Editorial

NAVIGATING THE DEMOGRAPHIC SHIFT AND SOLVING THE ELDERLY MENTAL HEALTHCARE NEEDS- THE CALL FOR A KERALA STATE SENIOR CITIZEN MENTAL HEALTH POLICY

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The rising proportion of senior citizens, from 13% in 2011 to an expected 23% by 2035, highlights the importance of developing a clear policy for the Mental Health needs of Kerala's elderly population.[1] Policymakers need to recognize the critical role in planning for social vulnerabilities, especially among older women. Life expectancy in Kerala is projected to go up from 75.1 years in 2026 to 82.9 years by 2051. These trends show that Kerala will "continue to remain India's oldest State." The Government of Kerala on 20th May, 2026, formed a new administrative department named the Department of Senior Citizens' Welfare. The department was constituted on 19 May 2026 through Government Order No. 63/2026/GAD.[3] The department, among other functions, is tasked with the implementation of policies relating to the welfare of older people.[3] This will possibly pave the way for a Kerala State Elderly Mental Health Policy.

The Maintenance and Welfare of Parents and Senior Citizens (MWP) Act, 2007, defines senior citizens as people above the age of 60. Under Section 2(k) of the MWP Act, 2007, welfare is defined as the explicit provision for food, healthcare, recreation centers, and other amenities necessary for senior citizens to lead a dignified life. [4] The existing programs coordinated by the new Department of Senior Citizens Welfare include Vayomithram and Vayoraksha

Vayomithram project was implemented by the Kerala Social Security Mission (KSSM). The project mainly targets urban senior citizens aged 65 and older living within municipal and corporation jurisdictions. It directly addresses chronic disease management through dedicated mobile health clinics, ensuring that our elders receive essential medical attention. The scheme guarantees a continuous supply of free medicines for chronic non-communicable diseases such as hypertension, cardiovascular disorders, and diabetes. Additionally, it offers home-based palliative care for bedridden individuals, basic psychological counseling, and accessible health help desks, significantly enhancing the quality of life for our senior community.[5.] Vayoraksha is a targeted emergency protection scheme for senior citizens who are Below Poverty Line (BPL). The scheme provides immediate intervention during acute medical crises, physical neglect, or severe social distress.[6.] It also ensures their physical and mental well-being.

Access the article online:
https://kjponline.com/index.php/kjp/article/view/646
doi:10.30834/KJP.39.1.2026.646.
Received on: 30/07/2026 Accepted on: 30/07/2026 Web Published:31/07/2026

Please cite the article as: Velayudhan R. Navigating the demographic shift and solving the elderly mental healthcare needs- The call for a Kerala State Senior Citizen Mental Health Policy. Kerala Journal of Psychiatry. 2026; 39(1): 1-4.

However, currently there seems to be little in terms of specifics on mental health and well-being. of senior citizens. This is an imperative as the lack of clarity may hinder the identification and care of psychiatric disorders in them. This is of paramount importance as there is a high rate of depression and suicides in the elderly. The overall prevalence of depression in the elderly, according to a study, was around 52.4%. Advanced age over 70years, physical dependence, financial dependence, presence of medical co-morbidities, poor lifestyle including the lack of regular exercise and addiction, and poor family support were found to be significantly associated with depression.[7] So, care of depression needs not just medications but a comprehensive medical, social and rehabilitative framework.

A much more challenging mental health problem is dementia. The disease affects close to 10.48% of senior citizens as per the National Mental Health Survey, done a decade back.[8] A vision of dementia friendly Kerala published a decade back put forth that the essential strategies to build a Dementia Friendly Kerala would include: creating dementia awareness among the general public, educating and training health care professionals about dementia management, developing services to diagnose and manage dementia with equal emphasis on medical and psychosocial care, developing a pool of community workers and dementia friends to provide care and support at the point of need, working towards a state level dementia strategy and dementia care policy which should also focus on issues like legislation and financial assistance, employing risk reduction strategies at public health care level and close collaboration with all stakeholders, including government and non-governmental organizations, voluntary sector and private partnerships.[9] Though gains have been made on the care front and awareness front, the state still needs a comprehensive dementia care policy and financial assistance allocation for families caring for persons with dementia.

Data from the National Crime Records Bureau (NCRB) show that of the 1,70,924 cases of suicide reported in 2022, those aged above 60 made up 15,339. Chronic physical illness (accounting for over 6,400 cases) and family conflicts (accounting for nearly 4,000 cases) were the most common reasons. Further, around 25% of elders face abuse, especially from their own kin. Disrespect (45.6%) and beating/slapping (23.1%) were the main forms of abuse.[10]

Therefore, a comprehensive State Senior Citizen Mental Health Policy, along the lines of the proposed draft Kerala State Mental Health Policy,[11] is imperative. A specialized policy framework must establish standardized clinical pathways across primary, secondary, and tertiary care tiers with proper integration with the District Mental Health Program (DMHP). At the primary level, Family Health Centers and Vayomithram clinics must integrate routine mental health screening using validated Malayalam assessment tools administered by Accredited Social Health Activists (ASHA) and outreach nurses. At the secondary level, district and sub-district hospitals require dedicated "Memory and Mood Clinics" staffed by DMHP teams, medical officers, and psychiatric social workers to treat NCD comorbidities, cognitive impairment, and late-life mood disorders. At the tertiary level, Government Medical Colleges must establish Departments of Geriatric Psychiatry to manage complex neuropsychiatric conditions. The eight-tiered clinical delivery and regulatory mechanism as envisioned in the draft policy may be implemented in the State Elderly Mental Health Policy. In addition, there

should be a focus on community-based early screening, social integration activities to reduce depressive symptoms and slow cognitive decline, caregiver support, respite infrastructure, scale-up palliative and mobile outreach networks, and implementation of evidence-based models for effective care. Implementation also requires research to identify the true prevalence of elderly mental health problems and to identify needs in the service delivery pathway to better streamline services, administrative convergence and inter-departmental coordination, socio-legal protections under the MWP act, and financial security, including elderly health insurance schemes with full coverage of elderly mental health disorders.

The policy should be based on the principles of decentralization / public participation, equity, ethical awareness, and science and technical expertise as enshrined in the Kerala State Mental Health Policy of 2013.[11] The policy may also consider following the living document 10-step policy cycle, as recommended in the draft Kerala State Mental Health Policy. [11] The 10-step policy cycle of Formulation → Discussion → Feedback Collection → Revision → Submission → Implementation → Monitoring → Outcome Assessment → Outcome-Based Revisions → Continuous Quality Assurance will help to adapt and modify all strategies based on scientific outcome evidence. This will ensure that the policy will continue to evolve with the times and need not be scrapped and replaced with a new policy as time passes (living document).

Establishing the Department of Senior Citizens Welfare positions Kerala to address the structural demands of a rapidly aging society. By transitioning senior citizens' welfare from an auxiliary portfolio within the Social Justice Department into an independent cabinet department, the state has built the administrative architecture necessary to lead targeted policy interventions. However, administrative reorganization alone cannot resolve the complex challenges facing Kerala's aging population. By enacting a Kerala State Senior Citizen Mental Health Policy and operationalizing legal protections through the MWP Act and Elderly Commission, Kerala can establish a comprehensive model for geriatric mental healthcare. This offers a policy roadmap for other regions in India and South Asia facing similar shifts of demographic structure toward an aging society.

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