
**MENTAL HEALTH POLICIES AND GENDER INEQUALITY IN INDIA:
GAPS BETWEEN COMMITMENT AND PRACTICE**

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DOI: <https://doi-doi.org/101555/ijarp.1125>**ABSTRACT:**

In recent years, mental health in India has become an increasingly significant public health issue, especially due to progressive legislative and policy initiatives such as the Mental Healthcare Act (2017), the National Mental Health Programme, etc. However, because of the persistence of gender inequalities, women continue to experience barriers in accessing mental health care. Social-cultural stigma, unpaid caregiving responsibilities, economic dependence, domestic violence, and rural–urban disparities continue to shape women's mental health and wellbeing significantly, yet do not receive sufficient attention within current policies. The objective of this research is to evaluate India's Mental Health Policy through a gender lens and to identify the gap between the policy commitment to women and women's actual mental health reality in India. The methodology of this study is a qualitative non-empirical approach using a policy analysis research design. The analysis uses key national policies, government reports, international guidelines and scientific literature. Research has shown that while policies are created to ostensibly address gender issues, implementation has been done primarily at an institutional level without regard to how services may affect specific populations of women. Structures like stigma associated with mental illness/health issues for people who identify as female; inadequate availability of community-supported services; and lack of gender-based data continue to limit equitable access to mental health. Effective transformation of policy commitments into actual implementation will require the development of gender-relevant strategies for community engagement; creating efficiencies in providing services that meet individual needs rather than treating all individuals in the same manner; and, last but not least, implementing

mechanisms to monitor and assess the effectiveness of programs targeting women. The article provides a necessary perspective on the relationship between gender and mental health in today's society.

KEYWORDS: *Gender Inequality, Mental Health Policy, Women's Mental Health, Mental Healthcare Act 2017, Policy–Practice Gap, Gender-Responsive Health Care.*

INTRODUCTION

Mental health is rapidly becoming a key priority in India's public health agenda as increasing empirical evidence about the burden of mental disorders and treatment gaps on India's population grows and is reported. The World Health Organization (WHO) published the World Mental Health Report in 2022, which stated that around 1 in 8 people live with a mental disorder; most countries, including India, do not have the necessary mental health system in place for adequate gender-specific treatment programs. The data from the National Mental Health Survey (NMHS) 2015-2016 conducted by NIMHANS across 12 Indian states indicates that out of approximately 150 million citizens exhibiting active mental health issues in the country, only about 10%-12% can obtain minimally adequate mental health services (NIMHANS, 2015; Murthy, 2017). The "treatment gap" for mental health in India is estimated to be at least 70% - 92% depending on the mental health issue, and Patel et al. (2016) identified this as one of the world's largest mental health treatment gaps, indicating that this crisis stems from both lack of resources and systemic inequities present in the provision of mental health care.

India has responded to various challenges related to mental health governance by developing a number of significant policy frameworks. The National Mental Health Programme (NMHP) was established for the purpose of integrating mental health with primary healthcare. The National Mental Health Policy of 2014 places an emphasis on rights-based/inclusively-oriented services and supports the MHCA as a legal framework for maintaining an individual's basic rights in access to affordable, available and high-quality mental health care (Government of India, 2014; Ministry of Law and Justice, 2017). The 2017 MHCA represents an important step toward aligning India with international human rights and to address issues facing vulnerable groups such as women. Many of the major global initiatives in mental health, including the latest Lancet Commission on Global Mental Health and Sustainable Development, have encouraged countries with low to middle income to develop integrated and equitable mental health programs that consider the impact of social determinants (Patel et al., 2018).

There are many policies in the world today that encourage women to become part of the economy by means of employment and entrepreneurship, yet, there are very few that prohibit or limit gender-based violence against women, which contributes to gender-based inequalities that greatly restrict the ability to get and maintain the mental health she deserves. Women in India face an unfairly high number of risks of experiencing common mental disorders and many of these risks can be linked to growing up in a society that has been built on the oppression and oppression of women based on their gender. According to research, women in India experience a lot of gender-based violence, domestic violence, and coercive social norms that negatively affect women's psychological well-being (Kumar et al., 2005; Malhotra & Shah, 2015). Domestic violence has been shown to significantly increase a woman's chances of experiencing depressive, anxiety, and PTSD symptomatology (Kumar et al., 2005). Additionally, the Economic Abuse appears to contribute a large amount of psychological distress for many women living in urban poverty (Kanougiya et al., 2021) while also being a frequently invisible factor in women's mental health. The recent National Family Health Survey (NFHS-5) has confirmed that there are a large number of incidences of spousal abuse occurring and that women in India are constantly exposed to gender-based inequalities when accessing healthcare or making decisions regarding health (NFHS-5, 2021).

Aside from violence and reliance on the economy, stigma, and discrimination continue to be the major factors that hinder women from the access to mental health services. According to Shidhaye and Kermode (2013), stigma is a discouraging factor for help-seeking as it hinders people receiving treatment by its prolonged or even non-existent presence. Such labeling which acts like a double-edged sword against women's mental well-being is becoming increasingly louder in different parts of the world, and it is based on review of existing literature that such stigmatization is a denial of the expected feminine ideal which holds the woman to be emotionally strong, a good nurturer, and a morally responsible person. The effects of these different but interrelated forms of injustices are supported by the chronic shortage of the trained professionals in the field of mental health, the insufficiency of community services, and the skewed urban-centric distribution of mental healthcare resources through which the concerned are suffering in India as revealed by NIMHANS (2016) and WHO (2022). Even though female vulnerabilities and other marginalized groups are acknowledged by the mental health policies of India, the research speaks of a "policy-practice gap" that is persistent in nature and means that there are no visible strategies on the ground which ventilate the frameworks' commitments into actualization fully. Apart from the National Mental Health Policy (2014) and the MHCA (2017) that pledge inclusiveness, implementation of rights, and tackling of social determinants, they are still lacking in operationalizing the measures that relate to gender or require that the data collected be gender-disaggregated (Government of India, 2014; Ministry of Law &

Justice, 2017). In particular, studies that involved NMHS findings pointed to a scenario where institutional efforts and medical orientation dominated the implementation strategies that were insensitive to the lived experiences of women from rural areas and low-income backgrounds (Murthy, 2017; Jayasankar et al., 2022). Also, the absence of reliable mechanisms for monitoring and insufficiency of community engagement methods make it difficult for such frameworks to bring about equitable mental health outcomes for women.

Under such circumstances, it becomes imperative to reflect on mental health policies considering gender issues. One of the ways to grasp their interaction is to look into the social determinants of health, e.g., the ones named above - violence, the burden of caregiving, economic inequality, and stigma - and find out how these factors combine with structural constraints in the mental health system to form obstacles to be and fulfil policy intent. This research thus matters a lot as it, first, investigates to what extent mental health policies in India take into consideration the gender issue, secondly, assess how effective these policy commitments are, and finally, show those inconsistencies that keep women at a disadvantage by failing to recognize them. Hence, this research work is a valuable addition to the ongoing conversation around the implementation of rights-based mental health governance in India and signals forth the necessity of having the gender-responsive, community-centered, and socially grounded strategies already in place to be able to move from commitment to practice.

OBJECTIVES

The present study aims to critically examine the intersection of mental health policies and gender inequality in India, with a specific focus on understanding the disconnect between policy commitments and the lived realities of women. The objectives of the study are:

1. To examine India's mental health policies through a gender-sensitive perspective.
2. To identify the gap between policy commitments and the actual mental health experiences of women.
3. To analyse key social and structural barriers that limit women's mental health services.
4. To suggest gender-responsive strategies to improve policy implementation.

METHODOLOGY

This work uses qualitative and non-empirical research design that aims at gender-sensitive critical examination of India's mental health policies. Since the goal of the research is to survey the policies, frameworks, and recorded evidence only, the methodology is based solely on secondary sources.

The analysis of policy commitments to women's mental health was based on the review of the core national legislation - the Mental Healthcare Act (2017), the National Mental Health Policy (2014), and the reports of the National Mental Health Programme. Besides that, government publications, WHO guidelines, academic research, and reports of national surveys such as the National Mental Health Survey (2015–16) were scrutinized to locate the representation of gender issues in the mental health field.

The chosen data were dissected via thematic interpretation turning the spotlight on such areas as policy language, implementation mechanisms, gender-specific provisions, and recognized barriers to women's access to mental healthcare. Besides, the analysis took into account the social conditions, which are described in the scholarly articles, such as stigma, caregiving burdens, economic dependence, and rural-urban differences, to compare policy expectations with the lived experiences.

DISCUSSION

Despite the fact that the mental health scene in India has been significantly transformed by various policy changes over the last ten years, the women of India are still facing inequalities in mental health caused by social, economic, and cultural structures, which have been there for a long time. While such national-level frameworks as the Mental Healthcare Act (2017) advocate for rights-based care and universal accessibility, in reality, their implementation is far from considering gender as one of the most important factors determining mental health. The discussion uncovers that current policies, although they sound very progressive, do not really get to grips with the contextual realities that affect women's mental health. One of the major problems is the structural and cultural stigma that has always been there around mental health, and this is especially true when we are talking about women. In numerous Indian societies, the burden of family honour is put on the shoulders of women, and they are also expected to be emotionally strong, which, consequently, leads to their psychological distress being very often overlooked or even denied. The stigma here is not just a barrier in people's attitudes but also a socially supported mechanism which helps in stopping the seeking of help. Women, who decide to get mental health services, might be criticized, distrusted, or even be upgraded to the category of the rejected people, especially if they live in very traditional or rural communities. Although national policies are at the forefront of the fight against stigmatization, they lack gender-specific strategies that would be used in dealing with the issues which arise from the different expectations and the pressure that is put on women in families and communities. Another huge gap giving rise to these issues is the problem of women taking up excessive roles in caregiving, which also affect their mental health drastically. Women will most probably be the ones taking part in the unpaid labour of the households, caring for children, taking the elder's side, and

sometimes even doing the emotional labour in the family. Most of the time, these are the reasons that limit women's access to mental health support in terms of time, going out, and freedom of choice. The community-based care model that is put forward in the policies is not acknowledging the point that existing gender roles may be the reasons why women cannot choose to prioritize their own health. Therefore, mental health programs should think about the intersection between mental health, the inner household, and expectations from society if they are to find ways for women to access services without feeling disloyal or being met with opposition. Moreover, economic dependence is another thing that holds back women from getting proper mental health care. A large number of women depend on their husbands or other family members for money and because of this dependence, they are reluctant to take professional medical help, especially when there are consultation fees, transportation, or medication costs involved. What is more, there could be some public services that are low in cost but also have some hidden costs, for example, missing work, arranging childcare, or traveling long distances, and these may turn into significant obstacles. Current policies do take affordability into account, but they are not doing enough to tackle the economic vulnerabilities that women have, especially those living in rural areas or coming from low-income families.

Besides, there is a striking difference in mental health support between rural and urban areas, which constitutes another big challenge. Women living in villages of India are lacking in access to psychiatrists or psychological counsellors, centres for community support, or services for intervention in case of crisis. Though policies state that the solution lies in giving care locally and at smaller units, the real work, which includes districts and primary healthcare levels, is still patchy. This difference becomes very important especially in the case of women subjected to domestic violence or abuse as in rural areas, people could be more concerned with things like keeping the family together rather than the safety of women, thus making them have only very few ways to get help confidentially. The gap between policy and practice is so wide that it becomes very clear when local health workers, who in turn women must rely on, are not trained enough to recognize mental health problems and be able to give care that is sensitive to gender issues.

Equally important is the issue of the lack of gender-disaggregated data, which puts very severe limitations on understanding, assessing, and evaluating the mental health programs. There is a huge gap between data that shows how women use and experience the mental health services and what policymakers can come up with as targeted interventions and ways to measure women-specific gender outcomes without these data. The absence of this data leads to a gender-neutral approach that assumes that services for mental health are the same for everyone and this can only be one model. However, the needs of women's mental health vary a lot depending on their age, whether or not they

are married, what their economic background is, what caste they belong to, whether they live in rural areas, and if they have been exposed to violence. Therefore, a policy that is blind to gender differences hides these distinctions and consequently, comes up with solutions that cannot reach those women who are the most vulnerable.

The discussion also shed light on how difficult it is to turn rights-based promises into actual community-level, practical strategies. Even though on paper, the policies provide for autonomy, informed consent, and non-discrimination, a large number of women do not know about those rights. Women not being very literate in terms of mental health, decision-making structures being patriarchal, and access to information being limited, all these factors prevent women from carrying out their rights as per the Mental Healthcare Act. Hence, for the faithful execution of the plan, it would require not only the enhancement of the infrastructural base but also continuous community engagement that would put women in the position to be able to demand their own mental health needs.

On the whole, the difference between intentions of mental health policies and what women actually go through is due to social norms, structural inequalities, and lack of proper gender-sensitive implementation. In order to come over this difference, the general policy framework needs to be replaced by a gender-responsive approach which would acknowledge and deal with those challenges that women face specifically. Some of them would be the revival of community mental health care, incorporating gender sensitiveness into primary healthcare, making things easier and more accessible, promoting financial independence and institutional mechanisms building that would guarantee women both safety and dignity when they come for help. Without such incredibly focused moves, India would not be able to advance in a way that women would have equal opportunities for positive mental health outcomes as well as the fulfilment of the promises contained in its bi-laws and policy frameworks.

CONCLUSION

The mental health policy framework that India has in place is quite clear about its intention to create a system that is not only inclusive but also based on the rights of individuals. However, when you look at the daily challenges faced by women, we see that the reality is quite different. By examining current policies through a gender lens, one finds that social inequalities, prevailing stereotypes, and economic barriers significantly influence the psychological health of women compared to legislative reforms. Although the policy documents contain some progressive provisions, women's mental health issues remain unnoticed as the problems of stigma, gender-specific roles, financial dependency, and limited access to gender-sensitive care continue to exist. One of the most significant

issues that have been pointed out is that the policies still rely on gender-neutral approaches for both their formulation and implementation. At first glance, these approaches might appear to be fair, but in fact, they do not consider the different circumstances that women face when they have mental health issues and need support. Without specifically gender-responsive strategies, policies cannot provide enough protection or empower women, especially those from remote areas or who are the most marginalized groups of society. Similarly, the lack of gender-disaggregated data also affects the possibility of evaluating the effectiveness of programs and thus, it creates difficulties in designing interventions that are the best fit for women's needs.

India needs to develop a comprehensive and gender-sensitive framework for the mental health system in order to move from saying one thing and doing another. How about this? Thoroughly community-based services, raising mental health literacy among females and their families, and even implementing gender sensitivity in all sections of health management would be some of those initiatives. Besides that, by addressing economic and social limitations such as making sure services are financially accessible, and creating safe spaces as well as allowing confidential support, women will be more willing not only to seek care but also to get the care they deserve.

Fair mental health outcomes for women cannot be the result of policy declarations alone; it is necessary to have a continuous changing of social attitudes, strengthening the capacity of institutions, and ensuring that there is accountability when it comes to the implementation of plans. By concentrating on the experiences of women and understanding that these factors are numerous, interrelated, and influence their mental health, policymakers can be a step closer to the goal of a mental health system that is truly responsive and inclusive. Only then will India be able to fulfil its progressive commitments and, at the same time, respect the mental health rights of all women.

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