CONTEXTUALISING MENTAL HEALTH CARE: A LIFE CYCLE APPROACH TO MENTAL WELL-BEING

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Acknowledgements

Disclaimer

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Sattva Knowledge Institute (SKI), established in 2022, is our official knowledge platform at Sattva. The SKI platform aims to guide investment decisions for impact, shedding light on urgent problems and high potential solutions, so that stakeholders can build greater awareness and a bias towards concerted action. Our focus is on offering solutions over symptoms, carefully curating strong evidence-based research, and engaging decision-makers actively with our insights. Overall, SKI aims to shift intent and action toward greater impact by influencing leaders with knowledge. All of our content proactively leverages the capabilities, experience and proprietary data from across Sattva.

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Abbreviations

ADHD	:	Attention Deficit Hyperactivity Disorder
AFHC	:	Adolescent Friendly Health Clinics
ANM	:	Auxiliary Nurse Midwife
ASHA	:	Accredited Social Health Activist
DMHP	:	District Mental Health Programme
HALE	:	Health Assessment and Lifestyle Enrichment
KGBV	:	Kasturba Gandhi Balika Vidyalayas
MoHFW	:	Ministry of Health and Family Welfare
NCERT	:	National Council of Educational Research and Training
NCRB	:	National Crime Records Bureau
NCT	:	National Capital Territory
NGO	:	Non-governmental Organisation
NIMHANS	:	National Institute of Mental Health and Neurosciences
NMHS	:	National Mental Health Survey
PTSD	:	Post Traumatic Stress disorder
RBSK	:	Rashtriya Bal Swasthya Karyakram
RKSK	:	Rashtriya Kishor Swasthya Karyakram
SEL	:	Social Emotional Learning
UNFPA	:	United Nations Population Fund
WHO	:	World Health Organization

Executive Summary

Mental health is important for a nation's development, influencing various aspects of life. However, the tendency to view it in isolation stems from insufficient attention to its interconnectedness with critical factors such as poverty, compromised education, gender inequality, ill-health, violence and the external environment. Challenges include an illness-focused perspective, a shortage of mental health professionals contributing to a treatment gap, and a limited focus on the quality of care, particularly in the digitalisation of mental health services.

A **life cycle approach**, considering the interplay of biological, psychological, social, and environmental factors, emphasises timely actions for a healthy start, support during transitions, and the creation of healthier societal environments. A life cycle approach to mental health extends this concept to mental well-being. It recognises that mental health interventions should account for the unique needs and risks of different age groups and contexts. This approach involves addressing factors that **promote mental well-being**, **offer protection**, and **mitigate risks** at each life stage while considering intergenerational influences on mental health.

The report delves into mental health considerations and interventions at each life stage, starting with **pre-conception and early childhood**. Globally, developmental disorders affect 1 in 50 children under five, with early experiences, genetics, and various risk factors playing crucial roles. Early identification and support for expectant mothers, along with investments in childhood education, are critical in mitigating long-term mental health risks. The report highlights ongoing government and nonprofit programmes aimed at **early identification** of disorders and **special education** to enhance mental health outcomes.

In the subsequent stages, such as **childhood and adolescence**, the prevalence of mental illnesses becomes pronounced, with 3 in 4 cases initiating before the age of 18. Academic pressures, peer interactions, and performance challenges create significant stressors. The report covers programmes providing holistic interventions, encompassing **life skills**, academic **stress management**, and fostering **social connectedness**.

Moving into **adulthood and working age**, mental health conditions peak in late adolescence and early adulthood, often stemming from life events such as pregnancy, divorce, bereavement, unemployment, and imprisonment. The report covers programmes providing targeted **workplace strategies**, integrating mental health screening into **antenatal care**, and comprehensive state **initiatives within prison** settings.

Older adulthood introduces unique challenges, with dementia emerging as a significant contributor to mental health issues among the elderly. The report notes that 3.5% of India's elderly population grapples with depression. It captures existing interventions providing holistic care, covering both **curative** and **promotive support**.

Advocating for a life cycle approach to mental health is pivotal in addressing the distinctive needs and risks at each stage of life. This necessitates a shift from an illness-centric perspective to a holistic understanding of mental well-being. Collaborative efforts between government institutions and non-governmental organisations are deemed essential to provide comprehensive care and support for the diverse mental health needs of individuals throughout their lives.

This perspective has been built on insights shared by Dr Pratima Murthy–Director, the National Institute of Mental Health and Neuro-Sciences (NIMHANS) in a podcast episode on *'Decoding a Life Cycle Approach to Mental Health'*, as part of Sattva Knowledge Institute's podcast series, Decoding Impact.

Expanding on her concepts and ideas, this perspective draws from global frameworks and examples of solutions in India, to help understand a life cycle approach to mental health.

Using a Life Cycle Approach

This document delineates age-specific requirements across five distinct life stages and varying life circumstances. Additionally, it offers examples of programmes that have been implemented to cater to these context-specific needs across the life course. Serving as a valuable resource for non-profits and programme designers, it offers a structured approach to tailor mental health interventions and create more effective and relevant programmes.

Mental Health – Why is it Important for India's Development Agenda?

In the context of a nation's development, mental health plays a pivotal role, as the population represents invaluable human capital. The foundation of social development rests on mental health and well-being, which has profound effects, on and is driven by economic, cultural, social, and biological aspects of life. Thus, mental health encompasses everything from well-being and resilience, to psychological distress and diagnosable mental disorders.

Mental health challenges, needs and requirements vary across different age groups, requiring tailored interventions. Early intervention is essential, spanning childhood development, providing support during adolescence, and offering guidance for young adults, all of which play a crucial role in shaping long-term well-being.

Various variables, such as gender, socioeconomic status, and the presence of community support, also significantly influence mental health outcomes. Therefore, addressing issues like gender inequality and poverty is fundamental to the promotion of mental well-being. These factors are intertwined and collectively contribute to the overall mental health landscape of a nation, making it imperative to consider them in a holistic approach to development.

Challenges to Implementing Mental Health Programme

Illness-focused view

In India, mental health is still viewed by stakeholders in silos. Hence, its interconnectedness with other aspects like the external environment, education, and livelihoods is not recognised. There have been significant policy initiatives – such as the National Mental Health Policy (2014), the National Mental Health Care Act (2017), and the District Mental Health Programme (DMHP) aimed at providing care in over 700 districts. However, the focus has predominantly been on identifying and treating mental illnesses, leaving the spectrum of mental well-being and wellness somewhat overlooked. This again leads to a lack of well-established models for mental well-being interventions to replicate.

The COVID-19 pandemic has highlighted the importance of addressing not only severe mental disorders, but also temporary psychological distress stemming from various life events and challenges. These transient distress situations might be managed through self-help strategies or by seeking support from one's social network – emphasising the need for robust social support systems for individuals to communicate and address their mental

distress effectively. However, challenges emerge related to high stigma, limited awareness and vocabulary, making it difficult for individuals to verbalise their struggles.

Shortage of mental health professionals

A considerable treatment gap exists within the realm of mental health, indicating a disparity between the demand for services and their availability. As per the NMHS 2015-16, more than 70% of the people who need mental health care are not receiving it. The highest gap is in substance use disorders (tobacco, alcohol or any other substances) at a 90% gap.[1] This means that a very large section of those in need of care do not receive it.

Limited focus on quality of care

During the COVID-19 pandemic, the general population appears to have embraced the influx of various digital applications and helplines. While the expansion of these services is undoubtedly beneficial, it necessitates ensuring that the service providers possess the relevant training and qualifications. This becomes a matter of utmost importance to prevent the exploitation of individuals, especially in countries where mental health awareness is limited. Guidelines and monitoring practices and services provided are essential at a broader ecosystem level.

This also necessitates a focus on establishing reliable and accredited mental health networks within the community. Ensuring last-mile community care can ensure that people, regardless of their location, have access to quality assistance in a manner that is both supportive and free from exploitation.

Using a Life Cycle Approach to Mental Health

Figure 1: Mental Health along the life cycle, adapted from Mental Capital through Life: Future Challenges[2,3]
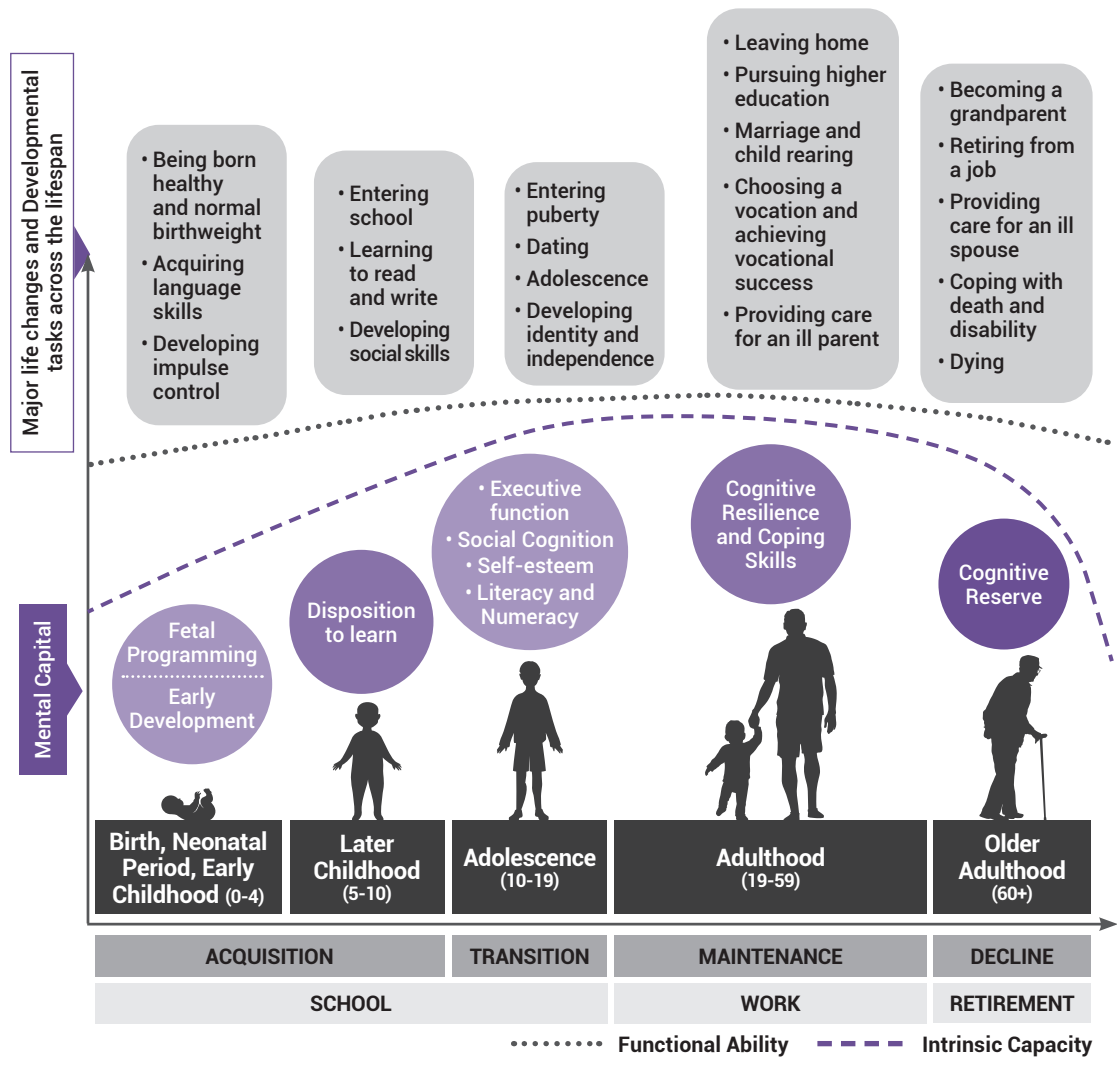
Note: This figure emphasises key concepts such as functional ability, intrinsic capacity, well-being, rights realisation, life stage, resilience, risk, and social and environmental determinants of health. **Functional ability**, the main outcome, is the sum of individual and environmental attributes enabling a person to value specific activities, and it can be optimised throughout life with a supportive environment. **Intrinsic capacity**, representing physical and mental capacities, follows a biologically determined trajectory, while **well-being** is a subjective state evaluated across satisfaction, emotions, and self-realisation. Life stages, defined by chronological age, sociocultural norms, and functional status, cover birth, childhood, adolescence, adulthood, and older adulthood. The framework emphasises the accumulation of resilience and risk across generations, underscoring critical events and periods of susceptibility.[4]

Life cycle approach to health

A life cycle or life course approach to health and well-being builds on the interaction of multiple promotive, protective and risk factors throughout people's lives. This approach adopts a temporal and societal perspective on the health of individuals and generations, including intergenerational determinants of health.

As such, adopting a life course approach for health means:

1. Recognising that all stages of a person's life are intricately intertwined with each other, with the lives of other people in society, and with past and future generations of their families;
2. Understanding that health and well-being depend on interactions between risk and protective factors throughout people's lives;
3. Taking action; **early** to ensure the best start in life; **appropriately** to protect and promote health during life's transition periods; and **together**, as a society, to create healthy environments, improve conditions of daily life, and strengthen people-centred health systems.[5]

A life cycle approach in the case of mental health and well-being also requires that age-specific requirements and risk factors are accounted for, while designing interventions.

> *"I think we've always made the error of possibly believing that there is one size fits all as far as interventions are concerned and therefore, just tweaking something for a child or, making something a little different. So, I think we need to understand the needs along a developmental continuum or the needs of different groups of people and make our responses important for those needs."*
>
> – **Dr Pratima Murthy**, Director, NIMHANS

Mental Health Programmes Along the Life Cycle Continuum

STAGES 1 AND 2: PRE-CONCEPTION AND EARLY CHILDHOOD

Early experiences profoundly shape a child's mental health, with lifelong consequences. Disruptions during this critical development phase can hinder learning and social interaction.

Children can show clear characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, post-traumatic stress disorder, and neurodevelopmental disabilities, such as autism, at a very early age. Young children also respond to, and process emotional experiences and traumatic events in ways that are very different from adults and older children. Consequently, diagnosis in early childhood can be much more difficult than it is in adults.[6]

The interaction of genetics and experiences plays a crucial role in childhood mental health. Genes provide instructions for the body, but the environment's chemical 'signature' can influence whether these instructions are carried out. Stress-inducing experiences in early life, when combined with genetic predispositions, can create an unstable foundation for mental health.

Toxic stress, often associated with family stressors like persistent poverty, can damage brain development and increase the risk of mental health problems. The interaction between genetic predispositions and sustained, stress-inducing experiences early in life can lay an unstable foundation for mental health that endures well into the adult years.[7]

Prevalence: Globally idiopathic developmental disorders, causing developmental disabilities, are the most common mental disorders in young children, affecting 1 in 50 children under five (2.2%). Autism spectrum disorder is the second most prevalent, affecting 1 in 200 children under five (0.5%). Both disorders become less common with age, as many individuals with developmental disorders have shorter lifespans.[8] In India, autism spectrum disorders are most common in young age groups, and are more prevalent in males across all ages. Other disorders that have a higher prevalence include conduct disorders (peaking at 10-14 years) and Attention Deficit Hyperactivity Disorder (ADHD) (peaking at 10-14 years).[9]

"We must also understand that our mental makeup depends on a whole host of things. One is, of course, a biological predisposition, i.e. what we are born with. I mean, just as we have certain, thresholds in terms of our blood pressures or, our body weight, for example, there's a biological tendency, we inherit some of these things. Similarly, a large part of temperament is something that might be inherited. Our sensitivity, our temperaments, there is a certain biological component to that, but that doesn't mean that we cannot regulate it or cannot be in control of it."

— **Dr Pratima Murthy**, Director, NIMHANS

Context-specific considerations: Major developmental milestones in these life stages include being born healthy and of normal birth weight, acquiring language skills and developing impulse control. Risk factors for adverse mental health outcomes can include low infant birth weight, birth complications, poor infant health, insecure attachment, abuse, neglect, parental mental or physical health problems, substance misuse, mental disorders, criminality, and poverty. Additionally, developmental disabilities, intellectual disability, and genetic factors may contribute to mental health challenges.[10]

Early intervention and preventive measures are crucial for promoting mental health and preventing mental health issues, particularly in children and expectant mothers. Identifying the signs of mental health problems in children is vital, as these issues can surface early in

life. The safety of childbirth is paramount, as even minor brain injuries during delivery can result in lifelong disabilities for the child.

Solutions designed to cater to the unique needs of mental health at this stage in life:

Early Childhood Intervention Center (EIC), Ummeed[11]

The EIC is a programme to prepare children (age 2-5) with special needs to enter school. They use a child-centred, play-oriented philosophy, tailoring learning experiences to each child's unique abilities through play, songs, stories, and snacks. Parents actively engage in their child's education, learning activities for continued support at home and fostering a supportive community.

The EIC serves as a model for early childhood development, extending its influence by training teachers in other preschools on the inclusion of children with special needs. The programme is contextualised to specific needs of young children, and seeks to be a model early childhood development intervention programme for children with special needs.

Playing a crucial role in providing early intervention for children who face difficulties entering conventional play schools, it bridges the gap in mental health care and provides an opportunity to those who might otherwise miss out on this essential phase of early education.

Rashtriya Bal Swasthya Karyakram (RBSK), Ministry of Health and Family Welfare (MoHFW)[12]

RBSK is a national initiative aimed at screening children from 0-18 years for 4 Ds – Defects at birth, Diseases, Deficiencies and Development Delays including Disabilities – with a focus on early intervention, and free treatment.

For newborns, there is facility-based screening at public health facilities by existing health personnel, along with community-based screening conducted by Accredited Social Health Activists (ASHA) during home visits for infants up to 6 weeks of age. For children aged 6 weeks to 6 years, screening takes place at Anganwadi centres through dedicated Mobile Health Teams.

The screening is designed to detect a wide range of issues, including cognitive and language delays, behavioural disorders, and learning disabilities. Suspected cases of developmental delays and disorders are referred to District Early Intervention Centres (DEIC) for further evaluation and management.

With a strong focus on household-level screening and early identification, the programme contextualises mental health care for timely and relevant services, which can lead to better management and improved outcomes.

STAGE 3: CHILDHOOD AND ADOLESCENCE

Early childhood experiences play a significant role in shaping an individual's cognitive and emotional development. Adverse childhood experiences, such as witnessing domestic

violence or experiencing deprivation and abuse, can have lasting impacts on one's thoughts and emotions in adulthood. Challenges in this phase necessitate the development of self-confidence, resilience, effective communication, and coping skills.

Prevalence of mental health concerns

3 in 4 mental illnesses start before a child reaches the age of 18, while 50% of mental health problems in adult life (excluding dementia) take root before the age of 15.[13] Among the mental disorders that typically begin in childhood and adolescence, the prevalence of idiopathic developmental intellectual disability in India is 4.5%, while conduct disorders, attention-deficit hyperactivity disorder, and autism spectrum disorders each have a prevalence of less than 1%.[14]

Before the COVID-19 pandemic, 50 million children in India were estimated to be struggling with mental health issues.[15] 43% of students reported mood changes and 24% of children reported emotional changes in their families as a result of the pandemic.[16]

In India, over 4% of adolescents had anxiety disorders, while nearly 1% had depressive disorders in 2015.[17] Students accounted for 8% of the total number of suicides in the country in 2021. Overall, below the age of 18, there were 10,730 deaths by suicide among children and adolescents.[18]

Context-specific considerations

It is worth investing in resilience during adolescent years, because human brains develop and change more during the teenage years than at any other time apart from the first three years of life.[19] At this stage, therefore, there is immense potential for the development of new skills and capabilities.

School environments often exhibit variations in confidence levels, with some students being confident, others being shy, and some experiencing bullying, all of which can have repercussions on their mental well-being.

> *"Teachers need to be empowered not just to teach, but to be good communicators with the students. And of course, be good mentors and role models for students because a lot of that kind of idealisation actually occurs in school, doesn't occur so much at home, but definitely occurs in school."*
>
> – **Dr Pratima Murthy**, Director, NIMHANS

Academic pressure continues to be the most commonly stated stressors among adolescents. This highlights not only the way the educational system in India is highly focused on academic performance but also calls for a shift in mindset as a society to recognise the undue stress it causes students. While academic development is crucial, it is equally important to nurture well-rounded development that includes life skills such as

effective communication, assertiveness, emotional regulation, decision-making, and peer interactions. Additionally, fostering a sense of community and social connectedness among young people is crucial for their overall development.

81% of children report academics (studies, exams, and results) as a cause for feeling anxious[20] and the recent deaths by suicide among students in Kota[21] reinforce the need to recognise academic pressures as a unique determinant of mental health outcomes among this age group.

Solutions designed to cater to the unique needs of mental health at this stage in life:

Rashtriya Kishor Swasthya Karyakram (RKSK), MoHFW[22]

The Rashtriya Kishor Swasthya Karyakram (RKSK) 2014 is a government programme for holistic development of adolescents, that identifies mental health as one of the six priorities for adolescent health and development needs in India. The strength of the programme is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities.

It employs peer education and the observance of Adolescent Health Days once every quarter, to provide adolescents and young people with essential information about their health. It offers a resource kit and a dedicated application called Saathiya Salah for peer educators and adolescents. Additionally, the programme includes a referral system and a helpline to connect directly with counsellors and Adolescent Friendly Health Clinics (AFHCs) for medical advice and counselling by healthcare professionals.[23]

Recognising the evolving needs and challenges faced during these transitional years, including mental health concerns, the programme contextualises its priorities, approach through peer educators and community-based interventions, and use of digital applications to enable access to relevant care.

Happiness Curriculum, Government of Delhi[24]

The Happiness Class, introduced by the Government of National Capital Territory (NCT), Delhi in 2018, is a tailored programme for students from Nursery to Grade 8. This innovative curriculum challenges traditional teaching methods and is designed to create self-aware, mindful, and responsible individuals who can contribute to a harmonious society. The Happiness Curriculum is an endeavour to guide the attention of students towards exploring, experiencing, and expressing happiness in not just momentary, but deeper and sustainable forms as well. This aims to enable the learner to comprehend happiness within the self, relationships and society.

As such, the practice promotes mental well-being and equips children from a very young age to practise mindfulness, and develop the vocabulary and understanding needed to be aware and manage their mental wellness.

Girls First – Kasturba Gandhi Balika Vidyalayas (KGBV) programme, CorStone Foundation[25]

The Girls First – KGBV programme is tailored to the needs of highly marginalised and vulnerable girls attending Kasturba Gandhi Balika Vidyalayas (KGBVs) in Bihar, India. These girls come from 'low' castes, minority backgrounds, and families below the poverty line. They are often the first generation in their families to attend school and face risks like trafficking and early marriage.

The programme empowers these at-risk girls through comprehensive training. They receive guidance in areas such as character strength, interpersonal communication, problem-solving, nutrition, reproductive health, and gender-based violence. Trained KGBV teachers lead facilitated peer support groups, conducting one-hour weekly sessions throughout the academic year. The programme aims to enhance the psychosocial and physical health indicators of the girls.

The programme prioritises the enhancement of emotional strength, self-assurance, and social-emotional abilities, all of which hold particular significance during the adolescent period. The intervention recognises risk factors to mental wellness among this target group. With personalised training and support, the programme acknowledges and confronts the obstacles and vulnerabilities these girls face at this pivotal life stage.

For more insights on how programmes have looked at mental health and wellness in schools, read: Enabling Better Mental Health for Indian Schoolchildren

For more insights on how Indian programmes have approached holistic adolescent well-being, read: Investing in Adolescent Health and Well-being: Effective Interventions in India

STAGE 4: ADULTHOOD AND WORKING AGE

In adults, the prevalence of mental health conditions tends to peak in late adolescence and early adulthood and then decrease with age.[26,27] Many adult mental health disorders are recurrences of earlier problems.

13.9% of India's males and 7.5% of India's females had some form of mental illness. Substance use disorders, affecting 22.4% of the population, form the highest burden on mental health disorders.[28] Stressful life events are strongly associated with the onset of mental health problems and disorders in adults. Significant life events such as divorce, bereavement, involuntary unemployment, and imprisonment can also contribute to mental health concerns.[29]

Adults experience a number of different occurrences, including working, marriage, vocational success, parenting etc. which are unique to this age group. The exploration of mental health in this section will extend to three distinct life contexts during the adult life stage, namely at the workplace, during pregnancy and childbirth, and in prisons.

Mental health in the workplace

Work-related factors and the work environment play an important role in an individual's mental well-being. There is clear evidence that good work improves health and well-being across people's lives, not only from an economic standpoint but also in terms of quality of life. 'Good work' means not only having a safe work environment, but also a sense of security, autonomy, good line management and communication within an organisation. Hence workplace interventions must address the interconnectedness of work-related stress and personal life challenges.[30]

Prevalence of mental health concerns

14.3% of the total working population in India (197 million people aged 15-59) experience mental illnesses.[31]

While national level-data is limited, a study of 3,995 respondents by Deloitte (2022) reveals a significant prevalence of adverse mental health symptoms among white-collar workers.[32]

- More than 80% of respondents reported at least one symptom of mental health concerns, over 65% experienced at least two, and more than 50% faced three or more symptoms.
- Depression-related symptoms, including sadness, loss of interest in enjoyable activities, and concentration difficulties, were most commonly cited, affecting over 59% of respondents.
- The pandemic exacerbated the situation, with workplace-related stress affecting 47% of respondents and financial stress impacting 46%.
- Personal relationships, especially for women and caregivers, were also a source of stress for 39% of respondents. The pandemic's isolation contributed to stress, as did the lack of support from friends and family.

The growing concern of mental health at workplaces was also indicated in a study by MPower Foundation in 2023.[33] It aimed to identify factors affecting the mental health of 3,000 corporate employees in major Indian cities across diverse sectors. Major causes for decreased mental wellness included -

Job profile and work load
- 50% of corporate employees are at risk of poor mental health.
- At-risk profiles include female employees, senior employees, predominantly in sectors like FMCG, Automobile, Healthcare, and E-commerce.
- Job/work life plays a key role in impacting mental health, with the E-Commerce sector being most affected.

Financial distress
- Nearly 50% of employees strongly felt the need for an alternative source of income and a better financial wellness programme to empower them.
- About 50% of employees struggled with insufficient salaries and pay cuts, which further added to their financial woes.

Unfriendly work environment
- Approximately 80% of female employees agreed that they face stereotypes at the workplace by their male colleagues, especially regarding maternity leaves and the need for female colleagues to compromise with their careers post-marriage.
- 9 out of 10 employees agreed that they lack work-life balance.
- Close to 80% of employees agreed that they have taken two weeks' leave from work in the last year because of stress, anxiety, or poor mental health.

Context-specific considerations

One aspect to consider when modelling interventions is the characteristics of the work itself. For instance, jobs that entail constant interaction with the public can be particularly stressful, especially when individuals demand immediate responses. Similarly, monotonous work can lead to a loss of motivation and energy, while an overwhelming workload without control can be very stressful.

To promote employee well-being, workplaces should continuously assess their environments to ensure they are conducive to optimal performance and do not subject employees to severe psychological distress. Additionally, organisations must provide support for employees facing mental health challenges or those dealing with pressures related to caregiving responsibilities.

This support can include facilities like on-site creches, helping employees access nearby schools, and establishing confidential counselling services. Many corporate settings have implemented employee assistance programmes that offer confidential counselling or referrals for mental health or substance use issues. These programmes aid in the reintegration of employees into the workforce after seeking treatment and provide necessary adjustments to their job roles.In addition to this, informal support groups and relationships with friends and family are an important part of improving adult mental health.

The challenges are more pronounced in unorganised workplaces, such as those involving taxi drivers, auto drivers, and small-scale enterprises. Worker organisations should prioritise incorporating mental health and well-being components into their programmes. Programmes for workers across various sectors should include mental health awareness and care support. Scaling up these initiatives is crucial.

Solutions designed to cater to the unique needs of mental health at this stage in life:

Employee Assistance Programme, Accenture[34]
Accenture's Employee Assistance Programme is customised to meet the needs of its workforce and their families, focusing on addressing mental health concerns and providing support.

Among several components, the programme offers these key components:
- **Mental Wellness Portal:** This portal offers advice on developing mental resilience, providing employees with guidance on managing stress and building emotional strength.
- **Medical Insurance Policy Upgrade:** Accenture enhanced its medical insurance policy to include reimbursements for mental health consultancy for dependent family members, expanding mental health support to the broader family.
- **Mental Health Advocates:** With over 1,600 mental health advocates within the organisation, employees have a support network to turn to when discussing mental health issues.

Accenture's approach recognises the evolving mental health needs of employees throughout their professional journey. By offering comprehensive support, it ensures that each employee has access to resources and assistance tailored to their experiences and challenges in the workplace.

Health Assessment and Lifestyle Enrichment (HALE), Infosys[35]
Infosys has a wellness programme that uses technology and wellness management apps extensively.
- **Use of mixed media for awareness generation:** These include InfyTV shows through dedicated TV channels for promoting healthy lifestyles and Infy Radio shows featuring interviews with doctors, mental health experts, and promotion of HALE's well-being activities among employees
- **Digital application for well-being:** Mobile app – InfyFit that includes health trackers, tools and wellness challenges.Desktop app – Blink O Wink App for the employees that sends reminders for digital detox, drinking water, exercise and so on.

The programme also offers a holistic approach to promote a positive environment through collaborative care and a range of wellness management programmes, designed to promote well-being in the workplace.

Perinatal mental health
The perinatal period refers to the duration of pregnancy and the year after birth. Many women experience changes in their mental health during the perinatal period. Poor mental health can negatively affect women's health, and the well-being of their babies and families. Equally, poor health or difficult circumstances in the lives of women, their babies and families can negatively impact women's mental health.[36]

Prevalence of mental health concerns: It is estimated that 20-33% of Indian women experience mental health disorders during pregnancy and after childbirth.[37] Postpartum depression, affecting more than 17% of the global population, is more prevalent in developing countries.[38] Within the first 3-6 months postpartum, around 11-23% of Indian women struggle with depression.[39] While postpartum psychosis is rare, it has severe consequences for both the mother and child.

Context-specific considerations: Just as physical well-being is closely monitored during antenatal check-ups, the mental well-being of expectant mothers must be prioritised.This encompasses aspects such as maintaining a healthy diet, ensuring proper sleep hygiene, preparing for the arrival of the child, and providing immediate postpartum support for care of the newborn.

In the Indian context, practitioners have also noticed that variable such as the cultural preferences to have a male child, strained relationships with partners, inadequate family and social support, poverty and social adversity, changes in one's personal and professional life, the stress associated with childcare, poor physical health of the mother or the child, and coincidental negative life occurrences also contribute to perinatal depression.[40]

Stigma, lack of awareness, cultural practices and beliefs by families and lack of family's support exacerbate challenges in dialogue and care around perinatal mental health. It is imperative that mental health conditions are not dismissed as superstitions or baseless beliefs, but are recognised as genuine clinical concerns that necessitate treatment and ongoing management. When women experience such problems, the approach needs to extend beyond treating the disorder itself, to also include provision of support with child care and engagement with families.

Solutions designed to cater to the unique needs of mental health at this stage in life:

Thayi Bhagya Scheme, Government of Karnataka[41]
The intervention incorporates mental health screening into the routine maternal health check-up process, ensuring that the mental well-being of pregnant women is closely monitored throughout their pregnancy.

By integrating mental health screening within the Thayi card during pregnancy check-ups, this initiative helps in identifying and addressing potential mental health concerns early in pregnant women who are vulnerable to mental health issues.

Perinatal Psychiatry Clinic, NIMHANS[42]
The facility caters to the needs of women who are either pregnant or in the postpartum period, with a focus on addressing conditions like postpartum depression and postpartum psychotic disorders. Additionally, the clinic extends its support to partners and families of these mothers.

NIMHANS offers a comprehensive range of services. It includes individualised assessments and guidance tailored to the clinical condition, mother-infant care, safety, breastfeeding, and medication management. The programme also extends its services to assess the health of infants, offer referrals when necessary, and provides psychotherapy, counselling, and medical treatment. Furthermore, it includes

contraceptive advice and assistance in planning future pregnancies. Specialised outpatient and inpatient services are available to cater to the unique needs of mothers with psychiatric issues and their infants.

The intervention contextualises support to this stage of life by focusing not only on professional care, but also addressing the drivers of poor mental health outcomes, such as challenges in breastfeeding and mother-infant bonding or lack of familial support in newborn care. By aiming to achieve the holistic well-being of both the mother and the infant, the centre is able to recognise and address factors causing mental health issues among mothers.

For more insights on how perinatal mental health can be addressed in India and the outlook of service providers, read: Integrating Mental Health Care into Maternal and Newborn Health Systems in India *and watch a webinar on* Integrating Perinatal Mental Health into Health Systems Today.

Mental health in prisons

Another category of adults who are prone to mental health issues are individuals in prisons.

Prevalence of mental health concerns: In 2015, there were a total of 413,000 prison inmates in India, of which 5,203 (1.26%) were reported to be suffering from mental illness. The share of prison inmates suffering from mental illness has been in the range of 1.25-1.5%. A large share of prison inmates reported to be suffering from mental illness were either convicts or undertrials.[43]

Many of these problems appear to be responses to the harsh prison environment, particularly among the undertrials who tend to develop substance use disorders in the correctional facility. Loneliness, despair, and anxiety seem to contribute to the development of new mental health problems within the prison system.

Context-specific considerations: This situation necessitates a reevaluation of the current prison system. In addition to the routine physical evaluation at the time of entry, it is imperative to assess the mental state of individuals upon incarceration. Regular interventions are needed to prevent the deterioration of mental health during imprisonment, along with the provision of psychological support.

This approach is not limited to undertrials; it extends to convicted inmates as well. A culture of violence, unkindness, and disregard for others often takes root if the system neglects the mental well-being of both prisoners and the staff responsible for their care. The prison staff themselves face substantial stress, and programmes addressing their psychological well-being are essential to ensure a less traumatic environment for both prisoners and staff.

Furthermore, preventive programmes within the prison system are critical to avoid situations where those undertrials leave as hardened criminals. Substance abuse within prisons is a common issue, and failing to recognise and address it during the intake process can lead to severe withdrawal symptoms, including alcohol-related complications such as seizures and deaths.

To create a more holistic and supportive prison system, it is crucial to prepare inmates for their reintegration into the community upon release. Without proper preparation, ex-convicts face numerous challenges, including financial difficulties and limited access to medication for mental health issues.

Solutions designed to cater to the unique needs of mental health at this stage in life:

Prison programmes, Government of Karnataka[44]
Health measures in Karnataka's prisons are customised to cater to the specific needs of the incarcerated population, including health screening, awareness programmes, maintenance of hygiene, nutrition supply, and mental health support.

The intervention in Karnataka's prisons includes various components:
- Health Awareness: Programmes creating awareness about the misuse of tobacco, drugs, and about illnesses such as cancer, HIV, and more are conducted to inform and educate prisoners.
- Counselling and Psychotherapies: Psychiatric counsellors, trained at NIMHANS, offer counselling and psychotherapies to inmates.
- Mental Health Programmes: Peer support is provided for mentally ill patients, and prisoners are trained as 'Master Trainers' for mental health programmes.
- Referral to District Hospitals: Inmates requiring advanced medical treatment are referred to district hospitals based on the recommendations of prison medical officers.

These measures reinforce a human rights view to mental health for all, including prisoners, by providing tailored services and support to ensure that inmates remain stable, and that their mental health does not deteriorate during their sentence.

Prison programmes, Government of Tamil Nadu[45]
The intervention in the prison system of Tamil Nadu is customised to address the needs of those facing higher stress levels, violent behavior, depression, and suicidal tendencies.

It includes:
- **Psychologist Counselling:** Psychologists are appointed in Central Prisons, Special Prisons for Women, District Jails, and District Jail and Borstal School, Pudukkottai to treat and counsel prisoners suffering from depression and exhibiting violent behaviour.

- **Psychiatric Treatment:** Prisoners requiring psychiatric treatment are admitted to the Government Institute of Mental Health, Chennai. The services of psychiatrists from Government Hospitals are utilised to take care of mentally ill prisoners.
- **Counsellor Engagement:** Two counsellors are engaged in each Central Prison, and one counsellor is engaged in each Special Prison for Women and District Jail and Borstal School, Pudukkottai to ensure the better mental health of disturbed prisoners.
- **Police training police personnel:** Police personnel are trained to better handle prisoners and to deal with their own stress in the workplace.

STAGE 5: OLDER ADULTHOOD
Prevalence of mental health concerns
India is home to 104 million elderly citizens, of which nearly 10.9% are in need of mental healthcare.[46] Dementia is recognised as a major contributor to mental health problems in this population. Depression was reported in 3.5% of elderly population in India and mental morbidity in over 15.1% of the 60+ age population.[47] The living arrangements of older adults significantly influence their mental health, with those in residential care settings being more likely to have complex health problems and risk factors, such as disability and social isolation, that increase the likelihood of mental health problems.

Context-specific considerations
In the context of old age, interventions can take on different forms. They can include curative support, such as assistance for individuals with conditions like dementia, as well as promotive support, which involves interventions aimed at providing companionship and social engagement.

"I always talk about the need to grow your roots to make sure you develop social connectedness. You need to enrich those networks so that when you are in difficulty, you have a good network of family and friends to help you to deal with the kind of difficulties that you might have. This is critical."

– **Dr Pratima Murthy**, Director, NIMHANS

While residential care centres, including innovative concepts like dementia villages, play a crucial role, there is a growing emphasis on enabling elderly individuals to receive care and support in the comfort of their own homes. This approach, where possible, allows seniors to remain in the familiar and comforting surroundings of their own households while receiving the necessary assistance.

There is a need to establish a continuum of services for the elderly, especially as their social support networks tend to diminish over time. This responsibility extends to both government

institutions and non-governmental organisations, reinforcing the importance of collaborative efforts in providing comprehensive care and support for the elderly population.

Solutions designed to cater to the unique needs of mental health at this stage in life:

Dementia Day Care, Nightingales Medical Trust[48]
This programme is customised to meet the needs of the elderly, particularly those with Dementia and Alzheimer's, offering them access to a daycare facility.

The intervention at the day care centres involves a range of therapeutic activities, including music and exercise programmes, aimed at promoting social engagement and overall well-being for individuals with Alzheimer's and dementia.

It demonstrates the use of the life cycle approach by tailoring care plans to the specific needs of the elderly, with activities designed to support cognitive rehabilitation, sensory stimulation, and reminiscence therapy, ensuring their unique requirements are addressed at different stages of ageing.

Senior Citizen Companionship, Goodfellows[49]
Goodfellows is a unique intervention customised to address the unmet needs of the elderly in India. Rather than focusing solely on medical and shopping-related services, Goodfellows takes a comprehensive approach by serving as a "senior companionship start-up for intergenerational friendships."

The intervention employs young graduates to provide companionship, support, and foster a sense of community among seniors, combating the problem of loneliness and its health-related consequences.

Goodfellows demonstrates the use of the life cycle approach by focusing on companionship and social interaction to enhance the elderly population's overall well-being and mental health.

Conclusion

Mental health problems and disorders often follow specific trajectories, developing gradually, episodically, or suddenly, with no clear-cut distinction between their presence and absence. A life cycle approach provides insights into when certain mental health issues or disorders are more likely to manifest, taking into account age, risk factors, and critical transitional phases. This approach underscores the significance of tailoring a combination of interventions to an individual's unique circumstances.

Mental health promotion remains relevant across all ages and life stages, fostering supportive structures and systems that empower people to lead safe, productive, and fulfilling lives. In a

mentally healthy community, individuals are encouraged to create environments that promote well-being, skill utilisation, and the achievement of personal and collective goals.

In summary, the need to adopt a comprehensive life cycle approach in addressing mental health issues becomes evident when considering individuals' evolving needs and challenges. While there is a significant body of knowledge surrounding the development of mental illnesses, there is a growing emphasis on mental health promotion and its role in enhancing overall well-being.The life cycle approach can be especially useful to non-profits and programme designers when designing specific interventions for target age groups. For philanthropy working in the space of mental health, the life cycle approach helps identify interventions where funding can be targeted to achieve better results.

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