

Systematic Review

Integration of mental health services into primary health care in India: scope and challenges

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ABSTRACT

Mental health disorders are a major concern with millions of people living with mental illnesses, but only a small fraction of them have access to treatment due to stigma attached, lack of resources and trained personnel. Therefore, the inclusion of mental healthcare services in primary health care (PHC) is essential for improving its accessibility. The present review investigates the effectiveness, the different models, and the barriers in integrating mental health services into primary health care in India. The review was conducted following the PRISMA protocol using database like PubMed and Scopus between January 2016 and January 2026. The systematic search yielded 62 results, of which 23 were selected based on established inclusion criteria and were subsequently analyzed thematically. Successful integration of mental health services into primary healthcare was identified as including, but not limited to, task-sharing, use of digital technologies, use of telepsychiatry, and creating an improved policy-driven system. Task-sharing with lay personnel was found to greatly increase the identification and management of people with mental illnesses, while digital technology and telepsychiatry led to better access to mental health services, especially in rural areas. Barriers to implementing integrated mental health services included a lack of training, stigma, insufficient workforce, and limited infrastructure. Integrated mental health services into primary healthcare exist and demonstrate positive results, but to sustain successful implementation, the identified barriers to integration must be eliminated or mitigated to reduce the existing treatment gap for mental illness in India.

Keywords: Mental health, Primary care, integrated healthcare, Indian healthcare

INTRODUCTION

Currently, mental health has emerged as a considerable global issue, affecting the Indian population as well. The World Health Organization reports that almost one out of eight people in the world suffers from mental disorders¹. The most frequent mental diseases include anxiety and depression. Mental disorders result in greater disability than any other health problem in terms of years lived with a disability and contribute to a significant share of the total YLDs in the world.¹

Indian population also experiences a significant number of mental issues that affect their quality of life. The National

Mental Health Survey (NMHS) conducted in 2015-16 by NIMHANS indicate that approximately 14% of the Indian population requires mental health treatment, and around one out of 20 people suffers from depression at least once in time.² The survey has revealed a treatment gap of 70%-92%, which means that millions of people with mental disorders remain untreated. Stigma, lack of knowledge, lack of trained specialists, as well as poor infrastructure aggravate the treatment gap, especially in rural areas.

As per reports from WHO, India faces an acute shortage of mental health specialists. As per estimates, the ratio of psychiatrists, psychologists, and psychiatric social workers in India is lower than that of WHO recommendations on the ratio of mental health professionals in a population of

100,000. Since it lacks sufficient professionals, India is unable to provide mental health services through specialists despite its ever-increasing demand.³

Many countries around the globe have targeted the integration of mental health into the primary health care system due to its efficacy, especially in low- and middle-income countries.⁴ The government of India has introduced the National Mental Health Programme (NMHP), which is followed by the establishment of the District Mental Health Programme (DMHP) to provide community-level mental health care services.

Additionally, the Ayushman Bharat Initiative, which started in 2018, introduced brand new policies involving an integrated primary health care system, which includes both psychiatric and physical health care systems.⁵ Health and Wellness Centers (HWCs) built as components of this program offer a full range of health care and wellness services within the communities. In accordance with the policy, mental health care must be offered in communities through the primary care services, rather than through only inpatient facilities.

Task-sharing models that focus on training non-specialized professionals to deliver basic mental health care have been proven viable and effective in low-resource settings. There is abundant evidence in the literature from global studies such as PRIME which aim at the development of mental health care systems.⁶ Similar to that, India uses digital technologies such as telepsychiatry and mobile technologies to serve people lacking access to mental health services or living far from qualified practitioners.

Although programs have been proposed for resolving this challenge, but the actual execution of a fully integrated system of mental healthcare proves to be unpredictable and presents many obstacles. For instance, among key barriers to the ease of integration of mental healthcare into primary healthcare are: insufficient training of primary healthcare practitioners; the absence of necessary information technology; the stigma surrounding mental disorders held both by practitioners and patients; lack of a unified coordinated governance; and the absence of financing that is guaranteed long-term. Thus, it is necessary to conduct research based on the existing information regarding the level of awareness of the problem, advantages and disadvantages of the problem, and the possible obstacles in the course of taking up the integration of mental health services in the primary healthcare setting in India.

METHODS

The review was undertaken in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, which outline a comprehensive and systematic method of determining study eligibility and reporting the results.⁷ First, the inclusion and exclusion criteria were defined for studies to be examined and searched for and evaluated studies on the

use of mental health services in the primary health care system in India with the intention of summarizing the evidence in this area and creating a coherent description of the methods used, practices applied, and challenges faced.

Search strategy and selection of studies

In order to find studies about the incorporation of mental health services into primary health care in India, PubMed and Scopus databases were searched. The time frame for the articles was from January 2016 to January 2026 to ensure that new developments and methods of execution would be considered. The search strategy utilized was: (“mental health services” OR “mental healthcare”) AND (“primary health care” OR “primary healthcare”) AND (“integration” OR “integrated care”) AND (“Indian healthcare”).

The identified records were kept in one place and went through a duplication check. Firstly, titles and abstracts were evaluated according to relevance to the study aims, then, the articles, which appeared relevant during the first round of checking, were assessed according to the selection criteria.

Study selection criteria

Studies showcasing mental health services provision across India. Studies investigating the incorporation of mental health services into the primary healthcare setting. Publications that have been reviewed, including original research data and implementation, process evaluation, and systematic review studies. Studies reporting on implementation models, feasibility, effectiveness, or barriers/challenges to mental healthcare integration.

Exclusion criteria

An examination of results conducted abroad. Publications ignoring the incorporation of mental health into primary healthcare. Editorials, opinions, reviews, conference papers, and editorials. Publications looking only at mental hospitals and ignoring primary healthcare. Publications that don't have adequate information or where the whole text is missing.

Study selection

The PRISMA guidelines were used to manage the selection process of every single study included in this systematic review. 62 records were identified from PubMed and Scopus databases. After the removal of 5 duplicate records, 57 records were screened based on title and abstract, and 24 were excluded due to being outside India or unrelated to the integration of mental health and primary health services.

The remaining 33 records underwent full-text review. Ten records were excluded for reasons including the inadequacy of the research in the integration of mental

health and primary health care, limited information provided on digital health, or lack of results regarding the integration process. Finally, 23 studies were included in

this research for qualitative synthesis, and detailed information can be accessed from the flow diagram shown in Figure 1.

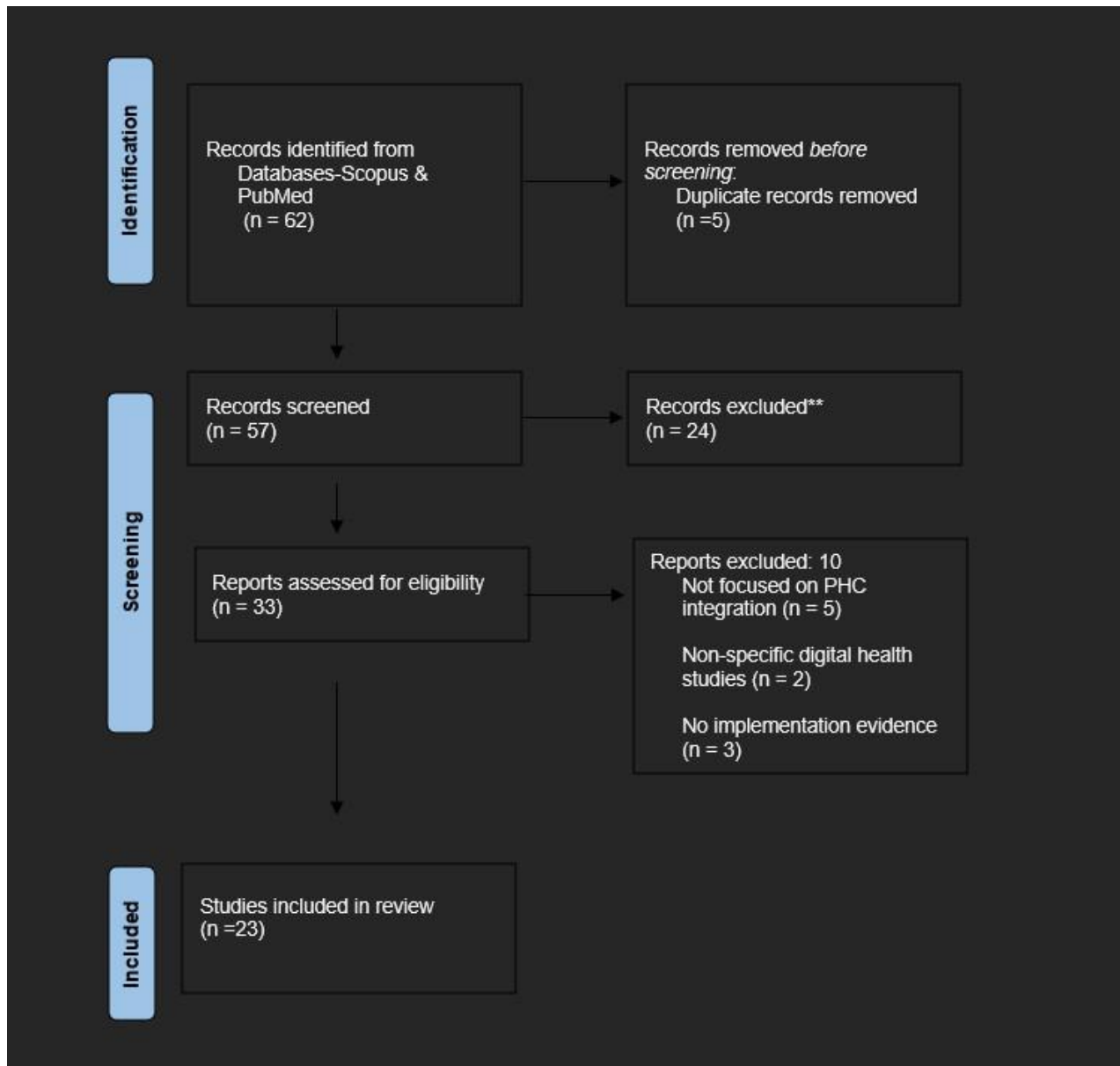


Figure 1: PRISMA flow diagram of study identification, screening, and inclusion. A total of 62 records were identified from Scopus and PubMed; after removal of 5 duplicates, 57 records were screened, of which 24 were excluded. Of the 33 reports assessed for full-text eligibility, 10 were excluded (5 not focused on primary health care integration, 2 non-specific digital health studies, 3 lacking implementation evidence), leaving 23 studies included in the review.

Data extraction

The articles analyzed in this review were evaluated using a systematic template for consistency and accuracy. The information derived from each article included: the author and year; the study type; the location of the study; the integration model(s); and the type of intervention/program

related to mental health service delivery in primary health care systems.

The data collected from each article were analyzed for recurring themes regarding the implementation strategies, feasibility, effectiveness, and obstacles/challenges of mental health services integration in primary care settings in India. The information collected from each article was arranged so as to facilitate comparison across various articles.

Table 1: Characteristics of Included Studies.

S. no.	Authors & year	Study design	Population / setting	Integration model	Key intervention
1	Tewari et al, 2021	Mixed Methods (Process Evaluation)	Population consisting of villagers of 12 villages in Andhra Pradesh	Task-sharing + digital decision support + integration of PHC	Training the ASHAs and PHC doctors to identify and handle common mental illnesses utilizing e-decision support tools.
2	Daniel et al, 2021	Cluster Randomized Controlled Trial (Protocol)	Adults ≥ 18 years in rural Andhra Pradesh and Haryana	Community + PHC integration with task-sharing and digital support	Combining an anti-stigma campaign with mobile decision support for primary health care agents via PHQ-9 and GAD-7
3	Singh et al, 2025*	Qualitative (Descriptive; Thematic Analysis)	Adults with severe mental illness and caregivers in rural India	Contextual barriers analysis	Use of semi-structured interviews to identify barriers to accessing mental health services
4	Torous, 2025	Narrative capacity-building review	Primary care doctors, nurses, CHOs, and field workers across 9 Indian states	Workforce capacity building + digital supervision + mhGAP training	Six weeks of online training following primary care psychiatry schedule
5	Tripathi et al, 2024	Cross-sectional Health Facility Assessment	Rural population served by Health and Wellness Centres	System-level primary care strengthening (Ayushman Bharat HWC model)	Upgrading sub-centers to health and wellness centers with a community health officer's posting, diagnostics, and teleconsultation
6	Ahuja et al, 2025	Systematic Review (Policy review)	Older adults in India	Policy-level integration aligned with the WHO Global Dementia Action Plan	Assessment of Indian public health policies with respect to inclusion of dementia
7	Adjei-Boateng, 2025†	Narrative Review	Adolescents and young people (10–29 years)	Digital mental health integration	Review of mobile applications, teletherapy, artificial intelligence chatbot, and digital cognitive behavioral therapy
8	Shidhaye et al, 2016	Mixed-methods implementation study	Primary care providers and patients with depression, psychosis, and alcohol use disorders	Collaborative care / District Mental Health Programme strengthening	Preparation of a district-level mental health care plan comprising program management, training, and package delivery service
9	Sangwan et al, 2024	Qualitative study	Medical officers, CHOs, GNM and ANM staff in Rajasthan PHCs	Primary care mental health integration	Assessing the nature of how service providers think about and practice screening and referral
10	Gangadhar et al, 2023	Review Article (Policy analysis)	National Mental Health Programme / District Mental Health Programme across 90% of districts	NMHP–DMHP integration into general health services	Enhancement of NMHP policy and expanding DMHP implementation
11	Manjunatha et al, 2018‡	Implementation research	Primary Care Doctors (PCDs)	Telepsychiatry + task-sharing	Primary Care Psychiatry Program with digital technologies using Tele-OCT
12	Kirpekar et al, 2024‡	Narrative review (Policy analysis)	DMHP beneficiaries across 738 districts	NMHP–DMHP integration	Building on DMHP with the use of digital and mobile technologies

Continued.

S. no.	Authors & year	Study design	Population / setting	Integration model	Key intervention
13	Debnath et al, 2025	Policy analysis	People with common/severe mental disorders	Task-sharing + Tele-MANAS + DMHP-HWC	Utilization of care cascade model combining Tele-MANAS and lay providers
14	Maulik et al, 2017	Pre-post evaluation (Quantitative)	Rural Andhra Pradesh adults (30 villages)	Task-sharing + mobile technology	Using SMART Mental Health program with ASHA screening and electronic decision support
15	Kallakuri et al, 2024 [‡]	Implementation report	Rural/urban adults and adolescents	Mobile technology + task-sharing	Utilizing SMART Mental Health and ARTEMIS programs using mobile applications with OpenMRS
16	van Ginneken et al, 2017	Case study analysis	Primary health workers across 12 states	Collaborative care + specialist community	Review of 72 mental health service delivery systems using non-professional health workers
17	Mukherjee et al, 2024	Formative evaluation (Mixed-methods)	Urban slum adolescents (Delhi/Vijayawada)	Digital health + task-sharing	Using the PHC doctor to perform the digital PHQ-9 screening with the assistance of the WHO mhGAP.
18	Suchandra et al, 2025	Implementation evaluation	Chhattisgarh statewide population	Tele-mentoring + task-shifting	Assisted telepsychiatry using the lay counselor's medicines and counseling.
19	Mehra et al, 2025	Cross-sectional KAP (Pre-post)	Primary care physicians (national)	Task-sharing training	Performing universal PHQ-2/PHQ-9 screening and management using the Health & Wellness Centres.
20	Thakur et al, 2025	Program implementation report	CHOs/RHOs and rural communities in Chhattisgarh	Tele-mentoring + task-sharing	Using the collaborative training model for primary care providers
21	Bansal et al, 2021	Qualitative (Semi-structured interviews)	Rural Karnataka ASHA workers	Collaborative care + task-sharing	TORIENT training program using the MERIT screening tool and video consultations.
22	Pedersen et al, 2024	Implementation strategy development	Sehore district primary care staff	Remote coaching + task-sharing	HOPE trial using the ASHA community outreach program
23	Shah et al, 2025 [‡]	Mixed-methods survey (Implementation research)	Primary care doctors from 5 Indian states	Primary care psychiatry training	Six-week digital training program with collaborative video consultation.

The present review encompasses 23 studies, employing various research design types, such as qualitative, mixed-methods, cross-sectional, implementation evaluation, policy analysis, and narrative reviews. Several studies investigated the area of implementation research and program evaluation, indicating how this research type has become increasingly popular as a way of implementing MH services into primary healthcare facilities in India.

The research was carried out in a variety of organizational contexts, encompassing rural areas, urban slums, and healthcare institutions at the district level. Research participants included primary care providers, Community Health Officers (CHOs), Accredited Social Health

Activists (ASHAs), nurses, and patients with various forms of mental health disorders.

Numerous studies have been conducted regarding task-sharing models that help incorporate mental health care into primary care facilities. This involves equipping the primary healthcare staff to help detect and offer treatment for mental health issues in patients. Studies have also made a thorough analysis of the role of emerging technologies, particularly mobile applications, electronic decision support systems, and tele-mentoring programs in facilitating the delivery of primary healthcare services. Finally, some studies also focused on massive system- and legislation-wide programs aimed at expanding the

National Mental Health Program and the District Mental Health Program.

RESULTS

Thematic analysis of integration approaches

Community task-sharing initiatives

The role of task-shifting (involving nonspecialized staff such as ASHAs, community health providers, or Community Health Officers) in diagnosis and treatment of common mental health conditions has been examined in several studies.^{8,9,15,21,22,24,26-29} In addition to that, there are many studies that featured community screening and awareness campaigns with the aim of enhancing access to mental health care services through collaboration in delivering care under the broader primary care system.

Digital and technology-based interventions

A good number of the studies analyzed similarly demonstrated that digital technology (for example, mobile applications, electronic decision support systems, online

training systems) could also be applied in the provision of mental health services.^{8,9,18,21,22,24,30} These instruments enabled primary health providers to carry out screening, referral, and management of patients with mental health disorders.

Telepsychiatry and remote specialist support

Telepsychiatry has been utilized to connect primary care doctors with mental health experts by means of video consultations and tele-mentoring initiatives.^{18,25,27,30} Telepsychiatry has offered considerable improvement to primary care physicians' access to psychiatric professionals, most importantly in areas and communities in need of mental health services.

Policy initiatives and health system strengthening

Many of the research papers analyzed addressed issues related to systemic policies and the processes of integrating mental health into primary healthcare. These approaches include the District Mental Health Program and the National Mental Health Program, which are intended to enhance access to mental health programs.^{12,13,17,19,20,23}

Table 2: Thematic synthesis of mental health integration approaches and barriers.

Theme	Studies (ref. nos.)	Key interventions	Major barriers identified
Task-sharing and community-based models	1,2,3,8,11,14,15,17,19,20,21,22	Educating ASHAs, CHOs, nurses, and physicians on the assessment and treatment of prevalent mental health disorders; community involvement and cooperation	Inadequate staff, insufficient training in mental health, stigma attached to mental health as a phenomenon in communities, overload of staff members working in the field, and inadequate number of referral mechanisms
Digital and technology-enabled interventions	1,2,7,11,14,15,17,23	Portable health solutions, digital guidance software, web-based screening technologies, and internet-based mental health education	Poor infrastructure, low level of digital knowledge of health workers, limitations of the infrastructure, and difficulty in implementation of technologies
Telepsychiatry and remote specialist support	4,9,11,18,20,23	Remote psychiatric consultation services, remote education opportunities, and remote supervision of primary care doctors from the top specialists	Insufficiency of specialists, insufficiency of infrastructure in rural areas, and insufficiency of services provided via telemedicine
Health system strengthening and policy initiatives	5,6,10,12,13,16	Scaling the national mental health program, implementing reforms, and including mental health in primary care.	Implementation deficiencies, distribution of services is not even, funding problems for the development of these services, and lack of coordination between the national and state health systems

DISCUSSION

This systematic review was intended to explore the degree of integration of mental health services at the primary care level in India and the obstacles faced in achieving this. The findings indicate that many interventions exist that may contribute to the integration of mental health services at the primary care level through task-sharing, digital health

solutions, telepsychiatry, and other broad health system measures. Many authors opined that integrating mental health services into primary care should be given priority due to the large gap in accessibility to mental health services in places such as remote regions.^{10,12,14}

As noted in this review, the most popular strategy used was task-sharing. For instance, it was indicated that training

non-specialist health workers, such as ASHAs and workers of primary care facilities, could help detect and manage typical mental health problems in the community.^{6,18,26} Moreover, community-based screening and education of society about mental health were identified as effective measures contributing to early detection of mental health cases.

The study also found an increase in the application of telepsychiatry strategies towards the delivery of mental health services. There are instances in which studies demonstrate the existence of e-systems aimed at helping primary caregivers make decisions, as well as e-training tools designed to assist care providers in screening and treating mental disorders.^{8,22,30} This perfectly suggests that telepsychiatry models allow remote supervision of specialists and remote consultation of the patients regarding the issue of mental healthcare professionals' shortage.^{18,25,27}

While the above-mentioned initiatives seem to have positive potential, the review also highlighted a range of barriers that prevent effective collaboration between mental healthcare and other health services. According to numerous studies, the lack of education provided on mental health issues to caregivers, as well as mental illness stigma, is among the most significant obstacles.^{15,21,26} At the same time, the problems within the frame of the existing healthcare system include inadequate equipment and lack of internet access, and difficulties in implementing nationwide mental health policies.^{17,20}

CONCLUSION

This review highlights several initiatives toward the incorporation of mental health services within primary health care in India, including commitments to practices such as task-shifting, eHealth technologies, telepsychiatry, and national policy. The results suggest that using non-specialized workers, increasing the capacity of primary care delivery, and introducing technology could improve access to mental health services, especially in less privileged rural areas. Nonetheless, there are still obstacles that hinder progress, including the lack of qualified professionals, inadequacies in the training of primary care practitioners regarding mental health, social and institutional stigma toward mental disorders, and limited infrastructure in health care facilities. A successful solution to these obstacles entails meeting long-term policy goals, enhancing human capital in health promotion, and allocating resources for the effective establishment of a mental health service delivery system in outpatient clinics.

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REFERENCES

1. World Health Organization. World Mental Health Report: Transforming Mental Health for All. Geneva: WHO; 2022.
2. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, et al. National Mental Health Survey of India, 2015-16: Summary. Bengaluru: NIMHANS; 2016.
3. World Health Organization. Mental Health Atlas 2020. Geneva: WHO; 2021.
4. World Health Organization, World Organization of Family Doctors (WONCA). Integrating Mental Health into Primary Care: A Global Perspective. Geneva: WHO; 2008.
5. Government of India, Ministry of Health and Family Welfare. Ayushman Bharat: Comprehensive Primary Health Care through Health and Wellness Centers. New Delhi: MoHFW; 2018.
6. Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, et al. The Lancet Commission on global mental health and sustainable development. *Lancet*. 2018;392(10157):1553-98.
7. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *BMJ*. 2009;339:b2535.
8. Tewari A, Kallakuri S, Devarapalli S, Peiris D, Patel A, Maulik PK. SMART Mental Health Project: process evaluation to understand the barriers and facilitators for implementation of multifaceted intervention in rural India. *Int J Ment Health Syst*. 2021;15(1):15.
9. Daniel M, Maulik PK, Kallakuri S, Kaur A, Devarapalli S, Mukherjee A, et al. An integrated community and primary healthcare worker intervention to reduce stigma and improve management of common mental disorders in rural India: protocol for the SMART Mental Health programme. *Trials*. 2021;22(1):179.
10. Singh TS, Salunkhe R, Dixit H, Tiwari R, Sharma N, Mahajan A. Barriers to mental health care among severe mental illness in rural India: a qualitative study. *Bioinformation*. 2025;21(9):3260.
11. Torous J. Integrating mental healthcare in Indian primary care: a capacity building review. *Indian J Psychol Med*. 2025;Epub ahead of print.
12. Tripathi N, Parhad P, Garg S. Performance of health and wellness centre in providing primary care services in Chhattisgarh, India. *BMC Prim Care*. 2024;25:360.
13. Ahuja B, Fisher E, Mukadam N, Kurana S, Spector A. How dementia inclusive are public health-care policies for older adults in India? A systematic review. *Alzheimers Dement (NY)*. 2025;1(3):e70025.

14. Adjei-Boateng D. Digital mental health interventions for adolescents and young people: evaluating efficacy and accessibility. *Cureus*. 2025;17(6):25-9.
15. Shidhaye R, Shrivastava S, Murhar V, Samudre S, Ahuja S, Ramaswamy R, et al. Development and piloting of a plan for integrating mental health in primary care in Sehore district, Madhya Pradesh, India. *Br J Psychiatry*. 2016;208(s56):s13-20.
16. Sangwan RK, Kansara D, Matoria S, Ali H, Khetan M, Singh V, et al. Perceptions of primary healthcare providers for screening and management of mental health disorders in India: a qualitative study. *Front Public Health*. 2024;12:1446606.
17. Gangadhar BN, Kumar CN, Sadh K, Manjunatha N, Math SB, Kalaivanan RC, et al. Mental Health Programme in India: has the tide really turned? *Indian J Med Res*. 2023;157(5):387-94.
18. Manjunatha N, Kumar CN, Math SB, Thirthalli J. Designing and implementing an innovative digitally driven primary care psychiatry program in India. *Indian J Psychiatry*. 2018;60(2):236-44.
19. Kirpekar V, Faye A, Bhawe S, Gawande S, Tadke R. District mental health program: then and now. *Indian J Psychiatry*. 2024;66(7):603-13.
20. Debnath A, Sagar R, Salve HR. Bridging the mental health treatment gap in India: a policy-oriented framework using the care cascade approach. *Indian J Psychiatry*. 2025;67(9):912-5.
21. Maulik PK, Kallakuri S, Devarapalli S, Vadlamani VK, Jha V, Patel A. Increasing use of mental health services in remote areas using mobile technology: a pre-post evaluation of the SMART Mental Health project in rural India. *J Glob Health*. 2017;7(1):010408.
22. Kallakuri S, Gara S, Godi M, Yatirajula SK, Paslawar S, Daniel M, et al. Learnings from implementation of technology-enabled mental health interventions in India: implementation report. *JMIR Med Inform*. 2024;12:e47504.
23. van Ginneken N, Maheedhariah MS, Ghani S, Ramakrishna J, Raja A, Patel V. Human resources and models of mental healthcare integration into primary and community care in India: case studies of 72 programmes. *PLoS One*. 2017;12(6):e0178954.
24. Mukherjee A, Yatirajula SK, Kallakuri S, Paslawar S, Lempp H, Raman U, et al. Using formative research to inform a mental health intervention for adolescents living in Indian slums: the ARTEMIS study. *Child Adolesc Psychiatry Ment Health*. 2024;18(1):14.
25. Suchandra H, Maheshwari P, Patley R, Harshitha NR, Subramaniam S, Jain S, et al. Technology-driven innovative model for integrating mental healthcare into primary care: example from Chhattisgarh, India. *Psychiatry Res*. 2025;349:116533.
26. Mehra R, Vats S, Kumar A, Bhalla S. Enhancing capacities of primary care physicians to tackle the rising burden of common mental disorders in India. *Natl Med J India*. 2025;38(3):59-65.
27. Thakur M, Govindan R, Maheshwari P, Suhas S, Suchandra HH, Jain S, et al. Bridging the mental health divide: the TORENT Initiative in Chhattisgarh, India. *Indian J Community Med*. 2025;50(1):258-60.
28. Bansal S, Srinivasan K, Ekstrand M. Perceptions of ASHA workers in the HOPE collaborative care mental health intervention in rural South India: a qualitative analysis. *BMJ Open*. 2021;11(11):e047365.
29. Pedersen GA, Haney JR, Singh A, Choubey S, Bondre A, Vorapanya V, et al. Development of a remote implementation support strategy to enhance integration of depression treatment into primary care settings in rural India. *Front Public Health*. 2024;12:1439997.
30. Shah H, Ramachandraiah R, Sabbella C, Joshi S, Hegde PR, Patley R, et al. Barriers and facilitators for translating skills into clinical practice in primary psychiatry care: primary care doctors' survey through the lens of implementation research. *Indian J Psychol Med*. 2025;Epub ahead of print.

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