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BURDEN OF MENTAL DISORDERS IN INDIA

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Abstract

The burden of mental disorders is a major global public health issue, characterized by significant impacts on individuals, families, and societies. Mental disorders are defined as a range of conditions characterized by significant disturbances in a person's thoughts, emotions, or behaviors. These disturbances lead to substantial distress or impairment in social, occupational, or other important areas of functioning. The burden of mental disorders in India is high and rising, posing significant challenges to public health and health care systems. Many mental disorders, including depression, anxiety, and schizophrenia, contribute heavily to the overall disease burden, affecting individuals' quality of life, productivity, and social functioning. Lack of adequate mental health infrastructure, lack of awareness, inadequate treatment facilities, trained professionals and resources further complicates the situation. Furthermore, mental health disorders often co-occur with other health problems, increasing

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the complexity of treatment and care. Efforts to address this burden include increasing awareness, integrating mental health services into primary health care, and improving access to treatment. However, substantial work remains to address systemic shortcomings and reduce the impact of mental disorders on individuals and society in India.

Mental disorders include a variety of conditions that affect a person's thoughts, feelings, emotions, and behaviour. These disorders can have a significant effect on daily routine, personal or professional relationships and overall life. Addressing mental disorders requires a multidisciplinary approach encompassing medical, psychological, and social approaches. The objective of this essay is to explore the nature of mental disorders, their impact on individuals and society and the importance of treatment.

Medical science is increasingly recognizing the important connection between a person's physical health and his or her mental/ emotional health. The mind and body are interconnected, each influenced by the other, and both influenced by a person's genetic heritage, environment, and experience. Just as the absence of disease does not adequately define physical health, mental health includes more than the absence of mental disorders. Mental health is best viewed as falling along a continuum, whichh fluctuates over time and across individuals, as well as within the same individual. Like the symptoms of physical illness, the symptoms of mental disorders range from mild to severe. However, people with mental disorders often bear a special burden of social stigma associated with their condition. This burden sometimes prevents people from accepting their illness and finding help and effective treatment for it. Just like with physical health, not addressing symptoms quickly can have serious negative consequences. They have always been common, but, with the eradication or successful treatment of many serious physical illnesses that previously afflicted humans, mental illness has become a more noticeable cause of suffering and a larger proportion of people are disabled by the illness. Additionally, the public has come to expect medical and mental health professions to help people achieve a better quality of life in terms of mental and physical functioning. And indeed there has been a proliferation of both medicinal and psychopharmacological treatments.

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The transfer of many psychiatric patients, some of whom still displayed obvious symptoms, from mental hospitals to the community also increased public awareness of the importance and prevalence of mental illness.

Mental disorders, especially their consequences and their treatment, are of greater concern and receive more attention now than before. Mental disorders have become a major topic of attention for many reasons.

Mental disorders are characterized by alterations in mood, thinking, or behavior that cause significant distress or impairment in daily functioning. These conditions can manifest in various ways, from persistent sadness and anxiety to severe disruptions in cognitive processes and behavior. Common mental disorders include depression, anxiety disorders, bipolar disorder, schizophrenia, and obsessive-compulsive disorder (OCD). Each of these disorders has unique symptoms and diagnostic criteria, but they all share the common feature of affecting a person's mental and emotional well-being. Mental disorder can impact every aspect of a person's life, including thinking, feeling, mood, and outlook, and such areas of external activity as family and marital life, sexual activity, work, recreation, and managing material affairs. Most mental disorders negatively affect how individuals feel about themselves and impair their ability to participate in mutually rewarding relationships.

Types of mental disorders:

The various types of mental disorders are-

i. Anxiety Disorders: Anxiety disorders are among the most common mental health conditions. They involve excessive fear or anxiety that interferes with daily activities. Common types include Generalized Anxiety Disorder (GAD), Panic Disorder, Social Anxiety Disorder, and specific phobias. People with anxiety disorders often experience symptoms such as restlessness, rapid heartbeat, sweating, and difficulty concentrating. These conditions can be debilitating, but they are treatable through therapy, medication, and lifestyle changes.

ii. Mood disorders: Mood disorders, also known as affective disorders, primarily involve disturbances in a person's emotional state. The

most common mood disorders are Depression and Bipolar disorder. Depression is characterized by persistent feelings of sadness, hopelessness, and a lack of interest in activities once enjoyed. Bipolar Disorder involves extreme mood swings, including episodes of mania (high energy and euphoria) and depression. Treatments for mood disorders typically include psychotherapy, medication, and sometimes lifestyle modifications to manage symptoms effectively.

iii. Psychotic disorders: Psychotic disorders cause distorted thinking and awareness. The most well-known psychotic disorder is Schizophrenia, which is characterized by hallucinations, delusions, disorganized thinking, and impaired functioning. Other psychotic disorders include Schizoaffective Disorder and Brief Psychotic Disorder. These disorders can severely affect an individual's ability to function and connect with reality. Antipsychotic medications, along with supportive therapies, are commonly used to manage symptoms.

iv. Personality disorders: Personality disorders are characterized by long-term patterns of behavior, thoughts, and emotions that differ significantly from cultural expectations and cause significant distress or problems in relationships. There are several types of personality disorders, including Borderline Personality Disorder, Antisocial Personality Disorder, and Narcissistic Personality Disorder. These disorders often manifest in early adulthood and can be challenging to treat, as they involve deeply ingrained patterns of behavior. Treatment usually includes psychotherapy and, in some cases, medication.

v. Eating disorders: Eating disorders involve preoccupation with food, body weight, and shape, leading to dangerous eating behaviors. These eating disorders included Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder. Anorexia is characterized by severe restriction of food intake, leading to extreme weight loss, while bulimia involves cycles of binge eating followed by purging. Binge-Eating Disorder is characterized by episodes of eating large quantities of food without purging. These disorders have physical

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and psychological impacts on people. Treatment typically involves a combination of therapy, nutritional counselling and sometimes medication.

vi. Organic mental disorders: Organic mental disorders, also known as organic brain syndromes or organic mental syndromes, refer to a broad category of mental health conditions that are caused by physical abnormalities affecting brain function. These abnormalities can result from injury, disease, substance abuse, or other conditions that directly impact the brain. Unlike functional mental disorders, which have no clear physical cause, organic mental disorders are directly linked to identifiable physiological changes in the brain. Organic mental disorders encompass a range of conditions caused by physical changes in the brain. These disorders present significant challenges to individuals and their families, but understanding their causes and symptoms is crucial for effective management. While some organic mental disorders are irreversible, early intervention and a comprehensive treatment approach can improve outcomes and enhance the quality of life for those affected.

vii. Substance Use Mental Disorders: Substance use mental disorders, often referred to as substance use disorders (SUDs), are a category of mental health conditions characterized by the harmful or hazardous use of psychoactive substances, including alcohol, drugs, and prescription medications. These disorders are marked by an inability to control substance use despite negative consequences, leading to significant impairment in daily functioning. Substance use disorders not only affect the physical health of individuals but also have profound effects on mental health, relationships, and overall quality of life.

Impacts of mental disorders:

The impacts of mental disorders are-

a. Impact on Individuals: Mental disorders have a significant impact on the lives of individuals, affecting their ability to function effectively in daily activities. Mental disorders can deeply affect individuals' emotional well-being, behavior, and overall quality

of life. These effects manifest in a variety of ways, including psychological, physical, social and economic dimensions. Understanding these effects is important to provide effective support and promote a compassionate approach to mental health. For example, anxiety disorders can lead to intense worrying and avoidant behavior, which can disrupt personal and professional life. Depression can impair motivation and energy levels, making routine tasks challenging. Psychotic disorders such as schizophrenia can alter a person's perception of reality, leading to difficulty maintaining relationships and employment. The stigma associated with mental disorders often exacerbates these challenges. Individuals may feel embarrassed or fear judgment, which may prevent them from seeking help. This stigma can also contribute to social isolation and low self-esteem, increasing the impact of the disorder. Individuals may experience difficulties in concentrating, decision-making, and emotional regulation, which can affect their ability to perform routine tasks and responsibilities.

b. **Impact on Family:** The most immediate impact of mental disorders on families is the emotional stress they cause. Family members may experience a range of emotions, including anxiety, depression, and frustration. Constant worry about the well-being of the affected person, coupled with the unpredictability of mental health crises, can cause significant psychological stress. This stress is often compounded by feelings of helplessness and guilt, as family members may have difficulty understanding the disorder or feel inadequate to provide effective support. Mental disorders often cause changes in family roles and dynamics. For example, a parent suffering from mental illness may struggle to fulfill their parenting duties, placing increased responsibility on other family members. This role change can create tension and resentment between siblings or partners. Additionally, the disorder may alter family interactions, leading to misunderstandings and conflict as family members attempt to handle their new roles and responsibilities.

c. **Impact on Society:** The social impacts of mental disorders are substantial. Mental health issues place a significant burden on

health care systems with costs related to treatment, hospitalization, and lost productivity. Additionally, untreated mental health conditions can lead to broader social issues such as homelessness and imprisonment, as individuals may have difficulty accessing or affording appropriate care. Untreated mental disorders can lead to behavior that increases the risk of involvement in criminal activity or imprisonment. Individuals with serious mental disorders also have a higher incidence of homelessness, which can strain public resources and affect community safety and cohesion. The stigma associated with mental disorders can lead to social isolation and marginalization. Individuals may experience discrimination and prejudice, which may prevent them from seeking help and participating in community life. This social isolation can exacerbate mental health problems and create barriers to recovery. Promoting mental health awareness and reducing stigma is important to improve social outcomes. Public education campaigns and support systems can encourage individuals to seek help and integrate mental health into the broader health care conversation.

Mental Health Challenges in India:

Mental health is a critical component of overall well-being, yet it remains a significantly underserved area in India. Despite growing awareness, the country faces numerous challenges in addressing mental disorders effectively. These challenges range from systemic issues within the healthcare system to socio-cultural barriers and resource limitations. The multifaceted challenges associated with mental disorders in India and highlights the urgent need for comprehensive solutions-

1) Stigma and discrimination: Mental health issues are a significant concern globally, but in India, they are compounded by deeply ingrained stigma and discrimination. Despite growing awareness, mental disorders are often misunderstood, leading to social exclusion and inadequate treatment. Stigma refers to the negative attitudes and beliefs that society holds about mental disorders, while discrimination involves the unfair treatment of individuals based on these stigmatizing views. In India, mental health issues are

frequently misunderstood due to cultural beliefs, lack of awareness, and limited access to mental health resources. The stigma associated with mental disorders often manifests in various ways, including social ostracism, professional biases, and familial pressure. In India, mental health issues are often intertwined with cultural and religious beliefs. Traditional views may attribute mental illness to supernatural forces or personal failings, rather than biological or psychological factors. This cultural framing can lead to a lack of empathy and understanding, reinforcing harmful stereotypes about mental health conditions. Furthermore, societal expectations and norms play a significant role in perpetuating stigma. Mental illness is frequently seen as a sign of weakness or moral failing, leading to shame and secrecy. Individuals with mental disorders may be reluctant to seek help due to fear of judgment from family, friends, and the community. This stigma discourages people from seeking help and perpetuates a cycle of silence and neglect. The negative attitudes toward mental illness are deeply rooted in cultural beliefs and lack of awareness, which further exacerbates the difficulties faced by those suffering from mental disorders.

2) **Limited access to mental health:** Limited access to mental health services in India is a complex issue that requires immediate attention. It is essential to overcome systemic, socio-cultural and economic barriers to ensure that mental health care is accessible to all, regardless of their location or financial status. One of the primary barriers to accessing mental health services in India is inadequate allocation of resources. The government spends only a small portion of its health care budget on mental health, which is insufficient to meet the growing demand. Furthermore, the Mental Health Care Act of 2017, though progressive in its intent to provide free and accessible mental health services, faces challenges in implementation due to bureaucratic inefficiencies, lack of trained personnel, and inadequate funding.

3) **Unfounded and overburden system:** The mental health care system in India is often underfunded and overburdened. Government

mental health services are often weak due to inadequate funding and resources. Public mental health institutions such as mental hospitals often face problems of overcrowding and inadequate facilities, which affects the quality of care provided. Lack of investment in mental health infrastructure and resources hinders the ability to provide effective and comprehensive mental health services. An underfunded system leads to an overburdened mental health care network, where resources are scarce. Public mental health facilities are often overcrowded due to long waiting times and inadequate care. Mental health professionals, including psychiatrists, psychologists, and social workers, are overwhelmed by the number of patients, leading to burnout and high turnover rates. When this happens the quality of care provided to patients is affected, with many receiving inadequate or inappropriate treatment. Lack of access to timely and adequate mental health care also contributes to high rates of disability, decreased productivity, and in severe cases, increased mortality due to suicide.

4) Lack of integration with general healthcare: Mental health care in India is often kept separate from general health services. Many individuals with mental health problems receive treatment from general practitioners who may lack the specialized training needed to provide effective mental health care. This lack of integration results in fragmented care, where mental health issues are not adequately addressed within the broader health system. Separating mental health services from general health care creates many challenges. One of the most significant issues is the lack of early identification and treatment of mental health conditions. General healthcare providers, such as primary care doctors and nurses, often lack training in recognizing and managing mental health issues, leading to underdiagnosis or misdiagnosis. India faces a huge burden of mental health disorders, with millions of people suffering from conditions such as depression, anxiety and schizophrenia. Despite the prevalence of these conditions, mental health services remain largely separate from the general health care system. Patients with mental disorders often present with physical symptoms, which may be inadequately addressed if their mental

health needs are not considered. Mental health facilities are often limited to specialized hospitals or clinics located primarily in urban areas, making them inaccessible to most of the population. Furthermore, mental health professionals, including psychiatrists, psychologists, and social workers, are scarce, with a greater focus on psychiatric hospitals rather than community-based care.

5) **Insufficient awareness and education:** India faces a significant burden of mental health disorders, affecting millions of people across all age groups. Common conditions like depression, anxiety and bipolar disorder are prevalent, yet they are often misunderstood or ignored due to lack of awareness. Mental health is still considered a taboo topic in many communities, and discussions about mental illness are often surrounded by myths and stereotypes. Awareness and education about mental health is often inadequate, leading to misconceptions and lack of understanding. Many individuals are not aware of mental health resources or how to access them. Educational initiatives about mental health are limited, which has a negative impact on mental health treatment. This lack of awareness is not limited to the general population. This also extends to the education system, healthcare providers and policy makers, contributing to inadequate responses to mental health needs. Insufficient education on mental health also means that people are less likely to recognize the signs and symptoms of mental illness in themselves or others. Many individuals are not even aware that they are experiencing a mental health condition, mistaking symptoms for physical illness or everyday stress. Lack of recognition delays treatment, worsens symptoms, and can lead to serious consequences, including self-harm or suicide. Furthermore, the absence of mental health education in schools deprives youth of the knowledge and skills needed to manage their mental health, recognize issues early, and seek help when needed.

6) **Economic and social barriers:** Economic and social barriers to mental health care in India have a profound impact on individuals, families, and society at large. For individuals, untreated mental health conditions can lead to reduced quality of life, impaired

functioning, and increased risk of disability or death by suicide. This impacts families, who may struggle with the financial and emotional burden of caring for a loved one suffering from untreated mental illness. At the societal level, the economic costs of mental health disorders are significant. Untreated mental health conditions lead to lost productivity, absenteeism, and increased health care costs, which place a burden on the economy. Furthermore, the social exclusion and discrimination faced by individuals with mental health conditions contributes to a broader culture of inequality and marginalization, which undermines social cohesion and community well-being.

The burden of mental disorders in India:

Mental disorders in India are growing concern, with a significant portion of the population struggling with various mental disorders. The country's mental health infrastructure is often insufficient to meet the needs of its diverse population, creating a gap that non-governmental organizations (NGOs) are increasingly filling. NGOs play a crucial role in addressing mental health challenges in India by providing support services, raising awareness, and advocating for policy changes. India faces a mental health crisis exacerbated by factors such as poverty, social stigma, and limited access to mental health services.

According to National Human Rights Commission, NHRC, in India, the condition of all 46 government mental health institutions across the country is deplorable and their governance by various stakeholders is abysmal. The inhumane and miserable conditions of mental health institutions across the country amount to a violation of the human rights of mentally ill patients. Recovered patients are being kept in hospitals illegally. There is a huge shortage of doctors and other staffs.

The Commission's comments come on the basis of the recent visit by the Full Commission to four government hospitals in Gwalior, Agra, Ranchi and 42 hospitals by its Special Rapporteurs in different parts of the country to assess the ground situation and mental provisions. To assess the status of implementation in the Health Care Act, 2017.

According to WHO, the burden of mental health problems in India is 2443 disability-adjusted life years (DALYs) per 10000 population; the age-adjusted suicide rate per 100000 population is 21.1. The economic loss due to mental health conditions, between 2012-2030, is estimated at USD 1.03 trillion.

The number of psychiatrists in India currently is about 9000 and counting. Added to this, about 700 psychiatrists graduate every year. Going by this figure, India has 0.75 Psychiatrists per 100,000 populations, while the desirable number is anything above 3 Psychiatrists per 100,000. This is a very conservative estimate going by the figures of 6 Psychiatrists per 100,000 population in the high-income countries (WHO, 2017). Taking three Psychiatrists (per 100,000 population) as the desirable number, 36,000 is the number of psychiatrists required to reach that goal. India is currently short of 27,000 doctors based on the current population of country.

The prevalence of mental health conditions was higher among males (13.9%) than females (7.5%). However, mood disorders were higher among women. Males in the age group of 30–49 years were the most affected by mental illnesses.

• Residents of urban metros had a greater prevalence of mental disorders and persons from lower income quintiles had a greater prevalence of one or more mental disorders.

• Of those over 18 years, 0.9% was at high risk and 0.7% at moderate risk of suicide. The highest-risk groups were females (1.14%) compared males (0.66), those living in urban metros (1.71%) and those between the ages of 40–49 years.

• The prevalence of mental health disorders in the age group of 13–17 years was 7.3% and similar among boys and girls. Depressive disorders were the commonest conditions. Nearly 9.8 million young Indians aged between 13 and 17 years were in need of active interventions. The prevalence was significantly higher (13.5%) in urban metros compared to rural areas (6.9%) in this age group.

Prevention and promotion:

Prevention and promotion of mental health are crucial aspects of addressing mental disorders in India, where the burden of mental

health issues is significant. The following strategies and initiatives are key to prevention and promotion:

• To generate awareness of mental illnesses, information, education and communication (IEC) activities are already an integral part of the NMHP. Posters and videos to generate awareness of mental health, and advisories for promotion of mental well-being are periodically released on the Ministry of Health and Family Welfare (MoHFW) website and social media handles. Age for 4 D's – Defects at birth, Diseases, Deficiencies and Development delays, spanning 32 common health conditions for early detection and free treatment and management. These include surgeries at the tertiary level. Mental health and neurological conditions are identified (1). Children diagnosed with identified selected.

• At district level, funds up to INR 400 000 per annum are provided to each district for IEC and awareness generation activities in communities, schools and workplaces, with community involvement. Under the District Mental Health Programme (DMHP), various IEC activities such as messages to generate awareness in local newspapers and the radio, street plays, wall paintings, etc. are undertaken by the states/Union Territories (UTs). Since public health is a state subject, details of specific activities may be requested from the states.

• Early childhood and good parenting: The Rashtriya Bal Swasthya Karyakram (RBSK), under the National Health Mission, screens children from birth to 18 years of health conditions are provided early intervention services and follow-up care at the district level.

• *Preventing bullying:* The School Health Programme under Ayushman Bharat – a joint initiative of the MoHFW and Ministry of Human Resource and Development – takes care of this aspect. Prevention of bullying is included under school health promotion activities (2).

• The Ministry of Human Resource, in collaboration with Ministry of Health, is implementing the School Health Programme under Ayushman Bharat.

• The Ministry of Social Justice and Empowerment has schemes to address alcohol and other psychotropic substance addiction.

The role of NGOs in addressing mental disorders in India:

The country's mental health infrastructure is often insufficient to meet the needs of its diverse population, creating a gap that non-governmental organizations (NGOs) are Increasingly filling. NGOs play a crucial role in addressing mental health challenges in India by providing support services, raising awareness, and advocating for policy changes. The following services are provided by NGOs-

A. **Counseling and Support Services:** NGOs offer essential counseling and support services, often operating in areas where government services are limited. Organizations like Manosamarpan Manosamajik Sewa Samiti (Bareillly) *The Banyan*, *Aasra*, and *Samaritans Mumbai* provide free or low-cost mental health services, including crisis intervention, therapy, and support groups. These services are crucial for individuals who cannot afford private care or access government facilities.

B. **Awareness and Education:** Many NGOs focus on raising awareness about mental health issues to reduce stigma and educate the public. Campaigns by organizations such as Mental Health Foundation India and Sangath help challenge misconceptions and provide information about mental health conditions. These efforts contribute to a more informed and empathetic society, encouraging individuals to seek help without fear of judgment.

C. **Advocacy and Policy Influence:** NGOs play an essential role in advocating for mental health policies and reforms. They work to influence government policy and ensure that mental health is included in public health agendas. Organizations like The National Mental Health Alliance and Vimochana advocate for the implementation of the Mental Health Care Act, 2017, which aims to provide mental health care services and protect the rights of individuals with mental disorders.

D. **Community-Based Programs:** Community-based programs run by NGOs address mental health issues at the grassroots level. Initiatives such as The Empowerment Foundation focus on integrating mental health services into community settings, providing support for marginalized populations, and training

community health workers. These programs aim to make mental health care more accessible and culturally sensitive.

Despite their significant contributions, NGOs face several challenges. Funding constraints, a shortage of trained professionals, and logistical difficulties in reaching remote areas can limit the effectiveness of their programs. Additionally, the diversity of India means that mental health services need to be tailored to various cultural and linguistic contexts, which can be a complex tasks.

In India, the overall prevalence of common mental disorders, including depression and anxiety disorders, was 5.1% in the 2016 National Mental Health Survey, with treatment gap of 80.4% (Jaishankar et al 2016). Individuals with mental health problems face many challenges in accessing mental health services. These challenges are heightened among marginalized populations or people in hard-to-reach areas, leading to disproportionate use of these services. The resulting treatment gap can be attributed to the inequitable distribution of mental health resources and variable implementation of mental health policies.

Government Initiatives

Over the past decades, the Government of India has taken several measures to address these shortcomings and ensure equitable delivery of mental health services. The National Mental Health Policy (NMHPolicy), introduced in 2014 with the Mental Health Care Act (MHCA) of 2017, outlines strategies to improve mental health and protect the rights of individuals. NMH policy focuses on providing comprehensive care ranging from outpatient to community-based services. It suggests greater resource allocation to make services more accessible and its integration into general health care. It also emphasized the role of research such as national surveys in guiding policy planning and implementation. (Gangadhar et al 2023).

Mental health programs in India are actively evolving to meet current needs. The National Mental Health Program (NMHP), with the District Mental Health Program (DMHP) as its functional extension, forms the mainstay of India's mental health services. The DMHP oversees mental health care delivery throughout the district and trains

medical officers on mental health care. Initial evaluation of the effects of DMHP found partial success; Its activities were limited to promoting mental health awareness, providing essential care, and ensuring access to essential psychotropic medications However, since 2015, the DMHP's coverage has expanded to encompass more than 90 per cent of the revenue districts in India (Gangadhar et al 2023).

The Government of India has recently launched three initiatives to increase access, affordability and engagement of mental health services in the community. The Ayushman Bharat initiative transforms primary health facilities into health and wellness centers (HWCs) with provisions for screening for mental illnesses. The Ayushman Bharat – Health and Wellness Centres (AB-HWCs) were launched under the Ayushman Bharat Programme in a bid to move away from selective health care to a more comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care for all ages. The National Health Policy of 2017 envisioned these centres as the foundation of India's health system. Second, the Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a government-funded health insurance/ assurance scheme that covers India's poor and vulnerable population and provides financial security for their hospitalization. This scheme was launched on 23rd September, 2018 in Ranchi, Jharkhand by the Hon'ble Prime Minister of India, Shri Narendra Modi. Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 12 crores poor and vulnerable families (approximately 55 crore beneficiaries) that form the bottom 40% of the Indian population. The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively (Ministry of Health and Welfare, 2023). The third initiative, Ayushman Bharat Digital Mission (ABDM), with digital health records, looks forward to ensuring continuity of care besides encouraging research. It aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of Healthcare ecosystem through digital highways. (Government of India).

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