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A New Lens on the District Mental Health Program: Strategies for Sustainable Mental Healthcare

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Abstract

The District Mental Health Program (DMHP) is a cornerstone of mental health policy in India. It is an essential component of National Mental Health Program (NMHP) aimed to integrate mental healthcare services into general healthcare services by decentralizing the treatment from specialized institutional care to primary mental healthcare. This narrative review outlines the inception of the program, highlights the notable progress and the persistent challenges in implementation. The review synthesizes findings from myriad studies, highlighting the progress such as increased accessibility to mental health care, heightened community awareness, and the introduction of telepsychiatry services. However, significant challenges persist including the inadequate government funding, a shortage of trained mental health professionals and qualified staff, administrative bottlenecks, and regional disparities in implementation. Moreover, the lack of

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knowledge in the community level as well as the stigma associated with mental health persist in obstructing the use of mental healthcare treatments. This review also discusses a multi-pronged approach to strengthening DMHP, including capacity-building for healthcare workers, incorporating task-shifting strategies, enhanced funding allocation, integration of digital health solutions, and improved monitoring frameworks. Addressing these challenges through evidence-based strategies can ensure the DMHP's long-term effectiveness and contribute to a more inclusive and sustainable mental health care system in India.

Keywords: *District Mental Health Program, mental health policy, implementation challenges, healthcare integration, telepsychiatry, India, narrative review.*

Introduction

Mental health is an important component of public health, and it has received more attention in recent years due to its large contribution to the worldwide disease burden. According to the *World Health Organization* (2022), one in eight people worldwide live with mental illness and the number rosed significantly in the year 2020 due to COVID-19. Furthermore, a large-scale study carried out by Harvard Medical School and the University of Queensland concluded that one out of every two people will develop mental health issues in their lifetime (McGrath et al., 2023), emphasizing the importance of scalable and sustainable mental health care. In India, the *National Mental Health Survey* (NMHS, 2015–16) conducted by the *National Institute of Mental Health and Neurosciences (NIMHANS)* estimated that nearly 150 million people required active mental health interventions, yet only a small fraction is seeking care (Gururaj et al., 2016). Despite its high prevalence, mental health is underserved, with minimum resources, infrastructure restrictions, widespread stigma limiting access and utilization, and a critical shortage of trained professionals.

In response to the growing recognition of mental health needs, the National Mental Health Programme (NMHP) was launched in 1982 with the objective of ensuring the availability and accessibility of minimum mental health care for all (MoHFW, 1982). However, implementation challenges at the state and district levels led to the development of a more decentralized approach.

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The District Mental Health Program (DMHP) was introduced in 1996 as a pilot in four districts, eventually scaling up across the country (Murthy, 2011). The DMHP was designed to integrate mental health services into the general healthcare system by training primary healthcare professionals, raising public awareness, and ensuring essential psychotropic medications were available at community health centers.

The literature on DMHP suggested a mixed trajectory of progress. Several evaluations have reported that the DMHP has significantly increased awareness of mental health issues at the district level and improved access to care in remote regions (Khandelwal et al., 2004; Srinivasaraju, 2016). Capacity-building initiatives such as the use of digital training modules for doctors and nurses have been effective in expanding the mental health workforce in the absence of adequate specialist resources (Thirunavukarasu & Thirunavukarasu, 2010). However, the program continues to face systemic and structural challenges. Funding remains inconsistent and is often underutilized at the district level due to administrative delays and lack of technical expertise in financial planning (Pathare et al., 2015). Human resource shortages are particularly acute in rural areas, and mental health continues to be a low priority in many state health budgets (Patel et al., 2011). Moreover, services under the DMHP are unevenly implemented across different states and districts, with some regions showing robust models of care while others lag significantly behind (Kumar et al., 2020).

The enactment of the Mental Healthcare Act (MHCA), 2017 marked a paradigm shift in mental health policy in India by emphasizing rights-based approaches and mandating access to mental health care as a legal right (Government of India, 2017). While the act presents a strong legislative framework, its implementation is intricately tied to the capacity and effectiveness of the DMHP at the ground level. Studies have highlighted that without significant strengthening of the DMHP, the aspirations of the MHCA may remain unfulfilled (Sarin & Jain, 2022; Jain & Jadhav, 2020).

Recent innovations, such as telepsychiatry models (e.g., NIMHANS Digital Academy) and community outreach programs, have shown promise in addressing the urban - rural divide in mental health access (Chatterjee et al., 2020). These technology driven initiatives can enhance the

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reach of trained professionals and improve supervision of grassroots health workers. However, digital interventions alone cannot address systemic issues such as stigma, lack of infrastructure, or interdepartmental coordination challenges.

This narrative review aims to analyze the historical context, achievements, and limitations of the DMHP, offering an integrative perspective based on existing empirical and policy literature. By identifying the gaps in implementation and offering strategies for systemic improvement, the review seeks to contribute to evidence-based policymaking and strengthen community mental health care delivery in India.

Methods

This review follows a narrative synthesis approach to examine the inception, progress, challenges, and future directions of the District Mental Health Program (DMHP) in India. Narrative reviews are particularly suited for synthesizing information from diverse sources and drawing comprehensive insights when heterogeneity in study designs and outcomes precludes formal meta-analysis. A comprehensive literature search was conducted using multiple electronic databases including PubMed, Scopus, Google Scholar, and Web of Science, covering the period from 1996 to 2024. The search strategy incorporated a combination of keywords and Boolean operators, including: *"District Mental Health Program"*, *"India"*, *"mental health policy"*, *"implementation challenges"*, *"telepsychiatry"*, *"primary mental healthcare"*, and *"National Mental Health Programme"*. Articles were included if they addressed the implementation, evaluation, or policy aspects of the DMHP; were published in English; and focused on the Indian healthcare context. Both peer-reviewed journal articles and relevant literature such as government reports, program guidelines, and technical documents were included to ensure comprehensive coverage.

Data extraction was performed manually by the authors to identify key themes across studies, including program inception, structural framework, service delivery models, innovations (e.g., telepsychiatry), workforce issues, funding mechanisms, and implementation barriers. Articles were reviewed and thematically categorized to highlight converging findings and contextual

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differences across states. Due to the narrative nature of this review, no formal quality appraisal tools (PRISMA) were applied; however, emphasis was placed on the credibility and relevance of sources. This review does not involve any primary data collection or human participants and is therefore exempt from ethical review.

Results & Discussion

Following the methodological approach to narrative enquiry, findings of the study could be synthesized under following parameters-

Achievements and Innovations of the DMHP

Since its formal rollout in 1996, the District Mental Health Program (DMHP) has served as the operational arm of India's National Mental Health Programme (NMHP), bringing mental health services closer to the community. A major achievement of the DMHP has been its ability to decentralize mental health services and integrate them into the general healthcare system, particularly at the primary and district levels. This integration has allowed for early identification, basic treatment, and referral mechanisms to function within existing healthcare infrastructure, thus avoiding over-reliance on tertiary care hospitals (Murthy, 2011).

In addition, the DMHP has contributed significantly to human resource development. Medical officers, auxiliary nurse midwives (ANMs), community health officers (CHOs), general nurses, and multipurpose health workers have been trained in identifying and managing common mental disorders (Gururaj et al., 2016). These trainings are typically based on simplified diagnostic and treatment guidelines, such as those developed by the National Institute of Mental Health and Neurosciences (NIMHANS) and follow a task-sharing model to compensate for the shortage of psychiatrists and clinical psychologists in the public sector (Shidhaye et al., 2015).

Another notable innovation under the DMHP is the incorporation of telepsychiatry. This includes initiatives like Tele-MANAS, launched in 2022, which aims to provide toll-free, round-the-clock tele-mental health services to individuals across the country. With dedicated mental health professionals operating through a hub-and-spoke model, the platform has helped bridge

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geographical barriers, especially in rural and tribal areas where mental health services are often non-existent (MoHFW, 2022). Tele-MANAS also integrates with local DMHP units to ensure that individuals needing in-person follow-up care are linked to nearby facilities.

Further, the DMHP has developed special outreach components, including school mental health programs, suicide prevention activities, and Information, Education, and Communication (IEC) campaigns aimed at destigmatizing mental illness. For instance, in select districts, structured mental health awareness programs are being implemented in collaboration with district education officers, targeting both students and teachers (NIMHANS, 2020). Awareness efforts have also expanded into media and community platforms to improve mental health literacy and reduce stigma.

Additionally, monitoring and evaluation frameworks are being gradually introduced at the district level to improve the quality-of-service delivery. Mobile-based reporting systems and real-time dashboards are being piloted in some states to track patient records, service utilization, and treatment outcomes (MoHFW, 2022). These efforts aim to strengthen accountability and inform evidence-based decision-making at the policy level.

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Challenges in Implementation

Despite its promising scope and structural design, the implementation of DMHP across India remains uneven and faces several entrenched challenges.

1. Inadequate and Inefficient Resource Allocation

One of the primary challenges is the chronic underfunding of mental health services. Although the National Mental Health Programme is a centrally sponsored scheme, only 0.05–0.06% of the national health budget is typically allocated to mental health (WHO, 2022). Many states fail to fully utilize the allocated funds due to bureaucratic hurdles, lack of trained personnel, or poor planning at the district level (Murthy, 2017). In several instances, funds remain unspent or diverted, limiting the program's expansion and sustainability.

2. Human Resource Shortages and Capacity Constraints

India faces a significant treatment gap due to an acute shortage of trained mental health professionals. The mental health workforce includes only 0.75 psychiatrists, 0.07 psychologists, and 0.07 psychiatric social workers per 100,000 population, far below global norms (Gururaj et al., 2016). While the DMHP has partially addressed this through task-sharing strategies and basic training for primary care workers, these approaches are not a substitute for specialist care, especially for severe and complex mental illnesses.

3. Variability in State-Level Implementation

Another major concern is the heterogeneous implementation of DMHP across different states and districts. Some states, such as Kerala and Gujarat, have demonstrated innovative approaches and effective scaling, while others lag behind in basic service delivery. Factors such as political will, administrative efficiency, and health infrastructure play a significant role in these disparities (Shidhaye et al., 2015).

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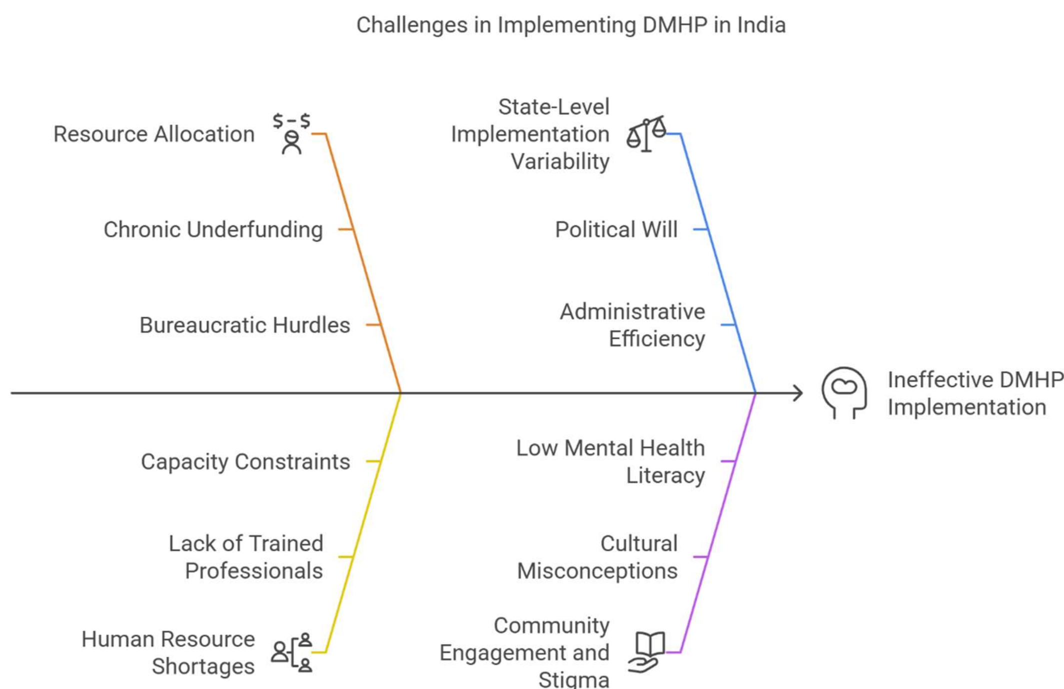
4. Weak Intersectoral Coordination

Mental health is a multidimensional issue requiring collaboration between the health sector, social welfare departments, education systems, and legal authorities. However, interdepartmental coordination remains weak, leading to fragmented service delivery. For example, school mental health programs often function in isolation from health departments, and there is minimal integration with other public health interventions such as those targeting substance use or domestic violence (Murthy, 2011).

5. Low Community Engagement and Persistent Stigma

Despite awareness efforts, stigma remains a formidable barrier to care-seeking behavior. Cultural misconceptions about mental illness, social exclusion, and lack of family support contribute to the underutilization of services, even where they are available (Patel et al., 2018). Furthermore, mental health literacy among the general population remains low, limiting early identification and timely intervention.



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Strategies for Strengthening the DMHP

A comprehensive and context-specific approach is essential to address the aforementioned challenges and realize the full potential of the DMHP.

1. Increased and Rationalized Funding

Mental health must be prioritized in national and state health budgets, with earmarked funds for DMHP activities. Budget allocations should be accompanied by mechanisms for timely disbursal, transparent utilization, and periodic audits to ensure fiscal accountability (Saxena et al., 2007).

2. Workforce Expansion and Training

Expanding the mental health workforce requires long-term investment in academic and training institutions, with incentives to retain professionals in the public sector. The government should also support continuous professional development and skill-based training for primary care providers. Evidence-based modules such as the WHO's mhGAP Intervention Guide may be adapted to the Indian context and used at scale (WHO, 2010).

3. Technology-Driven Service Delivery

Digital health interventions, such as telepsychiatry, e-health records, and mobile applications, should be further scaled and integrated into the DMHP. These tools can improve service access, supervision, documentation, and continuity of care, particularly in resource-constrained settings (NIMHANS, 2020).

4. Community-Based Interventions and Anti-Stigma Campaigns

Engaging local stakeholders, including community leaders, teachers, ASHAs (Accredited Social Health Activists), and NGOs, can help embed mental health awareness and services into the cultural and social fabric of communities. Sustained, culturally sensitive campaigns using mass

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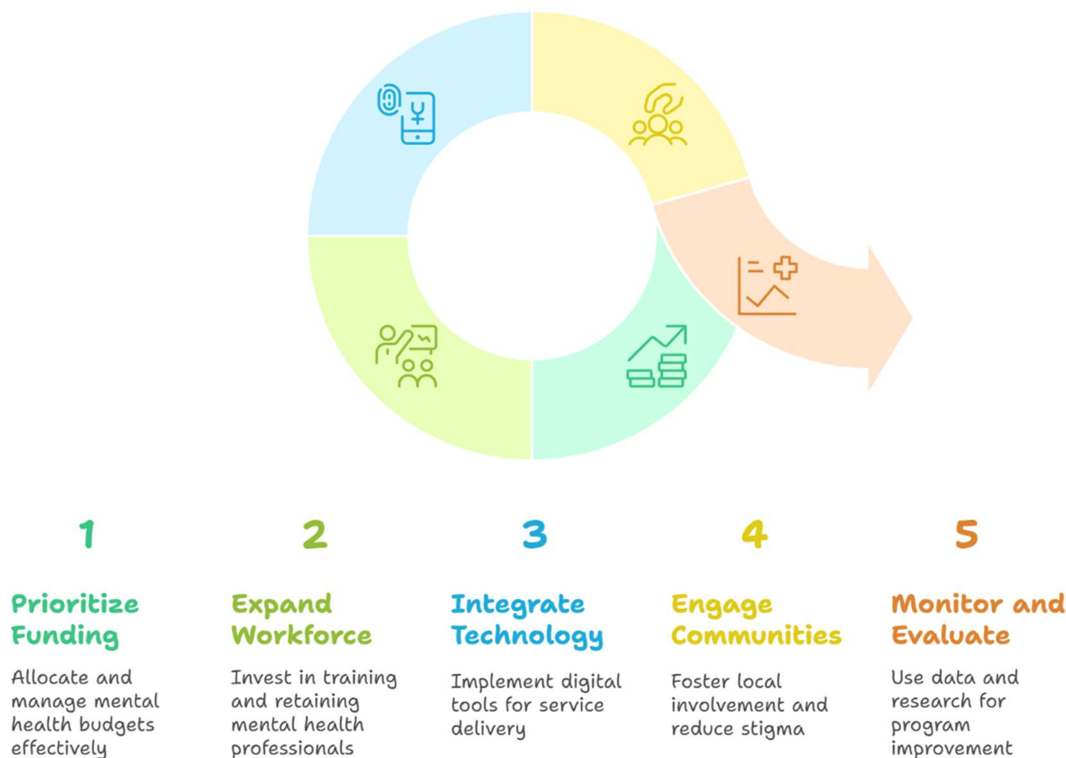
media, interpersonal communication, and social platforms can address stigma and normalize help-seeking behavior (Patel et al., 2018).

5. Monitoring, Evaluation, and Research

Lastly, robust monitoring and evaluation systems are essential to ensure accountability and guide continuous program improvement. Routine data collection, independent evaluations, and state-level research initiatives should be encouraged to inform evidence-based policymaking and identify best practices that can be replicated across districts (Shidhaye et al., 2015).



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Conclusion

The District Mental Health Program has played a transformative role in expanding access to mental healthcare in India by integrating services into the primary healthcare system. Its achievements ranged from enhanced service delivery, workforce training, community outreach, and recent digital innovations highlight its potential as a scalable model for mental health care in low-resource settings. Despite persistent challenges such as funding gaps, workforce shortages, and regional disparities, the program provides a strong foundation for future progress. With strategic investments, stronger intersectoral coordination, and community engagement, the DMHP can be further strengthened to deliver equitable and sustainable mental health services nationwide. The DMHP holds great promise in shaping a more inclusive and robust mental healthcare system in India one that prioritizes accessibility, dignity, and well-being for all. Continued evolution reflects not only public health priority but a vital step toward social and developmental advancement.

References

Chatterjee, S., Naik, S., John, S., Dabholkar, H., Balaji, M., Koschorke, M., ... & Patel, V. (2020). Effectiveness of a community-based intervention for people with schizophrenia and their caregivers in India (COPSI): A randomised controlled trial. *Lancet*, *383*(9926), 1385–1394. https://doi.org/10.1016/S0140-6736(13)62629-X

Government of India. (2017). *The Mental Healthcare Act, 2017*. Ministry of Law and Justice. https://egazette.nic.in

Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., ... & NMHS Collaborators Group. (2016). *National Mental Health Survey of India, 2015–16: Summary*. NIMHANS.

Jain, S., & Jadhav, S. (2020). Pills that swallow policy: Clinical ethnography of a community mental health program in Northern India. *Transcultural Psychiatry*, *57*(1), 40–53. https://doi.org/10.1177/1363461519844642

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Impact Factor: 3.612
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Khandelwal, S., Sood, M., Negi, K. S., & Saxena, S. (2004). Mental health programmes in schools. *Indian Journal of Psychiatry*, *46*(3), 201–208.

Kumar, D., Sagar, R., & Mehta, M. (2020). Public mental health in India: The evolving landscape. *International Journal of Mental Health Systems*, *14*(1), 75. https://doi.org/10.1186/s13033-020-00400-z

McGrath, J. J., Lim, C. C. W., Plana-Ripoll, O., Tatiana, A., Aguilar-Gaxiola, S., Alonso, J., ... & Kessler, R. C. (2023). Age of onset and cumulative risk of mental disorders: A cross-national analysis of population surveys. *The Lancet Psychiatry*, *10*(6), 443–453. https://doi.org/10.1016/S2215-0366(23)00047-2

Ministry of Health and Family Welfare. (1982). *National Mental Health Programme for India*. Government of India.

Ministry of Health and Family Welfare. (2022). *Tele-MANAS operational guidelines*. Government of India. https://main.mohfw.gov.in

Murthy, R. S. (2011). Mental health initiatives in India (1947–2010). *National Medical Journal of India*, *24*(2), 98–107.

Murthy, R. S. (2017). National Mental Health Survey of India 2015–2016. *Indian Journal of Psychiatry*, *59*(1), 21–26. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_102_17

National Institute of Mental Health and Neurosciences. (2020). *Annual report: NIMHANS Digital Academy*. Bangalore, India.

Pathare, S., Sagade, J., Brazinova, A., & Shukla, A. (2015). Legal framework for mental health in India: Analysis and recommendations. *Indian Journal of Psychiatry*, *57*(3), 215–221. https://doi.org/10.4103/0019-5545.161489

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Unützer, J. (2011). The Lancet's series on global mental health: Mental health system reform. *The Lancet*, *378*(9801), 980–981. https://doi.org/10.1016/S0140-6736(11)61199-3

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Multidisciplinary, Open Access
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Patel, V., Maj, M., Flisher, A. J., De Silva, M. J., Koschorke, M., Prince, M., & WPA Zonal Representatives. (2018). Reducing the treatment gap for mental disorders: A WPA survey. *World Psychiatry*, *7*(3), 178–184. https://doi.org/10.1002/j.2051-5545.2008.tb00160.x

Sarin, A., & Jain, S. (2022). Rights-based legislation and mental health care in India: Navigating the Mental Healthcare Act, 2017. *Health and Human Rights*, *24*(2), 121–130.

Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Resources for mental health: Scarcity, inequity, and inefficiency. *The Lancet*, *370*(9590), 878–889. https://doi.org/10.1016/S0140-6736(07)61239-2

Shidhaye, R., Shrivastava, S., Murhar, V., Samudre, S., Ahuja, S., Khan, A., & Patel, V. (2015). Development and piloting of a plan for integrating mental health in primary care in Sehore district, Madhya Pradesh, India. *British Journal of Psychiatry Open*, *1*(1), e1–e6. https://doi.org/10.1192/bjpo.bp.115.000380

Srinivasaraju, R. (2016). National Mental Health Program: Manpower development scheme of eleventh five-year plan. *Indian Journal of Psychiatry*, *58*(3), 342–343. https://doi.org/10.4103/0019-5545.192024

Thirunavukarasu, M., & Thirunavukarasu, P. (2010). Training and national deficit of psychiatrists in India: A critical analysis. *Indian Journal of Psychiatry*, *52*(Suppl 1), S83–S88. https://doi.org/10.4103/0019-5545.69229

World Health Organization. (2010). *mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings*. Geneva: WHO.

World Health Organization. (2022). *World Mental Health Report: Transforming mental health for all*. Geneva: WHO. https://www.who.int/publications/i/item/9789240049338

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