—and without bridging the real gap, true development will remain out of reach.

References

1. World Health Organization. World Health Organization [Internet]. Who.int. World Health Organization; 2022.
2. Murthy RS. Mental health initiatives in India (1947-2010). The National Medical Journal of India [Internet]. 2010; 24: 98–107.
3. Reddy C, Godi SM, Shashidhara Munivenkatappa, Sridhar Amalakanti, Mental Health Insurance in India. An Examination of Policy Implementation Post-MHCA 2017. Indian Journal of Psychological Medicine. 2025; 47: 9-16.
4. Ranjan A, Jewel Elias Crasta. Progress towards universal health coverage in the context of mental disorders in India: evidence from national sample survey data. International Journal of Mental Health Systems. 2023; 17: 27.
5. Joag K, Kalha J, Pandit D, Chatterjee S, Krishnamoorthy S, Shields-Zeeman L, et al. Atmiyata, a community-led intervention to address common mental disorders: Study protocol for a stepped wedge cluster randomized controlled trial in rural Gujarat, India. Trials. 2020; 21: 212.
6. Dava & Dua – Altruist [Internet]. Thealtruist.org. 2025.
7. Bang DrA. Search For Health [Internet]. Searchforhealth.ngo. 2016.