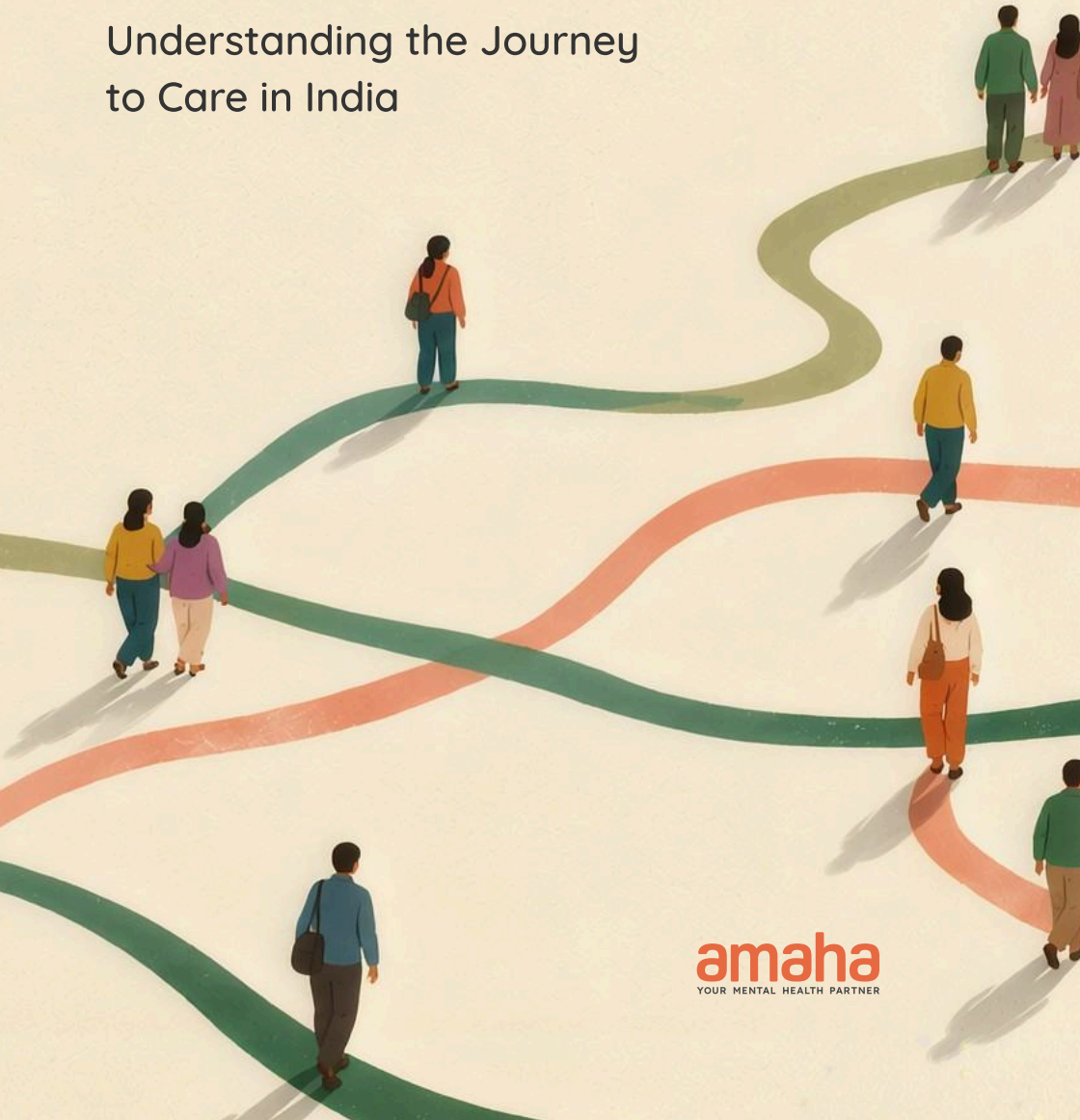
The Amaha Mental Health Report 2026

Understanding the Journey to Care in India



amaha
YOUR MENTAL HEALTH PARTNER



“Khayaal Rakho”

We say it almost without thinking: at the end of a phone call, at the door, when someone has had a difficult day.
It is one of the simplest ways we have of saying:

I care about you.
I want you to be okay.

But what does it really mean to take care of someone?

In India, this question has particular significance.

We are an extraordinarily diverse and deeply relational society, and mental healthcare here cannot always be understood through models of care developed in very different contexts. The way distress is understood, expressed and made space for can vary across languages, communities and socioeconomic realities. Symptoms may present differently, and even the words people use to describe what they are experiencing may differ.

In India, families and communities also play a much more significant role in recognising difficulties, making decisions about care and supporting someone through treatment.

All of this makes the journey into mental healthcare in India more complex and nuanced than simply moving from first experiencing symptoms to then seeking professional care.

This report focuses on the journey before someone starts formal mental healthcare: how people recognise their symptoms and make sense of them, who they turn to first, what they do to cope before seeking professional care, and how they eventually find their way into care.

Khayaal rakhna.

Dr Amit Malik
Founder and CEO, Amaha



How to Read This Report

Between October 2025 and September 2026, **13,825 people from across India answered a set of questions,** before starting their care with Amaha, about how they experienced distress, how it impacted their functioning, what they tried before seeking care and what finally nudged them to speak to a professional.

At a time when mental health is increasingly part of public conversation, **lived experience offers something that statistics and clinical definitions cannot: an understanding of what distress actually looks and feels like in people's lives, and what it takes for them to seek help.**

These accounts help us look beyond conditions and symptoms to the everyday realities of living with mental health difficulties. Read together, they trace how all of us in India recognise a need for mental healthcare and find our way to it.

A caveat: These **responses come from people embarking on a care journey with Amaha.** They therefore reflect the experiences of those who found their way to professional help. And so while not representing the experiences of everyone living with mental health difficulties in India, they offer an important perspective on the journey to accessing care.

SNAPSHOT

What 13,825 Clients Reveal About the State of Mental Healthcare in India

Before someone's first session, there has usually been a long stretch of noticing, explaining it away and coping, mostly in private. These are the patterns that stood out across 13,825 individuals when they finally reached out for professional help.



94.9%

came with **two or more concerns at once**, and on average people named **five concerns**

53.0%

had **lived with their concerns for over a year** before reaching us

15.4%

turned to alcohol or other substances, in place of professional support

More Than Half

reported some thoughts of self-harm before reaching care

About 1 in 5

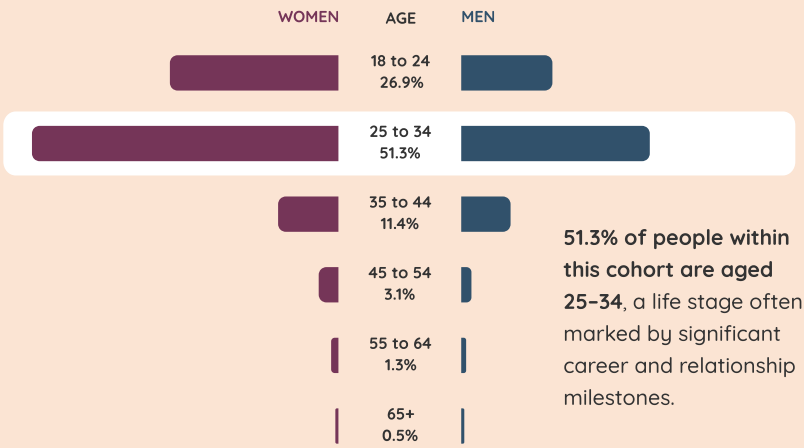
people **who began with psychiatry sought therapy** at some point

These patterns are worth reading slowly, and from more than one vantage point: that of the person arriving, of the family and friends who stood beside them, of the workplaces and classrooms where the strain may first have shown, and of the services meant to meet them.

Who Is Seeking Help and Who Still Isn't

The stories and demographics of this cohort tell us something about who is accessing mental healthcare today, and, just as importantly, begin to point to who may still be missing from the picture.

Age × Gender Distribution



51.3% of people within this cohort are aged 25–34, a life stage often marked by significant career and relationship milestones.

This chart represents respondents who identified either as a woman or man; the remaining 5.5% are not represented in this chart.

Marital Status

44.7%
SINGLE

27.0%
MARRIED

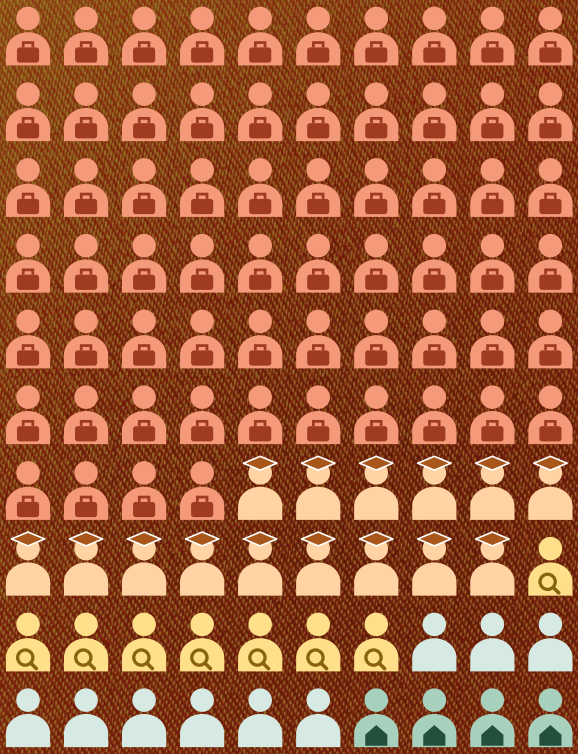
22.1%
IN A RELATIONSHIP

~6%
OTHER STATUSES*

'Other' includes people who are divorced or widowed, and those who chose not to answer.

Occupation Breakdown

Groups with fewer than 500 clients are consolidated into ‘Other’.



64.3%
Professional

15.3%
Student

7.9%
Unemployed

8.5%
Other (combined)

4.0%
Homemaker

We See a Predominantly Younger, Working Population Accessing Care

With **51.3%** of respondents aged **25–34** and **64.3%** identifying as professionals, the sample points to a clear concentration of care among young working adults.

Older adults, homemakers and people outside the workforce are less represented, raising questions about whether awareness, affordability and stigma make it harder for some groups to access care.

Understanding who is missing matters just as much as understanding who is reaching us, if mental healthcare is to become accessible to more people.

How Symptoms Show Up in India

Distress seldom announces itself in the language of mental health. Often, it shows up as a change in everyday experiences: feeling stressed, struggling with low mood, having trouble sleeping or finding it difficult to concentrate.

These experiences can be easily overlooked or explained away as a difficult week, work pressure, relationship troubles or simply feeling overwhelmed.

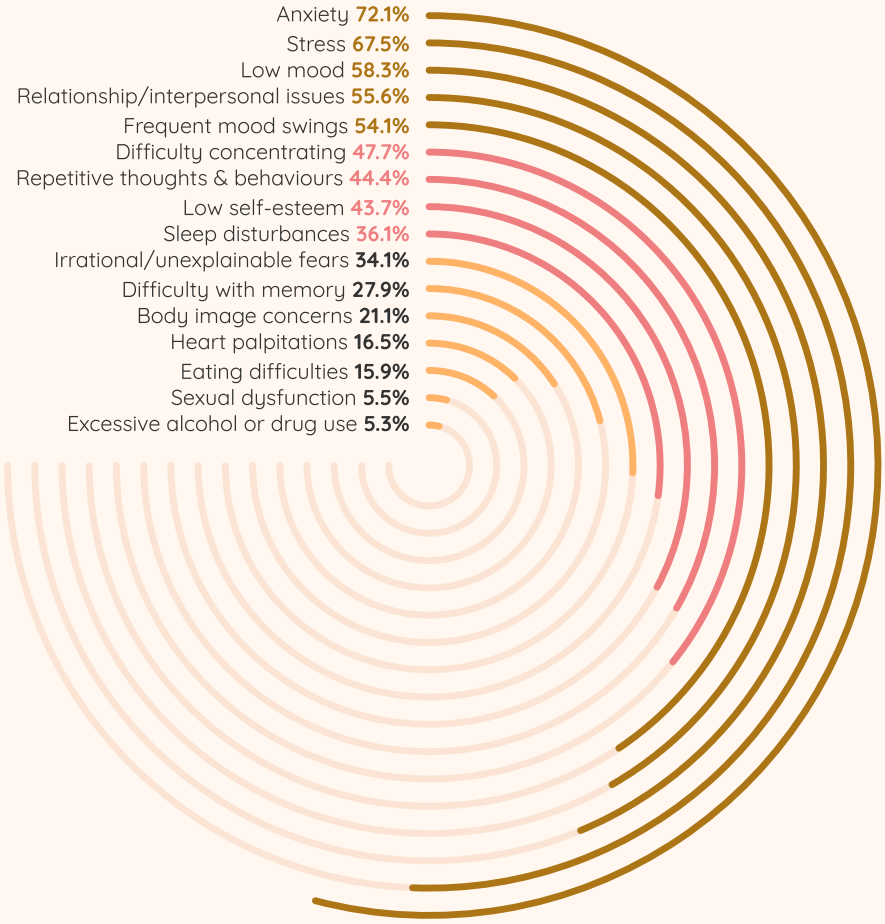
But when they persist, become harder to manage or begin to affect daily life, it may be a sign that something more is going on that needs professional evaluation and support.



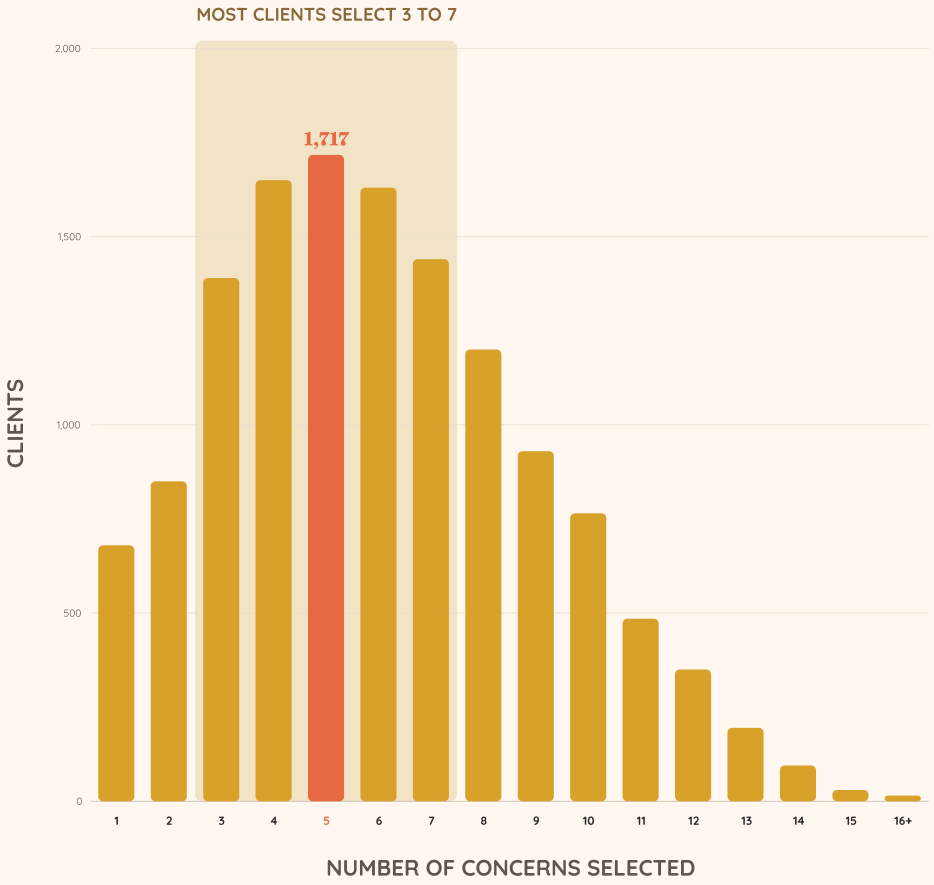
These effects often also extend beyond the individual. **More than half reported difficulties in their relationships with others**, as a concern.

This is significant because it indicates that mental health difficulties do not unfold in isolation: they shape how people connect with those around them, even as those same relationships can influence whether they recognise their distress and seek help.

Concerns People Commonly Report



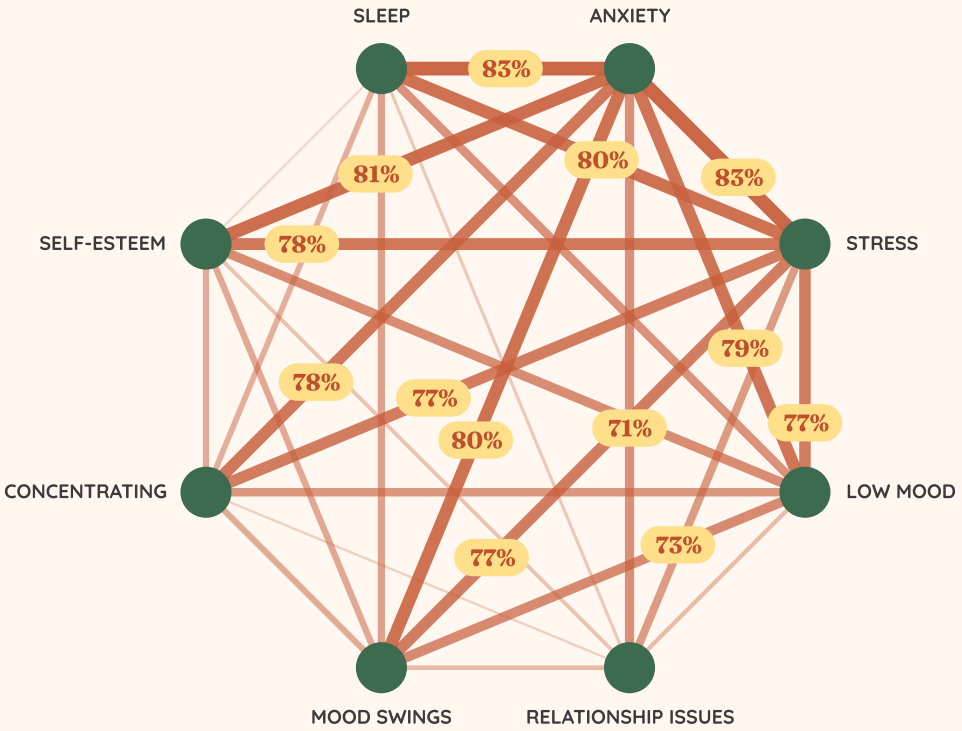
People Often Come with More than One Concern



On average, people reported five concerns, **with ~95% reporting two or more.**

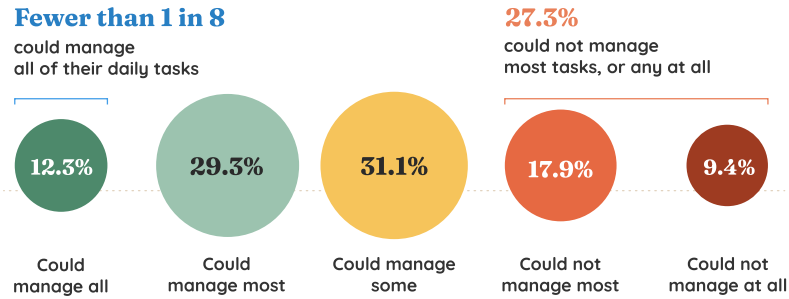


Some Concerns Frequently Show Up Together



Sleep difficulties, anxiety, stress and other concerns frequently overlap. Sleep difficulties and anxiety, for instance, co-occurred in 83% of cases, as did anxiety and stress. Recognising how these concerns occur together can help build a more complete understanding of an individual's presentation and inform not only the diagnosis, but also the kind of care and treatment they may need.

When concerns overlap, their impact can extend beyond how a person feels to how they manage everyday life. By the time people reach care, this impact can be significant.



When we asked people how they were managing their daily tasks, **fewer than one in eight (12.3%) said they could manage all of them. More than a quarter (27.3%) could not manage most of their tasks, or any at all.**

Distress does not always become immediately visible externally. But difficulties in managing everyday tasks can be an important indication of how significantly a person's life is being affected.

Recognising this impact is an important first step towards getting the right support.

Yet recognising the need for support and seeking it are not always simultaneous. For many, a considerable amount of time passes between the first signs of difficulty and the first appointment.



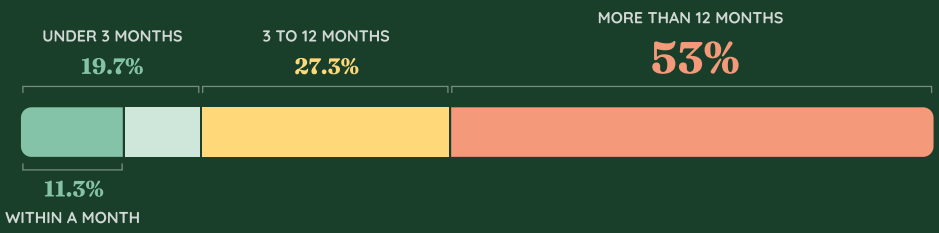
How Long Do People Wait?

Of all the patterns in this report, the time people spend living with their concerns before reaching care may be the most significant.

More than half (53%) had lived with their symptoms for over a year before their first session. Only about **one in ten (11.3%)** came to us within a month of experiencing mental health concerns.

Clinical evidence suggests that earlier access to appropriate care can improve treatment outcomes.

This makes it critical that we step back and reflect on what it would take for us to help people access care before symptoms get harder to manage and treat.



What People Tried Before Getting to Care

54.5%
Talking to friends or family

Informal support from people close to them is often the first, and sometimes the only, place people turn to.

44.6%
Self-help resources

Books, apps, YouTube and online communities are common sources of support.

32.9%
Previous therapy

Nearly a third had tried therapy before, which may point to interrupted care, search for a better fit or unsatisfactory recovery.

19.4%
Prescribed medication

About 1 in 5 respondents had been on medication, most often prescribed by a GP without therapy alongside.

Respondents may have chosen more than one option



Each of these routes says something about the support available along the way, but also shows how much of the journey happens before any mental healthcare professional is involved, and how much may depend on whether their first source of support points them in the right direction.

Also to note, these figures also describe only people who did eventually reach care. **For many others, the wait may not have ended yet.**

How Are We Coping in the Meantime?

Coping doesn't always mean feeling better. Understanding what people do to manage distress helps clinicians understand whether coping strategies are helping or hindering recovery, and where additional support might be needed.

When it came to coping, fewer than half of the respondents reported using adaptive coping strategies, such as exercise or journalling. Most relied on avoidance, putting off difficult feelings or situations through behaviours such as excessive screen time, oversleeping or overworking.

The association with substance use is particularly concerning, with 15.4% reporting turning to alcohol or other harmful substances.



ADAPTIVE COPING

Exercise, journalling



AVOIDANT COPING

Screen time, oversleeping, overworking



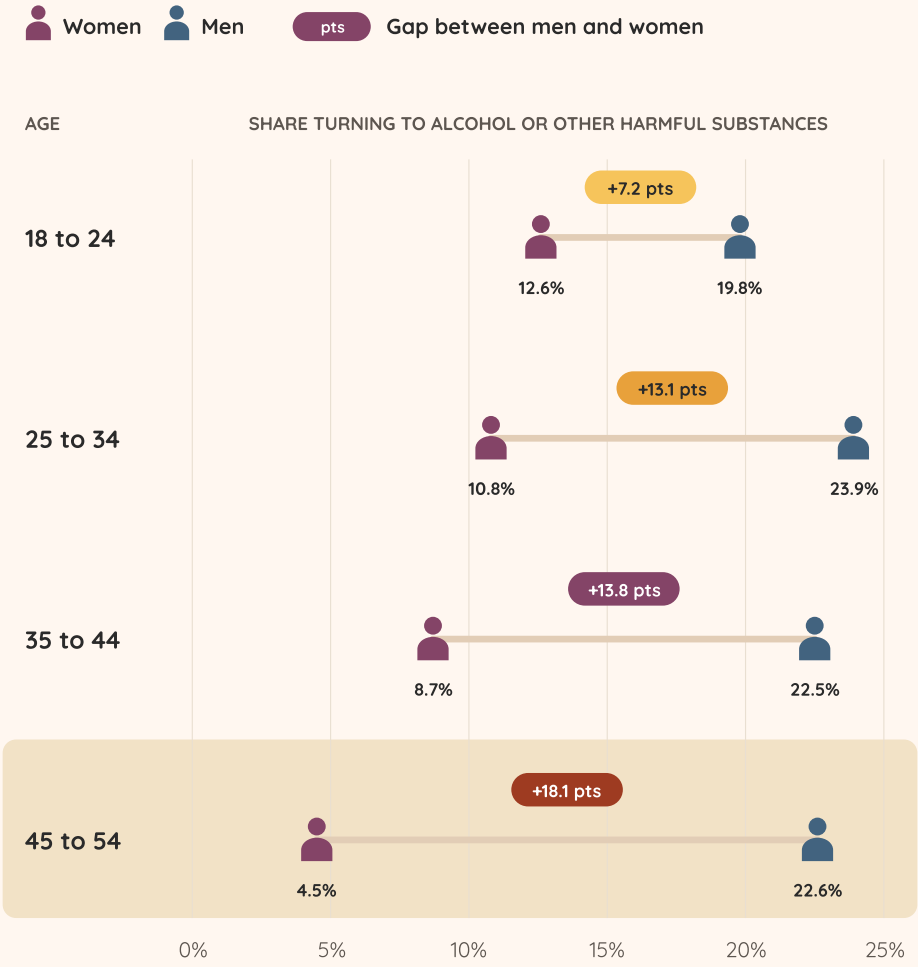
SUBSTANCE USE

Alcohol or other harmful substances

Respondents may have chosen more than one option*

This association can work in both directions. People going through a difficult time may turn to substances for temporary relief, while substance use may also make everyday life harder to manage. This data point is also a reminder that substance use cannot be understood in isolation or treated as the problem in itself. Addressing substance use, therefore, also means understanding and addressing the underlying difficulties that may be contributing to it.

How Men and Women Turn to Substance Use



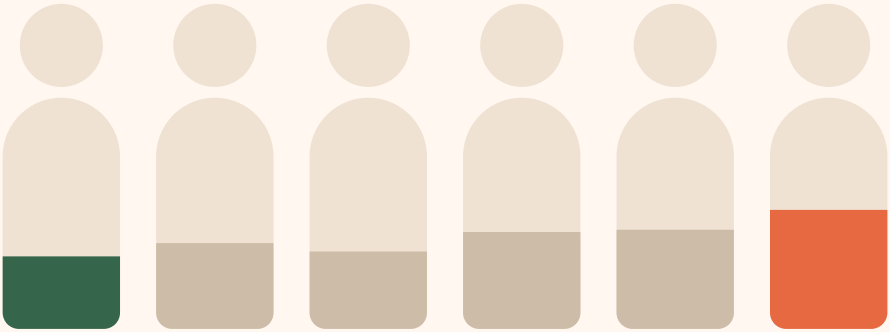
This difference in substance use widens with age. While younger men are also more likely than women of the same age range to turn to alcohol, the gap becomes much larger in midlife. This suggests that maladaptive coping strategies become more predominant with increasing age in men, and the corresponding help-seeking behaviour declines. This also highlights the need for greater vigilance in the ecosystem as we all get older, especially for men.

Who Carries the Heaviest Burden, and for How Long?

More than half of the respondents **(56.2%) reported having already had some thoughts of self-harm.**

These thoughts can be deeply distressing, are rarely spoken aloud, and are often carried within a long time without anybody else around the person realising this.

The data also shows an association between the time people waited to access care and the prevalence of thoughts of self-harm.



There is more than a **50% increase in thoughts of self-harm** between those who reached out for support within days of noticing their concerns **(22.3%)** and those who waited for longer than a year **(36.6%).**

Women Were More Likely to Report Thoughts of Self-Harm

There is a significant gender difference amongst not only those who accessed care (more women did), but also in how distressing thoughts of self-harm were experienced. Among individuals who were unable to access care for over a year, **thoughts of self-harm were reported by approximately 38% more women** (40.5% reported thoughts of self-harm) **compared to men** (29.4% reported thoughts of self-harm).

The lower figure amongst men does not necessarily mean lower distress levels. It's possible that these thoughts are harder for men to name, or that they are internalising their distress in other ways.

WOMEN

40.5%

about 4 in 10



MEN

29.4%

about 3 in 10



Fewer Students and People Without Work Reached Us, but More of Them Carried Thoughts of Self-Harm

While students and unemployed individuals were under-represented in this cohort, they presented with a much higher prevalence of self-harm thoughts.

71.7% of students and **64.7% of the unemployed respondents** respectively reported these distressing thoughts before accessing care. In contrast, **working professionals accounted for nearly two-thirds of this cohort, but a lower proportion reported thoughts of self-harm.**



71.7% Students

64.7% Unemployed

53.2% Professionals

46.3% Homemakers

29.2% Retired

For students, the pressure of multiple exams, which often become measures of achievement and self-worth, may compound anxiety along with the uncertainty about an evolving career landscape.

For unemployed individuals, the loss of routine, income and a sense of direction may add to feelings of distress and despondency.

Although, Amaha's fee-for-service model may also make care harder for these groups to access.

What We See When We Put These Patterns Together

One implication of these findings is that thoughts of self-harm and suicidal ideation may first become visible outside healthcare settings.

Our communities, including colleges, coaching centres, families, workplaces, public services and friendships, therefore play an important role in recognising distress and helping people find support.

If you, or someone close to you, is having thoughts of self-harm, please reach out for support.

Tele-MANAS, the Government of India's free mental health helpline, is available 24 hours a day on **14416** or **1-800-891-4416.**
In an emergency, call **112.**



In a Mental Health Crisis, Who Do People Turn To?

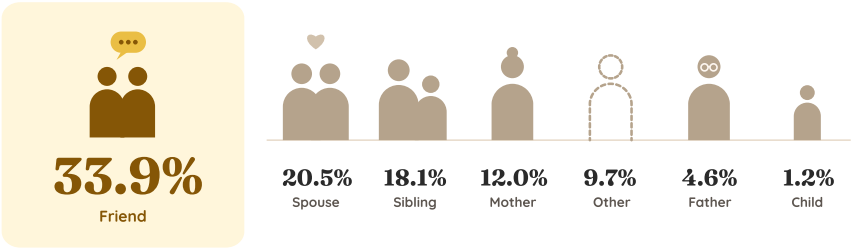
When we asked people who they want us to contact in case of an emergency when we are worried about them, they give a range of responses. These gave us an important insight into who someone would trust when they are in a mental health crisis.

Friends, more than family, appear to be a key source of support for people navigating mental health difficulties.

There could be a number of reasons for this. The vast majority of this cohort was in their twenties and early thirties, and many were single.

At this stage of life, friendships often play a particularly important role in providing emotional support. It is also possible that stigma and generational differences in awareness, and understanding of mental health made it easier for some to speak to friends rather than family.

Fathers were named by just **4.6%** of respondents, indicating how conversations about mental health can differ across generations and genders, particularly in a country like India.



'Other' represents those that selected 'other' as a response.

> These findings highlight the importance of equipping the people closest to someone experiencing distress, with the skills to recognise changes, ask questions, listen without judgement, and help them take the next step towards care. Strengthening this trusted social network may be one of the most meaningful ways to extend support beyond the consultation room.

How We Describe Our Experiences

We looked at a subset of the cohort to analyse the phrases people used to describe their initial concerns and the clinical diagnoses they subsequently received.

This is critical to really inform the language we all use when talking about people's experience of mental illness, so that we can meet people where they are in their mental health journey.

33%

of people who described themselves as stressed were diagnosed with depression

"I'm Just Stressed"

In India, "stress" is a relatively acceptable way to describe what one is experiencing. **Depression**, by contrast, can be harder to acknowledge or talk about, often carrying fears of judgement, stigma or a sense of personal failure.

10%

of people who described their anxiety as their concern were diagnosed with ADHD

"Restlessness" That Looks Like Anxiety

A mind that won't settle, constant restlessness, or the nagging feeling that you've forgotten something: these experiences can feel like 'anxiety', which is often the word people use to describe them. But the same experiences often also present as symptoms in those with **ADHD.** ADHD still remains significantly under-recognised and misunderstood in India, particularly among women who make up a majority of this cohort.

32%

diagnosed
with Depression

VS

11%

diagnosed
with OCD

“Thoughts That Go in Circles”

Among people who described repetitive thoughts and behaviours, **32% were diagnosed with depression** and **11% with OCD.**

Many people associate repetitive thoughts with OCD, partly because of how the condition is portrayed in films and on social media. But ruminations, repeated cycles of guilt and regret, and other self-critical thoughts are often cognitive symptoms of depression.

This may help explain why, in this sub-group, a **diagnosis of depression** was **nearly three times as common as a diagnosis of OCD**.

This is particularly important in the age of AI and self-diagnosis, when a plethora of information about mental illness is available on social media.

In this context, the importance of **comprehensive clinical assessment and accurate diagnosis,** often a critical starting point to effective and evidence-based care, **cannot be overstated.**



How Do Care Journeys Look for Different People?

People's care journeys are not always linear.
The service they initially seek may be one part of a broader set of mental healthcare needs that emerge over time.



~7%

who started with therapy engaged with psychiatry as well



20%

who started with psychiatry engaged with therapy as well

Of those who went on to seek therapy after starting with psychiatry, 93% did so within their first three psychiatry sessions.

This suggests that the opportunity to integrate therapy into care may emerge early in a person's treatment journey.

This also reflects the value of multidisciplinary care in managing complex mental health conditions. For many conditions, evidence supports combining psychiatric and psychological interventions, with psychiatrists and therapists working together to address different aspects of a person's needs and support recovery.

People who first seek therapy may be navigating a psychological or life stressor that can often be addressed through therapy alone, without necessarily requiring psychiatric care or medication.

At Amaha, our clinicians are trained to recognise when a client may benefit from a different or additional form of care, and are able to facilitate the referrals needed. This helps ensure that each client can access the combination of care best suited to their needs, without placing the burden of navigating that process on the client.



What This Means for Care Design in India

As we work towards better-designed care pathways in India, understanding who seeks which kind of professional first is critical. This can inform early evaluation and triaging by combining human expertise with technology where appropriate, to help ensure that each person is connected to the right professional and the right level of care from the outset.

What Could Recovery Look Like?

56.9%

of clients who sought psychiatric care **showed improvement by the fourth session,** as measured using the Clinical Global Impression (CGI) scale.

CGI is a widely used clinical measure in psychiatry. It captures a clinician's overall assessment of a person's condition, taking into account their symptoms and how these have changed over the course of treatment.



Closing Note

This report began with a simple question: **what does it really mean to take care of someone?**

The experiences of these 13,825 individuals offer a more complex answer than we might have expected. The journey into mental healthcare is rarely a straight line from symptom to treatment. It is shaped by what people recognise in themselves, what they are able to say, how long they try to manage on their own, and whether the people around them know how to help.

For many, the journey begins with something seemingly ordinary: difficulty sleeping, a mind that will not settle, a change in how they relate to others or get through the day. Often, there is more than one concern, and the struggle has been going on for months, sometimes years, before it reaches professional care. By then, the effects may extend well beyond the individual, touching relationships, work, studies and the people closest to them.

And even after someone reaches professional care, finding the right combination of support can take time.

Each of these moments presents an opportunity to positively impact that journey. A friend who notices something has changed. A teacher, colleague or family doctor who recognises when distress may be more than a passing difficulty. And a mental healthcare system that makes it easier to find the right support, at the right time, and to sustain that support through recovery and beyond.

Supporting someone on the path to recovery is about more than asking if they are okay. It means noticing when something is not, being present even when their distress is difficult to explain, and helping them find their way to care before they reach a breaking point. It means recognising that care does not begin in the consulting room, or end with a diagnosis.

Recovery takes more than one person, or one professional. It takes an entire ecosystem of care, with the person at its centre: friends and family, workplaces and communities, therapists and psychiatrists, clinics and hospitals, all working together to meet the person where they are and support them in the way they need. Because no two journeys are the same, care must be responsive to the person, their circumstances and how their needs evolve over time, and must be built in collaboration with their family.

But it all begins with how we respond to one another, and continues in the support we make possible.

Khayaal Rakho.

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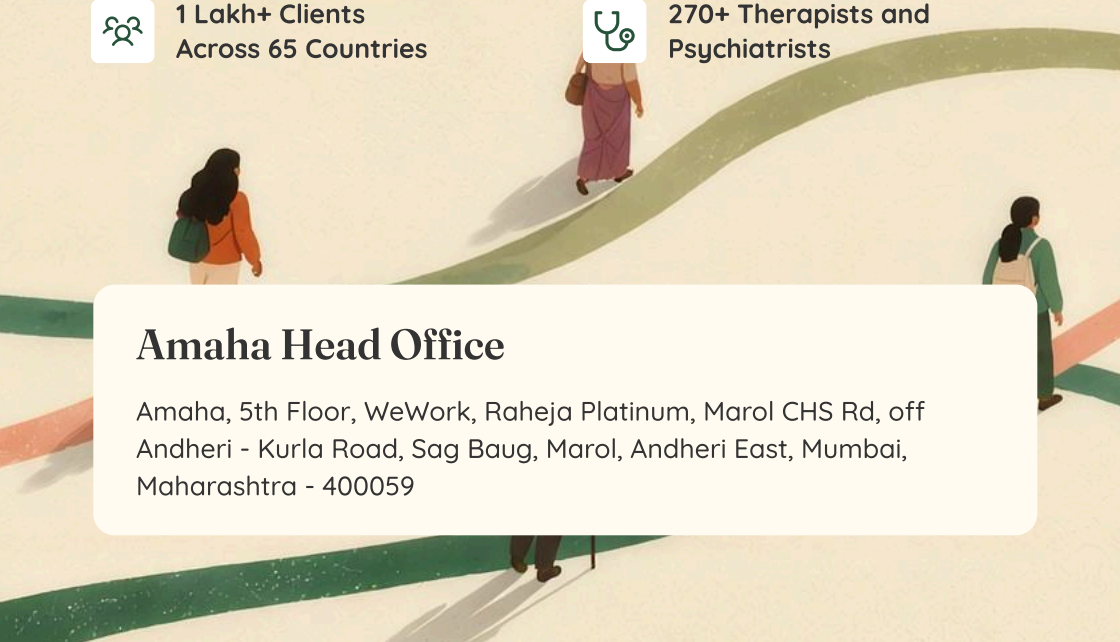
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9 Mental Health Centres Across India

1 Lakh+ Clients Across 65 Countries

270+ Therapists and Psychiatrists



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