

## Mainstreaming Mental Health in Disaster Governance: India's Roadmap for Psychosocial Resilience

### Blog

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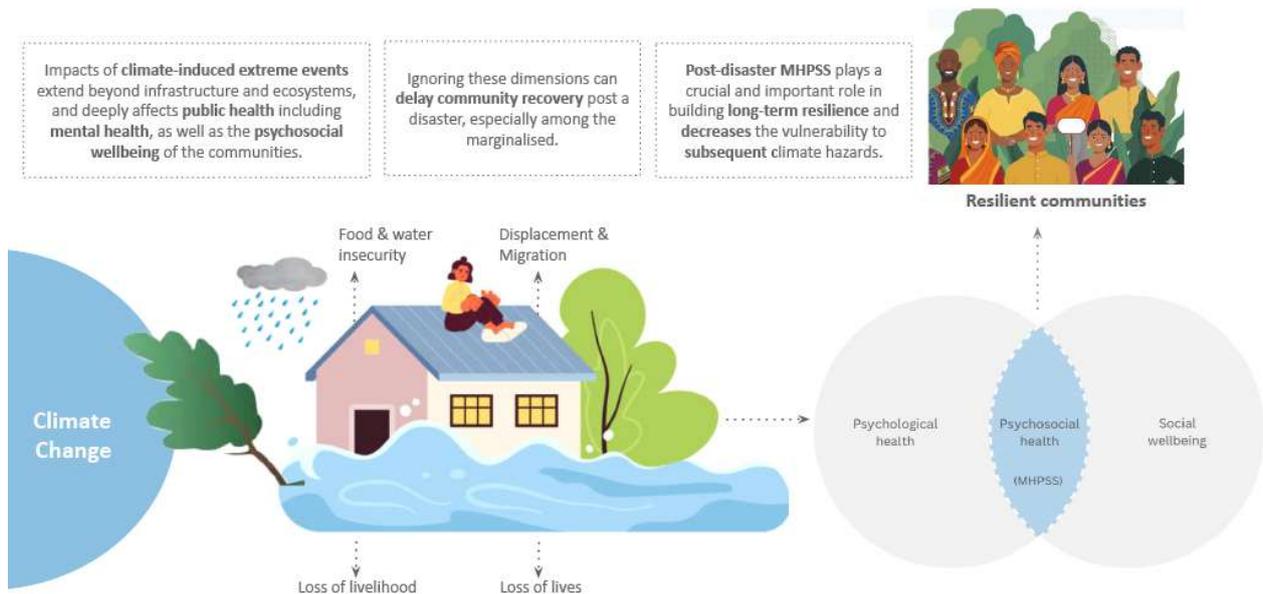
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### 1. Introduction

With the launch of the [Belém Health Action Plan](#) (BHAP) at COP30, mental health takes centre stage globally for the first time. Specifically, *Action line 2.3 - “Integrate mental health and psychosocial support (MHPSS) into climate adaptation in the health sector”* - explicitly calls for integrating MHPSS into national policies and building health systems that can anticipate, absorb, and respond to climate-induced stressors. By prioritising support for climate-impacted communities, ensuring uninterrupted access to medical care, and strengthening the resilience of health facilities and community-based services, the plan is firmly rooted in COP30’s priorities of health equity and climate justice. Notably, this global shift strongly aligns with the emerging realities across India. Recent instances of floods, landslides, Glacial Lake Outburst Flood (GLOF), and extreme rainfall events have caused significant loss of life and widespread damage to infrastructure and livelihoods. However, beyond this visible destruction lies an often overlooked crisis - the mental health and psychosocial well-being of affected communities. For example, following the devastating flash floods in Dharali earlier this year, local communities reported significant psychosocial distress. Nearly 80 per cent of the survivors reported experiencing anxiety, 79 per cent struggled with disturbed sleep, 39 per cent showed symptoms of depression, and 36 per cent exhibited signs of Post-Traumatic Stress Disorder (PTSD) ([Sphere India 2025](#)). Similar trends were observed after the 2013 Uttarakhand floods and landslides, where 58 per cent of survivors experienced PTSD, along with significant levels of depression, anxiety, and stress ([Sunny et al. 2025](#)). Likewise, following the Kerala floods in 2018-19, 74 per cent of the affected farmers were found to be experiencing PTSD ([Jose and Fenn 2021](#)).

As India faces a rapid increase in the frequency and intensity of climate-induced extreme weather events (CEEW, 2021), such as floods, cyclones, and droughts, we must prioritise MHPSS urgently. This blog introduces MHPSS and highlights its importance in disaster risk governance; examines the existing gaps and challenges in the MHPSS system; and provides recommendations to strengthen it.

Figure 1: Mental health and psychosocial impacts of climate-induced disasters



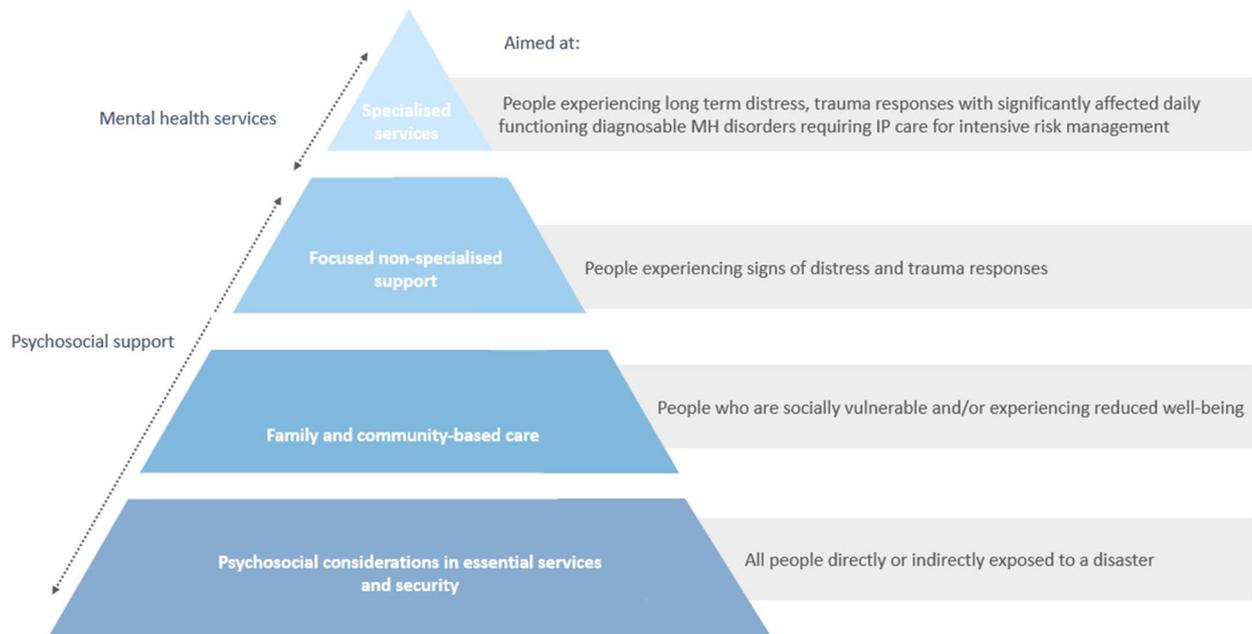
Source: Authors' illustration

## 2. What is MHPSS, and why does it matter in disaster risk governance?

Mental Health and Psychosocial Support (MHPSS) refers to a comprehensive set of interventions designed to promote well-being, reduce stress and trauma, and prevent or treat mental health disorders before, during, and after emergencies and disasters ([NDMA 2023](#)). According to the [Inter Agency Standing Committee](#) (IASC), disasters affect both the social and psychological dimensions, directly affecting the communities' ability to participate in recovery and build long-term resilience. Social impacts include a rise in pre-existing vulnerabilities such as poverty, loss of livelihood, marginalisation and reduced purchasing capacity, along with disaster-induced interruptions like loss of community resources, limited access to food, water, infrastructure, displacement and prolonged recovery. Psychological impacts include emotional distress, grief, anxiety, depression, Post-traumatic stress disorder (PTSD) - often triggered/intensified post a disaster. Together, these cumulative impacts lead to reduced productivity, long-term economic damages, higher health expenditure, and increased vulnerability to future disasters - underscoring the need to prioritise psychosocial wellbeing as the fundamental to building resilient communities.

'Resilience' is often stated to be the core idea of disaster management, yet the psychological impacts of disasters - despite being acknowledged - remain largely invisible in disaster response and recovery plans. The health systems in more than 40 per cent of districts in India fall in "high" to "very high" risk to climate change impacts ([CEEW-UNICEF 2025](#)). Hence, strengthening MHPSS services as a core component of disaster preparedness, response, and recovery is not only a humanitarian necessity, but also an economic imperative - restoring functional capacity and building resilience at both the individual and community levels.

Figure 2: MHPSS pyramid for disasters provides targeted actions for supporting diverse needs of psychosocial support



Source: [NDMA 2023](#)

### 3. Gaps and challenges in India’s current MHPSS

Despite increasing recognition of the importance of mental health in disaster settings, India’s current MHPSS ecosystem faces several systemic and operational barriers like fragmented financing and governance, workforce inequity, social stigma embedded in social hierarchies, and climate finance deficits.

- The [National Mental Health Survey \(2015-16\)](#) found that 70-92 per cent of people living with mental illness receive no formal treatment in India. This treatment gap is reinforced by chronic underinvestment: mental health receives less than 1% of an already limited healthcare budget (~2.1% of GDP), leaving programmes severely under-resourced ([Project Statecraft, 2025](#)).
- Although progressive frameworks such as the [National Mental Health Policy \(2014\)](#) and the [Mental Healthcare Act \(2017\)](#) exist, they lack dedicated, ring-fenced funds for implementation. Moreover, despite having the [National guideline on Mental Health and Psychosocial Support services in Disasters \(MHPSS\) 2023](#), as well as programs like National Mental Health Programme (NMHP) and District Mental Health Programme (DMHP), the implementation remains fragmented at the sub-national and local levels.
- Workforce shortages further constrain delivery, with only 0.75 psychiatrists per 100,000 people, far below the WHO recommendation of 3 per 100,000 ([MoHFW 2023](#)). There also exists a shortage of

trained Psychological First-Aid providers (PFA), frontline health workers which results in necessary psychological first-aid and trauma counselling being overlooked after a disaster.

- Currently, MHPSS is not explicitly recognised in India's climate adaptation or disaster management financial frameworks, limiting opportunities to leverage climate funds for psychosocial resilience. This requires stronger coordination between the Ministry of Health and Family Welfare (MoHFW), the Ministry of Environment, Forest and Climate Change (MoEFCC), and other line departments to meaningfully mainstream MHPSS into climate and disaster governance.
- There is a lack of systematic studies and monitoring & evaluation to understand post-disaster mental health impacts and assess the effectiveness of service interventions. The [National Mental Health Survey](#), conducted in 2015-16 and covering only 11 Indian states, highlights the need for updated data collection and grassroots solutions that integrate preparedness and psychosocial support into climate risk planning and disaster management.

#### **4. Recommendations for Strengthening MHPSS Governance in India**

##### **(i) Establish National MHPSS task-force for effective inter-departmental/ministerial coordination mechanisms**

The task-force will facilitate inter-ministerial coordination at the national level to strengthen collaboration across health, education, disaster management, social welfare, and local governance systems through an interdepartmental coordination committee with clearly defined roles, responsibilities, and integrated operating protocols.

##### **(ii) Developing systems for psychosocial support and trauma counselling during the reconstruction and recovery phase of disasters**

This includes inclusive, culturally sensitive, and contextual training for community health workers and frontline responders in Psychological First Aid, as well as strengthening community awareness so people can recognise distress, access support structures, and seek MHPSS services when needed.

##### **(iii) Ensure dedicated, long-term financing for MHPSS**

Create convergence across financing mechanisms and establish sustained, ring-fenced funding for MHPSS. This should include exploring potential climate and disaster-related funding streams to support on-ground implementation and integration of MHPSS into resilience-building programmes.

##### **(iv) Leverage digital tools for wider outreach and capacity building**

Expand the use of digital mental health innovations - including platforms like the KIRAN helpline (now integrated into Tele-MANAS), mobile applications, and AI-assisted tools - to increase access to mental health support. These solutions must be culturally adapted, multilingual, and accessible to remote, marginalised, and disaster-prone communities to ensure equitable reach.

##### **(v) Lifecycle approach: Integrate MHPSS across adaptation → preparedness → response → recovery**

Mainstream MHPSS throughout the entire disaster management cycle by embedding psychosocial considerations in climate and disaster risk assessments, incorporating MHPSS into community preparedness plans, establishing clear referral pathways during emergencies, and ensuring long-term, community-led psychosocial support during recovery. This ensures continuity of care and strengthens resilience at individual and community levels.

### **Conclusion**

The evidence is clear: complete resilience cannot be achieved without addressing the social and psychological impacts of disasters. Mainstreaming MHPSS into India's disaster risk governance offers a cost-effective, scalable pathway to reducing long-term economic loss and strengthening community resilience. As COP30 elevates the priorities on mental health within global climate action, India has a timely opportunity to lead the Global South by embedding MHPSS into its disaster governance [architecture](#) by building a robust mental health response system, ensuring that community recovery post a disaster encompasses both the physical and psychosocial wellbeing.