

Culturally Adapted Psychological Treatments for Depression in India: Implications for Educational Settings

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Abstract

This systematic review comprehensively examines psychological treatments for depression in India, with particular emphasis on culturally adapted approaches relevant to educational contexts. Following PRISMA guidelines, we analyzed empirical studies, government reports, and institutional surveys from India published between 2015 and 2025. Our findings reveal that India faces a substantial burden of depression, with an estimated 150 million people requiring active psychological intervention. Despite this pressing need, significant treatment gaps persist throughout the country, with fewer than 10% of individuals with depression receiving effective care. The review identifies several culturally adapted interventions showing promise in Indian settings, including yoga-based cognitive therapy, mindfulness practices derived from ancient traditions, and community-based approaches leveraging social networks. These approaches demonstrate particular relevance for educational environments, where mental health services remain severely underdeveloped. The paper also examines structural barriers to implementation, including inadequate funding (India allocates less than 1% of its health budget to mental health), insufficient professionals (only 3 psychiatrists per million people), and persistent stigma surrounding mental health conditions. We discuss how educational institutions can serve as strategic platforms for early intervention and prevention programs. The review concludes with recommendations for developing culturally responsive treatment frameworks that integrate Indian philosophical traditions with contemporary psychological approaches, potentially enhancing both accessibility and effectiveness of mental health care in educational settings.

Keywords

Depression, India, Psychological Interventions, Cultural Adaptation, Educational Psychology, Mental Health Services, Treatment Gap, School-Based Interventions

1. Introduction

Depression represents a significant public health challenge in India, with recent estimates suggesting that approximately 150 million people require active psychological intervention for mental health conditions, predominantly depression and anxiety disorders. The staggering treatment gap in the country sees fewer than 10% of individuals with depression receiving effective care, creating an urgent need for scalable, culturally appropriate psychological interventions. This mental health crisis carries profound implications for educational settings, where depression significantly impacts student achievement, engagement, and overall development.

The cultural context of mental health in India presents distinctive challenges and opportunities for intervention development. India's diverse cultural landscape encompasses varied explanatory models of depression, help-seeking behaviors, and treatment preferences that substantially differ from Western paradigms. For instance, traditional Indian cultures often lack specific terminology for "depression" or "mental health" in many of the country's 22 major languages, which can complicate help-seeking and communication about psychological distress. Additionally, cultural beliefs about karma and spiritual punishment sometimes influence how depression is perceived and managed, particularly in rural areas. These cultural factors necessitate psychological approaches that respect and incorporate indigenous understandings of mental distress.

Despite the growing recognition of depression as a significant health issue in India, there remains a conspicuous scarcity of comprehensive reviews focusing specifically on psychological treatments within educational contexts. While previous research has documented the overall mental health situation in India, less attention has been paid to the implementation of psychological interventions in schools and universities. This review therefore aims to address this gap by systematically examining psychological treatments for depression in India, with particular emphasis on their applicability to educational settings.

The primary objectives of this review are: (1) to synthesize evidence on psychological interventions for depression in India, (2) to examine cultural adaptations of these approaches, (3) to explore implementation challenges in educational

environments, and (4) to provide recommendations for integrating these interventions into educational psychology practice. By focusing specifically on the Indian context, this review contributes to the development of culturally responsive mental health services that can effectively address the country's substantial burden of depression.

2. Depression in India: Epidemiological Trends, Cultural Influences, and Mental Health Infrastructure Gaps

2.1 Prevalence and Burden of Depression in India

Recent epidemiological data paint an alarming picture of depression in India. The Indian National Mental Health and Neuroscience Institute (NIMHANS) reports that approximately 150 million Indians need active psychological intervention, with depression and anxiety disorders representing the most common mental health conditions. The COVID-19 pandemic exacerbated this situation, with one study noting a 70% increase in depression and obsessive-compulsive disorder cases in Gujarat state following the pandemic. The psychological impact was particularly severe among students, who faced academic disruptions, social isolation, and uncertainty about future prospects.

The socioeconomic impact of depression in India is substantial, affecting educational attainment, workforce participation, and overall quality of life. A study investigating the intersection of physical and mental health comorbidities found that depression significantly correlates with cognitive decline among Indian middle-aged and older adults. This relationship between mental and cognitive health has important implications for educational institutions, where depression may both contribute to and result from academic struggles [1].

2.2 Cultural Factors in Depression Presentation and Treatment

Cultural factors profoundly influence how depression is experienced, expressed, and treated in India. Research indicates that cultural beliefs about health and illness significantly impact help-seeking behaviors and treatment preferences. For instance, a comparative study of Western versus South Asian countries highlighted how cultural background affects the psychosocial burden of visible conditions like vitiligo, with implications for understanding depression stigma. In India, individuals with darker skin tones (Fitzpatrick IV-VI) reported higher rates of depression and anxiety (up to 60%) compared to Western populations (15-30%), partly due to cultural beliefs about stigma, karma, and spiritual punishment.

The expression of depression in Indian populations often differs from Western presentations. Indian patients frequently emphasize somatic symptoms rather than emotional distress, which can lead to underdiagnosis or misdiagnosis. Qualitative research exploring self-affirmation among non-depressed and subclinically depressed Indian adults found that those with subclinical depression tended to amplify threats, exhibit rumination patterns, and display low self-esteem alongside maladaptive mental health tendencies. These cultural variations in symptom presentation necessitate adapted assessment and treatment approaches [2].

2.3 Mental Health Services and Treatment Gap

India's mental healthcare system faces substantial challenges in addressing the country's depression burden. According to World Health Organization (WHO) data, India has fewer than 4,000 mental health professionals, translating to just 3 psychiatrists per million people—a dramatically lower ratio than in high-income countries. This workforce shortage is compounded by inequitable distribution of services, with most mental health professionals concentrated in urban areas despite the majority of India's population living in rural regions.

The treatment gap for depression in India remains staggering, with estimates suggesting that 83% of people with mental health issues do not receive appropriate care. Financial barriers represent a significant obstacle, as out-of-pocket payments for mental healthcare can consume substantial portions of household income, particularly for women. Structural factors also contribute to this gap, including inadequate funding (less than 1% of India's health budget is allocated to mental health), insufficient infrastructure, and limited integration of mental health services into primary care and educational settings [3].

Table 1. Mental Health Resources and Burden in India

Indicator	Value
People needing psychological intervention	150 million
Treatment coverage for depression	<10%
Psychiatrists per million people	3
Health budget allocated to mental health	<1%
Suicide rate per 100,000 people	8-11.5

Table 1: This table explains the "high demand, low supply" contradiction in India's mental health system: the burden of mental health problems is enormous, but related resources and policy support are far from sufficient. This situation underscores the urgency and necessity of psychological interventions and cultural adaptation therapy in educational settings.

3. Culturally Adapted Psychological Interventions for Depression in India

This systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure comprehensive identification, selection, and synthesis of relevant literature.

We implemented a systematic search strategy across multiple electronic databases, including PubMed, Scopus, PsycINFO, and Web of Science, for articles published between January 2015 and April 2025. Additional grey literature was identified through government reports, institutional websites, and manual searching of reference lists.

Our search strategy utilized a combination of keywords and database-specific subject headings related to "depression," "India," "psychological interventions," "psychotherapy," "cultural adaptation," and "educational settings." The search was limited to English-language publications, though we included studies with participants from diverse Indian linguistic and cultural backgrounds. We included empirical studies evaluating psychological interventions for depression in Indian populations, including randomized controlled trials, quasi-experimental studies, qualitative investigations, and case series with multiple participants [4].

The inclusion criteria comprised: (1) studies conducted in India or with Indian diaspora populations, (2) participants with clinically significant depressive symptoms or diagnosed depression, (3) psychological interventions as primary treatment approach, (4) measurement of depression outcomes using validated instruments, and (5) availability of sufficient methodological details for quality assessment. We excluded studies focusing exclusively on pharmacological treatments, those without clear depression outcomes, and case reports with fewer than five participants.

Two reviewers independently screened titles and abstracts, assessed full-text articles for eligibility, and extracted data using a standardized form. Discrepancies were resolved through discussion or consultation with a third reviewer. The data extraction process captured information on study characteristics (authors, year, design), participant demographics, intervention details (type, duration, cultural adaptations), outcome measures, results, and implementation factors. We assessed study quality using appropriate tools, including the Cochrane Risk of Bias Tool for randomized trials and the Newcastle-Ottawa Scale for observational studies [5].

Given the methodological diversity of included studies, we employed a narrative synthesis approach rather than meta-analysis. Studies were grouped by intervention type, target population, and setting, with particular attention to adaptations for Indian cultural contexts and applications in educational environments. The synthesis focused on identifying effective components, implementation challenges, and recommendations for educational psychology practice.

4. Psychological Interventions for Depression in Indian Educational and Community Settings

4.1 Culturally Adapted Psychological Interventions

Our review identified several culturally adapted interventions demonstrating effectiveness for depression in Indian populations. These approaches typically integrate Western psychological techniques with Indian philosophical concepts, cultural metaphors, and traditional practices. For instance, yoga-based cognitive therapy has shown considerable promise, blending cognitive restructuring with yogic practices like breathing exercises, postures, and meditation. Randomized trials have demonstrated that this integrated approach produces significantly greater reductions in depressive symptoms compared to waitlist controls, with effects maintained at follow-up assessments.

Another culturally adapted approach involves mindfulness interventions rooted in Buddhist and Vedantic traditions but delivered in secular formats appropriate for educational settings. These programs typically include meditation practices, psychoeducation about thought-emotion relationships, and group discussions framed within Indian cultural contexts. Studies report that students participating in these programs show significant improvements in depressive symptoms, academic focus, and emotional regulation compared to control groups [6].

Community-based interventions leveraging existing social networks have also demonstrated effectiveness, particularly in low-resource educational settings. These approaches often incorporate family and community members into the treatment process, acknowledging the collectivistic orientation of many Indian communities. For example, one school-based program trained teachers and parents to identify depressive symptoms and provide basic psychological support, resulting in improved help-seeking behaviors and reduced stigma among students.

Table 2. Culturally Adapted Psychological Interventions for Depression in India

Intervention Type	Key Components	Target Population
Yoga-Based Cognitive Therapy	Cognitive restructuring, breathing exercises, yogic postures, meditation	Multiple RCTs showing significant effects
Mindfulness Programs	Meditation, psychoeducation, group discussions	Several quasi-experimental studies
Community-Based Approaches	Teacher/parent training, peer support, stigma reduction	Mixed-methods studies demonstrating feasibility
Music Therapy	Instrument play, composition, emotional expression through music	Preliminary studies showing promise

Table 2: This table is explain the necessity of developing “culture-sensitive psychological interventions” within the Indian context. By integrating traditional practices with modern psychological science, these interventions offer feasible, effective, and culturally appropriate solutions to address the prevalence of depression in the Indian education system and communities.

4.2 Psychotherapeutic Approaches in Indian Context

Traditional psychotherapeutic approaches have been implemented with adaptations to enhance their cultural relevance and effectiveness in Indian settings. Cognitive Behavioral Therapy (CBT) emerges as the most extensively studied Western psychotherapy for depression in India, with research supporting its efficacy across various populations. Cultural adaptations of CBT typically include using local metaphors and examples, incorporating family members in treatment, addressing cultural beliefs about depression, and focusing on somatic symptoms alongside cognitive and emotional aspects.

Interpersonal Psychotherapy (IPT) has also been adapted for Indian populations, with modifications focusing on culturally salient relationship dynamics, family roles, and social expectations. Studies examining IPT for depressed adolescents in Indian schools found that addressing academic pressure, family conflicts, and peer relationships-central concerns for this demographic-enhanced treatment engagement and outcomes.

Interestingly, our review revealed that brief interventions often show superior adoption and effectiveness in Indian educational settings compared to longer-term approaches. Brief models (4-8 sessions) incorporating concrete strategies, skill-building components, and minimal between-session assignments demonstrate higher completion rates and satisfactory outcomes. This finding has important implications for resource-constrained educational institutions seeking to implement mental health services [7].

4.3 Digital and Technology-Assisted Interventions

Digital psychological interventions represent an emerging frontier for addressing depression in India, with particular relevance for educational settings given the high penetration of mobile technology among Indian youth. Our review identified several promising technology-assisted approaches, including smartphone applications delivering CBT, text-message-based support programs, and tele-mental health services connecting students with mental health professionals.

Studies evaluating these digital approaches report several advantages, including increased accessibility (particularly for rural educational institutions), reduced stigma, and cost-effectiveness. However, researchers also note challenges related to digital literacy, privacy concerns, and variable engagement levels [8]. Blended models combining periodic in-person sessions with digital components appear to mitigate some of these limitations while maintaining the accessibility benefits of technology-assisted care.

4.4 Implementation in Educational Settings

Our review identified substantial gaps in the implementation of psychological interventions for depression within Indian educational institutions. While several studies demonstrated the effectiveness of various approaches when implemented in schools and universities, scalability remains limited. Resource constraints represent the most significant barrier, with most educational institutions lacking dedicated mental health professionals, adequate funding, and institutional support for mental health programming.

Successful implementation models typically feature multi-level approaches incorporating universal prevention strategies (e.g., mental health literacy campaigns), selective interventions for at-risk students (e.g., skills training groups), and indicated treatments for those with clinical depression (e.g., individual therapy). Programs integrated into the academic curriculum and those utilizing peer supporters show particular promise for sustainable implementation in resource-limited educational environments [9].

The role of educators emerges as crucial in identifying depression and facilitating care, yet teachers often report insufficient training and confidence in addressing mental health concerns. Studies examining teacher training programs find that relatively brief mental health education can significantly improve knowledge, attitudes, and appropriate referral practices-suggesting a potentially efficient strategy for enhancing mental health support in educational settings.

4.5 Barriers to Treatment Access and Engagement

Our analysis identified multiple barriers affecting access to and engagement with psychological interventions for depression in India. Structural barriers include limited availability of mental health professionals, geographic maldistribution of services, and financial constraints-particularly relevant for students and educational institutions with limited resources. Cultural barriers encompass stigma, somatization of distress, family influences on help-seeking, and preferences for traditional healing methods.

Additionally, systemic barriers within educational institutions include inadequate mental health policies, insufficient funding allocation, and limited integration of mental health services with academic programming. These barriers collectively contribute to the dramatic treatment gap for depression in Indian educational settings, highlighting the need for multi-faceted strategies addressing both supply-side and demand-side factors [10].

5. Integrating Cultural, Educational, and Policy Perspectives in Addressing Depression in India

5.1 Interpretation of Principal Findings

Our systematic review yields several notable insights regarding psychological treatments for depression in India, with particular relevance for educational contexts. First, the substantial effectiveness of culturally adapted interventions

suggests that aligning psychological treatments with local cultural frameworks enhances both engagement and outcomes. This finding resonates with broader literature on cultural adaptation of psychotherapies while offering India-specific applications. The success of approaches integrating yoga, mindfulness, and other indigenous practices with evidence-based psychological techniques suggests the value of hybrid models that honor traditional knowledge while incorporating contemporary scientific understanding [11].

Second, the critical importance of implementation strategies emerges clearly from our analysis. Even interventions with demonstrated efficacy often fail to impact population mental health due to implementation challenges—a particularly relevant concern for educational settings with limited mental health resources. Our findings suggest that successful implementation in Indian educational environments requires attention to structural barriers, cultural factors, and institutional contexts simultaneously rather than in isolation [12].

Third, the promising potential of brief and scalable interventions offers a pragmatic way forward for addressing India's substantial depression treatment gap. The success of shortened protocols, digital approaches, and task-shifting models suggests that adequate mental health care need not require extensive resources or specialist delivery. This finding has encouraging implications for educational institutions seeking to implement mental health services despite budget constraints.

5.2 Implications for Educational Psychology

The findings from this review carry several important implications for educational psychology practice and research in India. First, they highlight the necessity of developing culturally grounded assessment tools that accurately detect depression within Indian student populations. Western instruments without cultural validation may miss culturally specific manifestations of depression, leading to underidentification and inadequate support.

Second, our results underscore the value of integrating mental health support seamlessly into educational activities rather than positioning it as a separate service. Approaches incorporating psychological principles into academic instruction, school culture, and extracurricular activities may reduce stigma while enhancing reach and effectiveness. For instance, classroom-based mindfulness practices, mental health literacy integrated into existing curricula, and teacher training in basic supportive skills represent promising directions.

Third, the review suggests the importance of developing multi-level systems of support within educational institutions, mirroring the public health approach to mental health service delivery. Such systems would include universal prevention for all students, targeted support for at-risk groups, and intensive intervention for those with significant symptoms—all adapted to Indian cultural and educational contexts.

5.3 Policy and Institutional Implications

At the policy level, our findings highlight the urgent need for increased investment in mental health services within educational settings. The current allocation of less than 1% of India's health budget to mental health remains strikingly inadequate given the country's substantial burden of depression. Educational institutions represent strategic platforms for early intervention, yet most lack dedicated funding for mental health programming.

Integration of mental health into broader health and education policies represents another critical direction. Rather than standalone mental health initiatives, integrated approaches that combine physical health, mental health, and academic support may prove more sustainable and effective. Such integration could include school health programs incorporating mental health screening, teacher professional development including mental health components, and academic accommodations for students experiencing depression [13].

Additionally, our review suggests the value of developing credentialing frameworks and career pathways for school-based mental health professionals in India. The current shortage of specialists reflects both training limitations and the absence of structured employment opportunities within educational systems. Creating dedicated positions for school psychologists, counselors, and mental health social workers would significantly enhance service capacity.

5.4 Limitations and Future Research Directions

Several methodological limitations warrant consideration when interpreting our findings. First, the reviewed literature exhibits considerable heterogeneity in methodological quality, with limited large-scale randomized trials and inadequate blinding in many studies. Second, publication bias likely favors successful interventions over null findings, potentially overestimating treatment effectiveness. Third, the focus on English-language publications may omit relevant studies published in Indian languages.

Our review identifies several critical gaps requiring further research. First, more studies examining the long-term effects of psychological interventions would strengthen the evidence base. Second, research directly comparing adapted versus non-adapted interventions would clarify the specific value-added of cultural adaptations. Third, implementation research examining scale-up of successful pilot programs would address the crucial translation from efficacy to effectiveness.

Future research should also explore innovative methodologies such as hybrid effectiveness-implementation designs, mixed-methods approaches, and participatory research involving students, families, and educators as collaborative

partners [14]. Additionally, more research examining depression interventions specifically within educational settings—rather than simply extrapolating from other contexts—would strengthen the field's understanding of how to optimally support Indian students' mental health.

6. Conclusion

This systematic review provides a comprehensive overview of psychological treatments for depression in India, with particular attention to applications in educational settings. Our findings demonstrate that while India faces substantial challenges in addressing depression—including dramatic treatment gaps, limited specialist availability, and persistent stigma—promising approaches exist that can effectively reduce the depression burden when appropriately implemented.

The most effective interventions typically incorporate cultural adaptations that align psychological techniques with Indian cultural frameworks, values, and practices. These include integrating traditional practices like yoga and mindfulness with evidence-based psychotherapies, utilizing culturally resonant metaphors and examples, involving family systems in treatment, and addressing somatic manifestations of depression alongside cognitive and emotional aspects.

For educational contexts specifically, successful implementation appears to require multi-level approaches incorporating universal prevention, selective intervention for at-risk students, and indicated treatment for those with clinical symptoms. Brief protocols, digital approaches, and task-shifting models show particular promise for scalable delivery in resource-constrained educational environments.

As India continues to develop its mental health infrastructure, educational institutions represent strategic platforms for early intervention and prevention efforts. By implementing culturally responsive, evidence-based psychological services within educational settings, India may substantially reduce its depression burden while supporting student achievement, development, and well-being. Future research should continue to refine these approaches, examine implementation strategies, and explore sustainable scaling models to make effective psychological care accessible to all Indian students experiencing depression.

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