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An Epidemic is Brewing: Rise of Mental Illnesses and the Inadequate Legal and Policy Framework Surrounding It

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ABSTRACT

By 2030, India will have lost billions as economic loss due to the rise of mental illnesses. Majority of Indians who suffer from some form of mental illness do not have access to adequate mental healthcare services and there is still a lot of stigma associated with mental illnesses. Even though there has been a rise in discussions around mental health, there is still a lot that needs to be done in order to destigmatize mental illnesses, train necessary personnel and set up sufficient infrastructure for mental healthcare in India. This paper aims to look at the prevalence of mental illnesses in India and the legal and policy framework around it.

The paper first throws light on the rising incidence of mental illnesses in India. It discusses the prevalence of mental illnesses among the youth of India as well as corporate India. It then goes on to discuss the origin of laws for mental health in India and its evolution with time. The paper then examines and analyses the adequacy of the current legal framework around mental health. It also discusses the Indian government's central policy for mental healthcare and discusses the issues plaguing the policy. The paper also discusses how the COVID-19 pandemic is going to result in a significant rise in mental illnesses and how India is not prepared for it. The paper concludes by offering suggestions on how to improve the existing legal and policy framework around mental illnesses in India.

Keywords: *Mental Health Issues, Mental Health Policy, Mental Health Laws.*

I. INTRODUCTION

In India during 2017, 14.5 % people (1 of 7 Indians) suffered from some form of mental illness.² To put this in perspective, India ranked 7th in Asia for population with highest level of mental health disorders, next to Palestine (15.9%) and Syria (14.8%).³ In the past few years, India has

¹ Author is an Advocate at Gujarat High Court, India.

² Ritchie, H., 2021. *Global mental health: five key insights which emerge from the data*. [online] Our World in Data. <https://ourworldindata.org/global-mental-health#:~:text=Around%201%2Din%2D7%20people,4%20percent%20of%20the%20population> [Accessed 21 May 2021].

³ *Ibid.*

seen more and more people speaking up about mental health. However, the legal and policy framework in India for mental healthcare is underfunded and neglected. To make matters worse, the COVID-19 pandemic has wreaked havoc on everyone's lives adversely affecting people's mental health.⁴ The paper aims to look at the occurrence of mental illnesses in India and whether the Indian legal and policy framework effectively addresses it. The paper is largely based on secondary sources of information including books, periodicals and journal articles. Following the Introduction, Section Two looks at the incidence of mental illness in the country. Section Three dwells upon the legal framework and the following section addresses the policy response regarding mental illnesses. Section Five highlights the occurrence of mental health during the ongoing pandemic. The last section concludes the discussion.

II. PREVALENCE OF MENTAL ILLNESSES IN INDIA

In 1990, mental disorders accounted for 2.5 % of the total disability-adjusted life years (DALYs) in India (loss due to mental disorder equivalent to one year of full health).⁵ In 2017, mental disorders resulted in 4.7% of the total DALYs in India almost doubling the contribution of mental illnesses to the total disease burden in India since 1990.⁶ Among the non-communicable diseases, mental illnesses impose the second highest disease burden on India.⁷

In 2016, India had 17.8% of the world population but accounted for 36.6% of global suicides in women (increase from 25.3% in 1990) and 24.3% in men (increase from 18.7% in 1990).⁸ This means that 2 out of every 5 women and 1.2 out of every 5 men who commit suicide are Indian.⁹ The suicide rate in women is three times higher than expected for a country like India with it being the highest for women aged 15 to 39.¹⁰ Gender based discrimination like early marriage, domestic violence and a higher risk of depression are believed to be the reason behind such high numbers for women.¹¹ The situation has worsened over the years. In 2019, mental

⁴ Dandona, R. and Sagar, R., 2021. *COVID-19 offers an opportunity to reform mental health in India*. The Lancet Psychiatry, [online] 8, pp. 9-11. Available at: <<https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930493-4>> [Accessed 21 May 2021].

⁵ Sagar, R. et al, 2020. *The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990–2017*. The Lancet Psychiatry, [online] 7(2), pp. 148-161. <[https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(19\)30475-4.pdf](https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(19)30475-4.pdf)> [Accessed 21 May 2021].

⁶ *Ibid.*

⁷ Gaur, K. and Ram, U., 2016. *Mental health problems among youth in India and its correlates*. International Journal of Human Rights in Healthcare, [online] 9(2), pp. 95-108. Available at: <https://www.researchgate.net/publication/303425845_Mental_health_problems_among_youth_in_India_and_its_correlates> [Accessed 21 May 2021].

⁸ Dandona, R. et al, 2018. *Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990–2016*. The Lancet Public Health, [online] 3(9), pp. e478-e489. Available at: <<https://www.thelancet.com/action/showPdf?pii=S2468-2667%2818%2930138-5>> [Accessed 21 May 2021].

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ *Ibid.*

illnesses resulted in 17.4% of total suicides in India making it the second leading cause of suicides.¹²

With the rise of cheap smartphones, internet access and social media, the youth of India (aged 10-24 years) is facing a mental health crisis. In 2006-2007, approximately 11 to 31 million (i.e. 5% to 11.5%) youth in India suffered from some form of mental illness.¹³ According to the National Mental Health Survey (NMH Survey) conducted in 2015-16, mental illnesses affected 9.8 million teenagers aged 13-17 years.¹⁴ There has been a significant rise in suicides among students in the past few years. The figures published by the National Crime Records Bureau show that 100,000 students committed suicide in the last 2 years, which translates to 28 students having committed suicide every single day in the last 2 years.¹⁵

Employees in the corporate sector in India are also facing a lot of mental health issues. A 2018 study found that 42.5% employees (roughly 1 of 2 people) in the corporate sector suffered from a mental illness.¹⁶ According to a study conducted in 2020, 7 out of 10 employees faced significant stress on a regular basis.¹⁷ It was also found that the average stress level in corporate India was significantly higher than the average of the Asia-Pacific region.¹⁸ The NMH Survey estimated that between 70% to 92% Indians in need of mental healthcare are unable to access quality mental healthcare services.¹⁹

There is a cost attached to these numbers.²⁰ Between 2011 and 2030, India stands to lose USD 1.03 trillion as lost economic output due to mental illnesses.²¹ To put this figure in perspective,

¹² Venkatachalam, A., 2020. *Mental Health, not a priority, fiscally*. [online] Health Analytics Asia. Available at: <<https://www.ha-asia.com/mental-health-not-a-priority-fiscally/>> [Accessed 21 May 2021].

¹³ Laxmi, V., 2021. *The Kids Aren't All Right: Mental Health And Indian Youth*. [online] Youth Ki Awaaz. Available at: <<https://www.youthkiawaaz.com/2021/01/mental-health-needs-of-children-and-young-people-in-india/#:~:text=The%20State%20Of%20Mental%20Health%20In%20India&text=NMHS%20estimated%20that%20about%209.8,childhood%20and%20adolescence%20is%20considered.&text=India%20only%20has%200.75%20psychiatrists%20per%20100%2C000%20population.>> [Accessed 21 May 2021].

¹⁴ National Institute of Mental Health and Neuro Sciences Bengaluru, Ministry of Health and Family Welfare Government of India, 2016. *National Mental Health Survey of India, 2015-16: Prevalence, Pattern and Outcomes*. [online] pp. 1-159. Available at: <<http://www.indianmhs.nimhans.ac.in/Docs/Report2.pdf>> [Accessed 21 May 2021].

¹⁵ *Id at 12*.

¹⁶ Negi, M. and Sharma, A., 2018. *Demanding targets make employees sleep less than 4-6 hours*. [online] Assocham.org. Available at: <<https://www.assochem.org/newsdetail.php?id=6770>> [Accessed 21 May 2021].

¹⁷ Hassan, A., 2020. *70% of Indian workers are under stress: Survey*. [online] Peoplematters.in. Available at: <<https://www.peoplematters.in/news/employee-relations/70-of-indian-workers-are-under-stress-survey-27826>> [Accessed 21 May 2021].

¹⁸ *Ibid*.

¹⁹ *Id at 13*.

²⁰ Institute for Work and Health, 2009. *Unemployment and mental health*. [online] Available at: <<https://www.iwh.on.ca/summaries/issue-briefing/unemployment-and-mental-health>> [Accessed 21 May 2021].

²¹ World Economic Forum, Harvard School of Public Health, 2014. *Economics of Non-Communicable Diseases in India: The Costs and Returns on Investment of Interventions to Promote Healthy Living and Prevent, Treat, and Manage NCDs*. [online] pp. 1-66. Available at: <http://www3.weforum.org/docs/WEF_EconomicNonCommunicableDiseasesIndia_Report_2014.pdf> [Accessed 21 May 2021].

this estimated loss is 1.3 times India's total healthcare expenditure between 2010-2030.²² And it is estimated that in 2025, India will lose 38.1 million years of healthy life, compared to 36 million years of healthy life lost in 2013.²³ Unless India starts taking mental health seriously, we are going to soon have an epidemic on our hands.

III. LEGAL FRAMEWORK FOR MENTAL ILLNESSES IN INDIA

The initial laws with respect to persons with mental illness (PMI) were enacted in British India.²⁴ With the object of controlling and treating the mentally ill patients, The Lunacy (Supreme Courts) Act, 1858, The Lunacy (District Courts) Act, 1858, The Indian Lunatic Asylum Act, 1858 and The Military Lunacy Act, 1877 were enacted. While these acts were amended and replaced over time during the colonial period, the underlying assumption of these laws was that PMIs were a danger to society and therefore had to be confined, controlled and treated in mental asylums. These laws shine light on how mental illnesses were perceived and explain the long standing stigma associated with mental illnesses today.

After the adoption of Universal Declaration of Human Rights in 1948, the Indian Psychiatric Society submitted a Mental Health Bill in 1950.²⁵ It was eventually enacted as the Mental Healthcare Act, 1987, which became independent India's first piece of legislation for mental healthcare. For the first time, the focus was on taking care of PMIs as opposed to isolating them from society. The 1987 Act defined a PMI as a person needing treatment for any mental disorder other than mental retardation. While this definition focused on the treatment of a patient, it was very open ended and prone to abuse. The 1987 Act also empowered family members or friends of a PMI to admit that person without his/her consent. This coupled with the open ended definition of a PMI meant that the personal liberty and rights of an individual alleged to be a PMI were grossly curtailed and violated. The 1987 Act also required the centre and the states to establish Central and State Mental Health Authorities and imposed penalties for breach of its provisions. While the 1987 Act tried to humanize the legal framework surrounding PMIs, it still failed to acknowledge and protect their rights.²⁶

²² *Ibid.*

²³ Mascarenhas, A., 2016. *Mental illness India's ticking bomb, only 1 in 10 treated: Lancet study.* [online] The Indian Express. Available at: <<https://indianexpress.com/article/india/india-news-india/mental-illness-indias-ticking-bomb-only-1-in-10-treated-lancet-study-2807987/>> [Accessed 21 May 2021].

²⁴ Choudhary, L. and Shikha, D., 2013. *Indian legal system and mental health.* Indian Journal of Psychiatry, [online] 55(6), pp. 177-181. Available at: <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3705679/>> [Accessed 21 May 2021].

²⁵ *Ibid.*

²⁶ Math, S. et al, 2011. *Mental Health Act (1987): Need for a paradigm shift from custodial to community care.* Indian Journal of Medical Research, [online] 133(3), pp. 246-249. Available at: <<https://www.ijmr.org.in/article.asp?issn=0971-5916;year=2011;volume=133;issue=3;spage=246;epage=249;aulast=Math>> [Accessed 21 May 2021].

Thereafter, India enacted Persons with Disability (Equal Opportunities, Protection of Rights, Full Participation) Act, 1995 (PD Act). The definition of persons with disability (PWD) under the PD Act also included persons with mental illness. The PD Act was enacted with the intention of protecting the rights of PWDs and conferring benefits on them. While PMIs are covered under the PD Act, some benefits like quotas in government jobs and universities were not conferred specifically on PMIs. Such discrimination against PMIs once again shone light on the stigma associated with mental illnesses and the reluctance to help those suffering from it.

Eventually, the PD Act was replaced by The Rights of Persons with Disabilities Act, 2016 (RPD Act) taking a step in the right direction. The provision for reservation under the RPD Act includes persons with mental illness. The RPD Act has also appointed various mental health organisations as part of the Central Advisory Board on Disability to be constituted under it.

In 2017, the Mental Healthcare Act, 1987 was replaced by the Mental Healthcare Act, 2017. The 2017 Act was India's attempt to align its laws to the United Nations Convention for Rights of Persons with Disabilities, which was ratified by India in 2008. The 2017 Act takes a rights based approach and is another step towards making the legal framework surrounding PMIs more humane. It confers a right on each person to get access to mental healthcare services. It attempts to fundamentally change the way mental healthcare is perceived, by empowering and protecting people with mental illnesses. It prohibits the use of cruel treatments that were used in the past like electroconvulsive therapy (passing small currents through the brain to trigger a seizure) or chaining a person to any object in any form. It omits the option of involuntary admission of a PMI to an institution and requires the doctors to obtain informed consent of the patient before performing any psychosurgery. The biggest change that the 2017 Act attempts to bring about is the decriminalisation of attempt to suicide. The 2017 Act, notwithstanding Section 309 of the Indian Penal Code, 1860 assumes that an attempt to suicide would have been caused due to some form of stress and protects the person from being punished for it.

While there are bold changes in the 2017 Act, it also seems to have borrowed concepts from other jurisdictions without accounting for ground realities in India. An example of such a disconnect is the concept of advance directive. Advance directive under the 2017 Act gives the person (except minors) agency to decide the way he/she wishes to be treated for a mental illness. The 2017 Act also provides for the implementation of the advance directive. These provisions require extensive mental healthcare infrastructure and skilled personnel, which India does not have. On the contrary, India has only 0.12 mental health nurses, 0.07

psychologists and 0.07 social workers per 1 lakh population.²⁷ More importantly, India has only 0.3 psychiatrists per 1 lakh population when more than 3 psychiatrists per 1 lakh population are needed.²⁸ Such a wide gap between reality and necessity makes it impossible to implement certain provisions of the 2017 Act. To make matters worse, till date, many states across India have failed to constitute Mental Health Review Boards as required under the 2017 Act.²⁹ The NMH Survey concluded that state governments allocated less than 1% of its budget towards mental healthcare.³⁰ The survey found that since most states failed to have a separate budget for mental healthcare, it was impossible to ascertain the proportion of funds spent on mental healthcare, if any.³¹ Therefore, the failure to implement the 2017 Act can be attributed not only to the lack of infrastructure but also to the ignorance and negligence of the central and state governments in taking the necessary steps.

IV. POLICY FRAMEWORK FOR MENTAL ILLNESSES IN INDIA

In addition to the legal framework, India has in place policies for mental healthcare. Foremost is the National Mental Health Programme (NMHP) which was launched in 1982 in light of the World Health Organisation's (WHO) recommendation to incorporate mental healthcare in India's general healthcare system.³² In 2014, India revised the NMHP and came out with the National Mental Health Policy (NMHPo) as a strategic and holistic policy to help determine the future course of action and to scale the work done under the NMHP. The NMHPo aims to provide universal mental healthcare, protect the rights of people with mental illnesses, reduce stigma attached to mental illnesses and increase financial allocation for mental healthcare.³³

While this policy has met with moderate success, there are major drawbacks such as lack of funding resulting in creation of inadequate infrastructure, shortage of skilled personnel, outdated knowledge and research and lack of awareness campaigns. In 2017, India spent 0.05% of its total healthcare expenditure on mental healthcare compared to 4-5% spent by the

²⁷ World Health Organisation, 2017. *Mental Health ATLAS 2017 Member State Profile*. [online] Available at: <https://www.who.int/mental_health/evidence/atlas/profiles-2017/IND.pdf?ua=1> [Accessed 21 May 2021].

²⁸ *Ibid*.

²⁹ Goyal, R., 2020. *Three years on, India's progressive Mental Healthcare Act is dogged by gaps in implementation*. [online] Scroll.in. Available at: <<https://scroll.in/article/975401/three-years-on-indias-progressive-mental-healthcare-act-is-dogged-by-gaps-in-implementation>> [Accessed 21 May 2021].

³⁰ *Id* at 13.

³¹ *Id* at 13.

³² Bashar, M., 2019. *Integrating mental health into primary care for addressing depression in a rural population: An experience from North India*. Indian Journal of Psychiatry, [online] 61(3), pp. 319-321. Available at: <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6532460/>> [Accessed 21 May 2021].

³³ Ministry of Health and Family Welfare, Government of India, 2014. *New Pathways, New Hope, National Mental Health Policy of India*. [online] pp. 1-29. Available at: <http://nhm.gov.in/images/pdf/National_Health_Mental_Policy.pdf> [Accessed 21 May 2021].

developed countries.³⁴ In 2018-19, Rs. 50 crores were allocated to NMHPo which was reduced significantly to Rs. 5.5 crores, of which only Rs. 2 crores (i.e. only 4% of the original budget) were actually spent.³⁵ In 2019-20, Rs. 40 crores were allocated to NMHPo but the budget was again curtailed to Rs. 5 crores (i.e. 12.5% of the original budget).³⁶ In 2020-21, of the total corpus of Rs. 71,269 crores allocated to the Ministry of Health and Family Welfare (MoHFW), only 0.8% (Rs. 597 crores) was allocated for mental healthcare.³⁷ While it may seem like an improvement, distribution of this budget was severely imbalanced. Of the total budgetary outlay of Rs. 597 crores during 2020-21, Rs. 500 crores were allocated to the National Institute of Mental Health and Neurosciences and only Rs. 40 crores was allocated for implementation of NMHPo (i.e. same as previous year).³⁸ The drastic decline in funding is evident from the fact that in 2010, NMHP's budget allocation was 0.44% of MoHFW's total budget compared to it being 0.06% in 2020.³⁹

It is quite evident that in order to effectively implement the policies and carry out long lasting changes, it is crucial that the central and state governments start talking mental health seriously and allocate adequate funds for it. There is a dire need to effectively scale up infrastructure in urban as well as rural areas, train people in order to increase the number of skilled personnel and also of conducting awareness drives to destigmatise mental illnesses, educate people about them and encourage them to seek necessary and timely help.

V. MENTAL HEALTH DURING COVID-19

The COVID-19 pandemic has acted as a disruptive force globally, affecting the way populations live and work. From being forced to stay indoors and work from home, to having to abandon their education or to the transition to a virtual set up, the last year has been difficult for most people. According to a study by the Indian Psychiatry Society, the sudden lockdown in March 2020 which forced people to stay indoors and forced migrant workers to rush back to their villagers brought with it a rise of nearly 20% in mental illnesses within the span of a week.⁴⁰ It was reported that the 2020 nationwide lockdown resulted in 300 suicides.⁴¹

³⁴ *Id* at 28.

³⁵ *Id* at 11.

³⁶ *Id* at 11.

³⁷ Mantri, G., 2021. *India's budget for mental health leaves a lot to be desired: Here's why*. [online] The News Minute. Available at: <<https://www.thenewsminute.com/article/india-s-budget-mental-health-leaves-lot-be-desired-here-s-why-142931>> [Accessed 21 May 2021].

³⁸ *Ibid*.

³⁹ *Id* at 11.

⁴⁰ Loiwal, M., 2020. *20% increase in patients with mental illness since coronavirus outbreak: Survey*. [online] India Today. Available at: <<https://www.indiatoday.in/india/story/20-per-cent-increase-in-patients-with-mental-illness-since-coronavirus-outbreak-survey-1661584-2020-03-31>> [Accessed 21 May 2021].

⁴¹ Press Trust of India. 2020. *Suicide leading cause for over 300 lockdown deaths in India, says study*. [online]

A study of patients quarantined due to Severe Acute Respiratory Syndrome (SARS) in 2003 found that 10-29% patients suffered from post-traumatic stress disorder (PTSD).⁴² Another study found that the psychological impact of quarantine can be long lasting.⁴³ It concluded that effective communication of accurate information during quarantine would be crucial to mitigate its impact.⁴⁴ A pandemic is also known to exacerbate the severity of those already suffering from some mental illnesses.⁴⁵

However, the ones most affected by it are the doctors and the front line workers who have seen and continue to see multiple deaths every day. In general, it is widely acknowledged that the likelihood of healthcare professionals committing suicide is higher than those in other occupations.⁴⁶ During a pandemic, the situation becomes worse for doctors since not only do they see multiple deaths each day but they also have to put themselves at greater risk of infection every day. Studies conducted of previous epidemics/pandemics show that medical professional can face a wide range of mental illnesses that last for months after the epidemic/pandemic is over.⁴⁷ It is expected that the COVID-19 pandemic will have a similar impact on healthcare professionals. Therefore, this is the perfect opportunity for India to assess the current state of laws and policies for mental healthcare and make necessary revisions to prepare for what is to come next.

VI. CONCLUSION

Given the rise of mental illnesses faced by Indians and the failure to adequately implement the existing legal and policy framework, it is imperative to take concrete steps towards resolving the mental health crisis in India. The 2017 Act needs to be amended to bridge the gap between its provisions and its implementation in a manner that the PMIs are able to exercise the rights

The Economic Times. Available at: <<https://economictimes.indiatimes.com/news/politics-and-nation/suicide-leading-cause-for-over-300-lockdown-deaths-in-india-says-study/articleshow/75519279.cms?from=mdr>> [Accessed 21 May 21 2021].

⁴² Wu, P. et al, 2009. *The Psychological Impact of the SARS Epidemic on Hospital Employees in China: Exposure, Risk Perception, and Altruistic Acceptance of Risk*. The Canadian Journal of Psychiatry, [online] 54(5), pp. 302-311. Available at: <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780353/>> [Accessed 21 May 2021].

⁴³ Brooks, S. et al, 2020. *The psychological impact of quarantine and how to reduce it: rapid review of the evidence*. The Lancet, [online] 395(10227), pp. 912-920. Available at: <<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930460-8>> [Accessed 21 May 2021].

⁴⁴ *Ibid*.

⁴⁵ Roy, A., 2020. *Mental health implications of COVID-19 pandemic and its response in India*. International Journal of Social Psychiatry, [online] Available at: <<https://journals.sagepub.com/doi/pdf/10.1177/0020764020950769>> [Accessed 21 May 2021].

⁴⁶ Schernhammer, E. and Colditz, G., 2021. *Suicide rates among physicians: a quantitative and gender assessment (meta-analysis)*. The American Journal of Psychiatry, [online] 161(12), pp. 2295-2302. Available at: <<https://pubmed.ncbi.nlm.nih.gov/15569903/>> [Accessed 21 May 2021].

⁴⁷ Galbraith, N. et al, 2020. *The mental health of doctors during the COVID-19 pandemic*. BJ Psych Bulletin, [online] pp. 1-4. Available at: <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7322151/#ref6>> [Accessed 21 May 2021].

conferred in the Act. The policies need to be aggressively implemented. In order to do that, the central as well as the state governments need to start allocating separate and sufficient funds for mental healthcare. These funds should be utilized to set up necessary infrastructure, train enough doctors, nurses and social workers and appoint them as required across India. A 2018 study found that 47% people in its study group were judgemental of people perceived to have a mental illness.⁴⁸ The stigma facing mental illnesses is a deep rooted one. Therefore, there is a need to destigmatize mental illnesses by launching more initiatives like the Swachh Mansikta Abhiyan and Swasthya Labh Sadhan⁴⁹ to educate people about mental illnesses, inform them of the mental healthcare support system near their areas and encourage them to seek help. This needs to be carried out on a large scale across India, in urban as well as rural areas.

To supplement the governments' efforts in taking appropriate actions and allocating adequate funds for mental healthcare, impact funds may be encouraged to invest in initiatives that implement the policies for mental healthcare.⁵⁰ Such impact investing will ensure efficient and effective utilization of resources which in turn could result in more awareness of mental health and easy accessibility of mental healthcare facilities. With COVID-19 making matters worse, the need to take action, either through government initiatives or through impact investments, has never been more crucial. Failure to do so will guarantee a mental health crisis of epidemic proportions.

⁴⁸ Kler, N., 2018. *Live Love Laugh Foundation Unveils Landmark Report On Public Perception Towards Mental Health In India*. [online] BW Businessworld. Available at: <<http://www.businessworld.in/article/Live-Love-Laugh-Foundation-Unveils-Landmark-Report-On-Public-Perception-Towards-Mental-Health-In-India/23-03-2018-144415/>> [Accessed 21 May 2021].

⁴⁹ Fernandes, A., 2020. *Public Mental Health in India Is an Issue of Rights and Accessibility - The Wire Science*. [online] The Wire Science. Available at: <<https://science.thewire.in/health/public-mental-health-rights-accessibility/>> [Accessed 21 May 2021].

⁵⁰ Bhardwaj, S. and Devanand, A., 2020. *Indian govt won't spend enough on mental healthcare. Impact investing could be the solution*. [online] ThePrint. Available at: <<https://theprint.in/features/indian-govt-wont-spend-enough-on-mental-healthcare-impact-investing-could-be-the-solution/552001/>> [Accessed 21 May 2021].