

Budget for Mental Health



The sixth in the series, this brief analyses the budgetary allocations for mental health in the Union Budget for the Financial Year (FY) 2026–27.

We focus on allocations and trends in the budget for mental health, mainly through the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Social Justice and Empowerment (MoSJE).

Analysis of Union Budget 2026–2027




Figure 1 | Union Budget Allocations for Mental Health 2026–27

BAR-CHART VISUALISATION: LONGER BARS REPRESENT LARGER BUDGET AMOUNTS. THE TOTAL UNION BUDGET BAR IS FOLDED INWARD SO IT FITS ON THE PAGE.

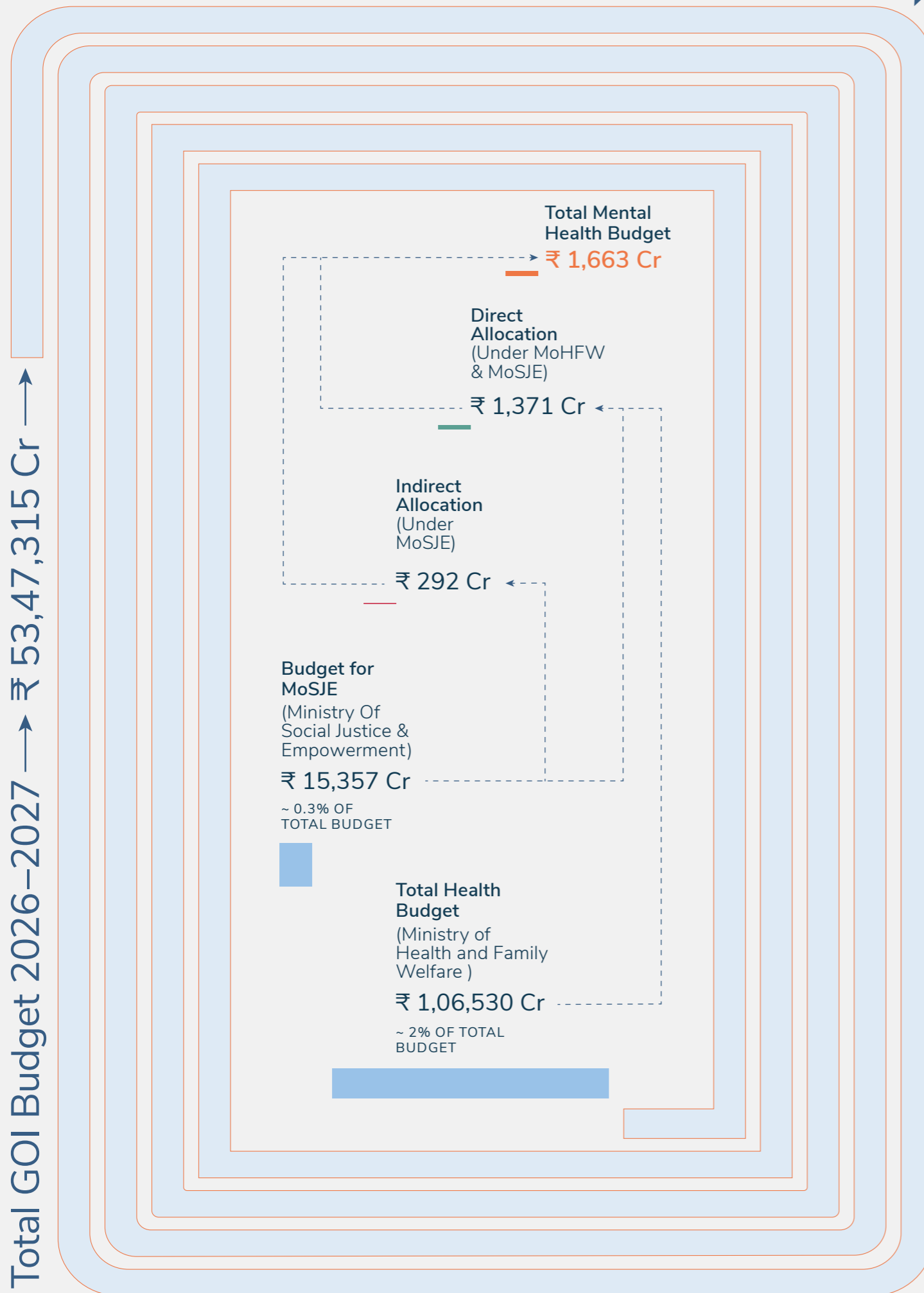


Figure 2 | A snapshot of the Budget across the years ^{1, 2, 3}

	2024–25	2025–26	2026–27
Total Mental Health Budget [Direct + Indirect]	₹ 1,614 Cr	₹ 1,618 Cr	₹ 1,663 Cr
Indirect Allocation [Under MoSJE]	₹ 300 Cr ~ 2% OF MOSJE BUDGET	₹ 280 Cr ~ 2% OF MOSJE BUDGET	₹ 292 Cr ~ 2% OF MOSJE BUDGET
Direct Allocation [Under MoHFW & MoSJE]	₹ 1,314 Cr	₹ 1,338 Cr	₹ 1,371 Cr
Total Ministry of Social Justice and Empowerment Budget	₹ 14,225 Cr ~ 0.3% OF TOTAL BUDGET	₹ 14,886 Cr ~ 0.3% OF TOTAL BUDGET	₹ 15,357 Cr ~ 0.3% OF TOTAL BUDGET
Total Ministry of Health and Family Welfare Budget	₹ 90,959 Cr ~ 2% OF TOTAL BUDGET	₹ 99,858 Cr ~ 2% OF TOTAL BUDGET	₹ 1,06,530 Cr ~ 2% OF TOTAL BUDGET
Total Government of India Budget	₹ 48,20,512 Cr	₹ 50,65,345 Cr	₹ 53,47,315 Cr
Financial Year	2024–25	2025–26	2026–27

The Union Budget for FY 2026–27 was presented on 1st February. The proposed fiscal outlay by the Government of India (GoI) for FY 2026–27 is ₹ 53,47,315 crore, an increase of 7.7% compared to the revised expenditure of FY 2025–26 of ₹ 49,64,842 crore.

In the last few years, the Economic Survey has dedicated space to the importance of mental health⁴. This year, the Survey flags mental health as a pressing public health and development challenge, drawing attention to rising digital gambling and social media addiction among the youth, and their link with adverse mental health outcomes. It also highlights the criticality of data-informed policy decisions, emphasising the upcoming second National Mental Health Survey (NMHS-2) to better understand the prevalence of mental health conditions and care gaps that deter recovery⁵.

In the Union Budget 2026–27 Speech, the Government of India announced the establishment of NIMHANS-2 in North India and the upgradation of centrally sponsored mental health institutions at Ranchi and Tezpur to Regional Apex Institutions. Along with infrastructure expansion, the budget also signals intent to strengthen the health workforce through large-scale training of 1,00,000 allied health professionals, including counsellors for mental health, to address persistent human resource shortages.

Furthermore, the Budget Speech proposed the establishment of emergency and trauma care centres in every district hospital, which includes the provision of crisis care for people with mental health conditions.

Aligned with World Health Organization recommendations for strengthening care in communities, this laudable move will ensure individuals experiencing crises receive immediate support close to their homes, rather than having to rely on services provided in distant urban institutions⁶.

Though the Economic Survey continually raises pertinent issues and the budget is well-intentioned, budgetary allocations for mental health do not reflect the aspirations for mental health outlined. As with several previous fiscal years, the budgetary allocations for health and related programs under the Ministry of Health and Family Welfare (MoHFW) have stayed at around 2% of the total fiscal outlay of the Union Government, and allocations for mental health have remained at around 1% of the total MoHFW budget.

In this brief, we explore mental health budgetary allocations for FY 2026–27, alongside a three-year comparative analysis. We also analyse trends in revised expenditure and utilisation across key schemes and programmes.

Budget Estimates (BE):

The funds allocated to a department/ministry/scheme for the year

Revised Estimates(RE):

The revised allocation amount after a mid-year review

Actual Expenditure (AE):

The funds actually spent by the respective units

Direct Expenditure

The direct expenditure for mental health comprises mental health-related allocations under the Ministry of Health and Family Welfare (MoHFW) along with the budgetary provisions for the National Action Plan for Drug Demand Reduction (NAPDDR) under the Ministry of Social Justice and Empowerment (MoSJE).

Indirect expenditure refers to budgetary allocations under the MoSJE where components for psychosocial services are available, but the exact allocations are unknown.

Ministry of Health and Family Welfare (MoHFW)

For FY 2026–27, the total BE for the MoHFW is ₹ 1,06,530 crore, 6.7% higher than the BE of ₹ 99,858 crore and 10% higher than the Revised Expenditure (RE) (₹ 96,853.5 crore) respectively, for FY 2025–26. Out of the total budget for the MoHFW, 95% or ₹ 1,01,709 crore, is the BE for the Department of Health and Family Welfare (DoHFW) and ₹ 4,821 crore is the BE for the Department of Health Research. The utilisation for the MoHFW for FY 2024–25 stood at a close to full ₹ 90,684 crore, as against the BE of ₹ 90,959 crores.

Of the total ₹ 1,06,530 crore allocated to the MoHFW, the direct budget for mental health is ₹ 1,038 crore, a little over 1% of the total health budget, a consistent trend over the last few years.

The direct allocations under the MoHFW in the union budget comprise the following:



The reality of centrally funded mental health institutions receiving a majority share of funding (95%) continues for FY 2026–27, with 5% going towards NTMHP.

National Institute of Mental Health and Neurosciences (NIMHANS)—Bengaluru

NIMHANS, the apex mental health institution in India, is responsible for delivering treatment, conducting research, and imparting training for neuroscience and mental health. In an unexpected move, the Budget Speech for FY 2026–27 announced the establishment of NIMHANS-2 in North India.

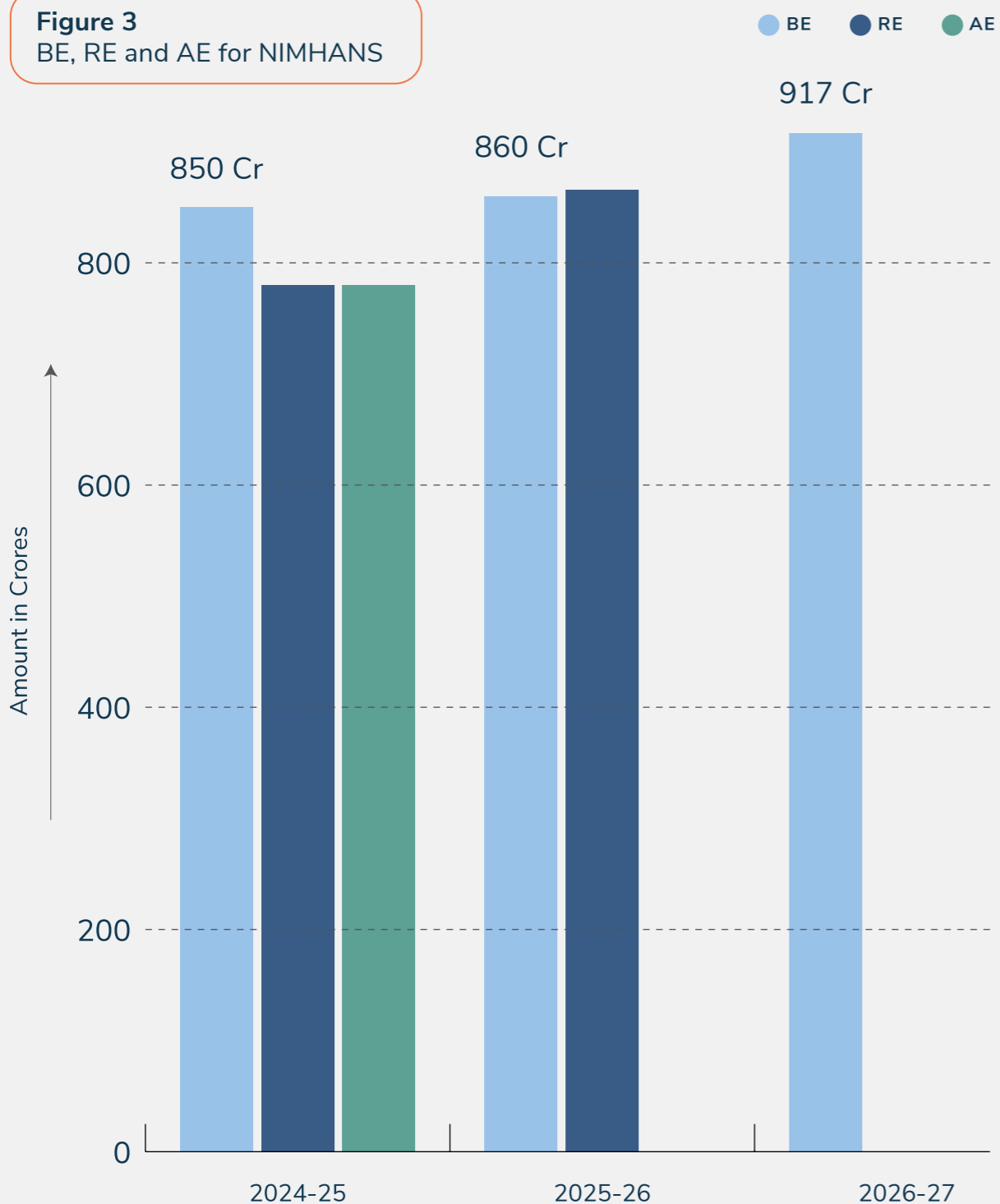
Expenditure Budget

The BE for FY 2026–27 for NIMHANS, ₹ 917 crores, increased by 6.6% compared to the BE for FY 2025–26 (₹ 860 crores), with 88% of direct mental health allocation from the MoHFW going to NIMHANS. Allocation for NIMHANS-2 has not been specified. In FY 2025–26, the RE increased to ₹ 866 crore, barely surpassing the allocated BE. In 2024–25, the RE for NIMHANS stood at ₹ 780 crores, reflecting an 8% decline from the BE of ₹ 850 crores.

Actual Expenditure & Utilisation

The AE for FY 2024–25 indicates that the entirety of the RE allocation was utilised during this period. Usually, NIMHANS has been good at utilising the allocated funds.

Figure 3
BE, RE and AE for NIMHANS



National Tele-Mental Health Programme (NTMHP)

The Government of India announced the National Tele Mental Health Programme (NTMHP) during the Union Budget 2022–23. Regarded as the digital arm of the National Mental Health Programme, this initiative providing counselling and psychiatric services was launched in October 2022. NTMHP has signalled the growing public interest and policy impetus to scale digital mental health initiatives in the country. As of February 6, 2026, 36 States and UTs have set up 53 TMNHP cells. These services are available in 20 languages. The helpline has handled more than 32.84 lakh calls since its launch⁷.

Expenditure Budget

For FY 2026–27 the BE for NTMHP has reduced to ₹ 51 crore from ₹ 80 crore in FY 2025–26. Over the years the budgeted expenditure for TNMHP has been going down.

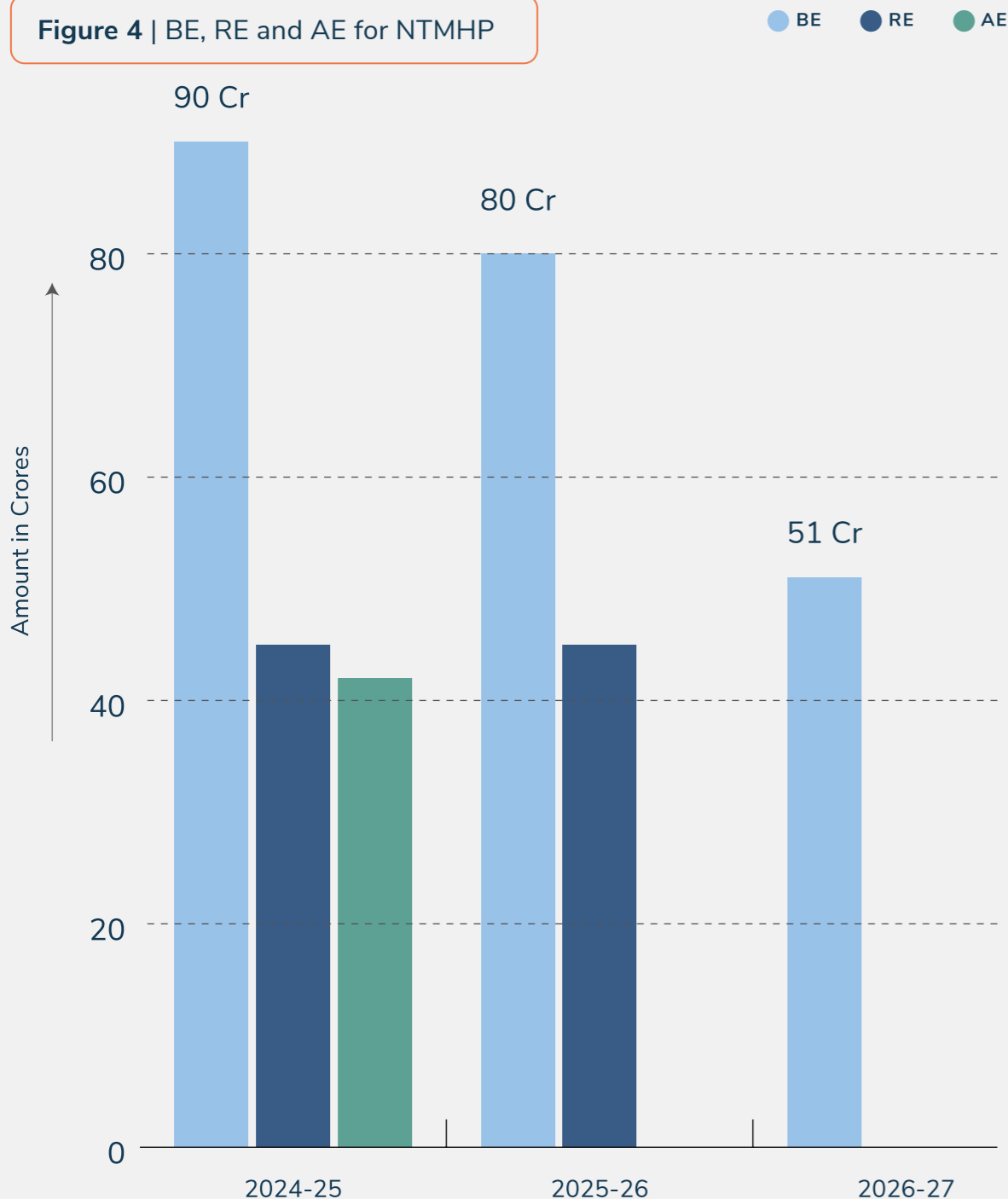
Actual Expenditure & Utilisation

One of the reasons for lower allocations could be significantly lower actual utilisation compared to the BE, a consistent trend since the inception of the initiative in 2022. In FY 2024–25 the actual utilisation was less than 50% of BE and similarly lower than the RE as well. For 2025–26 the RE was just ₹ 45 crore as against the BE of ₹ 80 crore. For the initial three years, the initiative was fully centrally sponsored. However, the funding patterns are changing. According to a parliamentary question in the Rajya Sabha in December 2025, the budget for NTMHP for States/UTs (for Tele-MANAS Cells and District Mental Health Programme (DMHP) Units) has transitioned from the Central Sector Scheme to the Centrally Sponsored Scheme to be released under the National Health Mission (NHM) to provide flexibility to the States⁸. This change has been effective from August 2025. Central allocation for Flexible Pool for RCH and Health System Strengthening, National Health Mission and National Urban Health Mission for FY 2026–27 stands at ₹ 39,321 crore as against ₹ 38,633 crore in the previous fiscal.

Central Sector Schemes are funded entirely by the Central Government while the expenses for Centrally Sponsored Schemes are divided between the Centre and the States in a pre-defined ratio.

The government has allocated a dedicated Information Education and Communication (IEC) budget of ₹ 5 crore each for the years 2025–26 and 2026–27 to create public awareness on NTMHP. Further, the government has also advised the States/UTs to make IEC provisions under the NHM Centrally Sponsored Scheme for local outreach.

Figure 4 | BE, RE and AE for NTMHP



Beyond the Budget

Total Central Allocation for Mental Health

In December 2025, the Minister of State for Health and Family Welfare, Shri Prataprao Jadhav detailed the national mental health budget for the past five years in a parliamentary question response. This allocation covers the National Mental Health Programme (NMHP), the District Mental Health Programme (DMHP), as well as the funding for NIMHANS, LGBRIMH, and the Central Institute of Psychiatry at Ranchi⁹.

National Mental Health Programme (NMHP)

The NMHP, initiated in 1982, operates through two main channels: central/tertiary activities that include human resource development, establishing Centres of Excellence, and running postgraduate mental health programmes, and district-level activities.

Until FY 2021–22, the NMHP budgetary allocation was a dedicated line item in the Department of Health and Family Welfare (DoHFW) budget, supporting 25 Centres of Excellence and 47 PG departments in mental health specialties at government medical institutions.

The district-level activities are carried out through the District Mental Health Programme (DMHP) that aims to integrate mental health services into general healthcare. For the last three fiscal years, the tertiary component of the NMHP has been subsumed under the Tertiary Care Programme (TCP), which funds six different programmes including cancer care, elderly care, trauma and burn care,

drug dependency care, mental health care, and blindness and visual impairment management. The TCP budget, with a BE of ₹ 483 crore and an RE of ₹ 295 crore in FY 2025–26, was marginally raised to ₹ 490 crore in FY 2026–27. The specific allocation for the NMHP activities cannot be determined due to the absence of disaggregated data.

District Mental Health Programme (DMHP)

The DMHP, launched in 1996, has now been integrated into the NMHP and focuses on community based mental healthcare delivery. It is currently operational in 767 districts. The services under the DMHP include counselling and outpatient treatment, 10-bed inpatient facilities at the district level, suicide prevention activities, and conducting of public awareness programmes.

The DMHP was previously funded through the ‘Flexible-pool of Non-Communicable Diseases, Injury and Trauma’ under the National Health Mission. From August 2025, the funding has been transferred to a Centrally Sponsored Scheme to be released under NHM as part of the Flexible Pool for RCH & Health System Strengthening, National Health Programme and National Urban Health Mission, according to the parliamentary question released in December 2025.

Increasingly, basic mental healthcare is integrated into primary health services through 1.81 lakh Ayushman Arogya Mandirs by training Medical Officers to identify, treat and refer patients with mental health conditions. Specific budgetary allocations for training primary health workers and provisioning medications at health facilities remain unknown in the overall allocations.

TABLE 1—TOTAL ALLOCATION FOR MENTAL HEALTH AS PER THE PARLIAMENTARY RESPONSE

	2020–21	2021–22	2022–23	2023–24	2024–25
TOTAL ALLOCATION FOR MENTAL HEALTH ¹⁰	683.39	808.83	1088.14	1136.48	1106.8
Y-O-Y % CHANGE	—	18%	35%	4%	-3%
NIMHANS & LGBRIMH ^{11,12,13}	487.63	557.44	791	918.73	1000
Y-O-Y % CHANGE	—	14%	42%	16%	9%
CIP, RANCHI ^{14,15,16}	101	115	120	144.19	134 (INCONSISTENT WITH REPORTS)
Y-O-Y % CHANGE	—	14%	4%	20%	-7%
DMHP + NMHP	94.6	136.36	177.14	73.56	INCONSISTENT WITH REPORTS
Y-O-Y % CHANGE	—	44%	30%	-58%	INCONSISTENT WITH REPORTS

With information from the previous budgets, we have mapped allocations across various components to estimate central funding for different mental health programmes and institutions. The budgetary allocation for the Central Institute of Psychiatry (CIP), Ranchi, has been drawn from the institute’s annual reports.

The remaining funds are assumed to represent the budgeted allocations to the National Mental Health Programme (NMHP) and the District Mental Health Programme (DMHP) over the years.

Overall, between 2020–21 and 2022–23, mental health funding saw significant increases. However, overall funding increased only marginally in 2023–24 and declined in 2024–25. Funding for institution-based care has shown a steady upward trend.

Allocations for the National Institute of Mental Health and Neurosciences (NIMHANS) and Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) have grown considerably.

In contrast, the programmes most affected by budget cuts were the NMHP and DMHP, which have experienced sharp declines over the past three years. This may be attributed to shifts in funding mechanisms, with states assuming greater responsibility for financing these programmes.

It is important to note that there are discrepancies in the reported budgets for CIP and the NMHP when compared to the total mental health allocation for 2024–25. The reasons for these inconsistencies remain unclear.

Ministry of Social Justice and Empowerment (MoSJE)

The budgetary allocation for FY 2026–27 for MoSJE was ₹ 15,357 crores, a 3% increase from the BE for FY 2025–26. Out of this, the Department of Social Justice and Empowerment accounts for 89% of the total BE, standing at ₹ 13,687 crore, a marginal increase of 0.6% from the BE for FY 2025–26. The remaining 11% or ₹ 1,670 crore is allocated to Department of Empowerment of Persons with Disabilities.

Compared to the previous financial year, this department saw a 31% increase, which is attributable to the introduction of two additional programmes under this umbrella: Divyangjan Kaushal Yojana and Divyang Sahara Yojana. However, there is insufficient information in the public domain about whether these schemes will cater to people with psychosocial disabilities.

National Action Plan for Drug Demand Reduction (NAPDDR)

Initiated in 2018 by the MoSJE, the NAPDDR is a key component of direct mental health expenditure. The aim of the scheme is to address alcohol and substance use disorders through prevention, treatment, rehabilitation, and social reintegration services.

The NAPDDR was revised in 2020 and was merged with the pre-existing Scheme of Assistance for Prevention of Alcoholism and Substance (Drug) Abuse.

Expenditure Budget

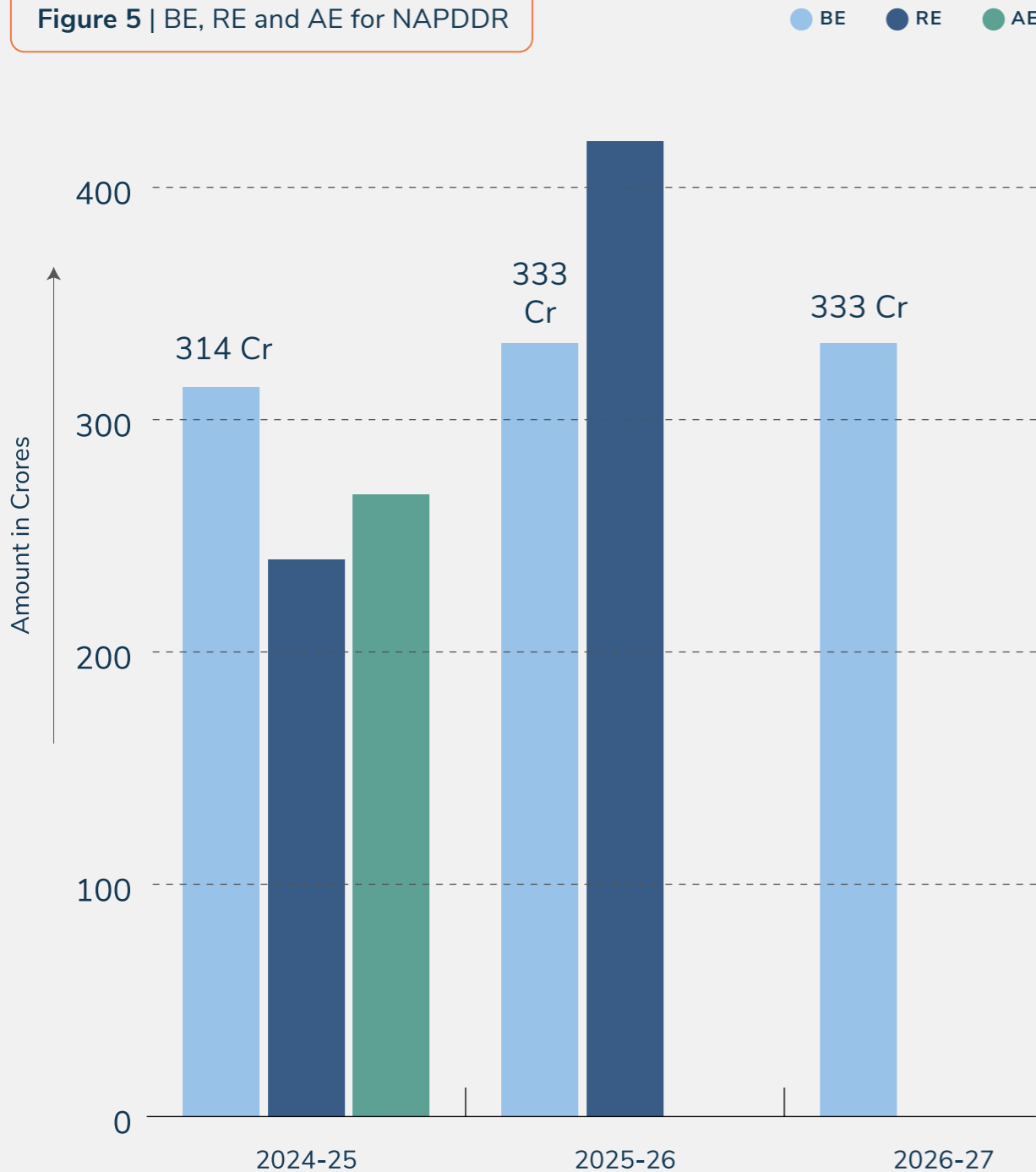
The BE for NAPDDR in FY 2026–27 is the same as the previous year, standing at ₹ 333 crores.

The BE for this scheme increased from ₹ 314 crores in FY 2024–25 to ₹ 333 crores in FY 2025–26 and has remained stable since. In FY 2025–26, the RE of NAPDDR was increased to ₹ 420 crores.

Actual Expenditure & Utilisation

The utilisation for NAPDDR in FY 2024–25 was ₹ 268 crores, 85% of the BE (₹ 314 crores) and almost 112% of the RE (₹ 240 crores) of that year.

Figure 5 | BE, RE and AE for NAPDDR



Indirect Expenditure

The MoSJE encompasses other programmes relevant to mental health through the Department for the Empowerment of Persons with Disabilities. The Deendayal Disabled Rehabilitation Scheme (DDRS) and the Scheme for Implementation of Rights of Persons with Disabilities Act, 2016 (SIPDA) are two key initiatives that fall under the National Programme for Welfare of Persons with Disabilities umbrella. Though both the schemes, SIPDA and DDRS, include provisions for people with psychosocial disabilities, the precise allocations for mental health cannot be deduced. Therefore, we categorise the allocations to these programmes as indirect expenditure.

Deendayal Disabled Rehabilitation Scheme (DDRS)

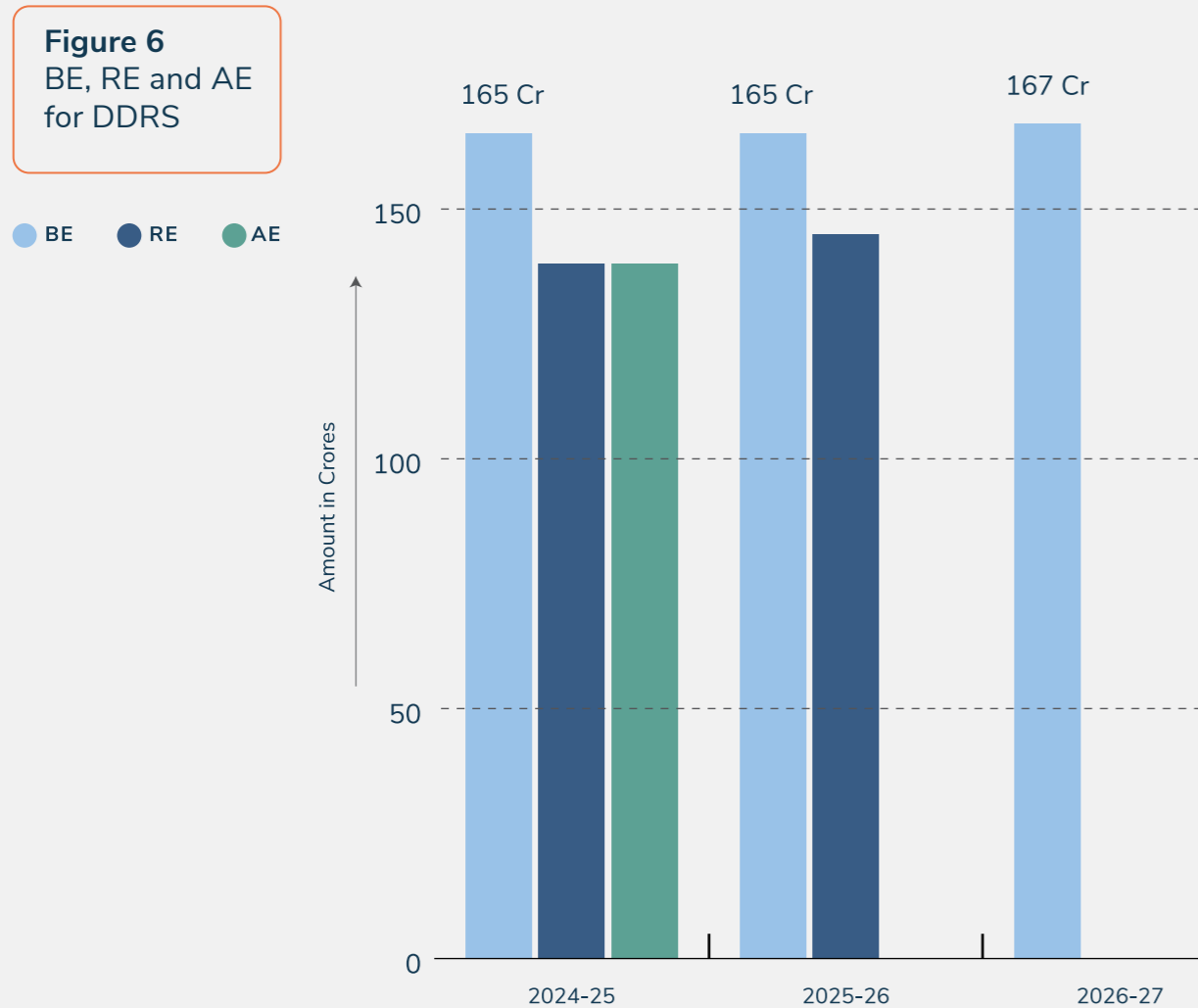
Launched in 1999, the DDRS offers financial assistance to non-governmental organisations working towards the psychosocial rehabilitation of persons with mental illness through the creation of half-way homes, home-based rehabilitation and management, and community-based rehabilitation services.

Expenditure Budget

In FY 2024–25 and FY 2025–26, the BE for DDRS was constant at ₹ 165 crores. In FY 2026–27, the budget has seen a marginal rise of 1.2%, standing at 167 crores. The RE in FY 2024–25 stood at ₹ 139 crores, marking a 15.8% decrease from the BE. In FY 2025–26, the RE (₹ 145 crores) saw a 12% decline compared to the BE.

Actual Expenditure & Utilisation

The utilisation for this scheme in FY 2024-25 was 84% of the BE and 100% of the RE at ₹139 crores.



Scheme for Implementation of Rights of Persons with Disabilities Act, 2016

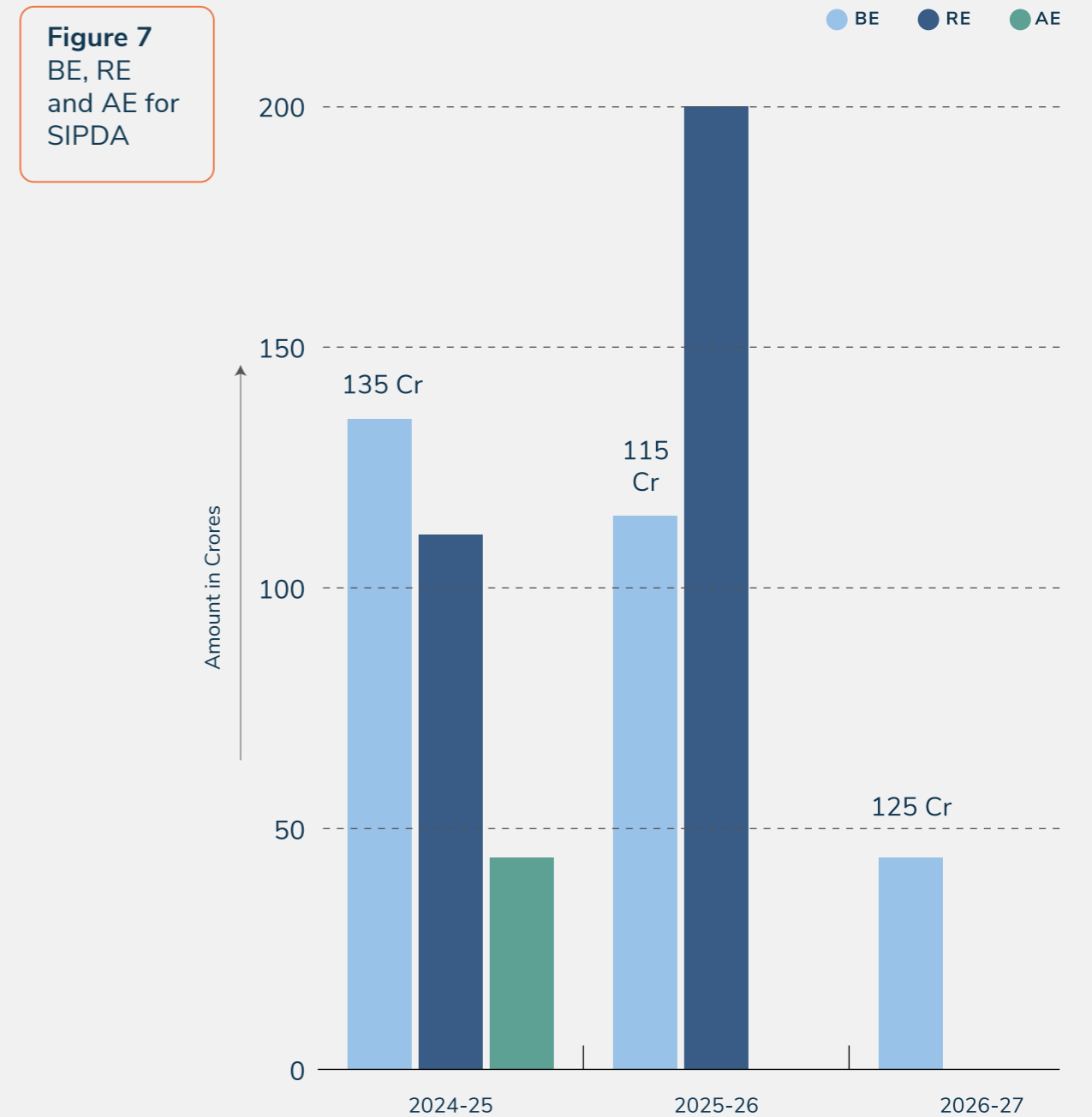
The Scheme for Implementation of Rights of Persons with Disabilities Act, 2016 offers grants-in-aid to State Governments and various other bodies established by the State and Central Governments, including autonomous bodies and universities, to support them with implementing the provisions of the Rights of Persons with Disabilities Act, 2016.

Expenditure Budget

In FY 2026-27, the BE for SIPDA is ₹ 125 crores, an 8.6% increase from the BE for FY 2025-26, which was 115.1 crores. In FY 2025-26, the RE rose sharply to ₹ 200 crore, marking a 74% increase over the BE.

Actual Expenditure and Utilisation

The utilisation of funds under this scheme has been extremely low. In FY 2024-25, the utilisation was only 33% of the BE and about 40% of the RE.



Reflections on the Union Budget

Intent Without Investment

The Economic Survey 2026–27 reiterates that mental health is a pressing public health and development challenge, particularly for India's youth. The Union Budget signals intent through proposals to expand institutional infrastructure alongside commitments to strengthen emergency care and train nearly one lakh allied health staff, including mental health counsellors. However, these policy signals are not matched by budgetary allocations. There is no fund allocation roadmap for NIMHANS-2 yet.

Direct mental health expenditure continues to stagnate at 1% of the health budget, reflecting a persistent gap between recognition and resource commitment. Funding remains concentrated in tertiary institutions and digital platforms, while allocations for district and community-based services such as the DMHP remain opaque. Even for the NTMHP, utilisation and allocation have shown a declining trend over the years, with some states reporting inadequacy of these services, pointing towards less than adequate funding¹⁷.

Mental health outcomes in India are deeply shaped by broader socio-economic vulnerability. Economic distress remains a key driver of suicide risk. Daily wage workers and people earning below ₹ 1,00,000 annually are the most impacted, with high suicide deaths reported among these groups by the National Crime Records Bureau¹⁸. This persistent crisis underscores the importance of income security as a protective measure against negative mental health outcomes.

In this context, social security schemes like the Mahatma Gandhi National Rural Employment Act (MGNREGA) are immensely important.

In 2025, MGNREGA was replaced by the Viksit Bharat Guarantee for Rozgar and Aajeevika Mission (Gramin) (VB – G RAM G), which increased guaranteed employment days from 100 days under MGNREGA to 125 days. The allocation to this program stands at ₹ 95,692 crore in the budget for FY 2026–27, while MGNREGA was allocated ₹ 30,000 crore as against ₹ 88,000 crore (RE) and ₹ 86,000 crore (BE) in the previous year. However, with the states now responsible for 40% funding of the scheme, concerns arise about implementation readiness and the ability of local authorities to respond flexibly to distress and demand.

Unconditional cash transfer programmes have also emerged as a promising tool to cushion economic shocks and mitigate distress, but their reliance on state budgets raises concerns about sustainability, particularly because many states continue to face persistent revenue deficits. Without predictable and institution-alised financing, such measures will remain underutilised as an effective instrument of ensuring mental well-being

Promotion of mental health and suicide prevention among students assumes renewed importance in the national policy agenda. From 2013 to 2023, student suicides increased by 65%¹⁹. The Supreme Court, recognising rising student suicides in the country, created a national task force for the prevention of student suicides in higher educational institutions, and released 15 binding guidelines for all educational institutions²⁰. In July 2020, the Government launched Manodarpan, an initiative by Ministry of Education, in response to mental health challenges posed by COVID-19 pandemic. It aims to provide emotional and psychological support to students, teachers, and families to enhance mental wellbeing, particularly in the context of educational disruptions and stressors. While Manodarpan is not a separate line item in the Ministry of Education, a recent parliamentary question indicates that funding for Manodarpan has increased significantly in the last fiscal year²¹.

Implementation, distribution of funding, and utilisation remain unclear at present.

TABLE 2—ALLOCATION TO MANODARPAN (₹ IN CRORE)

2021–22	2022–23	2023–24	2024–25	2025–26
0.34	0.46	0.68	0.55	6.20

Despite these measures, without sustained investments that link mental health to livelihood security, youth prevention programmes, and community-based systems of care, mental health will continue to be acknowledged in policy discourse but remain insufficiently secured through India’s public financing architecture.

Looking Forward

The bridging of India’s psychosocial care gap will require moving beyond institutional expansion towards sustained system-building investments. Future budgets should ensure transparent and dedicated funding for district and community-based services such as the DMHP, along with community workforce expansion.

Strengthening a rights-based approach as envisioned by the Mental Healthcare Act 2017 (MHCA) will require appropriate central and state funding mechanisms and will be critical for building a strong mental health system.

The Ayushman Arogya Mandirs, with integrated mental health services, are a right step towards building mental health infrastructure with an explicit equity lens – however much more needs to be done for the wellbeing of underserved and remote populations to ensure accessible care. NIMHANS-2 is a step in the right direction; NIMHANS has played a key role in advancing mental health research, capacity building, and support within India, even working on themes such as the mental well-being in the aftermath of climate change disasters in Wayanad.

Understanding regional lacunae, this step has been taken to strengthen mental health care across a broader geographic area.

REFERENCES

- 1 “India Budget | Ministry of Finance | Government of India 2024-25,” accessed August 7, 2024, <https://www.indiabudget.gov.in/>.
- 2 “Union Budget 2025-2026| National Portal of India,” accessed February 13, 2025, <https://www.india.gov.in/>.
- 3 “India Budget | Ministry of Finance | Government of India,” accessed February 14, 2026, <https://www.indiabudget.gov.in/>.
- 4 “Economic Survey,” accessed February 14, 2026, <https://www.indiabudget.gov.in/economicsurvey/>.
- 5 “National Mental Health Survey 2,” accessed February 14, 2026, <https://indianmhs.nimhans.ac.in/>.
- 6 “Guidance on Mental Health Policy and Strategic Action Plans: Module 3. Process for Developing, Implementing, and Evaluating Mental Health Policy and Strategic Action Plans,” accessed February 16, 2026, <https://www.who.int/publications/item/9789240106833>.
- 7 “Update on Tele-MANAS,” accessed February 24, 2026, <https://www.pib.gov.in/www.pib.gov.in/Pressreleaseshare.aspx?PRID=2224522>.
- 8 Rajya Sabha, Parliamentary Question - Mental Health Allocation - MoHFW, n.d.
- 9 Rajya Sabha, Parliamentary Question - Mental Health Allocation - MoHFW.
- 10 Rajya Sabha, Parliamentary Question - Mental Health Allocation - MoHFW.
- 11 “India Budget | Ministry of Finance | Government of India 2021-22,” accessed August 7, 2024, <https://www.indiabudget.gov.in/budget2021-22/index.php>.
- 12 “India Budget | Ministry of Finance | Government of India 2022-23,” accessed August 7, 2024, <https://www.indiabudget.gov.in/budget2022-23/index.php>.
- 13 “India Budget | Ministry of Finance | Government of India 2023-24,” accessed August 7, 2024, <https://www.indiabudget.gov.in/budget2023-24/index.php>.

REFERENCES

- 14 “Institute of Psychiatry, Ranchi, Annual Report 2022,” n.d.
- 15 “Institute of Psychiatry, Ranchi, Annual Report 2023,” n.d.
- 16 “Institute of Psychiatry, Ranchi, Annual Report 2024,” n.d.
- 17 “As Mental Health Cases Go up, State Services Struggle to Cope,” Mumbai Mirror, accessed February 14, 2026, <https://mumbaimirror.indiatimes.com/mumbai/as-mental-health-cases-go-up-state-services-struggle-to-cope/article-show/124725508.html>.
- 18 “Suicide Rate in India 2023: NCRB Data, Student Suicides & Key Trends,” CMHLP, n.d., accessed February 23, 2026, <https://cmhlp.org/imho/blog/takeaways-from-the-ncrb-data-on-suicide-for-2023-what-has-changed/>.
- 19 “Student Suicides up 65% in a Decade, NCRB Data Shows Sharper Rise than Overall Suicides - The Times of India,” accessed February 18, 2026, <https://timesofindia.indiatimes.com/education/news/student-suicides-up-65-in-a-decade-ncrb-data-shows-sharper-rise-than-overall-suicides/articleshow/124248503.cms>.
- 20 Homepage | National Task Force To Address The Mental Health Concerns of Students | Secure, Scalable and Sugamya Website as a Service | India, n.d., accessed February 20, 2026, <https://ntf.education.gov.in/>.
- 21 Rajya Sabha, GOVERNMENT OF INDIA MINISTRY OF EDUCATION DEPARTMENT OF HIGHER EDUCATION, April 2, 2026.

[Click here to read our other publications](#)

This work is licensed under Attribution-NonCommercial-NoDerivatives 4.0 International. To view a copy of this license, visit:

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

