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## Letter to Editor

# National Tele-Mental Health Programme (Tele MANAS) in India: A Comparative Analysis with Global Telepsychiatry and Implications for Community Mental Health

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Mental health disorders constitute a significant public health challenge in India. The National Mental Health Survey (2015-16) reported a prevalence of mental morbidity of approximately 10.6% among adults, with treatment gaps frequently exceeding 70% for common mental disorders such as depression, anxiety disorders, and substance use disorders [1]. Key barriers include stigma, lack of awareness, severe shortage of trained mental health professionals, and geographical inaccessibility, which disproportionately affect rural and semi-urban community populations.

To bridge this gap, the Government of India launched the National Tele-Mental Health Programme (NTMHP), known as Tele MANAS (Tele Mental Health Assistance and Networking Across States), on 10 October 2022 (World Mental Health Day). The programme offers free, 24×7 toll-free helpline services (14416 or 1800-91-4416) in over 20 Indian languages. It operates through a structured tiered care model: initial counselling by trained professionals, escalation to psychiatrists or psychologists via video consultation when necessary, and seamless linkage to in-person services under the District Mental Health Programme (DMHP) and Ayushman Bharat Health and Wellness Centres. NIMHANS, Bengaluru, functions as the National Apex Centre, overseeing coordination, counsellor training, protocol development, quality assurance, and technological integration [1,2].

As of early 2026, Tele MANAS has handled over 34 lakh calls and expanded to 53+ cells across 36 States/UTs. Recent developments include a multilingual mobile app, enhanced video consultation facilities with e-prescriptions, and AI-supported tools for initial triage. The initiative has garnered international attention from the World Health Organization as an innovative, equitable model for low- and middle-income countries (LMICs) [2,3].

Global telepsychiatry provides important comparative insights. In high-income countries such as the United States, the United Kingdom, and Australia, telepsychiatry is well integrated into routine healthcare delivery. Systematic reviews and meta-analyses have consistently demonstrated that telepsychiatry yields clinical outcomes comparable to in-person care for a range of conditions, including depression, anxiety disorders, and post-traumatic stress disorder (PTSD). These models typically feature high patient satisfaction, reduced treatment dropout rates, cost-effectiveness, and strong regulatory support with reimbursement mechanisms [4,5].

Tele MANAS differs markedly in its design philosophy. While global models often rely on video-based consultations and smartphone applications, Tele MANAS adopts a voice-first, toll-free, multilingual helpline approach that prioritizes equity

and inclusivity in a highly diverse, resource-constrained, and linguistically pluralistic country. This makes it more accessible to rural, low-income, and digitally disadvantaged populations who may lack smartphones or reliable internet. Its strong integration with the existing public health infrastructure further enhances its relevance for community mental health delivery [1,6].

Despite these strengths, several areas require attention when benchmarked against global standards. International programmes often benefit from robust evidence generated through large-scale randomized controlled trials, long-term outcome tracking, and standardized quality metrics. In contrast, published data on Tele MANAS clinical effectiveness, user satisfaction across demographic groups, linkage-to-care completion rates, and impact on suicide prevention remain limited. Common challenges across both Indian and global contexts include the digital divide, data privacy and security concerns, maintaining consistent service quality, and ensuring cultural appropriateness of interventions [4,7].

Recent Indian studies underscore the urgent need for a systematic evaluation of Tele MANAS. While call volume data is encouraging, community-based effectiveness research — particularly in rural and underserved areas — is essential to optimize the programme and demonstrate its public health impact [3,8].

Key Recommendations for strengthening Tele MANAS include:

- Accelerating high-quality, PubMed-indexed research through multi-centric studies led by NIMHANS and other institutions.
- Expanding video consultation capacity while maintaining the inclusive helpline model.
- Strengthening seamless integration with primary care

services under Ayushman Bharat.

- Implementing continuous quality improvement, standardized outcome measures, and regular counsellor training updates.
- Adapting evidence-based practices from global telepsychiatry while preserving cultural relevance and equity focus.
- Developing mechanisms for long-term follow-up and real-world impact assessment on treatment gaps [1,4,5].

In conclusion, Tele MANAS represents a bold, contextually appropriate Indian innovation in tele-mental health. It has the potential to learn valuable lessons from mature global telepsychiatry models while offering critical insights into large-scale, equitable mental health delivery for LMICs. With sustained investment in monitoring, evaluation, and refinement, the programme can significantly narrow the community mental health treatment gap in India and meaningfully contribute to global knowledge on digital mental health [1,2,7].

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## CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

## DATA AVAILABILITY

Available from the corresponding author on reasonable request.

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