

A MUCH-NEEDED SHIFT

Increasing awareness about mental health and government initiatives to improve it are steps in the right direction



Strength was measured by how much one could tolerate. Families managed distress privately, fearing judgement. Doctors were approached as a last resort. Labels were feared. Diagnosis was equated with lifelong limitation.

Thankfully, that narrative has shifted. The image of the "broken" person has been replaced with one of someone who needs help. People now understand that mental healthcare is for everyone, not only those with a diagnosis. That most people living with depression, anxiety, obsessive compulsive disorder, bipolar disorder or attention deficit hyperactivity disorder can lead purposeful and meaningful lives while in therapy or on medication. This is progress. But awareness must be accompanied by clarity.

MENTAL HEALTH VS MENTAL ILLNESS

Mental health refers to how we cope with stress, relate to others, make decisions, rest, and recover. Every human being has mental health, just as every human being has physical health. It fluctuates. It responds to circumstances. It strengthens with care and weakens with neglect. Mental illness refers to diagnosable conditions that require structured professional support. These conditions are real, valid, and treatable.

Not all emotional distress is illness. And not all illness is immediately visible. It is absolutely possible to appear capable, successful, and composed while struggling inside. It is also possible to feel overwhelmed during a demanding season of life without meeting the criteria for a disorder. Understanding this distinction reduces fear and stigma, allowing people to reach out early.

STRESS: QUIET AND CUMULATIVE

As a society, waiting for a crisis has been one of our most harmful habits. Many pressures affecting mental well-being today are subtle. There is no single catastrophic event or visible breakdown.

Instead, it is feeling guilty while resting. Measuring self-worth via productivity. Being available at all hours. Responding instantly. Comparing achievements. Living in a constant state of low-level urgency. None of these are a dramatic cry for help. People continue to function. They meet deadlines, care for children and ageing parents, attend meetings and smile in photographs. From the outside, everything looks "normal". But slowly, the small things chip away at their emotional resilience. Fatigue becomes constant. Irritability grows. Sleep feels unrefreshing. Joy feels distant. Concentration declines. A sense of being permanently switched on takes hold. Many people are not unwell in a clinical sense. They are worn down.

WAVING RED FLAGS

One of the most common questions



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HEALTH

Over the last decade or so, the topic of mental health has moved from the margins to the mainstream. Post-Covid, conversations around positive mental health became a much discussed matter in classrooms and workplaces. And now, with the recent Indian Budget placing a spotlight on mental health, I find myself quietly emotional. Why? Because I can see one of my long-held dreams, or rather a goal, slowly taking shape.

WHAT IS THIS DREAM?

That mental healthcare becomes a dinging-table conversation in every home. That it is no longer a taboo topic brushed under the carpet. That a parent asks a child how they are feeling and actually waits for the answer. That a spouse can say, "I am not coping", without being told to be stronger. That seeking therapy becomes as ordinary as visiting your GP for a fever. Most of all, that every single person who needs mental healthcare not only receives it, but also receives it without geographic accessibility issues, without financial constraints, without stigma.

A DEFINING MOMENT FOR YOUNG INDIA

- Nearly 60 per cent of mental disorders in India are diagnosed in individuals under 35 years of age. (Source: ANCIPS 2026)
- 50 per cent of lifetime mental disorders begin before 18, and 70

per cent before 35. (Source: NIMHANS survey)

- Suicide is now the third leading cause of death among individuals aged 15 to 29 years. (Source: WHO)
- High social media addiction among those aged 15 to 24 results in rising anxiety, low self-esteem, depression, and stress from cyberbullying. (Source: Economic Survey 2025-26)

- The economic loss due to mental health conditions during 2012-2030 is estimated at \$1.03 trillion. (Source: WHO)
- India has about 0.75 psychiatrists per 100,000 people while WHO recommends a minimum of three.
- India faces a treatment gap estimated at 70-92 per cent. (Source: NIMHANS survey)

Experts describe this not merely as a clinical concern but as a public health emergency. Against this backdrop, the Budget 2026-27 has proposed expanding mental health infrastructure, including a new NIMHANS campus in North India and upgrading National Mental Health Institutes in Ranchi and Tezpur to Regional Apex Institutions. There is emphasis on suicide prevention, digital addiction management, and a community approach to mental well-being. Early identification must become routine. Mental healthcare cannot remain confined to hospitals and clinics. It must involve schools,

colleges, workplaces, families, and neighbourhoods. Young people need safe spaces to speak out without fear of ridicule.

PAPER TO PRACTICE

Following the Budget 2026-27 and a continuing 2025 Supreme Court mandate, student mental health is no longer an optional welfare measure. It is now governed by binding national guidelines, infrastructure mandates, and regulatory compliance. One of the most welcoming news is the CBSE Dual Counsellor Mandate, whereby there must be:

- Two counsellors, one for socio-emotional well-being and one for career guidance;
- One counsellor per 500 students (Classes 9-12) must for affiliation;
- 50-hour mandatory CBSE training for all school counsellors. However, as per the alarming statistics, as need of the hour, I would recommend 1:200 instead of 1:500 across all schools/boards. Other positive changes for the mental healthcare of youth include:
- Mandatory counsellors: Institutions with 100 or more students must employ at least one trained counsellor, psychologist, or social worker. Smaller institutions must establish formal links with mental health professionals.
- Staff training: All staff must undergo training twice a year

in "psychological first aid" to identify early signs of student distress or self-harm.

- Safety infrastructure: Residential schools and hostels are required to install tamper-proof ceiling fans and restrict access to high-risk areas like rooftops or balconies.
- Prohibition of public shaming: Coaching centres and schools are barred from public shaming, performance-based segregation, or setting unrealistic academic targets for students.
- Uniform mental health policy: Schools must adopt a formal policy based on the Ministry of Education's Manodarpan initiative and the Unmeed Draft Guidelines.
- Never alone AI program: Launched by AIIMS Delhi, this provides 24x7 virtual consultations via WhatsApp for a nominal fee (approximately 70 paise per student per day) for large institutions.
- Tele-Manas: The Budget continues to fund Tele-Manas, a 24x7 free tele-counselling service available in 20 languages across all states.

THEN AND NOW

So, how far have we come? What has truly changed? And what remains unresolved?

Not long ago, mental health was seen as personal failure. Or worse, attention-seeking behaviour.

HOW DO I KNOW IF I NEED HELP?

Answer yes or no to the following, based on how you have felt every single day over the past two to three weeks

- Do you wake up feeling tired?
- Do you feel irritable without a clear reason?
- Do small tasks feel more exhausting than usual?
- Have you lost interest in

things you usually enjoy?

- Do you delay responding to people you care about?
- Do you find it hard to fully switch off, even when resting?
- Do you feel emotionally flat or disconnected?
- Do you rely on screens to avoid thinking or feeling?
- Do you feel you must keep going, regardless of how you feel?
- Do you struggle to put your emotions into words?

There are no right or wrong answers

- Zero to three yes responses are part of being human.
- Four to six yes responses are an invitation to pause and reflect. Something may need adjustment.
- More than six yes responses suggest it is time to reach out. Speak to your GP. Consult a qualified mental health professional. Early conversations are far easier than crisis conversations.

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I hear is not “What am I feeling?” but “Is this serious enough to seek help?” Red flags are there to nudge us to pay attention.

In children, distress may show as clinginess, frequent physical complaints, withdrawal from play or sudden changes in sleep and appetite. Teenagers may become persistently withdrawn, irritable, disengaged from school or uninterested in what once mattered to them. In adults, it often looks quieter — constant fatigue, difficulty concentrating, feeling emotionally flat, withdrawing from relationships or leaning too heavily on alcohol or screens. In older adults, it may appear as social withdrawal, low mood, disrupted sleep or loss of interest in familiar routines.

AWARENESS IS A START. ACCESS IS THE GOAL

Awareness has undoubtedly grown, so systems are expanding. The demand for licensed and trained mental health professionals is rising, but services must scale with care, with ethical safeguards, shorter wait times, and reach into smaller towns and rural areas, not just the metros. Tele-counselling can help bridge gaps, but digital services must complement, not replace, in-person care.

The momentum is encouraging. But the real shift will be measured quietly, beyond policy and programmes. It will be seen in how we respond in our own homes, workplaces, and communities.

FIVE MENTAL HEALTH MYTHS

Myth: If nothing particularly bad has happened, you should be coping well.

Reality: Ongoing pressure can be just as damaging as a single major event.

Myth: Strong people do not need help.

Reality: Strength often includes knowing when to seek support.

Myth: If someone looks fine, they are fine.

Reality: Many individuals struggle privately while maintaining outward functioning.

Myth: Talking about mental health makes things worse.

Reality: Avoidance tends to deepen distress.

Myth: Therapy is only for those in crisis.

Reality: Therapy can be preventive, reflective, and for those seeking balance and growth.

When someone says they are struggling, will you truly listen?

Picture: istock

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