



PROCEEDINGS

CONSULTATIVE WORKSHOP ON ADDRESSING MENTAL HEALTH IN RURAL INDIA: ISSUES AND CHALLENGES

23rd October, 2024

About the Publication

This publication is the outcome of the Consultative Workshop on Addressing Mental Health in Rural India: Issues and Challenges, conducted on 23rd October 2024 by the Centre for Post Graduate Studies and Distance Education, NIRDPR.

Inside Publication

This publication summarizes the key points shared by the panelists during the Workshop on Addressing Mental Health in Rural India. It highlights successful community-driven mental health models and scalable interventions like the Atmiyata program. These insights aim to inspire the implementation of inclusive mental health strategies across rural India.

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Director General's Message

It's a pleasure to share the proceedings of the National Workshop on "Addressing Mental Health in Rural India: Challenges and Solutions," which was held at the National Institute of Rural Development and Panchayati Raj (NIRDPR) on October 23rd 2024. This workshop brought together experts, practitioners and development professionals to discuss the important issue of mental health in rural India to find strategies and practical solutions to address it.

Mental health, while integral to overall well-being, remains a topic shrouded in stigma, especially in rural areas where access to services and awareness is limited. This workshop, served as a platform to deliberate on the unique challenges faced by vulnerable populations, including women, youth, the elderly, and school-going children. It also emphasized the need for innovative, inclusive, and community-driven approaches to mental health care. The discussions and insights shared during the workshop underscore the importance of collaborative efforts among various stakeholders to address mental health disparities in rural India. As we strive to achieve the Sustainable Development Goals, particularly Goal 3 on "Good Health and Well-being," it is imperative to integrate mental health into the broader framework of rural development. The workshop's focus on policy inputs and actionable strategies aligns with NIRDPR's mission of fostering holistic and inclusive rural development.

I extend my heartfelt gratitude to all the speakers, panelists, and participants whose contributions enriched the deliberations and outcomes of this workshop. The proceedings encapsulate the key discussions, insights, and recommendations, and I am confident they will serve as a valuable resource for policymakers and practitioners working to strengthen mental health services in rural India.

Let us move forward with a renewed commitment to addressing mental health challenges in rural areas with sensitivity, equity, and urgency, ensuring no one is left behind.

Dr. G. Narendra Kumar IAS

Director General

National Institute of Rural Development and Panchayati Raj, Hyderabad

Acknowledgement

The National Workshop on "Addressing Mental Health in Rural India: Challenges and Solutions," held on October 23rd, 2024, at NIRDPR, was a pivotal event, and I extend my heartfelt gratitude to all those who contributed to its success.

At the outset, I would like to express my profound gratitude to **Dr. G. Narendra Kumar, IAS, Director General, NIRDPR**, whose visionary leadership and unwavering support were instrumental in conceptualizing and conducting this workshop. His commitment to addressing mental health challenges in rural India provided the foundation for this initiative.

I am deeply thankful to **Prof. Jyothis Sathyapalan, Head of the Centre for PG Studies & Distance Education (CPGSDE)**, and **Dr. C. Kathiresan, Head of the Centre for Training and Research Division**, for their support throughout the planning and implementation stages of the workshop, that ensured the seamless execution of the event and brought together diverse stakeholders for meaningful deliberations.

My heartfelt thanks also go to **Ms. Gracy Andrew, Clinical Psychologist, IIPH-H**, and **Dr. Anita Rego, Founder Director of PEARLSS 4 Development**, for their invaluable expertise and participation as resource persons and contributing significantly to discussions on policies and community-based interventions.

This workshop would not have achieved its objectives without the participants' enthusiastic participation and contributions and invited panelists who took the time to engage in rich discussions, share experiences, and propose actionable solutions.

I also wish to acknowledge the **NIRDPR's Centre for Development Documentation and Communication (CDC) Team**, whose meticulous efforts in designing and laying out the workshop proceedings have resulted in this comprehensive document.

Thank you all for your invaluable contributions and support.

Dr Sucharita Pujari
Centre for Post Graduate Studies and Distance Education,
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Context

Mental health is an essential yet often overlooked component of overall well-being, particularly in rural India, where access to services remains limited and stigma around mental health issues persists. The disparity between urban and rural mental health care is stark, with rural communities facing significant barriers such as inadequate infrastructure, a shortage of trained professionals, and deeply entrenched cultural stigmas. These challenges are further exacerbated by socioeconomic inequalities, gender roles, and a general lack of awareness about mental health, leaving millions without the support they need.

Despite global commitments under Sustainable Development Goal 3 (SDG 3) to "ensure healthy lives and promote well-being for all at all ages," mental health care in rural India remains critically under-addressed. Disorders such as depression, anxiety, and substance abuse are widespread but often untreated, particularly among marginalized groups, including women, individuals from lower socio-economic strata, and non-heteronormative gender identities. Environmental stressors such as poverty, caste-based discrimination, and familial pressures compound these issues, underscoring the urgent need for inclusive, community-focused mental health initiatives.

The National Mental Health Survey (2016) shed light on the scale of the problem, revealing that India accounts for 28% of global suicides, with suicide being a leading cause of death among individuals aged 15–39. While initiatives such as the National Mental Health Policy (2014), the Mental Healthcare Act (2017), and the National Suicide Prevention Strategy (2022) represent steps forward, implementation in rural areas remains inadequate. Addressing these gaps requires a concerted effort to integrate mental health into primary healthcare, build local capacity, and create awareness through community-driven approaches.

In this context, the National Institute of Rural Development and Panchayati Raj (NIRDPR), organized a one-day consultative workshop to explore the challenges and opportunities in rural mental health care. This workshop brought together mental health practitioners, public health experts, community leaders, and policymakers to deliberate on the socio-economic, cultural, and systemic factors contributing to the mental health crisis in rural India.

The consultation focused on vulnerable groups, including women, youth, and older people, to identify innovative and practical solutions to bridge mental health care delivery gaps. Discussions emphasized approaches such as telehealth, community-based interventions, and the integration of mental health into primary healthcare systems. Participants also shared successful practices and case studies, offering valuable insights for addressing rural mental health challenges in India.

This report captures the workshop proceedings, offering a detailed account of the discussions, insights, and recommendations. It aims to serve as a roadmap for advancing rural mental health care, focusing on empowering communities and fostering sustainable, inclusive, and equitable mental health strategies.

Purpose

- To identify and promote effective, community-driven strategies for enhancing mental health care in rural India.
- To identify actionable recommendations for implementing mental health improvements at the community level.
- To showcase successful practices from other regions that offer practical insights and potential solutions to the challenges faced in rural India.



Director General, NIRDPR, addressing the gathering

Inaugural Session

The inaugural session established the context for the workshop, emphasising the significance of grounding the deliberations in localizing the Sustainable Development Goals to establish "Healthy Villages" that enhance rural mental health care across India. Dr. Jyothis Sathyapalan, Professor and Head of Centre for PG Studies and Distance Education, NIRDPR, welcomed the participants and emphasised the importance of addressing mental health issues and developing solutions to enhance the quality of life of people in the rural communities. Dr. Sucharita Pujari, workshop coordinator, briefly stated the workshop objectives and expected outcomes from the workshop emphasising the necessity to address this significant area that frequently remains inadequately examined in the rural development discourse.

In his inaugural address, Dr. G Narendra Kumar, Director General of NIRDPR, emphasised the critical importance of addressing mental health challenges in rural India and creating a space for weaving diverse perspectives. He highlighted the widespread prevalence of mental disorders among various vulnerable groups, including women, youth, and the elderly, and underscored the significant barriers to accessing mental healthcare in these settings. He pointed out that socioeconomic factors, such as poverty and financial crises, particularly among farmers, exacerbate mental health issues, creating a vicious cycle that is difficult to break. He stressed the need for a multifaceted approach to tackle these challenges effectively, integrating mental health services into existing public health programs and employing community-driven strategies to enhance mental health literacy and reduce stigma.

The DG also discussed the importance of capacity building and training for local healthcare providers, including ASHA workers, Anganwadi workers, and community leaders, to

ensure they can identify and support individuals with mental health issues. He advocated using digital tools and telehealth platforms to bridge the gap in mental healthcare delivery, especially in remote and underserved areas. By leveraging technology, rural communities can gain timely access to mental health services, which are crucial for early intervention and prevention. He emphasised the need for continuous monitoring and evaluation of mental health programs to assess their effectiveness and to make necessary adjustments based on community feedback.

Furthermore, the Director General highlighted the significance of community engagement and involvement of local institutions, such as the Panchayati Raj Institutions and Self-Help Groups, in promoting mental health awareness and support. He called for developing low-cost, sustainable, community-led mental health initiatives that rely on trained local personnel to deliver care in a familiar and supportive environment.

The Director General underscored the importance of inter-sectoral collaboration and partnerships with diverse stakeholders, including non-governmental organizations and the private sector, to create a comprehensive and inclusive framework for mental health care in rural India. He emphasized the critical link between poverty and mental health issues, highlighting how sudden healthcare expenses can push families into poverty, perpetuating a cycle of financial hardship and poor mental health that often spans generations. This cycle, driven by high out-of-pocket costs, a fatalistic mindset, and a heavy disease burden, needs urgent attention. He further stressed the need to integrate mental health considerations into broader health and development initiatives to improve the well-being of rural populations. He concluded by emphasizing that through its diverse training programs and initiatives, NIRDPR will seek to incorporate mental health as a critical component of rural development and create a sustainable and inclusive approach that addresses mental health challenges while advancing overall rural well-being. Finally, he called on participants to propose actionable and practical recommendations to address these pressing challenges.



DG, NIRDPR delivering the inaugural address

Key Takeaways

Prevalence of Mental Disorders: Approximately 10% of the rural population suffers from mental disorders, with adolescents being particularly vulnerable to depression and anxiety.

Medication Accessibility and Barriers to Care: Limited access to mental health services, unavailability of psychological medications, and a high level of stigma surrounding mental health issues and infrastructural challenges in rural areas leading to poor treatment and care.

Socioeconomic factors: Financial crises, especially among farmers, exacerbate mental health challenges, contributing to a circular relationship between poverty and mental health issues.

Need for Integration: There is a pressing need to integrate mental health services into existing public health programs to improve accessibility and effectiveness.

Community-Based Approaches: Training local healthcare providers and utilising mobile technology can enhance service delivery in rural areas.

Awareness and Education: Raising awareness through educational campaigns is crucial for reducing stigma and improving mental health literacy.


Stigma – many people associate mental illness with personal failure and lack awareness about how to address it effectively.

Infrastructural challenges in rural India – Addressing infrastructural challenges in rural India requires integrating mental health into the broader public health framework. This includes training health workers and strengthening their capacities to manage mental health issues in rural settings.



Prof Kasi Sekar, former Senior Professor of Psychiatric Social Work and Head Centre for Psychosocial Support in Disaster Management NIMHANS, in his Keynote Address, gave a comprehensive overview of the mental health landscape in India, addressing various aspects, such as the prevalence of mental disorders, the treatment gap, and the socio-economic impact of mental health issues. He pointed out that mental health can be affected by a range of socioeconomic factors that need to be addressed through comprehensive strategies for promotion, prevention, treatment, and recovery. Poverty, low levels of education, and working status are closely interlinked with mental disorders and emphasised that these factors contribute to impoverishment and reduced productivity.

He highlighted the findings of the National Mental Health Survey (2015-16) and reported that nearly 150 million Indians are affected by one or more mental or neurological disorders with a significant treatment gap, especially in rural areas. He referenced survey results, stating that depression and anxiety disorders are widespread, affecting many individuals with severe mental disorders (SMDs), such as schizophrenia and bipolar



disorders common in three-quarters of those affected, leading to considerable impairment in work, social, and family life. He discussed urban-rural differentials in the prevalence of mental disorders, indicating that mental health issues are prevalent in both urban and rural areas, but the challenges and access to care differ. He highlighted the significant challenges faced in delivering mental health care, including the shortage of specialists, uneven distribution of resources, poor human resources, limited values for professional work, limited integrity across sectors, stigma-limited institutional care, and low coverage of mental health programs, particularly in rural India and emphasised the importance of integrating mental health care with primary health care to improve accessibility and reduce stigma, particularly in rural areas.

He stated that epilepsy and intellectual disability are emerging as major public health concerns as they are associated with a high risk of suicidality requiring targeted intervention strategies. The triple burden of mental disorders represents a significant unrecognised burden in the country. He also raised concerns about the prevalence of disorders due to the misuse of alcohol, tobacco, and other drugs and how children and adolescents are particularly vulnerable to mental health issues.

He highlighted the findings of the Assessment of State Mental Health Systems, which identified numerous gaps and challenges, including inadequate state-level mental health policies, insufficient funding, limited availability of medications and qualified professionals, and poor implementation of legislation and inter-sectoral collaboration. The assessment highlighted a significant treatment gap for mental disorders worsened by a shortage of specialists and limited institutional care. The coverage of programs such as the District Mental Health Program (DMHP) is low, necessitating capacity building and innovative resource use. He emphasised that the involvement of non-specialist professionals is essential for addressing this gap. Furthermore, the inadequate implementation of mental health legislation impedes the effective delivery of care.

Dr.Sekar pointed out that financial constraints and limited public awareness initiatives significantly impede effective mental health care provision. The supply of essential psychotropic medications is frequently disrupted, and there is minimal inter- and intra-sectoral collaboration within the health sector. Additionally, state and district-level rehabilitation programs are insufficient, and there is a dearth of program monitoring and evaluation. Moreover, a paucity of mental health research has overall hindered the development of evidence-based interventions and emphasized more research on mental health issues in India.

Dr.Sekar also addressed the significant impact of climate change and natural disasters on mental health in India, highlighting the vulnerability due to high population density and urban and coastal growth. A large portion of India's land is prone to earthquakes, droughts, floods, and cyclones, making it one of the most disaster-prone countries in the world. These events affect millions of people annually, thereby increasing mental health challenges. He stressed integrating mental health care into disaster management plans and promoting holistic care, including prevention, treatment, and rehabilitation. He also discussed the necessity of multi-sectoral collaboration and community-based approaches to address mental health needs arising from natural disasters and climate change effectively.

Prof Sekar laid emphasis on community involvement as a crucial element in mental health care, with a focus on community-based services and the active participation of families and communities and advocated a holistic approach to mental health care, encompassing promotion, prevention, therapeutic interventions, and rehabilitation. He also stressed the need for capacity building and skill enhancement for mental health professionals and community workers to effectively address the treatment gap.

He accentuated the need to develop a state-level action plan to address mental health issues comprehensively and highlighted the importance of establishing a robust web-based monitoring system to track progress and ensure accountability. He emphasised the need to establish a National Commission on Mental Health in the country to provide oversight and strategic direction at the national level to effectively address the mental health crisis. He reinforced the message that, with the right knowledge and resources, the burden of mental disorders can be significantly reduced and stressed the potential for impactful change through informed and empowered actions.



He also stressed integrating mental health care with rural development initiatives to improve accessibility and effectiveness, as well as engaging Panchayati Raj Institutions in mental health promotion and support at the community level so that the mental health initiatives are tailored to the needs of the rural population.

Key Takeaways:

1. Prevalence and Treatment Gap

- Mental disorders are highly prevalent in India, affecting nearly 150 million individuals.
- There is a substantial treatment gap, especially in rural areas, for severe mental disorders and substance use disorders.

2. Urban-Rural Differentials

- Mental health issues are prevalent in both urban and rural areas.
- Challenges and access to care differ, requiring tailored interventions.

3. Economic and Socio-Economic Impact

- Mental disorders impose a significant economic burden.
- They are linked to low education and income levels, contributing to impoverishment and reduced productivity.

4. Vulnerability and Inequity

- Vulnerable populations include adolescents, the elderly, and females, who require targeted intervention.
- Geographical location, lack of financial resources, social marginalization, and physiological factors exacerbate vulnerability.



5. Community Involvement and Holistic Care

- Community-based mental health services and family involvement are essential.
- A holistic approach is critical including promotion, prevention, therapeutic interventions, and rehabilitation.

6. Integration with Primary Health Care

- Need to integrate mental health care with primary health care to improve accessibility, reduce stigma, and ensure comprehensive care.

7. Capacity Building and Skills Enhancement

- Training mental health professionals and, community workers, and SHG groups is vital to addressing the treatment gap and improving care quality.

8. Impact of Natural Disasters and Climate Change

- Natural disasters and climate change adversely affect mental health.
- Resilience-building and collaborative efforts are needed to mitigate these impacts.

9. Policy Advocacy and Effective Implementation

- Ground-level implementation of mental health legislation and policies is crucial.
- Public awareness and education on mental health issues must be enhanced.

10. Research and Monitoring

- Research on social determinants of mental health in rural areas is needed.
- Robust monitoring and evaluation systems should assess mental health programs and initiatives.

11. Rural Focus and Panchayati Raj Institutions (PRIs)

- Mental health care should integrate with rural development initiatives for better accessibility.
- Engage PRIs in mental health promotion and support at the community level.

12. Access to Medicines and Specialized Services

- Ensure the availability of psychotropic medicines and uninterrupted drug supply.
- Provide specialized services for children, women, the elderly, and individuals with addiction issues.

13. Focus Areas and Suicide Prevention

- Suicide prevention and support for vulnerable groups should be prioritized.
- Provide comprehensive services, including awareness, treatment, vocational training, and support services.



SESSION 1

Understanding Mental Health Concerns among Children and Youth

Moderator

Ms. Gracy Andrew, IIPH –Hyderabad

Speakers

Dr. Siddhardh, George Institute for Global Health

Dr. Sathinarayan S., AIIMS, Andhra Pradesh

Mr. Arjun Kapoor – CMHLP, Pune



In her opening remarks, **Gracy Andrew, Clinical Psychologist at the Indian Institute of Public Health, Hyderabad**, provided a detailed overview of the mental health challenges faced by youth in rural India. She highlighted the significant burden of mental health conditions, noting that psychiatric disorders among rural adolescents range from 1.60% to 5.84%. Common issues include depression, anxiety, and substance abuse, which are exacerbated

by factors such as socio-economic status, academic pressures, family environment, and individual behaviors like social media usage and substance use. Gracy emphasized that these mental health issues are not only prevalent but also critically under-addressed, with a substantial treatment gap where around 84.5% of affected individuals do not receive the necessary care.

Gracy discussed various national policies and programs addressing these mental health challenges. She highlighted the National Mental Health Policy, the Mental Healthcare Act, and the National Suicide Prevention Strategy as key frameworks designed to improve mental health services and support. These policies aim to address social determinants and reduce the stigma associated with mental health, provide care and rehabilitation services, and implement suicide prevention strategies. However, she pointed out that the implementation of these policies varies across states, and there are significant challenges in ensuring that these initiatives reach the rural population effectively.

Education plays a crucial role in promoting mental well-being, according to Gracy. She advocated for the inclusion of mental health counselors in public schools, both rural and urban. She emphasized the need for training teachers to recognize early signs of mental distress among students. This approach aims to create a supportive school environment where mental health issues can be identified and addressed early. Despite the existence of several initiatives, Gracy noted that challenges remain, including the pervasive stigma surrounding mental health, inadequate resources, and the need for evidence-based programs that can be scaled effectively.

Youth voices are critical in shaping mental health strategies, and Gracy highlighted their

call for open discussions about mental health, access to reliable information, and a supportive environment where they can express their concerns without fear of judgment. She underscored the urgent need for comprehensive and effective mental health strategies and programs tailored to the needs of rural youth. This includes promoting mental health literacy, integrating mental health support into existing community programs, and ensuring that interventions are evidence-based and scalable. By addressing these challenges and leveraging the insights from youth, Gracy emphasized that improving the mental well-being of young people in India, particularly in rural areas, is possible.

Key Takeaways

- **Significant Burden of Mental Health Issues:** 250 million youth in India in the age group of 15-24 suffer from mental health issues, with common disorders including depression, anxiety, and substance abuse.
- **Suicide Rates:** Suicide is a leading cause of death among children, adolescents, and youth under 30 years old, indicating a critical public health concern.
- **High Prevalence of Substance Misuse:** There is a notable prevalence of substance misuse among children and adolescents, including tobacco, alcohol, and inhalants.
- **Suicide Rates:** Suicide is a leading cause of death among children, adolescents, and youth under 30 years old, indicating a critical public health concern.
- **High Treatment Gap:** There is a substantial treatment gap for mental health problems, with around 84.5% of individuals not receiving the necessary care.
- **Determinants of Mental Health:** Factors influencing mental health issues in rural adolescents include age, socio-economic status, academic pressures, family environment, social media usage, and substance use.
- **Importance of Education:** The National Education Policy emphasizes the inclusion of mental health counselors in schools and training for teachers to recognize early signs of mental health issues.
- **National Policies and Programs:** Key policies such as the National Mental Health Policy, Mental Healthcare Act, and National Suicide Prevention Strategy aim to address mental health challenges, but their implementation varies across states.
- **Challenges in Implementation:** Challenges include mental health stigma, inadequate resources, and the need for evidence-based programs that can be scaled effectively.
- **Digital Initiatives:** Various digital apps and tele-counseling services have been introduced to improve access to mental health support, especially during the pandemic.
- **School-Based Mental Health Programs:** Several state-level initiatives focus on

mental health in schools, promoting emotional and mental well-being among students. However, there is a paucity of data on mental health issues among rural adolescents, making it challenging to develop targeted interventions.

Community Engagement: There is a need for community awareness campaigns to reduce stigma and promote mental health, engaging local leaders, youth groups, and peer educators.

Youth Voices: Young people stress the necessity for open discussions about mental health, access to reliable information, and a supportive environment where they can express their concerns without fear of judgment.

Overall, her presentation underscored the urgent need to address mental health issues in rural areas through targeted policies, programs, and community engagement.



In his presentation, **Dr. S. V. Siddardh, Senior Research Fellow from George Institute of Global Health**, explored the pressing concern of substance abuse and alcohol consumption amongst young people in India's Scheduled Tribes (STs). He noted the troubling frequency of substance use among ST youth, attributing it to factors such as economic hardship, limited job prospects, and cultural norms that accept alcohol use. The health ramifications, he explained, are severe, impacting both physical and mental well-being, with conditions like liver ailments, depression, anxiety, and suicidal thoughts being common. He emphasized that the societal and economic repercussions are equally significant, leading to the disintegration of community and familial bonds, intensifying poverty, and escalating crime and violence.

The health consequences extend to physical ailments, mental health issues, and reproductive health problems, while the social and economic fallout, including family breakdown and increased poverty, further compounds the situation. Dr. Siddardh also addressed the obstacles in accessing mental health services within tribal communities. He noted that while faith healers play a prominent role in treating mental disorders, there is a lack of awareness about mental health and available services. Even when such knowledge exists, access is restricted due to the remoteness of many villages and high out-of-pocket expenses. He stressed the necessity of government interventions to tackle these issues, including the establishment of de-addiction centers, rehabilitation programs, and educational campaigns focused on substance abuse prevention. He also emphasized bolstering healthcare infrastructure in remote areas to enhance access to mental health services.

As policy recommendations, he emphasized the need for community-based approaches, strengthening healthcare infrastructure, and increasing awareness about mental health and substance abuse among the tribals in rural India. He stressed the importance of culturally sensitive interventions and collaboration between modern healthcare practitioners and traditional healers to effectively address these issues within tribal communities.

Key Takeaways

- **Vulnerability of ST Youth:** The youth in Scheduled Tribes (aged 15-29) are particularly vulnerable to alcohol consumption and substance use, as highlighted by the National Youth Policy of 2014.
- **Prevalence of Substance Use:** There is an alarming prevalence of alcohol and substance use among ST youth, with common substances including alcohol, cannabis, and tobacco, often sourced from locally brewed alcohol and illegal drugs.
- **Socioeconomic Factors:** Poverty, lack of employment opportunities, and limited access to education are significant socioeconomic factors contributing to substance use among ST youth.
- **Cultural Practices:** Traditional celebrations and cultural practices involving alcohol consumption play a role in normalizing substance use within these communities.
- **Health Impacts:** Substance use leads to severe physical health issues such as liver disease and malnutrition, as well as mental health problems like depression, anxiety, and suicidal tendencies. It also affects reproductive health.
- **Social and Economic Consequences:** Substance use contributes to the breakdown of community and family structures, exacerbates poverty, and leads to increased crime and violence, including domestic abuse.
- **Role of Faith Healers:** Faith healers play a dominant role in treating mental disorders in these communities, but there is a lack of awareness about mental health and available services.
- **Access to Mental Health Services:** Access to mental health services is limited due to the remoteness of many villages and high out-of-pocket expenditure, highlighting the need for better healthcare infrastructure.
- **Government and Policy Interventions:** There is a need for government and policy interventions, including establishing de-addiction centers, rehabilitation programs, and educational campaigns focused on substance abuse prevention.
- **Cultural Sensitivity and Collaboration:** Effective interventions must be culturally sensitive and involve collaboration between modern medicine practitioners and traditional healers to address mental health issues comprehensively in these communities.



Dr S Sathinarayana, Associate Professor, Dept. of Community and Family Medicine AIIMS AP, at the outset, shared several types of mental health concerns affecting adolescents from underprivileged communities, such as depression, anxiety, behavioural disorders, stress-related issues, suicide, substance abuse and outlined various initiatives aimed at improving mental health and psychosocial support for adolescents in Andhra Pradesh, mainly through the efforts of the Dr. B. R. Ambedkar Gurukulam and partnerships with organizations like UNICEF. One of the initiatives included establishing a State Adolescent Friendly Health Resource Centre at AIIMS Malkangiri in AP, which provides a range of services such as telemedicine, counseling, and health education to address the mental health issues of adolescents. The centre focuses on creating a model for adolescent-friendly schools, emphasizing the importance of prevention strategies and training for staff and students.

One of the key projects discussed is the BHISHMA project, which aims to create a healthy and inclusive environment in underprivileged residential schools by addressing mental health issues and promoting overall well-being. The project involves training school staff and students on adolescent health, identifying high-risk behaviours, and promoting healthier lifestyle choices. Online training programs have been implemented to equip healthcare workers and school staff with the necessary skills to support adolescents effectively.

The key psychosocial support interventions with the support of UNICEF includes

- **Online Consultations:** Utilizing platforms like e-Sanjeevani for timely mental health assistance to rural students dealing with stress-related issues.
- **Training Programs:** Conducting training for healthcare workers, school staff, and counsellors on adolescent health and management of common mental health conditions.
- **Helpline Establishment:** Creating a dedicated helpline for adolescents to access mental health support facilitated by staff nurses and healthcare practitioners.
- **Screening for High-Risk Behaviors:** Implementing systematic screening using tools like the WHO-GSHS questionnaire to identify adolescents at risk.
- **Awareness Training:** Providing education on various health issues, including mental health, menstrual hygiene, and substance abuse prevention.

- **Capacity Building Sessions:** Conducting offline and online training sessions for healthcare workers to enhance their skills in screening and managing mental health disorders.
- **Counselling Services:** Offering patient counselling and support through dedicated counselling rooms at health resource centres.
- **Telemedicine Services:** Promoting the use of telemedicine for consultations and follow-ups, ensuring a accessibility for adolescents in remote areas.
- **Community Engagement:** Involving community organizations and stakeholders in promoting awareness and support for adolescent health issues.

Overall Dr. Sathinarayana highlighted the importance of comprehensive adolescent healthcare, particularly addressing mental health issues through targeted programs and community support. He recommended promoting telemedicine platforms like e-Sanjeevani to ensure adolescents have timely access to mental health consultations, especially for stress-related problems.

He emphasized the need for strategies to strengthen families, peer support, and community-based interventions involving various stakeholders such as sports organizations and panchayats in the rural sector. Activities like sports and art should be encouraged, along with integrating efforts with government programs, engaging communities, and capacity building of panchayats.

Interventions should be designed to include marginalized groups, such as students with disabilities, and different genders. A whole-school approach should be used, with teacher facilitators, peer facilitators, and external facilitators playing key roles.

Dr. Sathinarayana also pointed out that students are often hesitant to share their issues with teachers, who may lack the skills to provide emotional support. He urged teachers to develop interpersonal skills, build trust, and practice empathetic listening. Teachers should avoid highlighting vulnerabilities or making comparisons, as this can lower students' self-esteem.

Key Takeaways

- **Training Programs:** Implement comprehensive training programs for staff nurses, health supervisors, and school teachers on adolescent health and mental health issues. The BHISHMA project and the online training program conducted through the iECHO platform are good examples of such initiatives.
- **Telemedicine Services:** Utilize telemedicine platforms like e-Sanjeevani to provide timely mental health assistance to students. This approach has been successfully demonstrated at Dr. B R Ambedkar Gurukulam in Ananthapuram, where online consultations helped address stress-related issues among students.

- **Adolescent-Friendly Schools:** Develop and promote model adolescent-friendly schools that showcase best practices in adolescent health promotion. This includes creating a supportive environment, identifying high-risk behaviours, and promoting healthier lifestyle choices among adolescents. Evidence-based models must be evaluated more critically to determine what would work in rural areas. More youth-led programs and incorporating lived experiences and youth voices Ethical issues when using telehealth services.
- **Prevention Strategies:** Strengthen the capacity of adolescents to regulate emotions, build resilience, and manage difficult situations. Prevention strategies should also include promoting supportive social environments and networks and avoiding over-medicalization by prioritizing non-pharmacological approaches.
- **Resource Centres:** Establish State Adolescent Friendly Health Resource Centres, like the one in Andhra Pradesh funded by CDC PEPFAR UNICEF, to provide adolescent health care and psycho-social support services. These centres can offer counseling, telemedicine services, and growth monitoring.
- **Collaboration and Partnerships:** Foster collaborations between institutions like AIIMS and organizations such as UNICEF to enhance the reach and effectiveness of mental health programs. Engaging stakeholders and conducting situational analyses can help tailor interventions to the specific needs of rural communities.
- **Awareness and Sensitization:** Conduct awareness training sessions on mental health issues, HIV infection, and other adolescent health concerns. Sensitizing students and staff about these issues can help in early identification and intervention.
- **Evaluation and Feedback:** Regularly evaluating the impact of training programs and interventions and collecting feedback from students and teachers helps refine and improve the programs to address adolescent mental health concerns better.



Arjun Kapoor, Program Director & Senior Research Fellow, Centre for Mental Health Law & Policy, Indian Law Society (CMHLP, ILS), in his presentation on Pathways to Address Youth Mental Health in Rural Contexts – Reflections and Learnings from Rural Chhattisgarh focused on two projects being implemented by CMHLP, ILS in five rural districts of Chhattisgarh, India to improve youth mental health through strategic engagement and training.

1. ENGAGE Project:

- **Objective:** The ENGAGE project aims to empower school teachers to act as gatekeepers in preventing adolescent suicides.
- **Implementation:** This project is being carried out in the districts of Korba, Janjgir Champa, Raigarh, and Durg. It involves collaboration with the Directorate of Health Services,



Department of School Education, State Council for Educational Research & Training (SCERT), and local district administrations.

- **Training Program:** Teachers are trained through an online course with nine e-learning modules available on the DIKSHA platform. The course was co-designed with input from school teachers, young people, mental health professionals, and educational technology experts.
- **Evaluation:** The project evaluates behavioural changes among teachers by implementing different variations of the training across districts. These variations include the basic course, the course with a refresher, and the course with both a refresher and online mentoring.
- **Focus Areas:** The training addresses factors contributing to adolescent suicides, such as academic pressure, family conflicts, career stress, bullying, substance use, and social media. It also emphasizes developing interpersonal skills among teachers to build rapport with students and support their mental well-being.

2. STATE OF THE CARE Project:

- **Objective:** The State of Care project aims to engage community stakeholders in identifying policy insights to improve access to mental healthcare.
- **Implementation:** This project is piloted in the districts of Dhamtari and Rajnandgaon. It involves participatory approaches to engage persons with lived experience, community-based organizations, and panchayat members.

- **Creative Tools:** Two main tools were developed:
- **Storytelling Game:** This game involves persons with lived experience, caregivers, and community organizations to share narratives about accessing mental healthcare and support.
- **Digital Simulation Game & Solutioning Tool:** This game is designed for panchayat members to build their capacity for mental health issues. It simulates the journey of individuals seeking mental health support, allowing players to make decisions and identify challenges. Following the game, a workshop is conducted to develop policy solutions through panchayat mechanisms like the village development plan and Jan aarogya samiti.

Both projects highlight the importance of training, stakeholder engagement, and creative approaches to address mental health challenges in rural areas. By involving teachers and community members, these initiatives aim to create a supportive environment for youth mental health and develop effective mental health policies.

Key takeaways based on the discussed projects:

- **Teacher Training as Gatekeepers:** Training school teachers to identify and support adolescents at risk of suicide is crucial. The ENGAGE project equips teachers with the skills to provide emotional support and refer students to mental health services.
- **Multi-Stakeholder Co-Design:** Involving various stakeholders, including school teachers, young people, mental health professionals, and educational technology experts, in the co-design of training programs ensures that interventions are contextually relevant and practical.
- **Behavioral Change Evaluation:** Evaluating different variations of training interventions helps measure behavioral change outcomes among teachers, such as their ability to identify, support, and refer adolescents considering suicide.
- **Use of Online Platforms:** Utilizing online platforms like DIKSHA to deliver e-learning modules ensures wider reach and accessibility of training programs for teachers.
- **Addressing Contributing Factors:** Identifying and addressing factors contributing to adolescent suicides, such as academic pressure, family conflicts, career stress, bullying, substance use, and social media, is essential for effective mental health interventions.
- **Interpersonal Skills Development:** Emphasizing the development of interpersonal skills among teachers helps them build rapport with students, provide support beyond academics, and maintain students' self-esteem.
- **Community Engagement:** Engaging community stakeholders, including persons with lived experience, caregivers, community-based organizations, and panchayat members, in identifying policy insights and solutions for improving access to mental healthcare is vital.

- **Creative Engagement Tools:** Developing and piloting creative tools like storytelling games and digital simulation games can effectively engage community stakeholders and gather insights on mental health challenges and solutions.
- **Participatory Approaches:** Using participatory approaches to involve community members in mental health policy development ensures that the solutions are grounded in the lived experiences and needs of the community.
- **Capacity Building for Panchayat Members:** Training panchayat members on mental health issues and equipping them with the knowledge and skills to support mental health initiatives in their communities is crucial for sustainable mental health improvements.
- These takeaways highlight the importance of training, stakeholder engagement, creative approaches, and community-based solutions in addressing mental health challenges in rural areas.



SESSION 2

Understanding Mental Health Concerns among Women in Perinatal Stage

Moderator

Dr. Anita Rego, PEARLSS 4 Development

Speakers

Dr. S. Lakshmi, Asra Nuero Foundation Centre

Dr. Veena Sathyanaryan, NIMHANS

Ms. Neelanjana Das, George Institute for global Health

Ms. Jasmine Kalha, CMHLP, Pune



Dr. Anita Rego, Founder Director, AMITA CARE a Mental Health Therapy Platform, Hyderabad, in her opening remarks,

gave an overview of the mental health concerns of women at different stages of their lives and the need for need-based interventions to improve and promote the quality of life, particularly during the perinatal phase. She highlighted the high prevalence rates of perinatal mental health disorders, including anxiety, depression, and PTSD, often influenced by social, economic, and cultural factors. She also highlighted how rural

rural women face high challenges in accessing care: Barriers such as lack of women-friendly mental healthcare services, stigma, limited trained professionals, and high costs hinder access to mental health support for rural women.

Dr. S. Lakshmi specialist in women’s mental health from NIMHANS, discussed the mental health struggles

of rural women, particularly during the perinatal period, highlighting the prevalence of disorders such as depression, anxiety, PTSD, and substance use. She emphasized the unique challenges faced by rural women, including gender disadvantage, poverty, poor physical health, care giving roles, intimate partner violence, and limited access to mental healthcare as factors contribute to higher rates of mental health issues compared to their urban counterparts.

She emphasized the significant impact of perinatal psychiatric disorders on maternal, infant, and family health. Maternal risks include preterm labor, spontaneous abortion, preeclampsia, malnutrition, self-harm, and suicide. Infant risks involve NICU admissions, low birth weight, small for gestational age, lower cognitive performance, and difficulties in mother-infant bonding. Family risks include social isolation, communication struggles, and marital conflict, affecting the entire family unit.

Protective factors like strong social cohesion, connection to nature, and resilience were mentioned as strategies to deal with it. She highlighted various initiatives and programs to address maternal mental health in rural areas, such as the “*Amma Manasu*” program in Kerala, which assesses mothers during antenatal and postnatal visits and uses technology for information-sharing. Other initiatives include *Sakhi One-Stop Centers*, “*Matru Chaitanya*”, and telehealthcare services in addressing mental health disorders among pregnant community women, particularly during the perinatal stage. These



programs aim to provide integrated services and support to women affected by violence or in distress. She emphasized the importance of a multifaceted approach that considers social, economic, and cultural factors in addressing the mental health needs of rural women. Dr Lakshmi suggested several strategies to improve the mental health of rural women. These include enhancing access to mental health services through telehealth, training community health workers, establishing mobile clinics, and integrating mental health into primary care. She also highlighted the need to address social determinants of health by promoting economic empowerment, reducing gender inequality, and addressing domestic violence.

While discussing, Dr. Lakshmi also mentioned community support systems as another key intervention. This can be achieved by fostering social connections through support groups and community events, engaging faith-based organizations to provide mental health education and support, and leveraging existing networks to disseminate information about mental health. Promoting mental health literacy through public awareness campaigns, community education, and empowering women with knowledge about mental health and coping mechanisms is also essential.

Finally, she also highlighted the importance of government initiatives in addressing the mental health needs of rural women. Integrating mental health into national health programs, increasing funding for mental health services, improving service delivery, promoting education for girls, supporting small-scale industries run by women, and promoting gender equality are all necessary steps.

Key Takeaways

Enhance Access to Mental Health Services:

- Expand telehealth services to bridge gaps in access.
- Train community health workers to screen for and provide basic mental health support.
- Establish mobile clinics to overcome transportation barriers and reduce stigma.
- Integrate mental health screenings into primary care visits for early identification and intervention.

Address Social Determinants of Health:

- Promote economic empowerment of women through job training, microfinance opportunities, and education.
- Reduce gender inequality by providing leadership training, legal aid, and educational access.
- Address domestic violence by offering support services, including shelters and counseling.

Strengthen Community Support Systems:

- Foster social connections through support groups and community events.

- Engage faith-based organizations to provide mental health education and support.
- Leverage existing networks, such as women's groups and self-help organizations, to disseminate mental health information.

Promote Mental Health Literacy:

- Implement public awareness campaigns to reduce stigma and encourage help-seeking behaviors.
- Educate communities about mental health in schools, community centers, and workplaces.
- Empower women with knowledge about mental health resources and coping mechanisms.

Government Initiatives:

- Integrate mental health into national health programs NRHM, Ayushman Bharath etc and increase funding for mental health services targeting rural women.
- Improve service delivery through rural mental health centers and leveraging telemedicine.
- Promote education for girls in rural areas and support small-scale industries run by women.
- Loans for women in govt banks, vocational rehabilitation/Promote gender equality at all levels
- Establish mother-baby units across the country

Model Programs:

- Consider successful models like Kerala's Amma Manasu program for maternal mental health, which includes assessments during antenatal and postnatal visits and referral pathways for care.

Research and Policy Development:

- Conduct ongoing research to better understand the mental health needs of rural women.
- Urgently integrate mental health considerations into maternity care systems for effective treatment pathways.



In her presentation, **Dr. Veena Satyanarayana, Additional Professor in the Department of Clinical Psychology at NIMHANS**, shared the notable progress made by NIMHANS in mental health interventions for women in rural areas. She underscored the importance of ensuring these services are accessible and highlighted their role in promoting overall well-being. She highlighted the unique challenges faced by women in rural settings, particularly in accessing mental healthcare, and underscored the need for tailored strategies to address these issues. Based on her work, Dr. Satyanarayana emphasized developing and implementing low-cost, scalable interventions that are culturally and contextually relevant, ensuring that they are both feasible and acceptable to the target population.

One of the key projects discussed was the MAHILA project, which employed a mobile phone-based approach to improve health literacy and ART adherence among women with HIV in rural India. This project involves conducting formative research to adapt the intervention to culturally specific content and training health workers to deliver standardised interventions via mobile phones. The primary goals of this study were to enhance ART adherence, retention in care, and clinical outcomes. The use of mobile technology in this manner demonstrates the potential for innovative solutions to bridge the gap in access to healthcare for women in low-resource settings.

Dr. Veena also addressed the IMPRESS intervention, which aims to reduce secondhand smoke exposure during pregnancy through a multifaceted behavior-change strategy. This intervention includes the use of picture booklets with key messages, cotinine feedback through saliva strip tests, letters from future children to fathers about the harmful effects of secondhand smoke, and voice messages sent to husbands who smoke at home. The focus on gender and cultural sensitivity, as well as the feasibility and scalability of the intervention, highlights the importance of designing effective and sustainable interventions.

Additionally, her presentation covered the Streemanoraksha project, which provides training and supervision in psychosocial and mental health care for staff and counselors at One Stop Centers across India. These centres support women facing gender-based violence, and the project aims to strengthen the capacity of these centres to provide comprehensive care. Dr. Veena emphasized the need for a holistic approach to mental health care, integrating it into larger health programs, and addressing the social determinants of mental health to achieve better outcomes for women in rural and low-resource settings.

Dr. Veena highlighted the significance of the Stepped Care Framework, which emphasizes acceptability, scalability, sustainability, and relevance to gender and culture. This approach incorporates diverse strategies, such as Behaviour Change Techniques (BCTs), problem-solving, Cognitive Behavioural Therapy (CBT), and Interpersonal Therapy. The framework employs an iterative, participatory, and interactive methodology to ensure that mental health interventions are both effective and tailored to the specific needs of the target group.

Key Takeaways

- **Use of Technology and Mobile-Based Approaches:** Projects like the MAHILA initiative by NIMHANS demonstrate mobile phone-based interventions to enhance health literacy and clinical outcomes for HIV-positive women. This approach leverages technology to bridge the gap in healthcare access and provides a scalable solution for low-resource settings.
- **Behavior Change and Educational Strategies:** The IMPRESS intervention employed a multifaceted behavior change strategy to reduce secondhand smoke exposure during pregnancy. This includes using picture booklets, cotinine feedback, letters from future children, and voice messages to communicate key messages and encourage behavior change. These strategies are designed to be culturally sensitive and scalable.
- **Integration and Systems Strengthening:** There is a strong focus on integrating mental health into more extensive health programs and strengthening existing health systems. This includes developing protocols and guidelines for managing high-risk pregnancies and ensuring that mental health services are an integral part of overall healthcare delivery.
- **Interventions should have cultural and contextual relevance.** Emphasis on understanding contextual factors, understanding the social determinants of mental health, and integrating culturally specific content into training materials and interventions.

Overall, the session underscored the importance of innovative, low-cost, and scalable interventions to improve mental health outcomes for women in rural and low-resource settings. The session highlights the need for comprehensive training and capacity building, the effective use of technology, and the integration of mental health into broader health programs.



Ms. Neelanjana Das, Senior Research Fellow from George Institute of Public Health, in her presentation on “Mental Health and Rural Women: Field Learnings from the Rural Telangana and Haryana,” discussed the critical mental health challenges faced by women, particularly during the perinatal phase in rural areas of India. She highlighted the significant lack of access to mental health facilities, with many women unable to receive the support they need during pregnancy and after childbirth. She recommended the development of community-based interventions to address these issues.

She emphasized understanding the mental health needs of pregnant women and creating a supportive environment through peer groups and awareness campaigns to combat stigma, emphasizing the importance of integrating mental health services with existing health programs and strengthening local health committees to provide better support.

She highlighted several mental health issues faced by women during the perinatal stage, including *Depressive Disorders, Anxiety Disorders, Psychosis, and Suicidal Ideation* (Rising concerns about suicidal thoughts and actions among perinatal women, particularly in the context of untreated depression) Based on her field study from rural Telangana and Haryana she highlighted that there is a notable prevalence of depressive and anxiety disorders among women, with estimates indicating that 14-24% of women experience perinatal depression.

She emphasized that these mental health issues can be exacerbated by factors such as poverty, migration, exposure to violence, and low social support, making women particularly vulnerable during this critical phase.

She pointed out several critical issues regarding the prevalence of mental health disorders among women in rural India. Social determinants such as the preference for male children, gendered expectations of care, domestic violence, stigma surrounding mental health, poverty, and lack of access to mental health services significantly impact women's mental health. The impact of patrilocality further exacerbates these challenges, as young mothers often face early motherhood responsibilities and the transition to new environments, increasing their vulnerability to depression. Stigma and discrimination are pervasive in rural areas, leading to delays in seeking treatment and social isolation for affected women. She emphasized the need for community support, highlighting the importance of community-based interventions, peer support groups, and family sensitization to address mental health needs and reduce stigma. Additionally, access to services remains a significant barrier, with many women lacking access to professional mental health care, as nearly half of the population does not have a mental health facility within a 20 km radius.

Key recommendations include:

- **Community-Based Approaches:** Implement bottom-up, whole-of-community strategies to promote holistic mental health support for perinatal women.

- **Family Sensitization:** Educate families about Common Perinatal Mental Disorders (CPMDs) to enhance support for women during the perinatal phase.
- **Strengthening Local Health Committees:** Enhance the capabilities of Village Health Sanitation Nutrition Committees (VHSNC) and Mahila Aarogya Samiti (MAS) to destigmatize mental health issues and foster a sense of belonging for women.
- **Regular Mental Health Services:** Designate specific days for mental health professionals to visit Health and Wellness Centers (HWC) or Primary Health Centers (PHC) to provide services to the community training for Health Workers: Provide regular training for mid-level health workers, such as Community Health Officers (CHOs) and Frontline Workers (FLWs), women collectives to deliver basic mental health services.
- **Integrated Approach:** Align mental health services with existing vertical programs (e.g., Women and Child Development, Reproductive, Maternal, Newborn, Child, and Adolescent Health) and incorporate maternal components within the National Mental Health Program (NMHP).
- **Addressing Data Gaps:** Bridge existing data gaps regarding women's mental health in rural and tribal areas to generate evidence-based recommendations.
- **Peer Support Networks:** Foster peer support networks and self-help groups to assist pregnant and new mothers within rural communities.

Key Takeaways

Prevalence of Mental Health Issues: Depressive and anxiety disorders are more prevalent among Indian women (3.9%) compared to men (2.7%), with significant implications for maternal and child health if left untreated.

Critical Phase of Perinatal Period: The perinatal period is a critical phase for women, with 1 in 5 women globally experiencing mental health problems during this time. Untreated mental health issues can lead to severe and chronic conditions affecting both mothers and their children.

Social Determinants of Mental Health: Factors such as gender preferences, domestic violence, stigma, poverty, and lack of access to mental health services significantly impact women's mental health in rural India.

Community-Based Approach: Emphasis on bottom-up, whole-of-community approach to promote holistic mental health support, including sensitizing families and involving people with lived experiences, and strengthening village-level health committees.

Access to Mental Health Services: There is a significant lack of access to mental health facilities in rural areas, with nearly half of the Indian population not having access within a 20 km radius. Hence, designating specific days for mental health professionals to visit rural health centers, should be considered.

Training and Capacity Building: Regular training of mid-level cadres like community health officers and frontline workers is essential to provide basic mental health services and support women in rural areas.

Integration with Existing Programs: Aligning mental health services with existing vertical programs, such as Women and Child Development (WCD) and Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), and incorporating a maternal component within the National Mental Health Program (NMHP) is crucial.

Bridging Data Gaps: There is a need to bridge existing data gaps for women's mental health in rural and tribal areas to generate evidence-based recommendations and improve mental health interventions.

The discussions that followed emphasised the need for strengthening local health committees, such as the Village Health Sanitation Nutrition Committees (VHSNC) and MahilaAarogya Samiti (MAS), which operate within the framework of local governance structures like panchayats. These committees were considered as crucial for promoting mental health support and de-stigmatizing mental disorders in rural communities.



Jasmine Kalha, Program Director & Senior Research Fellow, Centre for Mental Health Law & Policy, Indian Law Society (CMHLP, ILS), Pune, presented a detailed overview of the Atmiyata program, a Community Mental Health & Social Care initiative by CMHLP. She highlighted the Atmiyata program as a key initiative in community mental health care, focusing on providing support and services to individuals with mental health conditions in various villages and states in India. The Atmiyata program provides an in-depth overview of a community-centered mental health and social care initiative designed to deliver scalable and accessible mental health support, primarily targeting rural populations across several Indian states. The program **aims to address mental health needs and reduce the treatment gap for mental health conditions by employing local resources and integrating mental health care within communities through community-driven solutions with a specific emphasis on marginalized populations and women.**

The Atmiyata program has made significant strides in various regions, covering 530 villages in Gujarat and Chhattisgarh, Maharashtra, Karnataka, Himachal Pradesh, and Uttarakhand. The program's reach and impact are notable, with over 50,000 people with common mental health conditions receiving counseling sessions and nearly 4,000 individuals with severe conditions being linked to public mental health services. Additionally, close to 10,000 people have been connected to social benefits and welfare schemes, and over 70,000 have viewed Atmiyata films on Strategies to deal with mental health disorders.

The program received funding and support from governmental bodies, particularly the Health and Family Welfare Department of the Government of Gujarat. She mentioned how collaborations with local stakeholders, such as the panchayats, facilitated the program's outreach, contributing to sustainable mental health solutions for rural populations. Nearly 50 percent of women benefitted from the program, and close to 70 percent of the population from marginalised castes benefitted from the intervention.

Atmiyata's approach highlights the feasibility of scalable, community-integrated mental health interventions that can address the wide treatment gaps in rural India. The program's data-driven, incremental implementation model is a blueprint for similar initiatives, demonstrating that mental health support can be embedded within community structures for greater sustainability and impact.

Key Takeaways

- **Community-Driven Mental Health Models** – Mental Health is addressed in the community through localized interventions.
- **Wide Geographic Reach:** The program is implemented in multiple regions, including Mehsana, Sabarkantha, and Patan in Gujarat, as well as villages in Chhattisgarh, Maharashtra, Karnataka, Himachal Pradesh, and Uttarakhand.
- **Significant Impact:** Over 50,000 people with common mental health conditions have received counseling sessions, and nearly 4,000 individuals with severe conditions have been linked to public mental health services.

- **Support for Marginalized Groups:** The program has a strong focus on marginalized castes, with 71% of the beneficiaries coming from these groups, ensuring inclusive and equitable access to mental health care.
- **Empowerment of Women:** Women constitute 51% of the program's beneficiaries, highlighting the program's commitment to gender equity in mental health services.
- **Linkages to Social Welfare Schemes:** The program has connected nearly 10,000 individuals to social benefits and welfare schemes, addressing broader social determinants of health.
- **Collaborative Efforts:** The program is supported by various funders and partners, including the Health and Family Welfare Department of the Government of Gujarat, demonstrating the importance of collaboration in achieving community health goals.
- **Mental Health Awareness and Stigma Reduction:** Developing mental health literacy and stigma-reduction programs, such as educational films and community workshops, should be a core policy component.



SESSION 3

Mental Health Concerns among Elderly Population

Moderator

Dr. Anant Bhan, Sangath Bhopal

Speakers

Dr. K. Chandrasekhar, Asha Hospital, Hyderabad

Dr. Saadiya Huzruk, ARDSI, Deccan Chapter, Hyderabad

Dr. Nidhi Mishra, Gitam University



In his opening remarks, **Dr. Anant Bhan from SANGATH, Bhopal** serving as the moderator, elucidated the mental health implications of seasonal migration in Kerala among the elderly population, wherein economic exigencies precipitate migration, frequently resulting in the isolation of elderly individuals. This social isolation may contribute to mental health challenges, potentially culminating in co-morbid conditions such as depression, anxiety, and stress. Dr. Bhan emphasized that policies and programmes necessitate prioritizing inclusivity for the elderly demographic, ensuring that their mental health and well-being are adequately addressed within broader health initiatives.

Dr. K. Chandra Sekhar, Senior Consultant Psychiatrist and Director of Asha Hospital, Hyderabad made a presentation on "Challenges in Delivering Mental Health Services in Rural Settings from a Clinical Perspective" and highlighted the systemic issues and the complexities of delivering mental healthcare in rural India.



He stated that mental and substance use disorders are major contributors to the global burden of disease, and their contribution is rising, especially in developing countries. Though cost-effective interventions are available for most disorders, adequate financial and human resources are needed to deliver these interventions effectively. He discussed the significant challenges in delivering mental health services in India, particularly in rural settings. He highlighted the low utilization of public healthcare services among older people, who rely on private sector services the most. He emphasized that a paradigm shift is needed in how mental health and disorders are perceived, moving from the 'deviancy model' to the 'normalcy model,' where everyone recognizes their vulnerability and ability to address mental health issues. Essential elements of a mental health program should include accessibility, affordability, adaptability, acceptability, and continuous performance assessment. He reiterated that socio-cultural factors significantly influence mental health issues, necessitating the creation of supportive structures within the communities to mitigate the treatment gap. He highlighted the need for institutionalized mechanisms for organized mental health care.

According to him, there is almost no involvement of the private and non-governmental sectors in the NMHP. Collaboration and partnerships with these sectors will have to be developed. The growing number of carers and users (of mental health services)

organizations will have to be actively involved in further planning and implementing any mental health service. Ultimately, there will have to be a "whole of government" response to the numerous problems in the field of mental health care. Despite the glaring need for rural mental health services, the silence on mental health services in the National Rural Health Mission (NRHM) is a matter of concern, is what Dr Chandrasekhar emphasized in his presentation.

Dr.Chandershekhar emphasized collaboration with private and non-governmental sectors as crucial for effective mental health service delivery. He further emphasized targeted awareness programmes and capacity building of front-line workers and members of various community groups, which can help improve mental health services to a large extent in the communities. Further, he stressed the need for infrastructural and pragmatic corrections in the existing NMHP and DMHP to fulfill their roles effectively. Dr.Chandra Sekhar called for a more structured, inclusive approach to mental healthcare in rural India, addressing service accessibility and socio-cultural dynamics.

He highlighted some significant challenges in effectively dealing with mental health issues in rural India, such as:

Fragmentation of Health Services: The lack of integration across traditional, AYUSH, and modern medicine systems creates uncoordinated health services with limited access, hampering effective mental healthcare delivery.

Lack of Mental Health Awareness: Rural populations often have low levels of mental health literacy, leading to poor understanding of psychological distress and hesitance to seek professional help.

Underutilization of Public Health Services: Despite a vast network of public health facilities, rural communities rely on private healthcare due to perceptions of inefficiency and poor quality in public services.

Gaps in National Programs: The National Mental Health Program (NMHP) and District Mental Health Program (DMHP) face structural challenges, limited reach, and poor coordination, preventing them from delivering community-based mental healthcare effectively.

Stigma and Cultural Barriers: Stigma, traditional beliefs, and socio-cultural factors strongly influence mental health perceptions in rural India, often discouraging individuals from seeking formal care.

Omission in the National Rural Health Mission (NRHM): Mental health services were excluded from the NRHM, leaving a significant gap in addressing rural mental health needs.

Rising Global Burden of Mental Disorders: Mental and substance use disorders are increasingly contributing to the global disease burden, particularly in developing countries like India, which lacks adequate infrastructure to tackle the issue.

Infrastructural and Policy Challenges: The NMHP and DMHP require significant restructuring, while a shift toward a community-centric approach, leveraging local resources and integrating mental health into primary healthcare, is essential.

Key Takeaways

Key Takeaways and Recommendations

Awareness and Advocacy:

- Targeted awareness programs for families, caregivers, and local leaders
- Advocacy through Panchayati Raj Institutions (PRIs), State Rural Livelihood Missions (SRLMs), and community organizations.

Capacity Building:

- Training of primary healthcare doctors, ASHA workers, Anganwadi workers, teachers, and community leaders in mental health identification and support.
- Providing training to families and caregivers of persons with mental illness.

Community Engagement:

- Emphasizing community-based approaches to mental health awareness and service delivery.
- Setting up village-level support networks facilitated by PRIs and SRLMs.

Integration of Services:

- Strengthening the convergence of NMHP with NRHM and other health missions to provide comprehensive healthcare.
- Establishing District Mental Health Trusts involving stakeholders from various sectors.

Involvement of Diverse Stakeholders:

- Collaboration with mental health professionals, NGOs, government bodies, and private institutions for effective service delivery.

Social Security for Patients:

- Provision of social security measures for persons with mental illness to alleviate economic burdens and support recovery.

Policy and Structural Reforms:

- Addressing the gaps in the NMHP and DMHP for improved implementation.
- Ensuring mental health is a critical component in rural development initiatives, as highlighted by the National Mental Health Policy (2014).

Need for a Paradigm Shift:

- Moving from a "deviancy model" to a "normalcy model" to normalize mental health concerns and reduce stigma.
- Aligning mental health services with the broader rural development framework to ensure inclusivity and sustainability.



Dr. Saadiya Huzruk, Program Manager and Psychologist at the Alzheimer's and Related Disorders Society of India (ARDSI), Hyderabad Deccan Chapter, in her talk on "Addressing Dementia and Cognitive Health in the Elderly Population: Challenges and Interventions" discussed dementia as a neurodegenerative disorder that impairs cognitive functions, predominantly in older adults above 60 years, with the majority living in low-income countries. She highlighted that the number of people living with dementia in India is projected to increase to 7.61 million by 2030 and 14.32 million by 2050 and emphasized its progressive nature and the significant impact it has on daily independence, as well as the challenges it poses for caregivers. She stated that only 10% of persons with dementia receive any diagnosis, treatment, or care and emphasized the need for improved dementia awareness, diagnosis, support systems, and policy interventions, especially in rural India.



She highlighted the significant challenges faced by rural communities in India regarding dementia and cognitive health. Various risk factors, such as low education levels, limited access to healthcare, cardiovascular issues, poor nutrition and lifestyle, social isolation, and environmental factors, collectively contribute to the heightened risk and burden of dementia in these areas.

She also underscored the significant challenges in dealing with dementia in rural areas, including low awareness and stigma, cultural beliefs, limited health-care access, early detection issues, and caregiver burden. However, she also highlighted the potential for change. With the implementation of caregiver training for families and health workers, and the use of telehealth solutions/telemedicine for remote care, there is hope for improved dementia care in rural India. These interventions, while facing challenges such as the need for better digital literacy and infrastructure, offer a promising future for dementia care.

Key takeaways include:

- **Dementia & older population:** Dementia is a complex neuro-psychiatric degenerative disease that primarily affects older adults, leading to progressive cognitive decline and a high caregiver burden.
- **Global and National Burden:** Worldwide, over 55 million people live with dementia, with a significant portion residing in low- and middle-income countries. In India, around 8.8 million people are affected, with numbers expected to rise significantly by 2050.

- **Challenges in India:** There is low awareness and stigma associated with dementia, leading to delayed diagnoses. The country lacks specialized professionals and long-term care centres, with family members often providing most care.
- **Caregiver Burden:** Caregivers face substantial emotional, physical, and financial challenges, with out-of-pocket expenses for dementia care being relatively high.
- **Risk Factors:** Several modifiable risk factors can influence the likelihood of developing dementia, including limited education, hypertension, obesity, smoking, and social isolation. Addressing these factors could potentially delay or prevent 41% of dementia cases.
- **Impact on Rural Communities:** Rural areas face unique challenges such as low education levels, limited access to healthcare, poor nutrition, social isolation, and environmental factors, all of which exacerbate the risk and impact of dementia.
- **Interventions and Support:** The ARDSI Hyderabad Deccan Chapter is actively involved in public screening, caregiver support, awareness drives, and advocacy. They also provide services like day-care centers, home visits, and free clinics for those below the poverty line.
- **Policy and Programmes:** While several national and state-level programs are relevant to dementia care, there is no specific national policy for dementia in India. While some national programs address elder and mental health (e.g., the National Programme for Healthcare of the Elderly), there is no dedicated national policy specifically for dementia care in India. State initiatives, such as those in Kerala and Karnataka, can serve as models for broader implementation.

Dr.Saadiya emphasized community outreach programs, local partnerships with healthcare providers, and establishing support networks for dementia patients and caregivers in rural areas as part of rural-specific solutions.



Dr. Nidhi Mishra, Associate Professor & Head, Department of Psychology Gitam University, in her talk on “Healthy and Productive Ageing among Rural Adults,” discussed various aspects of healthy and productive aging among rural older adults in India. She highlighted the demographic scenario, noting that many older adults live in rural areas, with considerable interregional variation.

She emphasized the importance of maintaining physical and mental health, economic security, social connectedness, and cognitive engagement for older adults. She discussed the key strategies for promoting healthy aging, including developing rural infrastructure, creating community hubs, implementing intergenerational programs, and promoting family and community-based care. Dr. Nidhi highlighted the importance of active participation in family roles, community engagement, knowledge sharing, and economic involvement as key to healthy aging in general and among rural populations.

Key Takeaways

- Local governments must be aware of the growing population of older adults, particularly in rural areas, and the significant interregional variations. By 2050, older adults will make up 20.8% of the population, necessitating targeted policies and programs.
- There is a need to develop rural infrastructure to support healthy and productive aging. This includes healthcare facilities, transportation, and community centers catering to older adults' needs.
- Creating community hubs and implementing intergenerational programs can foster social connectedness and community engagement, which are crucial for the well-being of older adults.
- Promoting family and community-based care models can help older adults maintain their independence and receive support in familiar environments.
- Encouraging economic involvement and creating employment opportunities for older adults can help them remain productive and contribute to their communities.



Following the presentations by invited panelists, **Dr. Anant Bhan, Global Health Researcher, Mental Health Mentor, and PI at the Bhopal Hub of SANGATH**, wrapped up the discussions by shedding some light on ethical and policy considerations in rural mental health care delivery. He explored various facets of mental health care, underscoring the significance of integrating lived experiences and addressing marginalised communities' needs.

Dr. Bhan highlighted the potential of Universal Basic Income (UBI) in enhancing mental health outcomes, particularly for those in poverty, and stressed the importance of strengthening primary healthcare services. Dr. Bhan cited WHO findings indicating an increase in mental health disorders among working-age adults globally. He also drew attention to the NCRB report, which revealed that 21 percent of suicidal deaths among daily wage laborers in India stem from depression and anxiety-related disorders, representing the informal work sector where individuals often lack regulatory protection.

Despite governmental efforts to improve mental health services, Dr. Bhan noted a considerable gap in educating low-income workers about these initiatives. He pointed out that rural communities often harbour deep-rooted traditions that stigmatize mental health issues, discouraging help-seeking behaviour. The significant dearth of trained mental health professionals in rural areas was emphasized, as it impacts the availability and quality of mental health services. Private mental healthcare services, often expensive and concentrated in urban areas, remain inaccessible to rural populations. Dr. Bhan identified crucial ethical and policy considerations in rural mental health care delivery, mainly where access to services is limited due to a shortage of trained professionals and high costs associated with private care.

He highlighted the potential of task-sharing among healthcare workers to enhance service delivery and integrate digital tools to improve mental health outcomes, especially in resource-constrained settings.

Dr. Bhan advocated for public engagement to normalise conversations around mental health, thereby addressing the treatment gap. He also advocated for supportive decision-making approaches that empower individuals and emphasized the need for sustainable interventions and collaborative efforts to bridge gaps in mental health services, ensuring equitable access for all communities. The SEWA-LSST (Self-Employed Women's Association - Livelihoods and Skills Support Team) and SANGATH's work were key initiatives focusing on integrating mental health and well-being within their networks. Dr. Bhan strongly recommended leveraging the collective strength of women to address mental health needs in their communities.

He highlighted several initiatives focused on mental health promotion for community health workers in rural India, mainly through the following points:

Digital Programs: Development of scalable digital programs for stress reduction and mental health promotion specifically designed for community health workers. These programs are funded by the Harvard Global Health Initiative and are intended to enhance the skills and effectiveness of these workers in delivering mental health care.

Training and Capacity Building: Dr. Bhan mentioned a randomized controlled trial on a positive psychology-based coaching intervention for community health workers, referred to as 'AANAND' (Addressing ASHA Well-being and Burnout for Improving Depression Care). This initiative aims to improve the delivery of treatment for depression by equipping community health workers with better tools and strategies.

Integration into Routine Services: The initiatives aim to improve the delivery of routine services provided by ASHA (Accredited Social Health Activist) workers, which includes mental health care. By enhancing their training and support, community health workers can better address mental health issues within their communities.

Focus on Stress Alleviation: The emphasis on stress alleviation methods for community-based health activists indicates recognizing the mental health challenges these workers face and the communities they serve.

Overall, the presentation underscores the importance of empowering community health workers through training, digital tools, and supportive interventions to promote mental health effectively in rural India. This approach enhances their capacity to provide care and contributes to the overall mental well-being of the communities they serve.

Key takeaways include:

- **Inclusion of Lived Experiences:** Emphasize the importance of incorporating the perspectives of individuals with lived experience in mental health care, including patients, service users, and caregivers, to create more effective and empathetic care models.
- **Affirmative Mental Health Care for Marginalized Communities:** There is a need for affirmative mental health care that is sensitive to the needs of marginalized communities, including queer, trans, non-binary individuals, and persons with disabilities.
- **Universal Basic Income (UBI):** Potential impact of UBI on mental health, noting that financial stability can significantly improve mental health outcomes, particularly for low-income individuals.
- **Strengthening Primary Healthcare:** Primary healthcare services to be strengthened to ensure better access to mental health care, particularly in rural areas where services are limited.
- **Task-Sharing Strategies:** Rational redistribution of tasks among health workforce teams required to improve efficiency and access to mental health services, particularly in low-resource settings
- **Digital Mental Health Tools:** Acknowledge the proliferation of digital mental health platforms and their potential to improve care access while addressing ethical concerns related to privacy, data security, and the need for adequate standards.
- **Sustainability of Interventions:** need to integrate mental health services into existing community health programs to ensure broader reach and sustainability.

Public Engagement: Highlight the critical role of public engagement in normalizing conversations around mental health and addressing the treatment gap, which is a significant ethical issue.

Ethical Considerations in Rural Mental Health: Address the unique ethical challenges faced in rural mental health care, including stigma, limited resources, and the need for privacy and confidentiality.

Challenges in Working with Health Systems: Bridging the gap between evidence generation and integration into programs and policies is necessary for effective mental health care delivery at the population level.

Way Forward

The workshop on addressing mental health in rural India has highlighted several critical areas that require attention and action. Based on the discussions and insights shared by experts, the following strategic steps are recommended to advance mental health promotion and care in rural communities:

Capacity Building and Training

- **Develop Standardized Training Modules:** Create comprehensive training manuals on mental health for PRIs and SHGs. These modules should cover mental health awareness, identification of mental health issues, and basic counseling skills. This can be part of their regular capacity-building programs.
- **Regular Training Programs:** Implement regular training sessions for Panchayat members, ASHA workers, Anganwadi workers, and SHG members to equip them with the necessary skills to address mental health issues in their communities. This will enable them to provide initial support and referrals, similar to the ENGAGE project of CMHLP.
- **Skill Enhancement Programs:** Provide skill enhancement programs for individuals recovering from mental health conditions, aligning with rural livelihood programs to facilitate their reintegration into the workforce.
- **Promote School-Based Mental Health Programs:** Support the implementation of school-based mental health programs by training teachers and school counselors. Encourage the inclusion of mental health curricula that promote emotional and mental well-being among students. This includes recognizing early signs of distress and providing essential emotional support.

Include modules on effective communication, empathy, and relationship-building in training programs.

Community-Driven Mental Health Models

- **Promote Community-Led Initiatives:** Encourage the development of low-cost, sustainable, community-led mental health programs that rely on trained local personnel to deliver mental health care in a familiar, supportive environment. The Atmiyata model by CMHLP is a good example of such an initiative, which has successfully provided mental health support in rural areas by leveraging local resources and community-driven solutions.
- **Incorporate Mental Health Objectives and Indicators in GPDP:** Include specific objectives related to mental health promotion, prevention, and care within the GPDP. This can involve setting targets for reducing stigma, increasing mental health literacy, and improving access to mental health services.
- **Formation of Support Groups within existing SHG groups:** Facilitate forming

community mental health support groups within existing SHGs and other community organizations to provide peer support, raise awareness, and offer psycho-social guidance.

- **Foster Community Engagement and Awareness:** Organize community awareness campaigns to reduce stigma and promote mental health. Engage local leaders, youth groups and peer educators to spread awareness and create a supportive environment for discussing mental health issues. Groups and peer educators to spread awareness and create a supportive environment for discussing mental health issues.
- **Leverage Local Resources:** Build on community resources to effectively support people with mental disorders, promoting social cohesion and reducing stigma. Need for more Public engagement and the need to “normalise” conversations on mental health.
- **Disaster Preparedness and Resilience Building:** Develop and implement mental health services as part of disaster preparedness and response plans. Promote resilience-building activities and programs to help communities cope with the mental health impacts of natural disasters and climate change.

Integration with Rural Development Programs

- **Align with Livelihood Programs:** Integrate mental health promotion with rural livelihood programs, ensuring that mental health challenges do not exacerbate economic hardships. Support programs that provide financial aid or micro-loans to individuals and families impacted by mental health issues.
- **Strengthen Village Health Committees:** Enhance the capabilities of local health committees, such as the Village Health Sanitation Nutrition Committees (VHSNC) and Mahila Aarogya Samiti (MAS), to promote mental health support and de-stigmatize mental disorders in rural communities.
- **Adolescent-Friendly Health Resource Centers:** Establish State Adolescent Friendly Health Resource Centers to provide comprehensive health care and psycho-social support services for adolescents, including counseling and telemedicine services.
- **Coordinate Across Sectors:** Establish coordination between various rural development sectors, including health, education, agriculture, and livelihood programs, to address mental health comprehensively.
- **Community-based mental health solutions:** Encourage integrating mental health initiatives into existing community structures, such as panchayats, village development plans, and Jan analogy samiti.

Promotion of Mental Health Literacy

- **Embed Mental Health Education:** Integrate mental health education within adult literacy, skills training, and other rural development programs to improve mental health literacy, dispel myths, and make communities more resilient to mental health challenges.
- **Public Engagement and Awareness Campaigns:** Conduct public engagement and awareness campaigns to normalize conversations around mental health, reduce stigma, and improve mental health literacy in rural communities.
- **Tailored Training Programs:** Develop tailored training programs for SHG members on stress management, coping skills, and awareness about mental health disorders, empowering communities to handle common mental health issues proactively.
- **Awareness Campaigns in Schools:** Conduct awareness campaigns to educate students about mental health, reduce stigma, and promote help-seeking behaviors.
- **Parental Education Programs:** Implement programs to educate parents about adolescent mental health issues, enabling them to provide better support to their children.
- **Nutrition and Food Security:** Integrate mental health considerations into programs focused on nutrition and food security. Adequate nutrition is essential for mental health, and food insecurity can lead to stress and anxiety.

Utilization of Digital Tools

- **Telehealth Platforms:** Utilize telehealth platforms to provide timely mental health assistance, especially in remote and underserved areas. This can help bridge the gap in mental health care delivery.
- **Digital Training Programs:** Implement digital training programs for community health workers and Panchayat members to enhance their skills in delivering mental health care. Initiatives like SAMBHAV and AANAND, which focus on digital programs for stress reduction and mental health promotion, can be expanded.
- **Monitoring and Evaluation:** Establish continuous monitoring and evaluation mechanisms to assess the effectiveness of mental health interventions within rural development projects, enabling stakeholders to identify gaps, optimize resource use, and share best practices across regions.

List of Participants

1. Dr. Kasi Sekar, Former Senior Professor of Psychiatric Social work and Head, Centre for Psycho Social Support in Disaster Management, NIMHANS, Bangaluru.
2. Dr. Anant Bhan, Mentor and PI, SANGATH (Bhopal Hub) Adjunct Professor, Yenepoya University (Deemed to be University).
3. Dr. Anita Rego, Psychiatric Social Worker and Founder Director, Amita Care (PEARLSS 4 Development).
4. Ms. Gracy Andrew, Clinical Psychologist, Indian Institute for Public-Health, Hyderabad.
5. Dr. Veena Sathyanarayana, Associate Professor, Clinical Psychology, NIMHANS.
6. Dr. S. Sathinarayana, Associate Professor, Family and Community Medicine AIIMS, Andhra Pradesh.
7. Dr. S.V. Siddharth, Senior Research Fellow, Mental Health, George Institute for Global Health, Hyderabad.
8. Mr. Arjun Kapoor, Program Director & Senior Research Fellow, Centre for Mental Health Law & Policy, Indian Law Society, Pune.
9. Ms. Jasmine Kalha, Program Director, Centre for Mental Health Law & Policy, Indian Law Society, Pune.
10. Ms. Neelanjana Das, Senior Research Fellow, George Institute for Global Health, Hyderabad.
11. Dr. Lakshmi S., Psychiatrist and Founder, Asra Medical Research Centre.
12. Dr. K. Chandrasekhar, Senior Consultant Psychiatrist, and Founder Director, Asha Hospital and Research Centre, Hyderabad.
13. Dr. Saadiya Hazruk, Program Manager and Psychologist, ARDSI, Hyderabad Deccan Chapter.
14. Dr. Nidhi Mishra, Associate Professor and Head Dept. of Psychology, Gitam University, Vishakhapatnam.
15. Dr. Mahati Chittem, Faculty, IIT, Hyderabad.
16. Dr. Sarvapriya, ResearchAssociate, PRASHO Foundation, Hyderabad.
17. Dr. Phanikant, Assistant Professor, Institute of Mental Health, Hyderabad.
18. Dr. Anitha Ravirala, Senior Faculty, Institute of Mental Health, Hyderabad.
19. Ms. Rachna Dora, Research Associate, Indian Institute for Public-Health, Hyderabad.
20. Ms. Bandi Keerthi, Consultant, Indian Institute for Public-Health, Hyderabad.
21. Mr. Dhayanraj Mahadev, Master Trainer, YASHADA, Pune.

Glimpses of the Workshop



Workshop Schedule

Consultative Workshop

Addressing Mental Health in Rural India: Issues and Challenges

Venue – NIRDPR, Hyderabad, 23rd October 2024

Duration	Agenda	Speakers
9.00 – 9.30 AM	Registration	Ms. P. Hymavathi, Academic Associate, CPGSDE
9.30 – 9.40 AM	Welcome Address	Dr. Jyothis Sathyapalan, Head CPGSDE, NIRDPR
9.40 – 9.45 AM	Overview of Workshop Objectives and Expected Outcomes	Dr. Sucharita Pujari, Assistant Prof., NIRDPR
9.45 – 10.00 AM	Inaugural Address	Dr. G. Narendra Kumar, IAS, Director General NIRDPR
10.00 – 11.15 AM	<u>Keynote Address</u> Mental Health in Rural India, Policy and Practice– An Overview	Dr. Sekar Kasi, Former Senior Professor of Psychiatric Social Work & Head Centre for Psycho Social Support in Disaster Management NIMHANS, Bangalore.
11.15-11.30 AM	Tea Break and Group Photo	
11.30-1.00 PM	Mental Health Issues among School Going Population and Youth with a focus on Rural India (Moderator – Gracy Andrew)	
11.30 -11.50 AM	Mental Health Concerns among Young Children and Youth– An Overview	Gracy Andrew
11.50 - 12.10 PM	Adolescent Health and Psychosocial Support: UNICEF Interventions in the State of Andhra Pradesh.	Dr.Sathiyarayanan S
12.10 -12.30 PM	Alcohol Consumption and Substance Use among the Youth in Scheduled Tribes.	Dr.Siddhardh
12.30 - 12.50 PM	Pathways to Address Youth Mental Health in Rural Contexts- Reflections and Learnings from Rural Chhattisgarh	Arjun Kapoor
2.50 -1.00 PM	Summary and Key Takeaways	Moderator
1.00 - 2.00 PM	Lunch Break	
2.00 - 3.30 PM	Well-Being and Mental Health Challenges among Rural Women (Moderator - Dr.Anita Rego)	
2.00 - 2.20 PM	Mental Health Struggles of Rural Women during the Perinatal Phase – An Overview	Dr. S. Lakshmi

2.20 - 2.40 PM	NIMHANS Initiatives and Best Practices on Mental Health Interventions for Rural Women	Dr. Veena Sathyanarayana
2.40 - 3.00 PM	Mental Health and Rural Women : Field Learnings from the Rural Telangana and Haryana	Neelanjana Das
3.00 - 3.20 PM	Enabling Access to Community Mental Health and Social Care in Rural Communities : The Case of Project Atmiyata – A Community-Led Mental Health Initiative	Jasmine Kalha
3.20 - 3.30 PM	Summary and Key Take Aways	Moderator
3.30 - 3.45 PM	Tea Break	
3.45 - 5.00 PM	Mental Health Issues Among the Elderly in Rural India (Moderator Dr.Anant Bhan)	
3.45 - 4.05 PM	Mental Health and Ageing – An Overview	Dr.Anant Bhan
4.05 - 4.25 PM	Challenges in Delivering Mental Health Services in Rural Settings: A Clinical Perspective	Dr.K Chandrashekhar
4.25 - 4.45 PM	Healthy and Productive Ageing among Rural Adults	Dr.Niddhi Mishra
4.45 - 5.05 PM	Addressing Dementia and Cognitive Health in the Elderly Population: Challenges and Interventions	Dr.Saddiya
5.00 - 5.10 PM	Summary and Key Takeaways	Moderator
5.10 - 5.40 PM	Ethical and Policy Considerations in Rural Mental HealthCare : Bridging Gaps and Ensuring Equity	Dr.Anant Bhan
5.40 - 6.00 PM	Consolidation and Wrap Up	Dr. Gracy, Dr. Anita Rego & Dr.Anant Bhan
Closing Remarks		Dr.Sucharita



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