

EDITORIAL

Progress, Challenges, and Emerging Risks in Mental Health: The Good, bad and the ugly

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The Good

Let us begin on a positive note.

This year marks a significant milestone for IJMhNS. The *Indian Journal of Mental Health and Neurosciences (IJMHNS)*—the official publication of the Indian Psychiatric Society, Tamil Nadu Chapter—was born out of a long-cherished vision: to create a high-quality psychiatric journal from Tamil Nadu. In many ways, it stands as a fitting tribute to the doyens of psychiatry from our state—Professor Sharada Menon, Professor O. Somasundaram, Professor Venkoba Rao, Professor Murugappan, Dr. Muthazagan, and many other teachers who have shaped generations of practitioners.

The seeds of this journal were sown by pioneers such as Dr. Srinivasan (Coimbatore), Dr. G. K. Kannan (Chennai), Dr. Jaykumar Menon (Chennai), Dr. Sharon Joe Daniel (Chennai), and Dr. Kamlesh Kumar Sahu (PGI Chandigarh), among others. Since the release of its first issue in 2018, IJMhNS has consistently published high-quality scientific work, with only brief disruptions during the COVID-19 period.

However, with regulatory bodies such as the National Medical Commission (NMC) and UGC increasingly emphasizing indexed publications for academic advancement, attracting submissions became a growing challenge. This led us to our next goal: indexing IJMhNS in a reputed database.

We chose DOAJ as our target, given its credibility and wide acceptance. Achieving this required a complete overhaul of our processes. We introduced an open-access framework, standardized disclosures, redesigned submission systems (OJS), and revamped the journal website. Additional features such as visitor analytics were incorporated, and all published articles were assigned DOI numbers.

After sustained effort, we are proud to share that in December 2025, IJMhNS was successfully indexed in DOAJ.

This achievement would not have been possible without the unwavering support of our authors, peer reviewers, editorial team, and our publishing partners at Bohr Publishers. I extend my sincere gratitude to each one of them.

Yet, this is not the destination—only a milestone. We remain committed to enhancing the journal's quality. As part of this, we are developing guidelines for the use of Artificial Intelligence in research and scientific writing. Given that the academic community is still navigating the opportunities and challenges of AI, we aim to align with evolving best practices.

Looking ahead, we plan to pursue indexing in other reputed databases such as IndMed, PubMed Central, and Scopus. Achieving this will require sustained efforts to strengthen the research culture and capacity within our field in Tamil Nadu.

The Bad

The field of psychiatry and mental health in India has undergone a profound shift since the enactment of the Mental Healthcare Act, 2017. While the legislation was undoubtedly well-intentioned, it has fallen short in addressing the ground realities of mental healthcare delivery in our country.

By prioritizing legal frameworks, without first establishing the necessary infrastructure and systemic support, the Act has created significant challenges in implementation. One unintended consequence has been the increased burden placed on family members of persons with mental illness. Their struggles and rights often remain overlooked, even as psychiatrists are expected to balance the welfare of both patients and caregivers under increasingly complex conditions.

Another concern lies in the broad categorization of diverse professionals under the umbrella of “Mental Health Professionals,” often without adequately accounting for differences in training, roles, and responsibilities. Traditionally, the psychiatrist functioned as the team leader—responsible for overseeing both the physical and mental health of the patient. This integrated approach reflects the fundamental principle of holistic care, aptly captured in the Tamil adage: “சுவர் இருந்தால் தான் சித்திரம் வரைய முடியும்”—only when the wall stands firm can a painting be created.

Neglecting this principle can have serious consequences. There have been troubling instances where patients—particularly children—receive ‘therapy’ for years without adequate medical evaluation. In some cases, conditions such as childhood psychotic disorders or Wilson’s disease go undiagnosed until symptoms become severe. Such delays not only prolong suffering but also complicate eventual treatment.

Concerns are further compounded by growing demands for independent outpatient services by certain professional groups, without sufficient integration into a medically supervised framework. At the same time, resistance to broader regulatory integration—such as inclusion under the National Commission of Allied Health Professionals—raises questions about the future cohesion of mental healthcare delivery.

Mental health care, by its very nature, demands a collaborative, multidisciplinary approach. However, such collaboration must be guided by clarity in roles, accountability, and a shared commitment to patient welfare.

The Ugly

If living with mental illness is a challenge, aging with it in today’s society can be doubly burdensome.

Recently, I encountered an elderly patient with bipolar disorder who returned after a long gap in follow-up, presenting with anxiety and depression. Living alone, he had fallen victim to an online scam and lost over ₹90 lakhs—his entire life savings.

This is not an isolated incident. Increasingly, vulnerable individuals—including those with mental illness—are being targeted by sophisticated scams such as the so-called “digital arrest” fraud. These scams prey on those who are elderly, socially isolated, financially stable, and psychologically susceptible to fear and coercion.

Our patients are particularly at risk.

As mental health professionals, we must recognize this emerging threat. It is imperative that we proactively counsel patients and their caregivers about such risks, equipping them with awareness and preventive strategies.