

Revisiting Dr Vidya Sagar's Culturally Adaptive Innovative Approaches to Mental Health Care in India

To the Editor: Mental health care in India faces a formidable challenge of bridging the vast treatment gap in a culturally diverse context. Epidemiologic surveys estimate that common mental disorders affect roughly 10% of the population, yet 70%–85% of those in need do not receive adequate treatment.¹ Key barriers include a scarcity of mental health professionals, stigma, and the limited accessibility of services, especially in rural areas. To overcome these barriers, experts increasingly recognize that effective psychiatric care must be tailored to sociocultural realities.² In the Indian context, concepts of normalcy and illness are profoundly shaped by cultural beliefs; thus, western diagnostic and therapeutic frameworks cannot be extrapolated wholesale to India's diverse communities. Crucially, the Indian ethos of collectivism and interdependence means that family and community play a central role in supporting individuals with mental illness.

Through his culturally adaptive work, Dr Vidya Sagar's mid-20th-century innovations in family-centered care laid the groundwork for India's unique trajectory in community psychiatry. As a pioneering legend in the field of Indian psychiatry in the 1950s, he offered not only a vision but also a demonstrable practice of culturally sensitive psychiatry long before it became a formal discourse globally. Dr Vidya Sagar's career unfolded during a tumultuous period of Indian history, including the Partition of India. As a young psychiatrist, he was trained in both India and at the Institute of Psychiatry in London, England, following which he returned to an India grappling with an influx of mentally ill patients dislocated by partition. In 1950, he took the radical step of erecting tents on hospital

grounds and inviting patients' family members to live alongside and care for their ill relatives.³ This simple innovation born of necessity and empathy was regarded as the formal beginning of community psychiatry in India. Dr Vidya Sagar's "open-tent" ward and family involvement model yielded observable clinical benefits that were revolutionary for the time. In championing family involvement and rejecting coercive methods, Dr Vidya Sagar was in effect "Indianizing" mental health care to fit the prevailing cultural milieu and turned this cultural norm into a therapeutic asset. Notably, he was among the first to propose the concept of psychiatric "camps," mobile clinics, and periodic outreach camps to bring services to underserved areas. This camp approach was later adopted by others in India as a pragmatic way to reach rural populations.

By the time India formulated its National Mental Health Programme (NMHP) in 1982, the influence of Dr Vidya Sagar's philosophy was evident. Indeed, India was one of the first developing countries to adopt a national mental health policy centered on community care. The District Mental Health Programme, launched in 1996¹ as part of NMHP, can be seen as a direct legacy of Dr Vidya Sagar's vision of care in the community. His work in India stands as an early example of this paradigm shift. His culturally adaptive approach uniquely leveraged indigenous cultural strengths, especially the Indian family system, to achieve goals of long-term social outcome. Indeed, this culturally adaptive approach may be why some studies have found better long-term social outcomes for schizophrenia patients in India and other developing countries compared to the West.^{4,5}

Dr Vidya Sagar's life work is a shining illustration of how blending compassion with an understanding of one's cultural milieu can transform mental health care. By learning from the likes of Dr Vidya Sagar and by implementing evidence-based, culturally aligned strategies, Indian psychiatry can continue to evolve into a truly people-centered, culturally competent discipline that offers healing and hope to all sections of society. Indian psychiatrists must develop culturally adaptive approaches that do not compromise scientific rigor but that enhance therapeutic relevance. This culturally adaptive dynamic has long been a source of indigenous wisdom in caregiving and undoubtedly has relevance in mental health care in India.

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