

## Lack of Mental Health services for children in India

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### ABSTRACT

Mental health in adolescents is a critical area of concern as this stage of life—generally ages 10 to 19 involves significant physical, emotional, and social development. Mental health challenges during adolescence can have long-term effects on well-being, educational achievement, and social outcomes. Here is a suitable Introduction and Conclusion for a paper or article on mental health issues in children and the lack of mental health services in India, based on the references provided.

**Keywords:** Child and Adolescent Mental Health, Mental Health Services in India, Psychiatric Disorders in Children, Access and Infrastructure Barriers, Mental Health Policy and Education

### INTRODUCTION

Mental health in children is a growing public health concern worldwide, and India is no exception. With nearly 40% of its population under the age of 18, the mental well-being of children is of paramount importance for the nation's future. Studies have shown a significant prevalence of psychiatric disorders among Indian children and adolescents, ranging from anxiety and depression to developmental and behavioral disorders. However, the country's mental health infrastructure remains grossly inadequate to meet these needs. A combination of social stigma, lack of awareness, insufficient funding, and a shortage of trained professionals has led to an alarming gap in both diagnosis and treatment. This paper explores the mental health challenges faced by Indian children and highlights the systemic barriers that hinder effective mental health service delivery[1-6].

#### Key Mental Health Issues in Adolescents

##### Anxiety Disorders

Social anxiety, generalized anxiety, and panic disorders are common. Often triggered by academic pressure, social dynamics, or family issues.

##### Depression

Persistent sadness, irritability, and loss of interest in activities. May lead to self-harm or suicidal thoughts if untreated.

##### Attention-Deficit/Hyperactivity Disorder (ADHD)

Characterized by inattention, hyperactivity, and impulsivity. Can impact school performance and peer relationships.

##### Eating Disorders

Such as anorexia nervosa, bulimia, and binge-eating disorder. Often linked to body image issues and low self-esteem.

##### Self-Harm and Suicide

Alarming high rates in adolescents globally. Warning signs include withdrawal, mood swings, and changes in behavior.

##### Substance Use Disorders

Adolescents may use alcohol or drugs to cope with stress, which can worsen mental health.

##### Contributing Factors

Biological: Brain development, hormonal changes, genetic predispositions.

Social: Peer pressure, bullying (including cyberbullying), family conflict, social media.

Environmental: Trauma, abuse, neglect, poverty, and exposure to violence.

##### Signs of Mental Health Issues

Changes in sleep or eating habits

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Received: June 17, 2025; Manuscript No: JPNB-25-3905; Editor Assigned: June 19, 2025; PreQc No: JPNB-25-3905(PQ); Reviewed: July 03, 2025; Revised: July 10, 2025; Manuscript No: JPNB-25-3905(R); Published: September 03, 2025

Citation: Johnson MA, Lack of Mental Health services for children in India, J Pediatr Neonat Biol, Vol.1 Iss.1, September (2025), pp:13-15

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Withdrawal from friends or activities

Drop in academic performance



**Figure 1:** Key Challenges in Delivering Mental Health Services to Children in India

#### Support and Prevention

**Early Intervention:** Identifying and addressing symptoms early can prevent worsening conditions.

**Parental Support:** Open communication and emotional availability are key protective factors.

**School-Based Programs:** Mental health education, counseling services, and safe school environments help promote resilience.

**Access to Professional Help:** Therapy, counseling, or medical treatment (including medications when necessary).

**Peer Support:** Programs that encourage peer mentorship and support can reduce stigma and isolation.



**Figure 2:** Multi-Sectoral Approach to Improving Child Mental Health in India

## Overview of the Problem

India is home to one of the largest adolescent populations in the world over 250 million children aged 0-19. According to estimates by WHO and UNICEF:

One in seven adolescents in India experiences a mental health disorder. Suicide is among the leading causes of death in individuals aged 15-19. Yet, mental health services for children remain severely inadequate.

## KEY CHALLENGES

### Shortage of Mental Health Professionals

India has less than 1 psychiatrist per 100,000 people, and even fewer are trained to work with children. There is a critical lack of child psychologists, counselors, and psychiatric social workers.

#### Limited Access and Infrastructure:

Mental health services are mostly urban-centric. Rural areas often lack even basic mental health care facilities. Schools rarely have trained counsellors or wellness programs

#### Social Stigma:

Mental illness is often misunderstood or stigmatized. Families may avoid seeking help due to fear of discrimination or shame.

#### Lack of Awareness:

Parents, teachers, and even healthcare providers may not recognize symptoms of mental illness in children. Early signs like withdrawal, anxiety, or behavior issues are often dismissed.

#### Inadequate Funding:

Government spending on mental health is less than 1% of the total health budget. National programs like the District Mental Health Programme (DMHP) have limited reach and impact.

## Consequences

Unaddressed issues can escalate into more severe problems like substance abuse, suicide, or chronic psychiatric conditions.

Academic failure, social withdrawal, and long-term disability can result from untreated mental health disorders.

## What Is Being Done?

Some positive steps include:

**National Mental Health Programme (NMHP):** Aims to integrate mental health into primary care.

**MANAS and Tele-MANAS:** Government-led tele-counseling and wellness initiatives.

**School Health and Wellness Programme (under Ayushman Bharat):** Promotes mental well-being in schools, though implementation is limited.

However, implementation gaps, lack of trained personnel, and poor monitoring hinder their effectiveness.

## What Needs to Improve?

### More Mental Health Professionals

Increase training programs and incentives for child-focused mental health careers.

### School-Based Mental Health Services

Mandatory school counselors and mental health education as part of the curriculum.

### Community Awareness Campaigns

Reduce stigma and educate families about recognizing and responding to mental health issues.

### Policy Enforcement

Stronger enforcement and funding of existing policies and programs.

### Technology-Based Solutions

Expand access to telemedicine and mental health apps for children and adolescents, especially in rural areas.

## CONCLUSION

India's children are the foundation of its future, yet their mental health continues to be an area of grave neglect. In a country where nearly 41% of the population is under the age of 18, the emotional and psychological well-being of children and adolescents should be a national priority. Unfortunately, mental health in this age group remains overshadowed by inadequate infrastructure, policy inaction, lack of awareness, and deeply entrenched societal stigma. Despite growing recognition of the issue, the availability and accessibility of mental health services remain alarmingly low, especially in rural and economically disadvantaged regions. The challenges are multifaceted. There is a glaring shortage of trained child psychologists, psychiatrists, and counselors across India. Most schools lack structured mental health programs, and healthcare systems are ill-equipped

to address psychological disorders in children. Furthermore, cultural taboos surrounding mental illness often discourage families from seeking help, leading to prolonged suffering and worsening outcomes for young individuals. Addressing this crisis requires a comprehensive, multi-sectoral approach. Governmental intervention is crucial. Mental health policies must go beyond paper and be translated into action through budgetary allocation, implementation at grassroots levels, and regular monitoring. The integration of mental health services within existing healthcare and educational systems can offer early identification and timely intervention. Pediatricians and primary healthcare providers should be trained to recognize early warning signs and offer referrals to appropriate services.

## References

1. Margoob MA, Mushtaq D. Serotonin transporter gene polymorphism and psychiatric disorders: is there a link?. *Indian journal of psychiatry*. 2011 Oct 1;53(4):289-99.
2. Malhotra S, Patra BN. Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis. *Child and adolescent psychiatry and mental health*. 2014 Dec;8:1-9.
3. Shastri, P. C. (2009). Psychiatric morbidity in children attending child guidance clinic in a tertiary care teaching hospital. *Journal of Indian Association for Child and Adolescent Mental Health*, 5(1), 1-6.
4. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh L K et al. NMHS Collaborators Group. (2016). National Mental Health Survey of India, 2015-16: Summary. NIMHANS Publication No. 128.
5. Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, 369(9569), 1302-1313.
6. George J, Nair D, Premkumar NR, Saravanan N, Chinnakali P, Roy G. The prevalence of domestic violence and its associated factors among married women in a rural area of Puducherry, South India. *Journal of family medicine and primary care*. 2016 Jul 1;5(3): 672-676.