



Government of India puts in place comprehensive, multi-pronged and convergent response to prevent, mitigate and manage stress among women across sectors

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“Public Health and Sanitation; Hospitals and Dispensaries” is placed in the State List of the Seventh Schedule to the Constitution of India, which includes mental health. Accordingly, the primary responsibility for provision and delivery of mental-health services, hospitals, community care and rehabilitation rests with the respective State Governments.

However, the Government of India supports the State Government and has put in place a comprehensive, multi-pronged and convergent response that links rights-based mental-healthcare, tele-mental-health access, trauma-informed psychosocial support, statutory workplace protections, employer-led occupational health measures, gender-sensitive law-enforcement interfaces and socio-economic empowerment programmes in order to prevent, mitigate and manage stress among women across sectors.

The Department of Personnel & Training (DoPT) is the nodal department to issue instructions and guidelines for central government employees on prevention of harassment, gender-sensitisation, personnel management and flexible working arrangements wherever administratively feasible. Such measures, together with awareness campaigns, internal grievance mechanisms and prompt corrective action, contribute to safer work environments and reduction of harassment-related stress.

The Central Government gives highest priority to the safety and security of women and girls and has taken several steps to assist the State Governments/ UT Administrations. These include operationalization of helplines such as Women Helpline -181, Child Helpline - 1098 and Emergency Response Support System (ERSS-112), concept of Zero FIR and e-FIR under the new criminal laws and provision of institutional support to the survivors.

Further, the Mental Health Care Act, 2017 is an act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matter connected therewith or incidental thereto. The said Act also decriminalises attempt to die by suicide, thereby recognising that persons under severe stress require care and rehabilitation rather than penal action, and provides for registration and regulation of mental health establishments and oversight mechanisms to improve the quality and availability of services.

To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the

Community Health Centre (CHC) and Primary Health Centre (PHC) levels, inter-alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc.

In addition to the above, the Government is also taking steps to strengthen mental healthcare services at primary healthcare level. The Government has upgraded more than 1.81 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to Ayushman Arogya Mandirs. Mental health services have been added in the packages of services under Comprehensive Primary Health Care provided at these Ayushman Arogya Mandirs. Operational guidelines and training manuals for various cadres on Mental, Neurological, and Substance Use Disorders (MNS) at Ayushman Arogya Mandirs have been released under the ambit of Ayushman Bharat.

Under the tertiary care component of NMHP, under Manpower Development Scheme-A, 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties under Manpower Development Scheme-B.

There are 47 Government run mental hospitals in the country, including 3 Central Mental Health Institutions, viz. National Institute of Mental Health and Neuro Sciences, Bengaluru, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam and Central Institute of Psychiatry, Ranchi. Mental Health Services are also provisioned in all AIIMS.

The Government has launched a “National Tele Mental Health Programme” on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 27.11.2025, 36 States/ UTs have set up 53 Tele MANAS Cells. Tele-MANAS services are available in 20 languages based on language opted by States. More than 29,82,000 calls have been handled on the helpline number.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well-being to mental disorders. In addition, a video consultation facility has been introduced under Tele-MANAS, as an upgrade to the existing audio calling service.

Recognising that gender-based violence, harassment and insecurity are major drivers of psychological trauma and chronic stress among women, the Government has established multiple mechanisms to provide immediate protection, holistic support and long-term rehabilitation. One Stop Centre (OSC) component of Mission Shakti Umbrella Scheme, which is fully funded by the central government is implemented across the country since 1st April, 2015. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It also provides an integrated range of services including medical aid, legal aid and advice, temporary shelter, police assistance, psycho-social counselling to needy women. 864 OSCs are operational across the country and over 12.67 lakh women have been assisted upto 30th September, 2025.

To ensure that the Police Stations are more women friendly and approachable, as they would be the first and single point of contact for any woman walking into a police station, 14,649 Women Help Desks (WHDs) have been set up, of which 14,653 are headed by women police officers.

To provide help and support to needy women and women in distress, Emergency Response Support System (ERSS-112) has been established in all 36 States and UTs for various emergencies, with computer aided dispatch of field/ police resources. In addition to ERSS, a fully functional dedicated Women helpline (WHL-181) is operational in 35 States/ UTs except West Bengal. The WHL has also been integrated with

ERSS. Further, the Ministry of Women and Child Development also administers scheme “Samarthya” under Mission Shakti in which the component of Shakti Sadan is for relief and rehabilitation of women in difficult circumstances, including psycho-social counselling.

The Ministry has launched the 'Mission Shakti Portal' with all functional features on January 22, 2025. This portal aims to enhance accessibility of various government services for women, establish quality mechanisms for rescue, protection, and rehabilitation, and build the capacity of functionaries and duty holders under various schemes and legislations.

To ensure safety of public places where women work and live, various components under Safe City Projects have been implemented in 8 Cities (namely Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai). To ensure safe transportation for women, rail and road transport projects like Integrated Emergency Response Management System (IERMS), Video Surveillance System at Konkan Railway, Artificial Intelligence (AI) based Facial Recognition System (FRS) integrated with Video surveillance Systems, including Command-and-Control Centre at 7 major railway stations and tabs for safety of women passengers on board the train by Ministry of Railways, and projects like Vehicle Tracking Platform with command and control centre across States/ UTs, and some State specific projects like Uttar Pradesh Road transport Corporation (UPSRTC), Bengaluru Metropolitan Transport Corporation (BMTCL), Telangana State Road Transport Corporation (TSRTC), etc. by Ministry of Road Transport and Highways, have been implemented.

Bureau of Police Research and Development (BPR&D) has undertaken several initiatives, which, inter-alia include training and skill development programs for Investigation Officers, Prosecution Officers and Medical Officers. BPR&D has also prepared Standard Operating Procedures (SoPs) for ‘Women Help Desk at Police Stations’ to ensure their smooth functioning. Emphasis has been laid upon appropriate behavioural and attitudinal skills of the police in course of prevention and detection of crime against women and children and interaction with victims of crime.

The Ministry of Women and Child Development has also launched the SHe-Box portal duly encompassing various provisions of ‘the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013’ (PoSH Act). This portal provides a publicly available centralised repository of information related to Internal Committees (ICs) and Local Committees (LCs) formed across the country, whether in government or private sector. It also provides a common platform to file complaints and track the status of such complaints. The portal includes a feature where complaints registered on it will be automatically forwarded to the IC/ LC of the workplaces concerned within the Central Ministries/ Departments, States/ UTs and in Private sector. The portal provides for designating a nodal officer for every workplace who is required to ensure updation of data/ information on a regular basis for real time monitoring of complaints.

In order to encourage employment of women, the four Labour Codes - the Code on Wages, 2019, the Industrial Relations Code, 2020, the Code on Social Security, 2020 and the Occupational Safety, Health and Working Conditions Code, 2020 have been implemented with effect from 21st November 2025, rationalizing 29 erstwhile labour laws.

On occupational and preventive health, under the Occupational Safety, Health and Working Conditions (OSH) Code, 2020, workplace equality and safety are given strong legal backing. Gender discrimination is explicitly prohibited, ensuring that women and men are treated with equal dignity and opportunity in every establishment. This principle is reinforced through the guarantee of equal pay for equal work, eliminating wage disparities and promoting fairness across all sectors. In a progressive step, women are permitted to work night shifts and in all categories of employment, including underground mining and heavy machinery operations, provided they give their prior consent and employers implement adequate safety measures.

To safeguard worker's health and productivity, the Code caps normal working hours at 8 hours per day and 48 hours per week. While all workers including women, have been permitted to work overtime only with their consent and mandating payment at twice the regular wage rate. Strengthening the focus on preventive healthcare, the Code also requires employers to provide free annual health check-ups along with maintaining proper health records for employees including women workers subject to fulfilling the prescribed conditions. Together, these provisions formalize worker rights, promote inclusivity, and embed occupational health and safety as a cornerstone of India's labour reforms.

Beyond immediate health, protection and workplace interventions, the Government pursues long-term socio-economic empowerment and resilience building as a critical strategy to address the structural determinants of stress among women. Initiatives under the Skill India and various livelihood and entrepreneurship programmes enhance employability, income security and economic independence for women, thereby reducing financial insecurity-related stress. Social campaigns and flagship programmes like Beti Bachao Beti Padhao, gender equality and social recognition of girls and women, addressing root causes of discrimination and long-term psychosocial burdens. Financial inclusion, micro-credit, self-help group promotion and convergence of women's welfare programmes are further instruments deployed to build economic resilience and reduce chronic stressors.

Implementation of the foregoing central programmes and schemes is carried out in close coordination with State Governments and Union Territory Administrations, which are the primary agencies for health service delivery; the Central Government supplements State action through policy guidance, capacity building, issuing technical guidelines, funding support under centrally sponsored schemes, periodic monitoring and facilitating inter-sectoral convergence among Ministries such as Health & Family Welfare, Women & Child Development, Home Affairs, Labour & Employment and Personnel.

These measures together seek to prevent and reduce stress, ensure timely access to mental-health care and support services, protect women from violence and harassment, and promote dignity, resilience and well-being across the life cycle.

This information was given by the Minister of State for Women and Child Development Smt. Savitri Thakur in Lok Sabha in reply to a question today.

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