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Exploring The Bidirectional Link Between Economic Inequality And Mental Health Disorders In India And Evaluating Policy Responses

Leoma Fernandes
Student
European School of Goa

Research Question: To what extent does a bidirectional relationship exist between economic inequality and the prevalence of mental health disorders, and how effective is India's policy framework in addressing and mitigating the impacts of this relationship?

Abstract

This paper explores the bidirectional relationship between economic inequality and mental health, emphasizing how these interconnected issues perpetuate a cycle of poverty and hinder societal progress. Through an analysis of India's existing policy frameworks, including the Pradhan Mantri Garib Kalyan Yojana (PMGKY), NREGA, and the Mental Healthcare Act of 2017, the research identifies critical gaps such as underfunding, bureaucratic inefficiencies, and limited rural outreach. While these policies have shown promise, they fall short of delivering sustainable solutions. The study underscores the need for an integrated approach that addresses economic inequality through enhanced income distribution mechanisms and strengthens mental health systems with increased funding and community-based interventions. Drawing insights from international models like New Zealand's Wellbeing Budget, the paper provides recommendations for holistic reforms tailored to India's socio-economic landscape.

Key Words: *Economic Inequality, Mental Health, Poverty Cycle, India, Policy Reforms*

Introduction

Round and round goes the merry-go-round of economic inequality, mental health disorders, and economic productivity, each driving the other in an unbreakable cycle.

Economic inequality refers to the unequal distribution of income and wealth within a population. Globally, wealth inequality remains pronounced, with the wealthiest 1% of the global population accumulating two-thirds of the $42 trillion of wealth created since 2020. This means that the average billionaire has gained roughly $1.7 million for every $1 of new wealth earned by a person in the bottom 90% (Vora, 2024). Economic inequality is often measured using metrics such as the Gini coefficient, which ranges from 0 (perfect equality) to 1 (complete inequality). On the other hand, mental health encompasses our emotional, psychological, and social well-being. It influences how we think, feel, and act and affects how we handle stress, relate to others, and make choices. In 2019, an estimated 970 million people in the world were living with a mental disorder, 82% of whom were in LMICs (lower middle-income countries) (WHO, 2022).

The interplay between economic inequality and mental health is complex and bidirectional. Economic stressors such as poverty, unemployment, and lack of resources can contribute to mental health disorders like depression and anxiety. Conversely, poor mental health can affect an individual's economic productivity by reducing their ability to work or make sound financial decisions. According to WHO (2019), the global economy loses about US$ 1 trillion per year in productivity due to depression and anxiety. A decline in economic activity could result in an increase in unemployment and wage cuts. This, in turn, has the potential to increase stress and anxiety, which can further affect productivity and reduce an individual's ability to work effectively. In line with the aforementioned, the research question for this paper is: **To what extent does a bidirectional relationship exist between economic inequality and the prevalence of mental health disorders, and how effective is India's policy framework in addressing and mitigating the impacts of this relationship?**

This paper argues that economic inequality leads to mental health disorders, which subsequently affect economic productivity, specifically in the context of India. This paper underscores how the bidirectional relationship highlights the need for a comprehensive approach to address both economic inequality and mental health.

Background

Economic inequality refers to disparities among individuals' incomes and wealth and those differences can be vast. Forbes counted a record 2,781 billionaires in the world as of 2024. Meanwhile, the World Bank estimates that more than 700 million people globally are living on less than $2.15 per day (Fontinelle, 2020). Economic inequality is a pervasive issue that affects various facets of life, notably mental health and productivity. One of the primary pathways through which economic inequality impacts mental health is chronic stress. Individuals in lower economic brackets often experience financial instability, which leads to ongoing anxiety and worry about basic survival needs such as housing, food, and healthcare. This constant state of stress can trigger a range of mental health disorders, including anxiety and depression.

The social determinants of health (SDH) theory posits that non-medical factors, such as income, education, and housing, influence health outcomes. Of all social determinants of health, perhaps the most influential is income. Access to income allows access to essential needs for living, such as education, food, and housing. It is observed that the correlation between income, health, and education is such that lower incomes or loss of income leads to inaccessibility and unaffordability of services in the health and education sectors (Kapoor and Duggal, 2022). Those living in poverty often face adverse living conditions—overcrowded housing, unsafe neighborhoods, and limited access to quality healthcare—that heighten their vulnerability to mental health issues. For example, overcrowded living conditions can lead to increased interpersonal conflicts and reduced privacy, contributing to stress and anxiety. Additionally, unsafe neighborhoods can exacerbate feelings of helplessness and fear, further entrenching individuals in a cycle of mental health struggles. Inadequate healthcare access prevents individuals from receiving necessary treatment, leading to untreated mental health conditions that can worsen over time.

Relative deprivation, the psychological impact of perceiving oneself as worse off compared to others (Longley, 2021), plays a key role in the mental health effects of inequality. This theory emphasizes how feelings of inadequacy, low self-esteem, and depression are heightened in a society with stark economic divides. Those at the lower end may constantly compare themselves to wealthier peers, fostering a sense of hopelessness and despair. Such feelings can culminate in severe mental health issues, including depression, which is often compounded by societal stigma surrounding mental illness.

Job insecurity, unemployment, and underemployment are common in economically unequal societies, with the lower-income population facing high levels of insecurity and anxiety about unemployment. According to the India Employment Report 2024, the unemployment rate in India stood at 7.8% in September 2024 (Forbes, 2024). This job insecurity adds additional stress, contributing to anxiety disorders and depression. Individuals who experience instability in their employment status may face increased anxiety about their future, contributing to a higher incidence of mental health disorders. The pressure to maintain employment in an insecure environment can lead to chronic stress, further aggravating mental health problems.

Another critical factor is access to mental health services. Economically disadvantaged communities often lack adequate mental health resources, making it challenging for individuals to seek help. Financial constraints frequently prevent people from affording therapy or medication, resulting in untreated mental health issues that can become chronic. This lack of access perpetuates the cycle of inequality, as untreated mental health conditions hinder individuals' ability to pursue education and employment opportunities.

The relationship between mental health problems and economic productivity is significant. According to the Economic Survey 2024, mental health issues can lead to absenteeism, reduced efficiency, disability, and increased healthcare costs (Livemint, 2024). This not only diminishes individual quality of life but also constrains overall productivity across society. For instance, individuals suffering from depression may struggle to maintain regular work schedules, leading to decreased productivity and increased absenteeism. On an individual level, high absenteeism can result in salary reductions, absence punishments, accidents when the employee returns to a less familiar work environment, and shifts in job attitudes; even worse, it can lead to job losses (Mutingwende, 2024). This would result in a halt of an individual's income, worsening the financial stress that one has to bear.

When an individual is mentally unwell, functional limitations become apparent. Cognitive abilities such as focus, multitasking, handling pressure, interacting with others, and responding to change are all impacted negatively, increasing vulnerability to underperformance, absenteeism, or job loss. For instance, mental health disorders, such as depression, can severely impair cognitive functions, making decision-making, problem-solving, and focus challenging. These impairments lead to decreased productivity, especially in the workplace, where presenteeism—employees physically at work but mentally disengaged—can mask inefficiencies caused by mental health issues. According to research by Conway et al. (2014), presenteeism correlates with poor mental health and raises the risk of depression. Without proper support, individuals may struggle to cope, affecting productivity and engagement. They may quit or be made redundant altogether, deepening mental health disorders and increasing the financial burden.

As noted earlier, absenteeism due to mental health issues not only affects individuals but also strains businesses and the broader economy. This leads to increased absenteeism, affecting the workforce’s capacity for consistent employment and placing additional strain on organizations. The theory of human capital, which asserts that the workforce is a vital asset to economic productivity, highlights how compromised mental health can diminish human capital quality and contribution. Employees struggling with mental health may find it difficult to engage fully in their roles, leading to reduced innovation and output. Over time, this can have substantial ramifications for businesses and, by extension, the economy.

The ripple effects of mental health problems go beyond individual productivity, extending to national economic growth. A mentally healthy workforce is crucial for fostering innovation, productivity, and overall economic development. When a significant segment of the population grapples with untreated mental health disorders, the economy can stagnate. Low productivity for organizations leads to increased costs and reduced profits. To remain competitive, companies may reduce their workforce or replace workers with automation, leading to increased unemployment, worsening income inequality, and further diminishing mental health conditions, all of which contribute to a downward spiral of productivity and economic activity. This interrelated relationship creates a cycle that is difficult to break.

Problem Statement

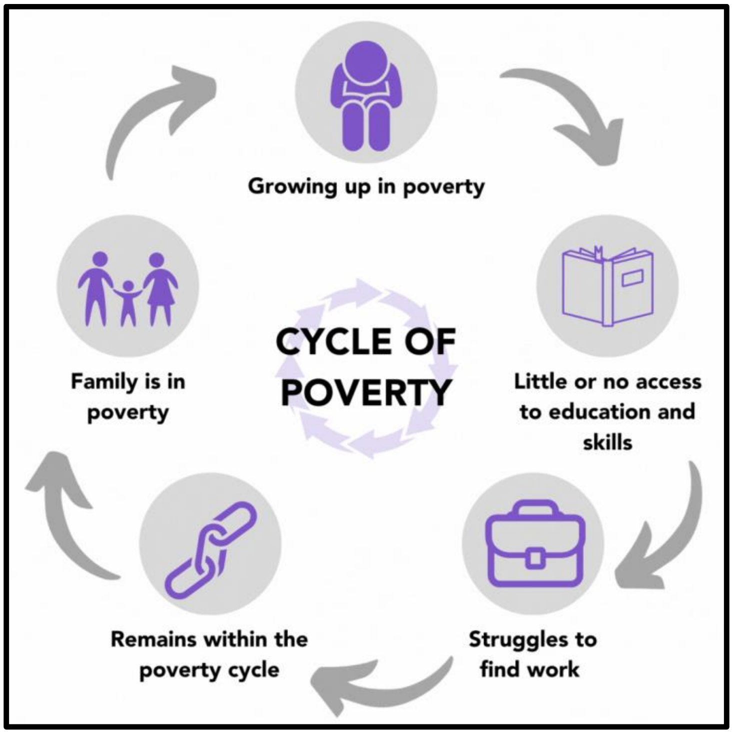
Economic inequality and mental health are deeply intertwined, creating a feedback loop that perpetuates and exacerbates both issues. Economic inequality leads to mental health problems, which in turn limit an individual’s ability to participate effectively in the economy, thus leading to reduced productivity, increased poverty, and further inequality. This creates a vicious cycle that is difficult to break and has far-reaching impacts on individuals and society as a whole.

As mentioned above, economic inequality can lead to the perpetuation of a poverty cycle. Financial instability, limited access to resources, and adverse living conditions arising from inequality lead to feelings of inadequacy, low self-esteem, and deprivation, which contribute to chronic stress and mental health disorders. Job insecurity, unemployment, and underemployment are prevalent in economically unequal societies, which add further stress and exacerbate mental health disorders. Being in poverty also means that an individual may be unable to afford proper healthcare, leading to a worsening mental state and contributing to anxiety and depression.

Poor mental health, in turn, limits an individual's ability to participate effectively in the economy. Mental health disorders impair cognitive functions like decision-making, problem-solving, and concentration, leading to decreased workplace productivity. The phenomenon of presenteeism, where employees are physically present at work but not fully productive due to mental health issues, further results in significant productivity losses. Absenteeism due to frequent sick leave taken by individuals with chronic mental health conditions further reduces economic output. These issues cumulatively lead to reduced economic productivity, increased poverty, and further economic inequality, reinforcing the feedback loop.

This cycle can be extremely detrimental as it can continue for generations. The intergenerational transmission of poverty means that children growing up in such circumstances often face a range of disadvantages that hinder their development. Children born into low-income families often face mental health challenges due to stressful home environments and lack of resources. Poverty often leads to inadequate access to quality education, which may arise from unaffordable school fees, lack of transportation, or poor-quality schools in economically disadvantaged areas. Limited education opportunities reduce individuals' chances of skill development and decrease their chances of securing better-paying jobs. These children also face other major issues that can severely impact their mental health, such as inadequate nutrition, social exclusion, and exposure to high levels of stress.

The experience of poverty can also have psychological effects, including low self-esteem, a sense of hopelessness, and a lack of confidence in one's ability to escape poverty. These psychological barriers can further impede individuals' efforts to break free from the cycle. These mental health issues can negatively affect their education and job prospects, keeping them trapped in the poverty cycle as adults.



As can be seen in the image above, the environment that poverty cultivates for children can increase the likelihood that they will remain in poverty as adults, continuing the cycle.

Addressing this requires comprehensive policies that improve access to education, healthcare, and mental health services while providing economic opportunities to lift families out of poverty.

Current Policy Framework

The issue of economic inequality in India is both longstanding and deep-rooted, with significant implications for the overall well-being of its citizens. While India is one of the fastest-growing economies in the world, it is also one of the most unequal countries (Oxfam International, 2024). According to the World Inequality Report 2022, India is among the most unequal countries in the world, with the top 10% and top 1% of the population holding 57% and 22% of the total national income, respectively. The share of the bottom 50% has gone down to 13% (PTI, 2021). As per Oxfam International (2024), inequality has been rising sharply for the last three decades. The richest have cornered a huge part of the wealth created through crony capitalism and inheritance. They are getting richer at a much faster pace while the poor are still struggling to earn a minimum wage and access quality education and healthcare services, which they continue to suffer from.

The Gini coefficient, a measure of income inequality, helps to understand the income distribution within a country, with 0 representing perfect equality and 1 representing perfect inequality. According to SBI Research, the Gini Coefficient of India stood at 0.402 for AY 2022-23. This value indicates a significant level of inequality. This vast inequality has critical consequences for economic growth, social stability, and individual mental well-being. Economic stressors and lack of resources in marginalized communities exacerbate the challenges for mental health, creating a cycle where financial insecurity and mental health struggles are interlinked.

India is also grappling with a considerable mental health crisis, as per the available statistics. For instance, the National Mental Health Survey of India (2015-16), conducted by the National Institute of Mental Health and Neuro-Sciences (NIMHANS), reported that approximately 10.6% of adults in India suffer from mental health disorders, which translates to over 150 million people in need of mental health care. This report also states that 1 in 20 people in India are depressed, and 1 in 40 have experienced depression in the past. Further, a report by the World Health Organisation (WHO) revealed that 7.5 percent of the Indian population suffers from some form of mental disorder. Mental illnesses constitute one-sixth of all health-related disorders, and India accounted for nearly 15% of the global mental health burden, with high rates of depression, anxiety, and other disorders (Birla, 2019a). According to the World Health Organization, 5.6 crore Indians suffer from depression and 3.8 crore from anxiety disorders. The World Health Organization forecasts that India will lose $1.03 trillion in economic value owing to mental health issues between 2012 and 2030 (at the 2010 dollar rate) (Nawab, 2022). Economic hardships, job insecurity, and the strain of poverty are among the significant contributors to this mental health burden, as they can exacerbate stress, anxiety, and depressive symptoms.

Against this backdrop, the Indian government has introduced various economic policies and social welfare schemes aimed at alleviating poverty and, by extension, reducing the socio-economic pressures that contribute to mental health issues. The Pradhan Mantri Garib Kalyan Yojana (PMGKY) is a welfare scheme launched by the Government of India. It provides relief and support to the economically vulnerable sections of society during challenging times. It aims to alleviate the hardships the poor and underprivileged face by offering various welfare measures and benefits. The scheme includes provisions for free food grains, cash transfers, insurance coverage, and other essential services. It ensures the well-being of those in need, particularly during times of crisis or unforeseen circumstances. However, despite its intentions, the Pradhan Mantri Garib Kalyan Yojana (PMGKY) faces multiple implementation issues. Bureaucratic delays and inadequate documentation limit timely delivery and exclude many eligible beneficiaries. Fund mismanagement and limited awareness reduce its impact, especially in rural areas, where people often lack information about their entitlements. Corruption and systemic leakages prevent resources from reaching those in need, while dependence on digital platforms challenges areas with poor internet connectivity and digital literacy. Although the scheme provides immediate relief, it lacks focus on sustainable poverty alleviation, underscoring the need for better administration, funding, and infrastructure to fulfill its objectives effectively (Testbook, 2021). One of the biggest missing links of the PMGKY is the informal sector. Most of the benefits are provisioned only for the poor people working in the organized sectors. There is a need for another fiscal stimulus package intended for the welfare of the workforce in unorganized sectors (Veeresha, 2021). This is where a large number of the population is living in poverty and on the wide and lower end of inequality.

Similarly, the National Rural Employment Guarantee Scheme (NREGA) has provided millions a safety net, guaranteeing 100 days of wage employment to rural households. Yet, delayed payments, inadequate wages, and bureaucratic hurdles have hampered its effectiveness in truly lifting people out of poverty. Another significant effort is the Direct Benefit Transfer (DBT) program, which seeks to reduce leakage in the disbursement of subsidies and welfare payments. Benefits or subsidies are directly transferred to citizens living below the poverty line, ensuring subsidies are targeted to those in need. The government significantly transfers the cash benefits and subsidiaries directly to the beneficiaries' accounts (Ali, 2024). While this has improved transparency and efficiency, the reach and effectiveness of DBT remain limited by factors such as digital literacy, internet connectivity, and access to banking services, particularly in remote areas. A large issue is identifying eligible beneficiaries and ensuring enrolment under the scheme, as well as the compliance and operational issues faced by beneficiaries after enrolment (Kale, Bhandari and Nageswaran, 2021).

Overall, these economic policies have made strides toward mitigating poverty, but gaps remain—particularly in rural areas and among marginalized communities—where poverty and financial stress continue to be persistent issues. These economic challenges contribute significantly to the mental health strain on individuals, as financial insecurity can lead to heightened stress and anxiety.

In terms of mental health-specific policies, The Government of India launched the National Mental Health Programme (NMHP) in 1982, with objectives that aim to ensure that minimum mental healthcare is available and accessible to all, especially the most vulnerable and underprivileged populations. They also promote integrating mental health knowledge into general healthcare and social development, along with encouraging community participation and self-help efforts (National Health Mission, 2024). However, limited funding, inadequate infrastructure, and a shortage of mental health professionals have hindered its reach and effectiveness. More recently, the Mental Healthcare Act (2017) was a landmark piece of legislation that aimed to safeguard the rights of people with mental illness, along with access to healthcare and treatment without discrimination from the government (Malhotra, 2023). It treats mental disorders at par with physical disorders. There are various provisions mentioned in the new Act, including the decriminalization of attempted suicides and certain changes in the process for admission, treatment, and discharge of mentally ill persons (Ghosh, 2021). It also decriminalized suicide and emphasized patient rights, intending to remove social stigma around mental health (Ghosh, 2021).

Yet, despite these provisions, a large gap remains in the availability and accessibility of mental health services, particularly for economically disadvantaged individuals. Access to mental healthcare is highly uneven across urban and rural areas. Most mental health facilities and professionals are concentrated in urban centers, leaving rural populations with limited resources. The lack of adequate infrastructure, coupled with financial barriers, prevents many individuals in rural and economically disadvantaged areas from seeking the help they need. Poor awareness about the symptoms of mental illness, stigma, and the lack of mental health services available have resulted in a massive treatment gap, with inadequate numbers of trained mental health care professionals (Cousins, 2018). India faces a significant gap between the prevalence of mental illness among the population and the availability and effectiveness of mental health care in providing adequate treatment. This discrepancy results in structural stigma toward mental illness, which in turn is one of the main reasons for the persistence of the treatment gap, whereas societal factors such as religion, education, and family structures play critical roles (Boge et al., 2018). Stigmatized individuals may anticipate devaluation and discrimination from others, especially among low-income communities, where mental health issues are often associated with weakness or shame (Mascayano, Armijo, and Yang, 2015). This stigma prevents many people from seeking help, even when services are available.

Policy Reforms

India’s approach to addressing economic inequality and mental health could benefit from examining successful models from other countries. For instance, New Zealand’s Wellbeing Budget prioritizes mental health and economic well-being holistically. As per a report published by The Treasury of New Zealand (2019), this approach involves significant investment in mental health services, youth programs, and community support, acknowledging that economic security is fundamental to mental health. It is believed that human capital, i.e., the skills and knowledge, physical and mental health that enable people to participate fully in work, study, recreation, and society, is directly linked to key well-being elements, including employment, income, housing, and social connections. Poor mental health is often a barrier to participating in community activities and connecting with others, which contributes to greater life satisfaction. It can also strongly affect other areas of well-being, including material standards of living and cultural well-being. The Wellbeing Budget's priority is to support mental well-being for all New Zealanders, and it has a special focus on youth mental health outcomes. The New Zealand government implemented a number of policies to reduce child poverty. Some of these initiatives in the wellbeing budget are designed to directly impact children living in poverty by putting more money in the pockets of parents. Others have a more indirect impact and are designed to ease the pressures faced by families – such as changes to health, housing, and education settings.

Similarly, Finland’s social welfare model has successfully reduced economic disparities and provided comprehensive healthcare. It offers a sustainable solution to long-term structural poverty and is a clear objective of all types of assistance towards ending poverty (Phillips, 2020). Finland has achieved an enviable tradeoff between efficiency and equity, and its low inequality is supported by generous transfers to low-income households. Finland's model is characterized by robust social welfare systems, including universal healthcare, education, and employment support, which together reduce economic insecurity and provide a stable foundation for mental well-being.

Adapting such models to the Indian context would require a multifaceted approach. First, policies must be better integrated to address both economic and mental health challenges cohesively. India could look at expanding its social welfare programs, ensuring they reach the most marginalized groups more effectively. For instance, increasing the minimum wage and ensuring timely payments under NREGA could help reduce economic stress for rural households. Additionally, expanding the scope and reach of Direct Benefit Transfers (DBT) would ensure that more needy people receive support without bureaucratic delays. On the mental health front, India could strengthen its mental health policies by increasing funding for mental health services, especially in rural areas, and training more mental health professionals to reduce the severe shortage. Like New Zealand’s approach, community-based mental health support could help make mental healthcare more accessible and reduce stigma. Additionally, initiatives integrating mental health education into primary and secondary schools could help build awareness and reduce stigma early on.

A more fundamental change in the view of the policymakers would be required as mental health and economic security are no longer entirely separate issues. The Indian policymakers should create, instead, a holistic framework that would tackle both these aspects together. This multidimensional method could be increasing the mental health budget of the social security programs, developing job security programs to decrease the risk of economic stress, and setting up mental health support community projects for financially weak people.

Conclusion

Based on the detailed analysis of the interplay between economic inequality, mental health disorders, and economic productivity, it is evident that these issues are deeply interconnected, forming a vicious cycle. Economic inequality and mental health have a bidirectional relationship, and both can negatively aggravate the other. Economic inequality causes deprivation due to conditions of poverty, unemployment, and social exclusion, resulting in stress inciting mental health problems. Mental health deterioration, on the other hand, impairs an individual's cognitive and physical abilities, reducing their economic productivity and limiting their potential to alleviate poverty. This cyclical relationship not only hampers growth on an individual level but also poses a grave danger to the societal and economic development of nations.

The research highlights the structural deficiencies in India’s approach to tackling these interconnected issues. Economic inequality remains high, with wealth concentrated among a small elite while a significant portion of the population struggles to meet basic needs. The existing policy frameworks, including the Pradhan Mantri Garib Kalyan Yojana (PMGKY) and National Rural Employment Guarantee Scheme (NREGA), have provided some relief but remain inadequate due to gaps in implementation, bureaucratic inefficiencies, and a limited focus on sustainable poverty alleviation. Similarly, mental health policies, including the National Mental Health Programme (NMHP) and the Mental Healthcare Act of 2017, have made strides in reducing stigma and improving access to care but fall short due to underfunding, lack of trained professionals, and insufficient infrastructure, particularly in rural areas.

To break this cycle, an integrated approach is essential. Addressing economic inequality requires targeted measures to improve income distribution, such as enhancing social welfare programs, and expanding the reach of direct benefit transfers. Equally important is prioritizing mental health through increased funding, better integration with primary healthcare, and reducing stigma via education and community-based interventions. Drawing insights from successful international models like New Zealand's Wellbeing Budget and Finland's comprehensive social welfare programs could guide the development of holistic solutions tailored to India's socio-economic context.

Ultimately, economic inequality and mental health challenges are not isolated issues but mutually reinforcing barriers to individual and societal progress. By adopting a multifaceted strategy that addresses both dimensions concurrently, policymakers can create a framework that promotes economic security, mental well-being, and overall productivity. This integrated approach holds the promise of fostering a more equitable, resilient, and prosperous society where every individual has the opportunity to thrive.

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