



Mental Health, Inequality, and Social Change in Goa: Civil Society and Governance in Focus

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Abstract:

This paper explores the intersection of mental health, social inequality, and systemic change through a case study of Goa, with particular focus on the COOJ Mental Health Foundation and complementary initiatives by government and civil society. Despite Goa's relatively high literacy and income levels, the state records one of the highest suicide rates in India, widespread stigma toward psychiatric disabilities, and critical gaps in geriatric mental health care. Structural inequalities such as rural-urban healthcare access, economic precarity in Goa's tourism-driven economy, and bureaucratic hurdles in accessing welfare benefits compound the mental health burden across age groups. COOJ's programs in suicide prevention, psychosocial rehabilitation, supported employment, and geriatric outreach offer a community-based model of inclusive care. Meanwhile, state-run services such as the Institute of Psychiatry and Human Behaviour face infrastructure and funding challenges. Drawing on recent data, media reports, and policy documents, this paper examines how civil society initiatives fill governance gaps and push for rights-based reforms. It argues that Goa's experience underscores the urgent need for integrated policy, intersectoral coordination, and de-stigmatization at scale. The paper concludes by positioning mental health as not merely a medical issue but a deeply political one, tied to questions of access, representation, and democratic inclusion. It invites a rethinking of social policy frameworks to foreground the mental health needs of marginalized and underserved communities.

Keywords: Goa, mental health, inequality, civil society, suicide prevention

Mental health is a fundamental aspect of public health and social equity, but in India, it remains under-addressed, underfunded, and marked by disparities across social groups. This paper's primary argument is that mental health issues extend beyond clinical parameters and are deeply shaped by inequality, governance gaps, and societal changes. Although national programmes and awareness campaigns exist,

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access to quality mental health care is still stratified by class, geography, age, gender, and employment, with marginalised groups experiencing the greatest barriers to care and support.

Goa serves as a compelling example of the disconnect between conventional development indicators and actual psychosocial well-being. While the state boasts high literacy, robust health infrastructure, and strong income levels, it simultaneously faces among the nation's highest suicide rates, inadequate geriatric and psychiatric care, and persistent stigma surrounding mental illness. This contradiction underscores a central argument: development statistics often omit key aspects of mental health. These deficiencies are intensified by an economy focused on tourism, characterised by precarious work and substance abuse risks, while limited state infrastructure compounds these vulnerabilities and amplifies inequalities.

This paper specifically analyses how mental health, inequality, and social change are connected in Goa by examining state services, policy, and grassroots work. The analysis revolves around COOJ Mental Health Foundation, highlighting its interventions in suicide prevention, rehabilitation, and community outreach, and places its role among other organisations and state bodies. Ultimately, the core argument is that economic insecurity, governance failure, and social stigma interlock to disadvantage those with mental illnesses—requiring a holistic, community-led, and cross-sector approach to mental health as both a public health and social justice issue. The paper thus urges collective, integrated, and socially-grounded mental health policy prioritisation in Goa.

Theoretical Framework

This study is grounded in the Social Determinants of Health (SDH) framework, which argues that health outcomes are shaped by the social, economic, and political conditions in which individuals are born, grow, live, work, and age (World Health Organisation [WHO], 2008). The WHO Commission on Social Determinants of Health emphasises that structural drivers such as income inequality, employment precarity, housing conditions, education, and access to healthcare systematically produce health disparities across populations. Applying this framework to Goa highlights how tourism-dependent employment, informal labour markets, ageing demographics, and uneven service distribution contribute to patterned mental health vulnerabilities.

The analysis also draws on the political economy of health perspective, which situates health outcomes within broader governance structures, state capacity, and policy implementation processes (Navarro, 2009). Political economy theory suggests that health inequities are not accidental but are embedded in institutional



arrangements, resource-allocation priorities, and regulatory systems. In the context of Goa, delayed infrastructure projects, bureaucratic barriers to disability certification, and uneven implementation of welfare schemes reflect governance dynamics that shape access to and outcomes for mental health.

In addition, this study engages with the concept of welfare pluralism, which recognises that social welfare provision is distributed across the state, market, family, and civil society rather than monopolised by the state alone (Powell, 2007). In Goa's mental health landscape, civil society organisations such as COOJ Mental Health Foundation, Sangath, and Street Providence operate alongside state institutions, at times supplementing and at other times substituting public services. This dynamic raises questions about accountability, sustainability, and the appropriate balance between state responsibility and non-governmental intervention in mental health governance.

Together, these frameworks enable the conceptualisation of mental health in Goa not merely as an individual clinical issue but as a structural and political phenomenon shaped by inequality, governance arrangements, and institutional capacity. By integrating perspectives on social determinants, political economy, and welfare pluralism, the paper situates local mental health outcomes within broader debates on social justice, state responsibility, and democratic inclusion.

Methodology

This study adopts a qualitative case study design focusing on the state of Goa. The case study approach enables an in-depth examination of a contemporary issue within its real-life context, particularly when the boundaries between the phenomenon and its context are not clearly defined (Yin, 2018). Goa was selected as a critical case due to its relatively high development indicators alongside elevated suicide rates and documented gaps in mental health infrastructure, making it analytically significant for examining the intersection of inequality, governance, and mental health outcomes.

The research relies primarily on secondary data and document analysis. Sources include government policy documents, state budget statements, National Crime Records Bureau statistics, and World Health Organisation reports. Peer-reviewed academic articles and media coverage from regional newspapers, such as *Herald Goa* and *Navhind Times*, were also used. Organisational reports and programme descriptions from COOJ Mental Health Foundation, Sangath, and Street Providence were examined to assess civil society interventions and service delivery models.



Data were analysed using a thematic analysis framework as outlined by Braun and Clarke (2006). Thematic analysis allows for systematic identification, organisation, and interpretation of recurring patterns across qualitative data. In this study, themes were developed around structural inequality (employment precarity, ageing, informal labour), governance and policy implementation, civil society engagement, and stigma. These themes were interpreted through the Social Determinants of Health and political economy frameworks to assess how institutional arrangements and socio-economic conditions shape access to and outcomes of mental health care.

By integrating case study methodology with thematic analysis and document review, this research provides a contextual, policy-oriented examination of mental health governance in Goa, situating local findings within broader national and global debates.

COOJ's Intervention Model: Mental Health at the Grassroots

COOJ Mental Health Foundation's model in Goa demonstrates how community mental health initiatives work at the grassroots level. COOJ uses a community approach, not just hospitals. It offers psychiatric rehab for schizophrenia and bipolar disorder, works on suicide prevention, elder care, counselling, and crisis help. These programmes reveal gaps between urban and rural care, high numbers of uninsured people, and cost barriers to long-term treatment.

Stigma appears in both society and institutions. Families reject people, workplaces discriminate, and slow UDID certification hurts people with psychiatric disabilities. COOJ's STEP-IN programme fights this by placing clients in vocational training and sheltered workshops, tying recovery to jobs. COOJ also works with the state to push for disability recognition and better welfare access.

COOJ's programmes for older adults highlight policy gaps. Goa's ageing population is growing, but seniors especially those with dementia get less help than children with disabilities. COOJ uses volunteers, trains police, teachers, and media, and leads awareness campaigns like *Go Yellow* to change attitudes and improve early detection. Local editorials note the links between mental health, substance use, and fast social change. COOJ is driving more than service delivery; it is pushing cultural and institutional change.



Suicide and Structural Inequalities in Goa

Goa's suicide rate, at about 19 per 100,000, is far above the national average of 11.7. In 2023, there were 333 reported suicides, a record since 2016. Most cases involve working-age men, youth, and the elderly. Key causes include exam pressure, relationship issues, substance abuse, and isolation.

These suicide patterns fit Goa's economy. Tourism makes up 40–45% of jobs and 16.4% of GDP. Tourism work is unstable and informal. Economic instability, debt, alcoholism, and domestic violence combine to raise mental health risks. Suicide is often a structural result, not only an individual problem.

COOJ's 24/7 helpline and Go Yellow campaign fight this crisis. They teach the public about warning signs and challenge stigma. These efforts shift suicide prevention from just crisis response to proactive education. Dr Peter Castelino of COOJ says reducing suicide requires systemic changes, such as gatekeeper training and better mental health service access. Goa's high suicide rate shows how inequality, isolation, and service gaps increase risks.

Employment, Exclusion, and Mental Health Inequality

Unemployment and economic instability worsen mental health problems in Goa. In 2023, unemployment was about 9.7%, higher than the national average. Most people work in informal or tourism-related jobs. People with psychiatric conditions are almost entirely excluded from formal jobs due to stigma, lack of accommodations, and unsensitised employers.

COOJ's vocational and STEP-IN programmes give skills and connect with employers. Bureaucratic delays, especially in getting UDID certification, keep people from state jobs and welfare. This exclusion affects women most. Only about 27% of working-age women in Goa are in the workforce, leading to higher household dependency and stress.

Sangath's task-sharing model, proven in the MANAS trial, shows that training lay counsellors at the primary care level boosts recovery from anxiety and depression. This supports the need to address mental health support and jobs together, especially in places with a large informal workforce.



Geriatric Mental Health and the Politics of Ageing

Goa has India's second-highest share of elderly, about 11–12% are over 60. Yet mental health services for seniors are very poor. Youth migration, nuclear families, and weaker community ties have made older adults lonelier and more neglected.

COVID-19 made things worse for seniors, increasing isolation, anxiety, and cognitive decline. Since 2014, COOJ's Geriatric and Dementia Programme has used cognitive therapy, counselling, and digital tools like mobile training for seniors. The Senior Therapy Centre supports those without dementia. Public dementia care is still very limited, especially in rural areas.

Editorials often criticise Goa's failure to turn demographic facts into policy. Elder suicide and abuse often stem from undiagnosed mental or cognitive problems, showing the neglect of older people. COOJ's outreach to homes and family groups helps fill these gaps and shows why geriatric mental health must be part of larger social protection plans.

Policy, Governance, and the Burden on Civil Society

Mental health governance in Goa is characterised by policy inconsistency, delayed implementation, and chronic underfunding. Although the 2023 state budget allocated ₹72 crore for mental health, key infrastructure projects such as a rehabilitation centre at IPHB remained non-functional years after completion (Navhind Times, 2025). The Goa Human Rights Commission has formally criticised state departments for failing to provide adequate mental health facilities (Herald Goa, 2025). To address these challenges, policymakers, civil society, and the broader community must strengthen ongoing advocacy, ensure full implementation of existing policies, and invest in sustainable community-based mental health care. Only through coordinated, sustained effort can significant improvement in mental health outcomes be achieved.

Procedural barriers surrounding UDID certification continue to exclude psychiatric patients from welfare entitlements, while the absence of RCI-accredited clinical psychology programmes in the state limits human resource capacity. The crisis reached a critical point in August 2025 when Street Providence nearly abandoned 30 psychiatric patients due to unpaid government dues, exposing the risks of excessive reliance on NGOs for public service delivery (Herald Goa, 2025).



Organisations such as COOJ, Sangath, and Street Providence have effectively become de facto welfare providers, engaging not only in service delivery but also in advocacy, legal mediation, and public education. Their role reflects the broader democratic function of civil society in holding the state accountable and pushing for a rights-based mental health framework. Importantly, these organisations challenge hospital-centred, medicalised models by emphasising community-based and psychosocial rehabilitation.

Stigma, Culture, and the Possibility of Social Change

Stigma remains one of the most persistent barriers to mental health care in Goa. Mental illness is frequently framed as a moral failing rather than a medical condition, leading families to conceal affected members, employers to discriminate, and suicides to be underreported. As one editorial asserts, “Mental health conditions are medical issues, not moral failings” (Herald Goa, 2024).

COOJ and Sangath address stigma through public education, peer storytelling, school-based interventions, and campaigns such as *It's OK to Talk*. Gatekeeper training equips frontline actors like teachers, police personnel, clergy, and media professionals to recognise early signs of distress. These micro-level interventions aim to generate macro-level change by normalising conversations around mental health and strengthening early support systems. Cultural shifts, in turn, can exert pressure on policymakers to expand budgets, amend laws, and improve welfare coverage.

Limitations of the Study

This study is subject to several limitations. First, the research relies primarily on secondary data sources, including published reports, media articles, and organisational documents. While these sources provide valuable insights, they may reflect reporting biases or institutional perspectives. The absence of primary fieldwork, interviews, or ethnographic data limits the ability to capture the lived experiences of individuals directly affected by mental health challenges.

Second, the potential underreporting of suicide statistics and mental health prevalence data, attributable to stigma, misclassification, or insufficient documentation, directly affects the accuracy of quantitative analysis in this study.

Third, because the study is confined to Goa as a single-state case study, the analysis of generalisability is limited. The framework highlights the importance of institutional, cultural, and economic factors that may shape different regional outcomes across India.



Despite these constraints, the study analytically demonstrates how inequality, governance structures, and civil society engagement intersect to shape mental health systems within Goa's socio-political context.

Conclusion

Goa's mental health crisis is not merely clinical; it is deeply political, economic, and social. The coexistence of high literacy and development indicators with one of the highest suicide rates in India exposes the limits of growth models that ignore psychosocial well-being. This underscores the need for mental health interventions in Goa to address not only medical needs but also social inequalities, employment insecurity, ageing populations, and failures of governance. Policymakers, health practitioners, and community leaders must therefore prioritise inclusive strategies that respond to these intersecting vulnerabilities, particularly among informal workers, older adults, women, and persons with psychosocial disabilities.

The work of COOJ Mental Health Foundation, alongside organisations such as Sangath and Street Providence, highlights the crucial role of civil society in addressing gaps left by inadequate state capacity. Through community-based rehabilitation, suicide prevention, vocational integration, geriatric outreach, and stigma reduction, these organisations demonstrate that effective mental health care must extend beyond hospitals into communities, families, and workplaces. At the same time, the growing reliance on NGOs for essential services reveals structural weaknesses in Goa's mental health governance and the need for stronger institutional support.

These local realities reflect broader national and international efforts to reform mental health systems. At the national level, initiatives such as the National Mental Health Programme and the District Mental Health Programme seek to decentralise care by integrating mental health services into primary healthcare. The Mental Healthcare Act, 2017 represents a significant rights-based shift by recognising mental health care as a legal entitlement and decriminalising suicide, while the launch of Tele-MANAS in 2022 has expanded access to crisis counselling and suicide prevention through a nationwide helpline. However, uneven implementation, workforce shortages, bureaucratic barriers, and limited funding continue to constrain the impact of these reforms, as evident in Goa's persistent service gaps.

Internationally, the World Health Organisation's Mental Health Gap Action Programme (mhGAP) demonstrates the effectiveness of task-sharing and community-level interventions in resource-constrained settings by enabling non-specialist health workers to deliver basic mental health care. In high-income contexts, programmes such as the United Kingdom's Improving Access to Psychological Therapies (IAPT)

and Australia's Headspace initiative highlight the value of early intervention, accessible counselling, and the integration of mental health care with social, educational, and employment support. Together, these models reinforce the importance of preventive, accessible, and socially embedded mental health systems.

Taken together, these experiences underline a shared principle: mental health outcomes improve when services prioritise accessibility, early intervention, and social inclusion rather than relying solely on institutional care. Goa's experience illustrates both the transformative potential of community-led initiatives and the urgent need for sustained state engagement. As India moves toward universal health coverage and rights-based welfare, the lessons from Goa offer important insights for scaling inclusive, community-oriented mental health models grounded in social justice and dignity.

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