

# Mental Health in Women and Child Welfare in India: Issues, Shortcomings, and Prospects

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**Abstract:** *Mental health is an essential element of overall wellness, yet it is frequently neglected in the frameworks addressing women and child welfare, particularly in developing nations like India. Although there have been improvements in welfare policies and initiatives aimed at enhancing maternal and child health, education, and protection, mental health concerns often remain on the periphery. Women and children face distinct psychosocial challenges, including poverty, domestic violence, gender inequality, child labour, abuse, and social exclusion, all of which increase their susceptibility to mental health disorders. This review explores the systemic neglect of mental health in women and child welfare programs, highlights socio-cultural and structural barriers, and identifies shortcomings in policy. Moreover, it examines the consequences of ignoring mental health issues and suggests integrated, community-oriented, and rights-based approaches to better incorporate mental health into welfare initiatives. The paper concludes by emphasizing the critical need to integrate mental health considerations into policies related to women and child welfare.*

**Keywords:** Mental Health, Women and Child Welfare, India, Social Policy, Gender and Mental Health, Child Mental Health, Welfare Policy

## 1. Introduction

The World Health Organization characterizes mental health as a condition of well-being where individuals can recognize their strengths, cope with daily challenges, work productively, and engage in their communities. However, discussions surrounding welfare, especially in relation to women and children, have typically marginalized mental health.

The World Health Organization indicates that mental health disorders contribute significantly to the global disease burden. In India, the National Mental Health Survey by the National Institute of Mental Health and Neurosciences revealed that around 10.6% of the population suffers from mental health disorders, highlighting a substantial treatment gap, particularly among vulnerable groups such as women and children.

Furthermore, the National Mental Health Survey indicates that about 70–80% of individuals with mental health conditions in India do not receive appropriate treatment, underscoring major obstacles to accessing mental healthcare services (NIMHANS, 2016).

In countries like India, welfare programs primarily focus on physical health, nutrition, education and economic empowerment, often overlooking mental health. Stigma, lack of awareness, poor infrastructure, and policy neglect contribute to the unrecognized and untreated mental health issues among women and children.

Women face challenges, including gender-based violence, reproductive health pressures, economic dependency, and societal expectations. Meanwhile, children deal with abuse, neglect, academic stress, poverty, and exploitation. This psychosocial burden calls for urgent attention within welfare frameworks.

## 2. Conceptual Framework

This section offers an overview of mental health issues faced by women and children in India. It emphasizes important psychosocial factors that affect their mental well-being and sets the stage for analysing policy shortcomings and welfare challenges.

### 2.1 Mental Health in Women

Women are more prone to experiencing depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation (WHO, 2022). Factors such as societal pressures, domestic violence, and restricted personal freedoms intensify their mental health challenges. According to the National Institute of Mental Health and Neurosciences, the prevalence of common mental disorders is higher among women than men in India.

Maternal mental health, particularly postpartum depression, significantly impacts both mothers and their children over the long term. Research indicates that untreated maternal depression can adversely affect infant development, attachment styles, and cognitive outcomes in early childhood (Patel et al., 2018). However, maternal welfare initiatives often prioritize institutional childbirth and vaccinations over mental health assessments.

### 2.2 Mental Health in Children

UNICEF (2021) reveals that nearly one in seven adolescents worldwide faces mental health issues. In India, children experiencing poverty, child labour, abuse, or displacement are at heightened risk.

Despite programs under the Ministry of Women and Child Development focusing on nutrition (ICDS), protection (POCSO), and education, they seldom incorporate structured mental health services.

### 3. Policy Landscape and Gaps

#### 3.1 National Mental Health Initiatives

The Mental Healthcare Act of 2017 marked a crucial advancement in recognizing mental health as a fundamental right, prioritizing access, dignity, and non-discrimination (GOI, 2017). However, grassroots implementation remains insufficient.

The National Mental Health Programme aims to integrate mental health into primary care, but components specifically addressing women and children are still underdeveloped (Ministry of Health and Family Welfare, GOI 2014).

The District Mental Health Programme seeks to decentralize mental health services at the district level; however, the synergy between district mental health services and women and child welfare programs is often lacking in many areas (Ministry of Health and Family Welfare, GOI 2019).

More recently, the Government of India has introduced the Tele-MANAS (Tele Mental Health Assistance and Networking Across States) initiative to provide mental health counselling through telecommunication. While this initiative is a positive movement toward enhancing access to mental health care, awareness and usage among marginalized groups, particularly women and children in rural contexts, are still limited. (Government of India, 2022)

#### 3.2 Women and Child Welfare Schemes

Programs like the Integrated Child Development Services, Beti Bachao Beti Padhao, and the One Stop Centre Scheme primarily focus on nutrition, safety, and empowerment. Nonetheless, psychological counselling services are frequently sparse, inconsistent, or mainly available in urban areas.

Initiatives such as Mission Shakti aim to assist women who are facing violence and trauma. However, consistent mental health services and long-term psychological rehabilitation remain scarce within many welfare systems.

There is minimal coordination between mental health services and welfare departments, resulting in a fragmented approach to service delivery.

### 4. Factors Contributing to Neglect

#### 4.1 Social Stigma

Mental illness is often associated with stigma, shame, and misunderstandings, which discourages women from seeking help. Additionally, behavioural issues in children are often perceived as simple misbehaviour rather than signs of psychological distress.

#### 4.2 Gender Discrimination

Patriarchal norms restrict women's access to healthcare and limit their mobility. Emotional suffering is frequently seen as a typical aspect of womanhood.

#### 4.3 Shortage of Qualified Professionals

India faces a shortage of psychiatrists, psychologists, and psychiatric social workers, especially in rural regions. This scarcity severely limits access to mental health services nationwide.

#### 4.4 Financial Constraints

Mental health funding accounts for less than 1% of India's overall health expenditure (WHO, 2022), highlighting a systemic neglect of the issue.

#### 4.5 Fragmented Service Delivery

Welfare services for women and children operate independently from health departments, impeding collaborative efforts across disciplines.

### 5. Consequences of Neglect

- **Intergenerational Impact:** Untreated maternal depression negatively affects children's cognitive and emotional development.
- **Increased Vulnerability to Abuse:** Mental health issues can increase the risk of domestic violence, human trafficking, and exploitation.
- **Academic and Social Challenges:** Children with untreated anxiety or depression often face difficulties in academics and tend to withdraw socially.
- **Economic Impact:** Mental health disorders result in decreased productivity and higher healthcare costs, which worsen the cycle of poverty.

### 6. Recommendations

- Incorporate mental health screenings into Integrated Child Development Services (ICDS) and maternal health programs.
- Educate Anganwadi and ASHA workers to tackle mental health issues.
- Create school-based mental health initiatives in collaboration with educational authorities.
- Increase funding for mental health services in women and child welfare programs.
- Initiate community awareness campaigns to reduce stigma associated with mental health.
- Strengthen the implementation of the Mental Healthcare Act of 2017.
- Conduct research and gather data on gender-specific and child-related mental health trends.
- Encourage community-based mental health services through partnerships among health departments, educational institutions, and social welfare organizations.

### 7. Conclusion

Despite the crucial role of mental health in fostering comprehensive development, it remains largely neglected in India's women and child welfare systems. Factors such as systemic inequalities, stigma, fragmented policies, and inadequate funding contribute to this oversight. Addressing mental health needs a rights-based, gender-sensitive, and

child-focused approach within welfare programs. It is vital to enhance collaboration between health, education, and social welfare sectors. Systematic reforms and community engagement are key to integrating mental health into policies concerning women and children.

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