Psychologyical Health: Socio-Cultural Factor and Challenges in India

Dr. Swapana Meena

Associate Professor, Department of Sociology
Banaras Hindu University, Varanasi, India

ARTICLE DETAILS	ABSTRACT
Research Paper **Accepted:** 23-05-2025 **Published:** 10-06-2025 **Keywords:** *Mental health, stigma, inequality, socio-cultural factor.*	Mental health isn't just about individual well-being—it's a complex issue that touches on society, culture, and everything in between. This paper looks at how our understanding of mental health has changed over time, especially from a sociological point of view. It traces the journey from old ideas, like moral judgments and institutional labels, to modern views that focus on social context, personal identity, and widespread inequalities. Using key sociology theories and recent research, it examines how cultural norms, economic systems, politics, social media, and Inequality influence mental health. The paper also critically discusses how ideas like neoliberalism, turning self-care into a commodity, and social stigma shape how we experience and talk about psychological health today. It emphasizes the rise of psychological health advocates and activism, arguing that truly understanding mental health means looking at both personal experiences and the larger social forces that create, manage, and respond to psychological struggles. By shining a light on these social factors, this study hopes to promote a more comprehensive and fair way of understanding and supporting mental well-being in our society.

Introdution:

When the British Crown took over from the East India Company in the 19th century, the British colonial government passed the country's first psychologyical health laws (Duffy and Kelly, 2020). Three laws known as the "lunacy acts" were passed by the British Crown in 1858 and were based on the laws that

were in effect in England at the time. The legal construction of madness in the 18th and 19th centuries, known as the "psychiatrization of criminal danger," which made "dangerousness" synonymous with "insanity" or mental illness, had an impact on the legislative intent of these. Because the "insane person" was viewed as dangerous by nature, the legal and psychiatric establishments had to work together to implement social control mechanisms that included both curative and punitive measures.(Foucault et al., 1978). These laws concentrated on the "segregation" or "detention," mainly through institutional disciplinary mechanisms like prisons and asylums, of both European "insanes" who had to be repatriated to England and natives who were thought to be a threat to others (Mills, 2001; Ernst, 1997). These laws were later superseded by the Indian Lunacy Act, 1912 [ILA], which was based on the English Lunacy Act, 1890 and regulated the administration of private property and the detention of people with

Mental illnessin asylums.

The ILA defined the term "unconventional" as someone with a stupid or unclear mind to refer to someon e with mental illness. Apart from stigmatization, these terms reflect the general idea that people with me ntal illness were irrational, lacking mental capacity, unable to make their own decisions, or unable to ma nage their own problems. For example, the ILA offers voluntary boarding, but each person was willing t o participate in asylum for treatment, while all other sentences should be approved by receiving an order issued by Magisters. practice. To be factual, the court had the authority to manage the property by appoi nting a manager and a legal guardian or determining how the person or his dependents should be maintai ned by such property. (Duffy and Kelly, 2020).

understanding of mental health. Previously viewed mainly through pathological, moral, or spiritual lenses, psychologyical healthnow plays a major role in public health discourse, policy frameworks, and individual identity. Although medical and psychological methods have historically dominated the field, sociological viewpoints have become more and more influential in recent decades as they shed light on the intricate relationships that exist between institutional power, social structures, cultural norms, and economic systems and mental health.The prevailing biomedical model, which frequently pathologizes individual behavior in isolation from larger social contexts, is challenged by this sociological turn. Rather, it redefines psychologyical healthas a social phenomenon that is influenced by historical developments, cultural expectations, class relations, gender norms, racial inequality, and other factors.(Hossain, Purohit,2019)

Today, several paradigms exist in competition and concurrence. On the one side, emerging scientific and technological developments in psychiatry and neurobiology bring fresh diagnostic tools and treatments. Conversely, intensified public awareness and psychologyical healthadvocacy movements identify with

lived experience, social justice, and the value of community and belonging. Additionally, global diffusion of psychologyical healthtalk has generated controversies on cultural relativism, post-colonial challenges, and the potential to apply Western models in multicultural societies.The movement away from institutionalization towards community-based psychologyical health treatment, the emergence of identity-based psychologyical health activism, and increasing influence of social media in framing psychologyical healthn arratives all refer to larger changes in how mental distress is understood, expressed, and controlled. Further, sociologists have highlighted that neoliberalism, which is defined by privatization, individualism, and welfare rollback, has reconfigured psychologyical health talk to center on personal responsibility while eclipsing systemic explanations for suffering, including poverty, unemployment, racial discrimination, and gender violence.(McDaid, Knapp,2018)

The consequences of these psychologyicalhealthissues are sustainable and sustainable in society. First of all, people who have to deal with psychologyical

healthissues are exposed to immeasurable personal fear and stress, as these conditions often hindertheir ability to live. They encounter difficulties, can maintain relationships, pursue education and employment opportunities, and participate in social activities. Furthermore, Psychologyicalhealthissues have a significant impact on the overall functioning of the community and the country. Decreasing productivity in the workplace and within the household is a significant economic outcome. Psychological health issues often lead to absenteeism, reduced work efficiency, and longterm disability, which affect the productivity of the workforce and economic growth.(Agboola, Esan,2018)

Psychological Health Issues in India

The prevalence and type of mental illness in India is high, affecting a significant portion of the population. Epidemiological studies differentiate the prevalence of mental illness between 9.5 and 370 per 1000 people in India . This prevalence includes a wide range of mental disorders. This reflects the various challenges that people across the country see . The prevalence of mental illness in India highlights the need for effective interventions and support systems to consider the intellectual wells of the population. Diseases such as depression, anxiety disorders, bipolar disorder, schizophrenia, and impaired substance consumption are usually observed in India.(Math, Srinivasaraju,2010)

At the population level, 3.5% of deaths were due to anxiety or depression . It can have a negative impact on an individual's mood, thoughts, behaviors, and physical wells. Symptoms of depression are fatigue, changes in appetite, sleep disorders, concentration, selfharm or thoughts of suicideDepression can significantly impair a person's daily functioning, interpersonal relationships and general quality of life.(AMA,20

23)

Anxiety Disorder: Anxiety disorder is characterized by excessive and persistent concern, fear, or fear that significantly impair daily functioning. Systemic

anxiety disorder involves chronic and excessive concerns about various aspects of life. Panic disorder is characterized by overwhelming fear and recurrence of panic attacks, a period of intensive physical symptoms such as motion pit and shortness of breath. Fear includes intensive fear of a particular object, situation, or activity. Forced Disorders (OCDs) are characterized by invasive thinking (obsessions) and repetitive behavior (constraints) and are performed to alleviate fear. Anxiety disorders can cause significant load, avoidance behavior, and dysfunction. In episodes of man disease, individuals can experience increased energy levels, reduced sleep, thoughts of race, bulging selfrespect, impulsive behavior, and exaggerated sense of selfmeaning. Depression episodes are characterized by sadness, loss of interest, fatigue, and changes in appetite and sleep patterns. (AMA,2023)

Bipolar disorder can have a profound impact on emotions, behaviors, relationships, and overall functioning of an individual. Common symptoms include hallucinations (recognition of what is not there), delusions (false beliefs unorganized language and behavior, reduced emotional expression and social withdrawal.(Jain,Mitra,2023)

People with schizophrenia may have cognitive difficulties such as: Memory,attention, executive function issues. Schizophrenia can significantly impair anindividual's abilities, and can significantly impair their ability to think with others, interact with others, and function in society. These disorders can have a significant impact on your mental health. Substance abuse can lead to addiction,addiction, and withdrawal symptoms if the substance is not available.(AMA,2023)

Substance disorders can lead to a variety of psychologyical health

issues, including mood disorders, anxiety disorders, psychosis, cognitive disorders, and social and occupational issues. Related issues include financial difficulties, legal issues, relationship conflicts, and physical health complications.(Jahan,Burgas,2023)

socio cultural elements and Psychological health in India

Psychological health in India is strongly shaped by a combination of socio-cultural factors, such as family organization, community expectations, religious beliefs, caste, gender roles, and economic inequality. These factors influence not just the occurrence of psychologyical health disorders but also how people experience, communicate, and respond to psychological distress.Perhaps the strongest cultural impact on psychologyical health in India is that of the family. The Indian family tends to be

close-knit, with a focus on collectivism and interdependence. While this can offer both emotional and financial support, it can also lead to mental stress in terms of high expectations, pressure to conform, and restrictive personal autonomy. Persons with psychologyical health problems may fear revealing their issues because this could upset family cohesion or bring shame to the family.Stigma around mental illness is still a significant impediment to mental healthcare. Cultural beliefs tend to attribute mental illness to personal weakness, failure of the spirit, or even demonic possession. Consequently, persons with mental illnesses can be subjected to social ostracism, discrimination, or even physical abuse. Stigma not only impacts the self-concept of the individual but also prevents families from recognizing mental illness or seeking professional services. In most situations, religious rituals or traditional healers are given preference over psychiatric care, resulting in delayed diagnosis and treatment.

(Alegría, NeMoyer,2018)

Gender significantly influences psychologyical health outcomes. Indian women, especially from rural or conservative contexts, are subject to layers of disadvantage, such as restricted education access, economic dependency, and domestic violence or forced marriage exposure. Such conditions are Men, however, might face stress from the social expectations of being providers and withholding emotional vulnerability, thus reporting less psychologyical health issues and more substance abuse or suicide.Discrimination and marginalization based on caste and minority communities also cause psychological distress. Dalits, Adivasis, and religious minorities are systemically excluded from access to education, jobs, and healthcare. These social inequalities can generate feelings of hopelessness, low self-esteem, and constant stress, worsening mental illness.

Economic determinants like poverty, unemployment, and poor housing conditions have very much an impact on mental health. The increasing urban-rural gap in mental healthcare services aggravates this issue. Urban regions can have improved psychologyical health facilities, but the financial cost of services, combined with stigma, continues to deny many access to treatment. In rural regions, an acute deficiency of psychologyical health professionals and awareness results in untreated conditions turning into chronic or disabling ones.

(Malhotra, Shah,2015)

There has been increased awareness and policy interest in psychologyical health in India in recent years, such as the Mental Healthcare Act of 2017, which seeks to safeguard the rights of people suffering from mental illness. More comprehensive intervention is needed to address the underlying socio-cultural determinants of mental health, such as community-level interventions, stigmarest reduction through education, and mainstreaming of psychologyical health into primary healthcare.Overall, the

psychologyical health of India cannot be explained independent of the social and cultural conditions under which people live. The improvement in psychologyical health outcomes will not only be achieved with medical interventions, but also through changes at the structural and societal levels that foster equity, inclusion, and mental well-being.(Jabbari ,Rouster,2025)

Challenges of psychologyical health in india:

India's psychologyical health is burdened with a diversity of complex and deeply entrenched challenges that undermine the provision of effective care and the welfare of millions. Pockets of wider awareness and progressive policy interventions notwithstanding, there are still systemic, societal, and economic impediments preventing wide sections of the population from obtaining timely and suitable psychologyical health interventions.The most important among them is the shortage of psychologyical health infrastructure and human resources. India is faced with a critical shortage of trained personnel, with fewer than one psychiatrist for every 100,000 individuals and an even smaller number of psychologists, psychiatric social workers, and counselors. The availability of psychologyical health facilities is unevenly distributed, with urban populations holding the majority of the resources, resulting in rural populations having little or no access to services. Stigma and cultural attitudes towards mental illness continue to be significant barriers. Mental illness is poorly understood and linked with weakness, madness, or religious failure in much of India. This contributes to extensive social stigma, discrimination, and silence concerning mental illness, deterring people from seeking help. Individuals with mental illness tend to become stigmatized, which results in isolation, loss of work, and even abuse. Families can also conceal mental illness because of fear of social rejection or loss of family reputation.The second key challenge is the low priority and underfunding of psychologyical health within government policy. Psychologyical health is allocated less than 1% of India's overall health budget, which is woefully low considering the magnitude of the problem. This dearth of funding impacts the quantity of services, medications, training programs, and outreach services. As a result, many government psychologyical healthinitiatives are not equipped to operate efficiently or reach the individuals that require those most.(Singh,Roy,Shinha2020)

Integration with primary health care remains limited. Psychologyical healthservices predominantly work in isolation and are not incorporated into routine health services at the primary level. Therefore, psychologyical healthconditions tend to go undiagnosed or untreated, particularly in rural and remote areas. General physicians and frontline health workers generally have no proper training to identify or treat psychologyical health disorders.The general public has low psychologyical healthliteracy and

awareness as well. Most people are unable to recognize signs of mental distress, much less ask for help. This is especially the case in the rural areas, where misconceptions and myths about mental illness are more common. Psychologyical health is not usually a topic covered by educational systems, and campaigns for awareness are still too small in scale and scope.(Goetzel ,Roemer,2018)

Socioeconomic issues like poverty, unemployment, displacement, and social inequality worsen psychologyical health issues. The already vulnerable groups like women, LGBTQ+, Dalits, Adivasis, and religious minorities are further burdened because of systemic discrimination and lack of access to support systems. Gender-based violence, child abuse, and academic stress are other causes of stress, especially among youth.

Current Psychologyical health Initiatives in India

India has witnessed a growing recognition of psychologyical health as a critical public health concern over the past decade. With increasing awareness, rising prevalence of psychologyical health disorders, and advocacy from civil society, the Indian government and various stakeholders have initiated several programs and policy reforms aimed at improving mental healthcare delivery and reducing stigma.

A milestone in the psychologyical health scenario in India was the passing of the Mental Healthcare Act (MHCA), 2017, which superseded the archaic Psychologyical health Act of 1987. The MHCA is a rights-based policy framework that identifies the right of every citizen to receive mental healthcare and live with dignity. The Act legalized suicide, ordered the setting up of Psychologyical health Review Boards, and instructed the central and state governments to facilitate access to affordable, quality psychologyical health care. One of the main government programs working on psychologyical healthis the National Psychologyical health Programme (NMHP) initiated in 1982. NMHP focuses on delivering mental healthcare services at the community level, bringing psychologyical health and general health services together, and raising awareness with Information, Education, and Communication (IEC) activities. The District Psychologyical health Programme (DMHP) has also been scaled up to over 700 districts under this. It provides ambulatory services, school psychologyical health activities, suicide prevention programs, and general physician training. During 2022, the government of India initiated the National Tele Psychologyical health Programme (Tele-MANAS) to tackle the growing burden of mental health, particularly following the COVID-19 pandemic. Tele-MANAS offers 24/7 tele-counseling services in various languages via toll-free lines with the objective of closing the treatment gap and making psychologyical healthcare accessible to individuals in remote and underserved communities.

The initiative marks a significant step towards utilizing digital health technologies to tackle psychologyical health issues at a large scale.(Shing,Roy,Sinha,2020)

Within the education system, the Manodarpan program, which is under the Department of Education, targets the psychologyical health of school and college students. It consists of a national helpline, psychological counseling using online tools, as well as sensitization training for parents and teachers. Analogously, the Yuva Spandana program in Karnataka and efforts such as Happy Schools in Delhi specifically work on building emotionally safe school climates. Non-governmental organizations (NGOs), psychologyical health professionals, and civil society groups also contribute immensely. Organizations such as The Live Love Laugh Foundation, Sangath, and the Banyan have contributed significantly to awareness generation, research, and community-based psychologyical health services. Startups and online platforms such as YourDOST, MindPeers, and Wysa are increasingly leveraging technology to offer therapy and emotional support, particularly for youth in cities.In spite of all these encouraging efforts, challenges persist. India lacks an adequate number of psychologyical health professionals, with less than one psychiatrist for every 100,000 population. Psychologyical health funding remains low—less than 1% of the overall health budget. Additionally, stigma, ignorance, and social barriers discourage many from presenting themselves for treatment.In summary, though India has achieved remarkable progress in policy and service delivery through programs such as MHCA, NMHP, and Tele-MANAS, a more concerted emphasis on implementation, community participation, workforce development, and greater investment is needed to ensure mental healthcare is accessible, equitable, and effective nationwide.(the Global Burden of Disease Study,2017)

Planing for Psychologyical health in India :

The future of Indian psychologyical health relies on designing an inclusive, accessible, and community-oriented care system through integrating primary healthcare with mental health, scaling up the psychologyical health workforce, and growing government investment. Using technology through tele-psychologyical health platforms, reducing stigma through education and awareness, and prioritizing the specific needs of youth, women, and marginalized populations are key. An integrated, rights-based, and culturally responsive strategy will be critical to meeting the gap in treatment and enhancing mental well-being nationwide. Policy change and resource commitment are at the core of strengthening psychologyical health outcomes in India. The passage of the Mental Healthcare Act, 2017 was a dramatic policy change, prioritizing a rights-based framework and requiring access to affordable, quality

psychologyical healthcare. Yet, there is little implementation because of a lack of funding and infrastructure. Psychologyical health still gets less than 1% of India's overall health budget, resulting in a critical paucity of professionals, facilities, and community programs. For substantial headway, the government needs to immensely boost mental healthcare resource allocation by expending efforts on scaling up the District Psychologyical health Programme (DMHP), adding more psychiatric units in general hospitals, and creating rehabilitation centers. Secondly, provision of psychologyical health services through primary healthcare, sensitizing non-specialist health workers, and making psychotropic medicines available at the peripheral level must be prioritized. Policy changes need to give priority to vulnerable groups of people like women, youth, and marginalized groups through designing specific interventions for them. Alliances among government bodies, NGOs, and private entities can improve service delivery and outreach. All in all, coordinating policy intent with sufficient resources and strong implementation mechanisms are key to narrowing the treatment gap and providing equitable psychologyical healthcare to everybody.

(Hossine,Purohit,2018)

Conclusion:

India's psychologyical health is at a crossroads, where awareness and policy drive are starting to converge, but significant challenges remain in carrying over this momentum to equitable, extensive care. The accelerating burden of mental disorders, fueled by social disparities, stigma, and insufficient resources, calls for concerted and sustained effort from all segments of society. Although recent efforts like the Mental Healthcare Act (2017), the National Psychologyical health Programme (NMHP), and the Tele-MANAS platform are significant developments, systematic implementation, more funding, and active community participation are needed for them to be effective.The Indian cultural environment, with its stigma, religious connotations, and close family ties, is a strong influencer of mental illness beliefs. These socio-cultural forces tend to discourage frank discussion and help-seeking behavior, especially among women, youths, and disadvantaged groups. Thus, psychologyical health treatment not only necessitates medical and psychological interventions but also larger social transformation. Awareness programs, the integration of psychologyical health in school curricula, employee wellness initiatives at workplaces, and concerted media action are critical to a reduction in stigma and a culture of compassion and support.Policy-wise, India has to further develop as a reactive to a proactive psychologyical health system. This entails a shift from the focus being on institutional care towards community-based interventions that are accessible, affordable, and culturally sensitive. The District

Psychologyical health Programme has to be strengthened, psychologyical health needs to be integrated into primary healthcare, and the workforce in psychologyical healt has to be increased. Moreover, more budgetary support—presently less than 1% of the overall health budget—needs to be invested to enhance infrastructure, provide access to drugs, and fund research and innovation.

Technology provides a viable way to fill treatment gaps, particularly in rural and underserved populations. Tele-psychologyical health platforms, mobile apps, and AI-driven chatbots have the potential to offer real-time counseling, self-help options, and psychologyical health literacy content. But digital initiatives need to be inclusive and accompanied by sufficient training, data privacy protection, and linguistic diversity to effectively reach all segments of the population.

Collaboration is another crucial ingredient. Psychologyical health cannot be handled by the healthcare system alone—it needs collective action across education, labor, law enforcement, and civil society. NGOs, community-based organizations, academic institutions, and the private sector have roles to play in providing services, undertaking awareness campaigns, and devising scalable solutions.India's future of psychologyical health lies in a multi-faceted, inclusive, and long-term strategy that defines mental well-being as part of good health and human development. This entails ongoing change of old policies, providing sufficient resources, de-stigmatisation, empowerment of the community, and adopting both conventional and new models of care. Only when it addresses psychologyical healthas a social, not merely medical, problem can India guarantee that all citizens, irrespective of caste, gender, place, or economic status, have the right to live with dignity and good mental health. The way ahead requires not only government commitment but active engagement from all segments of society to construct a mentally healthier and stronger India.

References:

- Duffy,Richard M,Kelly,Brendan M(2020).Building laws,Protection Right,Springer

- Foucault,M(1978).The History Of Sexuality,Pantheon Book,New Work.

- India state-level disease burden initiative mental disorders collaborators: The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990-2017. Lancet Psychiatry. 2020, 7:148-61. 10.1016/S2215-0366(19)30475-4

- Hossain MM, Purohit N: Improving child and adolescent mental health in India: status, services, policies, and way forward. Indian J Psychiatry. 2019, 61:415-9. 10.4103/psychiatry.IndianJPsychiatry_217_18

- menal health in Emergencies . (2023). Accessed: June 9, 2023: https://www.who.int/news-room/factsheets/detail/mental-health-in-emergencies.

- Psychologyical healthat Work . (2023). Accessed: June 9, 2023: https://www.who.int/teams/mental-health-andsubstance-use/promotion-prevention/mental-health-in-the-workplace.

- McDaid D, Knapp M, Raja S: Barriers in the mind: promoting an economic case for psychologyical healthin lowand middle-income countries. World Psychiatry.2008, 7:79-86. 10.1002/j.2051-5545.2008.tb00160.x

- Agboola AA, Esan OT, Afolabi OT, Soyinka TA, Oluwaranti AO, Adetayo A: Economic burden of the therapeutic management of mental illnesses and its effect on household purchasing power. PLoS One.2018,13:e0202396. 10.1371/journal.pone.0202396

- 7. Srivastava K, Chatterjee K, Bhat PS: Psychologyical healthawareness: the Indian scenario . Ind Psychiatry J. 2016, 25:131-4. 10.4103/ipj.ipj_45_17

- Math SB, Srinivasaraju R: Indian psychiatric epidemiological studies: learning from the past . Indian J Psychiatry. 2010, 52:S95-S103. 10.4103/0019-5545.69220

- .What is Depression?. (2023). Accessed: June 9, 2023: https://www.psychiatry.org.

- What are Anxiety Disorders?. (2023). Accessed: June 9, 2023: https://www.psychiatry.org.

- Jain A, Mitra P: Bipolar Disorder. StatPearls [Internet]. StatPearls, Treasure Island (FL); https://www.ncbi.nlm.nih.gov/books/NBK558998/:

- What is Schizophrenia?. (2023). Accessed: June 9, 2023: https://www.psychiatry.org.

- . Jahan AR, Burgess DM: Substance Use Disorder. StatPearls [Internet]. StatPearls, Treasure Island (FL); https://www.ncbi.nlm.nih.gov/books/NBK570642/:

- CO PW, WA AC: Understanding the impact of stigma on people with mental illness . World Psychiatry. 2002, 1:16-20.

- Malhotra S, Shah R: Women and psychologyical healthin India: an overview . Indian J Psychiatry. 2015, 57:S205-11. 10.4103/0019-5545.161479

- . Alegría M, NeMoyer A, Falgàs Bagué I, Wang Y, Alvarez K: Social determinants of mental health: where we are and where we need to go. Curr Psychiatry Rep. 2018, 20:95. 10.1007/s11920-018-0969-9

- Trivedi JK, Sareen H, Dhyani M: Rapid urbanization - its impact on mental health: a South Asian perspective. Indian J Psychiatry. 2008,50:161-5. 10.4103/0019-5545.43623

- Jabbari B, Rouster AS: Family Dynamics. StatPearls [Internet]. StatPearls, Treasure Island (FL); https://www.ncbi.nlm.nih.gov/books/NBK560487/:

- Center for Psychologyical healthServices (US): Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD) (ed): Substance Abuse and Psychologyical healthServices Administration (US), US; 2001.

- . Singh S, Roy D, Sinha K, Parveen S, Sharma G, Joshi G: Impact of COVID-19 and lockdown on psychologyical healthof children and adolescents: a narrative review with recommendations. Psychiatry Res. 2020, 293:113429. 10.1016/j.psychres.2020.113429

- . Goetzel RZ, Roemer EC, Holingue C, et al.: Psychologyical healthin the workplace: a call to action proceedings from the psychologyical healthin the workplace-public health summit. J Occup Environ Med. 2018, 60:322-30. 10.1097/JOM.0000000000001271