



# Revolutionising Mental Health Support For Tribal Communities In Jharkhand: The Pivotal Role Of Ngos

Rinki Kumari<sup>1</sup>, Shashi Shekhar Murmu<sup>2</sup>

<sup>1</sup>Research Scholar, University Department of Commerce and Business Management, Ranchi University Ranchi

<sup>2</sup>Research Scholar, University Department of Commerce and Business Management Ranchi University

## ABSTRACT

The mental health landscape in Jharkhand, an eastern Indian state, presents a complex scenario for its diverse tribal population. The high prevalence of anxiety, depression, and stress-related disorders is exacerbated by societal stigma, witch-hunting, violence against women, and geographical isolation. Substance abuse further complicates the situation. While government initiatives aim to bridge healthcare inequities, they often fall short. Non-governmental organizations (NGOs) emerge as critical players, tailoring interventions to specific needs and addressing cultural nuances. They promote community engagement, challenge stigma through awareness campaigns, and deliver services directly to remote areas. Their holistic approaches address socioeconomic factors contributing to mental health challenges. This paper looks into the prevalence of mental health problems in Jharkhand, considers the effects of societal issues, and emphasizes the crucial role that NGOs like Ekjut, Nav Bharat Jagriti Kendra, and the Ram Krishna Mission have played in transforming access to mental healthcare and enhancing the lives of tribal communities. This study highlights the urgent need for improved mental health services tailored to the particular difficulties that tribal communities in Jharkhand face. NGOs play a pivotal role in bridging gaps in mental healthcare provision and addressing the multifaceted issues affecting mental well-being in these populations.

**Keywords:** Mental health, Tribal communities, Witch-hunting, Substance abuse, Community engagement, Anxiety

## I.INTRODUCTION

Mental health issues among tribal communities, especially in regions like Jharkhand, are a critical concern that demands attention to meet Sustainable Development Goals (SDG) by 2030. The rising prevalence of mental disorders, coupled with limited access to specialist care, poses significant challenges in India, where over 197 million individuals are diagnosed with mental illnesses, understanding the unique mental health needs of tribal populations become imperative (Verma et al., 2023). The extent of the issue may vary within tribal communities due to their distinct and varied living circumstances, characterized by differences in cultural beliefs and traditional methods of healing.

Research on mental health among scheduled tribes in India emphasizes the importance of developing culturally appropriate interventions and policies tailored to the unique needs of these communities. Initiatives like the SMART Mental Health project underscore the significance of collaborative efforts between government bodies, NGOs, and key stakeholders to collect data, raise awareness, and address mental health challenges among tribal populations. (Devarapalli et al., 2020).

According to the National Mental Health Survey of India (2015-16), the frequency of mental disorders among tribal populations in Jharkhand is notably higher compared to the general population, with factors such as poverty, lack of access to healthcare, and cultural stigmatization exacerbating the situation (Gururaj et al., 2016). Additionally, the complex interplay of traditional beliefs and practices alongside modern influences presents unique challenges in addressing mental health concerns within tribal communities.

The neglect of indigenous mental health care in policy implementation has led to marginalised communities lacking essential healthcare infrastructure and support. The situation in Jharkhand highlights the urgent need for interventions. Volunteer-run organisations like Ekjut are actively addressing mental health issues in rural areas through counselling, telepsychiatry treatment, and community support (Square, 2019). Despite efforts like the District Mental Health Programme, gaps persist in catering to the mental health needs of indigenous populations. The widespread presence of mental disabilities in rural areas underscores the necessity for community-based rehabilitation programs and improved access to mental healthcare services.

The state has a significant population of tribal people, and they often face unique challenges and issues that require specific attention. According to the National Mental health survey 2016, 11.1 percent of Jharkhand population suffered form mental health disorders, higher than national average of 10.6 percent, the treatment gap for common mental disorders and substance abuse is also high. Mental health patients, especially women, are regularly branded as witches and even killed in Jharkhand, mostly in tribal areas where illiteracy is high. These statistics highlight the urgent need for improved mental health care in Jharkhand, particularly for the tribal communities.

NGOs have emerged as key actors in bridging the gap between existing mental health services and the needs of tribal populations in Jharkhand. Through their grassroots presence, community engagement, strategies, and culturally sensitive approaches, NGOs have been instrumental in providing access to mental health care, raising awareness, and advocating for the rights of tribal individuals with mental illness (Kermode et. al., 2007).

However, there is a need for more research on mental health among the scheduled tribe (ST) population in India to inform future research and policy-making. A national-level policy on mental health of tribal communities is advocated, and NGOs can play crucial role in addressing the issues and challenges faced by tribal people in Jharkhand.

## II. LITERATURE REVIEW

**Nanjunda & Dinesha (2011)** observes that the Indian tribal population, comprises 8.2% of the country's population, faces various diseases and social and economic disadvantages. Tribal health is influenced by cultural values, beliefs, and traditions, and is often undervalued due to geographical isolation. NGOs play a crucial role in tribal health management and advocacy, but face challenges like accessibility, remoteness, poor transport systems, lack of HRD policy, inadequate funding mobilization, government support, and trained staff. Decentralization of the health sector can help NGOs actively participate in tribal health policies and programs, addressing mental health, schizophrenia, psychotic conditions, drug and alcohol abuse, and dementia.

**Ranade et al., (2022)** In their paper the researchers cover India's mental health legislation, dating back to colonial times, includes the National Mental Health Program (NMHP) and District Mental Health Program (DMHP). Despite reforms since the 1950s, the Mental Health Act (1982) and the Mental Health Act (1996) continue to perpetuate medico-legal subjection. The Mental Healthcare Act, 2017 (MHCA) repealed the MHA but has not shown significant progress. International developments influence mental health planning, but these are not reflected in program plans. The current treatment gap is 70-92%.

**Soman et al., (2023)** has noted that India's tribal population consists of 104 million people (8.6%), has experienced rapid growth since 1961. The most vulnerable tribal groups are the Primitive Tribal Groups (PTGs), with 75 PVTGs out of 705 STs in 1993. These groups face poor health and limited access to public healthcare services, with nearly 50% relying on these services. Mental health issues, such as stress, anxiety, and addiction, are prevalent. The National Health Mission has struggled to improve healthcare utilization due to disparities in resource allocation and tribe-specific health beliefs. Health professionals should consider culturally sensitive healthcare services, training workers in their tribe's language, and providing treatments inclusive of shared decision-making.

**Bakhla et al., (2022)** have interjected that the Mental Health Care Act (MHCA, 2017) guarantees access to mental health care and treatment from government-funded services. However, Jharkhand, a tribal state with a high prevalence of mental illness, has a low rate of mental health services. Medical colleges and hospitals in Jharkhand are overburdened with severe psychiatric illnesses, and patients struggle to receive multidisciplinary care. The Medical Council of India recommends psychiatry departments in medical colleges include inpatient facilities and electroconvulsive therapy. The state lacks a stand-alone mental health policy, no mental health legislations, and a meagre number of mental health professionals per 1,000 population. To address this, short-term training programs by digital academies and teleconsultation services can be helpful resources. The state government should collaborate with institutions like CIP to provide support.

**Kumari et.al., (2009)** observes that India has a high prevalence of mental disorders, with 1% suffering from severe incapacitating disorders. The National Mental Health Program was developed in India to address mental illnesses, especially in rural areas, but has come under criticism for focusing on severe mental disorders and not addressing common mental disorders (CMDs). A study conducted in Jharkhand, India, found that the prevalence of disability is highest in the age groups 30-34 years and 20-24 years, with a higher prevalence in males (67.9%) and females (32.1%). The overall prevalence of mental disability is 1% to 2%, with the highest prevalence found in the high socioeconomic group. Community health workers play an important role in disseminating correct information about mental disorders and reducing stigma. The study highlights the need for collaboration between the Departments of Psychiatry, Psychiatric Social Work, and NGOs to develop primary care mental health programs.

### III. IMPORTANCE OF NGOs IN ADDRESSING MENTAL HEALTH ISSUES

Non-Governmental Organizations (NGOs) play a crucial role in addressing mental health issues in Jharkhand, India. The scarcity of treatment facilities and psychiatrists in the government sector has widened the treatment gap for mental health. NGOs have significantly contributed by creating low-cost replicable models of care, bridging this gap through activities like treatment, rehabilitation, community care, research, training, awareness, and lobbying. (Thara & Patel, 2010)

Historically, NGOs in India have played a critical role in promoting health and educational activities. The professionalization of NGO activities in the 1960s led to a focus on healthcare provision, especially for underserved populations. NGOs like the Self-Employed Women's Association (SEWA) and the Arvind Eye Care group have become models for wider adoption by the government. (Thara & Patel, 2010).

NGOs and community-based programs are essential in addressing mental health issues in Jharkhand. Initiatives focusing on diagnosis, treatment, counselling, medication, community awareness, capacity

building, and linking with government facilities are crucial strategies to improve mental health services in the region. (Bakhla et al., 2022). Despite challenges like limited resources and rural-urban disparities, NGOs continue to play a vital role in enhancing mental health care accessibility and quality in Jharkhand.

#### IV. OBJECTIVES

- Explore Mental health Challenges faced by tribal communities of Jharkhand
- Examine the contributions of specific NGOs: Ekjut, Nav Bharat Jagriti Kendra, Ram Krishna Mission

#### V. RESEARCH METHODOLOGY

The research design for the study relies on mixed-methods approach, including both qualitative and quantitative data.

**Data Collection** – The data collection is based on the secondary form of data.

##### Qualitative Data Collection

**Source:** Qualitative data gathered from the source like academic journals, research papers, Ekjut, Nav Bharti Jagriti Kendra and Ram Krishna Mission Annual Reports, and government reports

##### Quantitative Data Collection

**Source:** Quantitative data gathered from reports such as National Mental Health Survey, Government websites, and relevant publication that include statistical information.

#### VI. MENTAL ILLNESS STATISTICS OF JHARKHAND

Jharkhand's hidden struggle is not with invading armies or natural disasters, but with a silent enemy within its own borders: mental health. According to the National Mental Health Survey 2016, 11.1% of Jharkhand's population suffers from mental health disorders, slightly exceeding the national average of 10.6%. The shadow of depression looms large, projected to become a leading cause of death by 2030.

Substance abuse adds another layer of concern, afflicting 12% of residents, often with tobacco as the preferred weapon of choice. But the battle cry for proper care remains largely unheard. Three out of four patients facing mental illness or substance abuse don't receive the treatment they need, highlighting a gaping 75% treatment gap. (CIP Survey, 2017).

The scars of this battle are etched deeper in urban youth, between 13 to 17 years old with 13.5% of teenagers in cities carrying the burden of mental disorders. Lack of close connections and unhealthy lifestyles likely feed this disparity, while rural areas fare comparatively better with a 6.9% prevalence. Jharkhand's mental health infrastructure paints a bleak picture - only four districts out of 24 actively tackle this invisible foe. (Roy, 2017).

This urgent call demands immediate action. Expanding access to care, raising awareness, and addressing social factors like isolation and unhealthy habits are crucial steps in this fight. Urban areas, with their higher burden on young minds, need robust mental health programs to offer a safety net. A total of 3022 were interviewed during the survey in Jharkhand. The survey results, however, represent the mental health symptoms in 80% of the state's population. Meanwhile, Empower Jharkhand, a local NGO organized a mental health checkup camp at Bariatu old age home in which the doctors found high stress and anxiety disorders among the inmates. The prevalence of specific psychiatric disorders in Jharkhand includes depressive disorders at 3000 per lakh populations, anxiety disorders at 3500 per lakh populations, and developmental intellectual disability at 5000 per lakh population (Bakhla et al., 2022)

The state faces challenges such as low mental health literacy, inadequate mental health –care provisions, and practices like witch-hunting, emphasizing, the urgent need for improved training in mental health-care delivery and enhanced budgetary allocations to General Hospital Psychiatry Units (GHPUs). (Bakhla et al., 2022)

## VII. CHALLENGES IN MENTAL HEALTH CARE IN JHARKHAND

### (a) The prevalence of mental health issues in Jharkhand

The frequency of mental health difficulties in Jharkhand is a serious and important concern, illuminating the depth of the challenges that residents in the state face. According to studies, there is a significant and widespread occurrence of mental health difficulties such as anxiety, depression, and stress-related diseases. This p reflects a complicated interaction of socioeconomic conditions, cultural dynamics, and geographical stresses that contribute to Jharkhand's mental health landscape. Recognising this high incidence highlights the importance of targeted research, intervention, and policy actions aimed at treating the root causes and providing accessible and effective mental healthcare services. Furthermore, recognising the specific manifestations of mental health disorders within Jharkhand's unique socio-cultural environment is critical for the creation of culturally sensitive and community-specific interventions that can contribute to the region's mental well-being.

### (b) Societal challenges (stigma, witch-hunting, violence against women)

Stigma, witch-hunting, and violence against women worsen the mental health landscape, providing substantial barriers to the well-being of individuals within the state. In India, witch-hunting is more prevalent in 12 states, including lower-income states such as Bihar, Jharkhand, Odisha, etc. It is as a dynamic, multi-layered entity with significant implications for the survivors' daily life, including physical and mental health. (Alagarasami et al., (2023)

The National Crime Records Bureau (NCRB) data shows that between 2001 and 2020, in Jharkhand, 590 people, mostly women, were murdered on alleged charges of practicing witchcraft (Press Trust of India, 2022). As per civil societies, there have been over 1800 murders in Jharkhand in the past 18 years, indicating a woman was lynched every third day in the name of witch hunting.

Such evil practices are mainly carried out by the dominant and influential groups who further encourage the strategic attempt of persecuting and threatening the victims with severe punishment or death. Such humiliating incidents in the victim's life pave the way for several mental and emotional upheavals that leave deep scars in their lives.

The mental health aspects of the victims and their family members are still not well researched, as they are undergoing massive post-traumatic stress, depression, and various other psychological issues associated with them due to the evil punishments by the villagers. Hence, keeping such traumatic experiences in view, professional mental health interventions are required to address their mental health needs.

Despite the administration's preventive steps, cases of witch-hunting persist on occasion in rural Jharkhand. Up to October of the year 2023 saw 19 cases reported in the State. In the year 2023, murders have occurred in the Ranchi District's Itki and Tamar. The districts with the highest number of cases over the years have been West Singhbhum, Latehar, Ranchi, Khunti, Gumla, Lohardaga, Sarikela, Kharsawan, Bokkaro, East Singhbhum, and Simdega. The primary cause, according to the authorities, is superstition.

Other contributing causes include the lure of personal gain, such as stealing the assets of an elderly or alone victim, a lack of education, and inadequate medical facilities. The state of Jharkhand had the third-highest number of murder cases related to witch hunts in 2022, with 11 incidents reported to the National Crime Record Bureau. Madhya Pradesh, with 20 cases, and Chhattisgarh, with 25, were ranked first and second, respectively.

### (c) Complexities in healthcare (alcohol and substance dependence)

A National Survey by the Ministry of Social Justice and Empowerment depicted that about 0.4% of the population in the state has dependence on alcohol (national average, 2.7%), 0.06% has dependence on cannabis (national average, 0.25%), and 1.09% have opioid dependence (national average, 2.06%) (Ambekar et al., 2019). In a Jharkhand Study, numerous members of the ST community identified social enhancement and coping with stress as motivations for drinking alcohol, rather than individual enhancement. The key aetiology leading to a higher prevalence of substance dependence in tribal societies seems to be acceptance of society towards alcohol and pressure by peer groups, and furthermore in dealing with severe emotional difficulties (Seeraj 2012). Another study discovered a significant prevalence of life time alcohol usage, with the reason cited as rising poverty, illiteracy, increased stress, and peer pressure.

## VIII. MENTAL ILLNESS AND NGOS

### A. Nav Bharti Jagriti Kendra

One of the most well-known organizations in the Indian states of Bihar and Jharkhand, NBJK has been operating at the grassroots level for the past 43 years. With funding from BFW-Germany, NBJK was able to provide mental health and epilepsy services to 13,260 individuals in 40 health camps in Kanke, Ranchi, in 2015–16. The Ranchi Institute of Neuro Psychiatry & Allied Sciences (RINPAS) Kanke Ranchi was also involved in this effort.

In a remote region of Jharkhand, community mental health rehabilitation activities are conducted by the non-governmental, non-profit Nab Bharat Jagriti Kendra (NBJK), which serves individuals with mental and physical disabilities. The community mental health initiative is being implemented in the Jharkhand districts of Ranchi and Hazaribagh, with funding provided by Action Aid, India. This territory, which consists of 10 blocks and 30 villages, is home to 433,657 people, the majority of whom live in poverty. The population's health requirements are met by one main health centre (PHC) and a couple of sub-centres. These traditional healers are frequently the first point of contact in these rural communities where faith healing and traditional remedies for mental diseases are quite prevalent. The current study was carried out to determine the prevalence rate of mental disability and to create community-based mental health rehabilitation programs. Mental Health Camps offer tailored treatment and medications to approximately 1100 individuals dealing with Mental Illness and Epilepsy (PwMIE) each month in Hazaribagh, Gaya, and Patna. (Annual Report 2019-20)

The productive age group was more likely to experience the prevalence. Higher prevalence has been linked to factors like substance misuse, marital and family issues, and socioeconomic circumstances. Males are more likely than females to have mental problems, most likely because of non-respondent females. Furthermore, because mental illness is stigmatized, family members frequently conceal female sufferers. Those with the highest socioeconomic status had the lowest frequency of mental disability.

## B. Ekjut

### Creating Awareness

Ekjut initially faced challenges when sending patients to Ranchi for treatment due to the financial constraints of impoverished individuals. In February of this year, they introduced a new approach by organizing community support group meetings for patient care. Convincing patients to participate was a formidable task since many had lost confidence and withdrawn from society due to societal stigma. The initiative also aimed to engage caregivers, encouraging them to attend these community meetings to alter their perceptions of mental health and dispel superstitions. Ekjut successfully brought patients and caregivers together, creating a space for patients to open up about their challenges, although this process took several days as many had remained silent for an extended period.

### Effective Treatment

The program, which commenced with six patients, has now expanded to accommodate 70 individuals, with the majority being women, and almost all belonging to tribal communities. Among those receiving treatment, 60 are diagnosed with schizophrenia, nine with epilepsy, and one with depression.

Basanti Tanti, a 44-year-old resident of Chakradharpur block, successfully recovered after two years of consistent medication and regular counselling. Basanti had faced extreme challenges, attempting self-harm three times within her home while holding her infant, prompted by being labelled a witch by her neighbours.

Unable to endure the humiliation and scorn, she tried to end her life along with her child. Fortunately, her husband and others intervened promptly, saving her. Basanti initially received treatment in Ranchi and later underwent counselling provided by Ekjut volunteers. Currently, she expresses a significant improvement in her mental health and has resumed working in a farmland. (Singh, 2021)

## C. Ram Krishna Mission

Ram Krishna Mission has been actively involved in the upliftment of tribals in Jharkhand through various initiatives. The Organisation has established centres and programs aimed at the holistic development of tribal communities. For instance, the Ramakrishna Mission's Ranchi centre conducts training programs in agriculture, horticulture, and animal husbandry for tribal and rural youths through its Divyayan initiative.

This initiative provides residential training and aims to educate and elevate the tribal population in the region. Additionally, the organization runs the Integrated Rural & Tribal Development & Management (IRTDM) program, which focuses on the comprehensive development of rural and tribal youths in Jharkhand. Furthermore, the Ramakrishna Mission's emphasis on education, vocational training, and cultural activities has contributed to the overall upliftment of tribal communities in the region. These efforts demonstrate the organisations commitment to the welfare and development of tribal populations in Jharkhand.

## IX. CASE STUDY OF NGOS

- A. Rajkumari's 2014 forced marriage triggered mental health struggles, leading to ostracization and even accusations of witchcraft by her village. Ekjut, a local NGO, now provides crucial support like counselling, telepsychiatry, and medication, helping Rajkumari and others like her reclaim their lives. These interventions, alongside awareness drives and community support groups, offer hope for positive change in a region historically steeped in stigma and violence towards mental health patients (Square, 2019).

- B. Sumitra Gagrai, a 31-year-old health advocate from the indigenous Ho tribe in Jharkhand, has dedicated 12 years to transforming mental health in the West Singhbhum district. Initially joining the 'EKJUT' rural health program at 17, Sumitra emerged as a champion addressing maternal and neonatal health, malnutrition, gender-based violence, and mental health. Her personal struggles, including facing discrimination for not having a son, led to mental health issues. Through her involvement in a local self-help group, she overcame personal challenges and decided to work on mental health issues after her younger sister's tragic suicide in 2011. Sumitra's interventions, including counselling and connecting individuals with online psychiatrists, have significantly contributed to the recovery of individuals facing mental health challenges. Her work extends beyond mental health, impacting over 100 people and earning her recognition with the 'Woman Exemplary Award' in health from CII-Foundation in 2020. Sumitra's story exemplifies resilience and dedication to improving the well-being of tribal communities in Jharkhand.
- C. Vinita Minj, a 48-year-old resident of Palmee village in Lohardagga district, faced severe mental health challenges twelve years ago, leading to her separation from her family, including her husband Biriya Oraon and three children. Struggling with extreme anger, verbal aggression, and suicidal tendencies, she underwent traditional treatments by local practitioners, which included being chained. The intervention of the community mental health program by LGSS, a partner organization, played a crucial role in identifying Vinita and providing her access to medical assistance at RINPAS. The field staff faced challenges in convincing the tribal community and shifting their mindset. After meeting with Vinita's family, particularly her husband Biriya Oraon, they successfully facilitated Vinita's journey to Kanke for proper medical treatment. Vinita's mental health issues stemmed from a financial crisis, exacerbated by her husband's separation from his brother and parents, leaving both unemployed. The challenging circumstances, including domestic quarrels and food shortages, led to Vinita's mental distress. After four years of specific and consistent treatment at RINPAS, Vinita experienced a full recovery. Over time, her family disputes were resolved, and her husband secured a job as a para teacher with a share in the family property. Vinita, recognized for her simplicity, honesty, and caring nature, was employed as a paid helper in the village school, showcasing her journey from mental health challenges to personal and familial stability.

## X.CONCLUSION

The mental health landscape in Jharkhand's tribal communities is undeniably complex, characterized by high prevalence of disorders, societal stigma, and limited access to care. However, amidst these challenges emerge the crucial contributions of Non-Governmental Organizations (NGOs). NGOs such as Ekjut, Navbharti Jagriti Kendra, and Ram Krishna Mission are working tirelessly to address these challenges. Through a variety of initiatives, these NGOs are improving mental health awareness, challenging harmful beliefs, and facilitating access to care.

Ekjut, for example, is a community-based organization that works with tribal communities in Jharkhand. Ekjut's programs include mental health awareness campaigns, counseling and therapy services, and support groups. Ekjut has helped to reduce stigma and discrimination associated with mental illness, and has improved access to care for tribal communities. Navbharti Jagriti Kendra is another organization that is working to improve mental health in Jharkhand's tribal communities. Navbharti Jagriti Kendra's programs include training for community health workers, development of culturally sensitive mental health interventions, and advocacy for policy change. Navbharti Jagriti Kendra has helped to build the capacity of community health workers to provide mental health care, and has developed interventions that are tailored to the needs of tribal communities. Ram Krishna Mission is a religious organization that is also working to improve mental health in Jharkhand. Ram Krishna Mission's programs include mental health awareness campaigns, counselling and therapy services, and support groups. Ram Krishna Mission has helped to raise awareness of mental health



issues among tribal communities, and has provided much-needed support to individuals and families affected by mental illness.

The work of these NGOs is making a real difference in the lives of tribal communities in Jharkhand. By improving awareness, challenging stigma, and facilitating access to care, these NGOs are helping to create a more supportive environment for people with mental illness. Moving forward, collaborative efforts between government, civil society, and NGOs are vital to ensure sustainable and equitable mental healthcare for all tribal communities in Jharkhand. By harnessing the collective strength of these stakeholders, and building upon the groundwork laid by NGOs, we can pave the way for a future where mental health is readily accessed, stigma fades away, and the well-being of Jharkhand's vibrant tribal communities' flourishes.

## REFERENCES

1. Verma, P., Sahoo, K. C., Mahapatra, P., Kaur, H., & Pati, S. (2023, January 5). *A systematic review of community-based studies on mental health issues among tribal populations in India*. PubMed Central (PMC). [https://doi.org/10.4103/ijmr.ijmr\\_3206\\_21](https://doi.org/10.4103/ijmr.ijmr_3206_21)
2. Devarapalli, S. V. S. K., Kallakuri, S., Salam, A., & Maulik, P. K. (2020). Mental health research on scheduled tribes in India. *Indian journal of psychiatry*, 62(6), 617–630. [https://doi.org/10.4103/psychiatry.IndianJPsychiatry\\_136\\_19](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_136_19)
3. Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., ... & Mehta, R. Y. (2016). National Mental Health Survey of India, 2015-16: Prevalence, Patterns and Outcomes. Bengaluru, India: National Institute of Mental Health and Neuro Sciences.
4. Kermode, M., Herrman, H., Arole, R., White, J., Premkumar, R., Patel, V., & Biggs, B. (2007). Empowerment of women and mental health promotion: A qualitative study in rural Maharashtra, India. *BMC Public Health*, 7, 225. <https://doi.org/10.1186/1471-2458-7-225>
5. Bakhla, A. K., Mehta, V. S., & Prasad, S. (2022). Mental health services in Jharkhand: A baffling conundrum. *Indian Journal of Psychiatry*, 64(4), 415
6. Jharkhand State Livelihood Promotion Society, Rural Development Department of Jharkhand, Government of Jharkhand. *Garima; A project to make Jharkhand free from "Witch Branding and Witch Hunting Practices."* 2019.
7. Kumari, S., Mishra, S. N., Chaudhury, S., Singh, A. R., Verma, A. N., & Kumari, S. (2009). An experience of community mental health program in rural areas of Jharkhand. *Industrial psychiatry journal*, 18(1), 47–50. <https://doi.org/10.4103/0972-6748.57860>
8. Roy, S. (2017, April 7). *Jharkhand's 11.1% population suffers from mental disorders: CIP survey*. Hindustan Times. <https://www.hindustantimes.com/ranchi/j-khand-s-11-1-population-suffers-from-mental-disorders-cip-survey/story-n6RRCuqQRnmjNT2vqqTNiI.htm>
9. Singh, G. (2021, March 30). *Mental health patients see better days in Jharkhand*. Village Square. <https://www.villagesquare.in/mental-health-patients-see-better-days-in-jharkhand/>
10. Press Trust of India D. Four branded "witches," forced to eat excreta in Jharkhand: Police. *Hindustan Times*, 2022, <https://www.hindustantimes.com/india-news/four-branded-witches-forced-to-eat-excreta-in-jharkhand-police-101664131899797.html> (2022).
11. *National Mental Health Survey of India, 2015-2016 Prevalence, Patterns and Outcomes, Supported by Ministry of Health and Family Welfare, Government of India, and Implemented by National institute of Mental Health and Neurosciences (NIMHANS) Bengaluru: In Collaboration with Partner Institutions; 2015-2016*
12. Square, V. (2019, October 22). *This volunteer-run organisation is solving mental health problems in rural Jharkhand*. YourStory.com. <https://yourstory.com/socialstory/2019/10/mental-health-patients-rural-jharkhand-ekjut-volunteers>
13. M. R., & M. R. (2021, August 1). *Jharkhand: Tribal woman overcomes mental health problems, now helps others deal with them*. The New Indian Express.

- <https://www.newindianexpress.com/thesundaystandard/2021/Aug/01/jharkhand-tribal-woman-overcomes-mental-health-problems-now-helps-others-deal-with-them-2338348.html>
14. Nanjunda, D. C., & Dinesha, P. T. (2011). Role of non-governmental organizations (NGOs) interventions on tribal health: Some annotations from grass root level. *International NGO Journal*, 6(9), 193-196.
  15. Ranade, K., Kapoor, A., & Fernandes, T. N. (2022). Mental health law, policy & program in India—A fragmented narrative of change, contradictions and possibilities. *SSM-Mental Health*, 2, 100174.
  16. Soman, B., Lathika, A. R., Unnikrishnan, B., & Shetty, R. S. (2023). Tracing the Disparity Between Healthcare Policy–Based Infrastructure and Health Belief–Lead Practices: a Narrative Review on Indigenous Populations of India. *Journal of Racial and Ethnic Health Disparities*, 1-12.
  17. Kumari, S., Mishra, S. N., Chaudhury, S., Singh, A. R., Verma, A. N., & Kumari, S. (2009). An experience of community mental health program in rural areas of Jharkhand. *Industrial psychiatry journal*, 18(1), 47.
  18. Bakhla, A. K., Mehta, V. S., & Prasad, S. (2022). Mental health services in Jharkhand: A baffling conundrum. *Indian Journal of Psychiatry*, 64(4), 415
  19. Sreeraj, V. S., Prasad, S., Khess, C. R., & Uvais, N. A. (2012). Reasons for Substance Use: A Comparative Study of Alcohol Use in Tribals and Non-tribals. *Indian journal of psychological medicine*, 34(3), 242–246. <https://doi.org/10.4103/0253-7176.106020>
  20. India, T. O. (2023, December 27). *Despite measures, Jharkhand struggles to curb witch-hunting in rural pockets*. The Times of India. <https://timesofindia.indiatimes.com/city/ranchi/challenges-and-efforts-to-curb-witch-hunting-in-rural-jharkhand-news-article/articleshow/106306441.cms>
  21. <https://nbjk.org/new/wp-content/uploads/2014/05/Annual-Report-2019-20.pdf>
  22. Alagarasami AR, Kannekanti P, Sharma A, Bhattacharjee D, Das B. (2023) Witch-Hunting Experiences in Jharkhand: Scope for Mental Health Interventions. *Indian Journal of Psychological Medicine*;0(0). doi:10.1177/02537176231173864
  23. Thara, R., & Patel, V. (2010). Role of non-governmental organizations in mental health in India. *Indian journal of psychiatry*, 52(Suppl1), S389–S395. <https://doi.org/10.4103/0019-5545.69276>
  24. Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK on behalf of the group of investigators for the National Survey on Extent and Pattern of Substance Use in India. Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India, 2019. Available from: [http://www.socialjustice.nic.in/writereaddata/UploadFile/Magnitude\\_Substance\\_Use\\_India\\_Report.pdf](http://www.socialjustice.nic.in/writereaddata/UploadFile/Magnitude_Substance_Use_India_Report.pdf).