PROCEEDINGS

NATIONAL CONSULTATIVE MEETING ON DIGITAL TECHNOLOGIES FOR MENTAL HEALTH

EVOLVING POLICY & REGULATORY RECOMMENDATIONS FOR SAFE USE

15-17 APRIL, 2026

NIMHANS-ICMR Centre for Advanced Research in Digital Interventions for Mental Health Care

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Organisers

NIMHANS-ICMR Centre for Advanced Research in Digital Interventions for Mental Health Care

(in association with **Service for Healthy Use of Technology**, NIMHANS)

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Background and Purpose

The National Consultative Meeting, titled "Digital Technologies for Mental Health: Evolving Policy and Regulatory Recommendations for Safe Use" was held from 15–17 April 2026 at NIMHANS, in a hybrid mode. The meeting was convened by the NIMHANS-ICMR Centre for Advanced Research in Digital Interventions for Mental Healthcare (NIMHANS-ICMR CAR), in association with the Services for Healthy Use of Technology (SHUT).

A total of 126 invitee-participants represented a diverse group, including experts from the fields of technology, mental health, and public health; developers, scientists, and educationists; representatives from non-governmental organisations and young scholars; as well as officials from the Ministries of Health and Family Welfare, Women and Child Development, Education, and Electronics and Information Technology, the Office of the Principal Scientific Advisor to the Government of India, WHO India, UNICEF India and ICMR.

This three-day National Consultative Meeting on Digital Technologies for Mental Health aimed to inform policy and regulatory recommendations to guide the development and implementation of digital mental health applications and the broader responsible use of digital technologies for the promotion and protection of mental health. It critically examined the expanding role of digital mental health applications against the backdrop of national mental health needs, increasing digital access, and rapid technological advances, while recognising persistent barriers to care, including service limitations, scarcity of trained human resources, affordability, stigma, and low help-seeking rates.

Structure of the Meeting and Thematic Focus Areas

Deliberations on the first day focused on the regulatory landscape for digital mental health, the rights and responsibilities of key stakeholders, and issues related to balancing innovation with regulation in AI-enabled mental health solutions, alongside insights from field-based implementations. Emerging observations on consumer-facing mental health applications - drawing on field experience and reviews of existing apps were also presented by the NIMHANS-ICMR Centre for Advanced Research in Digital Interventions for Mental Healthcare (NIMHANS-ICMR CAR), covering opportunities, challenges, and proposed draft guidelines and recommendations. This was followed by deliberations on the proposed recommendations.

The second day focused on responsible digital use, with particular attention to students. Discussions addressed issues such as technology overuse, cyber safety, legal considerations, the impact of social media, and perspectives of students and parents, together with policy-level discussions and multi-stakeholder inputs towards the development of national-level recommendations.

The final day consolidated the deliberations from the previous sessions through reflections on the proceedings, a presentation on the mandate of the NIMHANS - ICMR CAR, and the presentation of the final guidelines and key recommendations aimed at strengthening safety, quality, and the responsible use of digital technologies for the promotion and protection of mental health in India. This was followed by remarks and feedback from special invitees and officials from ministries and agencies.

Digital Mental Health from a Public Health Lens, Governance Strategies, Recent Advances in AI and Mental Health

Participants noted that digital technologies such as tele-consultation, tele-mentoring, structured digital self-help, peer-support platforms, and emerging AI-enabled tools - are increasingly being recognized as having the potential to improve access to mental health information, community empowerment, enable early identification and help seeking, enhance access to timely support, continuity of care, and to support system-level capacity building. At the same time, there was consistent agreement that digital tools should be judiciously deployed and used as adjuncts to human care, rather than as substitutes for professional judgment or clinical responsibility. The theme that digital interventions must strengthen existing health systems rather than operate in isolation was recurrent across sessions.

Participants noted concerns that the rapid proliferation of digital mental health platforms in India is outpacing evidence generation, as well as the development of adequate safeguards and maturation of governance strategies. Discussions examined the rights of users and the responsibilities of developers, service providers, and other stakeholders involved in the development and deployment of digital mental health applications, drawing from relevant global and Indian legal and regulatory frameworks.

The need to prioritise autonomy, dignity, and accountability in the governance of digital mental health applications was emphasised. While participants acknowledged the challenges associated with implementing stringent regulatory measures, given the large volume of emerging digital platforms in the mental health and well-being space, there was consensus on the importance of adopting a proportionate, tiered governance approach, based on appropriate risk stratification of mental health applications, including but not limited to AI-enabled tools.

Discussions highlighted recent advances in artificial intelligence and their implications for mental health, noting limitations of large language models, safety concerns, risks of emotional dependency, and the potential strengthening of maladaptive beliefs through generative AI-based platforms, particularly for vulnerable populations (including individuals with suicidal ideations). Emphasis was placed on transparency about AI use, explicit communication of system limitations, the need for human oversight, and safeguards to prevent over-reliance and misuse. The discussions emphasised positioning AI as a clinician-support tool to reduce administrative burden and assist clinical decision-making, while retaining critical judgment with human professionals, and highlighted the potential value of small, domain-specific language models trained on psychological data, which offer greater control and efficiency than general-purpose systems.

Key Concerns in consumer facing digital mental health applications

A substantial part of the consultation focused on consumer-facing mental health applications and AI-based tools. Evidence drawn from systematic app reviews and field experiences highlighted recurring concerns, including limited and uneven evidence for effectiveness, insufficient transparency regarding the involvement of mental health professionals, inadequate communication of scope and limitations, privacy and data-protection gaps, variable or absent crisis-response mechanisms, and risks of inappropriate reliance or emotional dependency. Participants also noted that these concerns are compounded by broader structural inequities related to the digital divide.

Discussions and Finalization of Guidelines and Recommendations on digital mental health

Based on these deliberations, the meeting reviewed and refined a set of guidelines addressed to three stakeholder groups: developers, mental health professionals, and end users. For developers, the guidelines emphasise transparency regarding professional involvement and evidence-base, clarity on intended purpose and target users, privacy-by-design and meaningful consent processes, inclusion of crisis support elements and escalation pathways, ethical and non-deceptive design practices, and safeguards to reduce emotional dependency and inappropriate reliance on digital applications as well as ensuring content quality through deeper collaborations with mental health experts, persons with lived experiences, third party reviews and updating of content in alignment with contemporary scientific evidence and best practices. For mental health professionals, the guidelines stress the importance of building competencies to critically evaluate digital tools, integrating them judiciously into care, and routinely discussing the use of apps and AI-based tools with clients. For end users, the guidelines emphasise informed decision-making, awareness of privacy and data-use practices, realistic expectations regarding the role of digital tools, and timely access to professional support when self-help approaches are insufficient.

Responsible Digital Use among Children and Adolescents and Recommendations

In parallel, the consultation addressed responsible digital use, with particular attention to children and adolescents. Discussions drew on clinical, educational, legal, and public-health perspectives on technology overuse, cyber safety, social-media harms, deepfakes, and emerging AI-related risks. These discussions led to a distinct set of recommendations on responsible digital use among children and adolescents, adopting a preventive and strengths-based approach. These recommendations emphasise promotion of healthy and balanced technology use through coordinated awareness initiatives; integration of digital literacy and self-regulation skills within school curricula; structured digital-detox and balance-promoting practices; strengthening of intervention and support systems such as SHUT Clinics, digital-detox helplines, and linkages with Tele-MANAS; and continued capacity building and research, including longitudinal studies. The recommendations frame responsibility as shared across families, schools, health systems, digital platforms, and government, and draw on state-level initiatives, including those from Karnataka, as reference points for context-sensitive national adaptation.

National-Level Recommendations for Strengthening the Digital Mental Health Ecosystem

(Five core recommendations)

With reference to the field of digital mental health, the consultation yielded five key national-level recommendations to strengthen governance and quality in the digital mental health ecosystem:

1. Constitution of a high-powered, multidisciplinary committee to develop a tiered, risk-based governance framework for mental health applications.
2. Establishment of a voluntary national directory for mental health applications meeting minimum safety and content-quality standards.
3. Development of an end-user-friendly public repository describing the range of mental health applications available in India.
4. Launch of a digital mental health literacy course for mental health service providers.
5. Ministry-approved dissemination of stakeholder-specific guidelines on digital mental health, with provision for periodic review in line with technological and regulatory developments.

Additional Recommendations

In addition to the core recommendations, the consultation proposed further measures to strengthen the digital mental health ecosystem. These included the establishment of a dedicated Centre for Applied Research on Digital Mental Health Applications with a mandate to generate implementation-focused evidence on safety, effectiveness, and pathways for real-world integration of digital mental health into mainstream health care service delivery in the country. The need to integrate digital mental health literacy into the formal curricula of mental health professionals was also highlighted, as a complementary approach to in-service capacity-building initiatives, aimed at strengthening foundational competencies from the pre-service stage.

Concluding Reflections and Way Forward

In the concluding sessions, reflections were offered by senior officials and invited representatives from the Ministry of Health and Family Welfare, Indian Council of Medical Research, Ministry of Electronics and Information Technology, Ministry of Women and Child Development, Office of the Principal Scientific Advisor, and regional representatives from WHO and UNICEF, along with senior academics and practitioners. The remarks noted the rapid expansion of digital technologies in mental health and the corresponding need to strengthen safeguards related to safety, evidence, privacy, and accountability. They reiterated that digital technologies should support, rather than replace, human care, and emphasised the importance of maintaining prevention of harm as a core principle, particularly in light of the distinctive risks and vulnerabilities associated with mental health concerns. Speakers emphasised alignment with existing public health systems and legal frameworks. They also highlighted the importance of proportionate, risk-based governance approaches to balance innovation, sustained investment in research and capacity building, and mechanisms for collaborations, coordination and periodic review. There was broad recognition that the guidelines and recommendations were timely and appropriate, given the rapid expansion of digital mental health interventions in India and merit consideration for potential next steps by the government and other stakeholders.

National Consultative Meeting on Digital Technologies for Mental Health: Evolving Policy and Regulatory Recommendations for Safe Use

Date: April 15-17, 2026,
Time: 10 am to 6 pm,
Location: Board Room, NIMHANS Convention Centre, Bengaluru (Hybrid Mode)

Overall Agenda of the Consultation

The three-day National Consultative Meeting on Digital Technologies for Mental Health aimed to inform policy and regulatory recommendations that would guide both the development of digital mental health applications and the broader responsible use of digital technologies for protecting and promoting mental health. It was convened to undertake a critical examination of the expanding role of digital mental health applications within the broader context of the country's mental health needs, increasing internet penetration and smartphone adoption, and rapid advancements in digital technologies. Grounded in the recognition that barriers such as limited services, scarcity of mental health professionals, affordability, stigma, and low help-seeking continue to prevent individuals from accessing support, the consultative meeting commenced with keynote addresses and sessions that explored opportunities and challenges from a public-health perspective, alongside the ethical tensions and responsibilities involved in deploying digital mental health applications in practice.

Discussions on the first day examined digital mental health regulatory landscapes, the rights and responsibilities of stakeholders, and the balance between innovation and regulation in AI-driven mental health solutions, complemented by insights from field implementations. Emergent insights on consumer-facing mental health applications, based on field observations and a review of mental health apps in terms of opportunities, challenges, proposed draft guidelines, and recommendations, were presented for deliberation by the ICMR-NIMHANS Centre for Advanced Research in Digital Interventions for Mental Healthcare (ICMR- NIMHANS CAR).

The second day shifted focus to responsible digital use, particularly among students, covering themes such as technology overuse, cyber safety, legal implications, social media impact, and perspectives of students and parents, while also integrating policy-level discussions and multi-stakeholder inputs toward developing national guidelines.

The final day consolidated these deliberations by reflecting on the proceedings, outlining the mandate of the ICMR-NIMHANS CAR and entailed presentations of the final versions of the guidelines and key recommendations aimed at strengthening safety, quality, and the responsible use of digital technologies in India for protecting and promoting mental health.

National Consultative Meeting on
Digital Technologies for Mental Health
Evolving Policy and Regulatory Recommendations for Safe Use

Day 1 Proceedings
April 15, 2026

Welcome Note

The session opened with a welcome address from Dr. Seema Mehrotra, Professor of Clinical Psychology and Principal Investigator at the NIMHANS ICMR Centre for Advanced Research in Digital Interventions for Mental Healthcare, who greeted all in-person and online participants. She acknowledged the presence of a diverse group of participants including government officials, experts in technology, mental health, public health, developers, scientists and young scholars and other stakeholders.

Introductory Remarks

In her address, Dr. Prabha Chandra, Director, NIMHANS, Bengaluru, spoke about the growing role of digital technologies in mental health while highlighting important considerations for their responsible use. She reflected on the changing patterns of communication to illustrate the increasing relevance of digital technology in mental health care. She noted that although AI-based general-purpose platforms are becoming popular and may be helpful for routine queries, they pose significant challenges in the context of mental health support. She cautioned that overly empathetic responses on AI-based platforms may increase user engagement but may lack the capacity to provide meaningful guidance.

Dr. Chandra highlighted several touchpoints in the trajectory of mental health care where well-designed digital mental health tools can be effectively utilised (e.g., reducing wait times between sessions, providing continuity of care between visits). She also stressed the importance of transparency and informed use of digital tools, drawing a parallel with clinical practice, where patients are informed about benefits, risks, and uncertainties before treatment. Similarly, users should clearly understand what digital tools can and cannot do, along with safety considerations and existing evidence gaps. She suggested that information related to safety profiles and clinical validation of digital interventions should ideally be made available through a centralised repository dedicated to digital mental health interventions.

Dr. Chandra emphasised that continuous reflection on the utility and safety of digital tools is essential for both practitioners and developers, noting that poorly designed systems may reinforce negative thought patterns or fail to respond appropriately to user needs. She suggested that digital mental health may evolve into a distinct specialty requiring dedicated institutional focus to build a robust evidence base. She also underscored the need for innovative approaches to safeguard adolescent users, recognising that there may be no one-size-fits-all solution. She concluded by appreciating the efforts of the Ministry of Health and Family Welfare, the Indian Council of Medical Research, and other stakeholders, expressing optimism that the consultation would lead to meaningful policy recommendations.

> *"When we are prescribing these tools, it is very important to inform users what is safe, what the issues are, and what we still don't know-so people have a clear sense of safety. We need to carefully consider transparency and accountability when deploying these tools, especially in mental health. Digital mental health may become a specialty in itself, and we may need dedicated departments to address it."*
>
> ***Dr. Prabha S. Chandra,*** *Director & Senior Professor of Psychiatry, NIMHANS, Bengaluru.*

"As we advance digital mental health interventions, we must uphold autonomy, independence, and human rights, ensure that the data we collect is meaningful and responsibly used, and remain accountable to the DPDP Act. At the same time, we must pause and reflect, given the sensitivity of this space, whether we ourselves, as users, are truly ready for such interventions."

Dr. Ashoo Grover, Scientist G and Head, Delivery Research Division, ICMR, New Delhi

In her introductory remarks, Dr. Ashoo Grover, Head of the Delivery Research Division, ICMR, New Delhi, focused on ethical considerations in digital data use, particularly in mental health contexts. She highlighted the importance of compliance with the Digital Personal Data Protection Act, 2023, in the development and implementation of digital interventions. She emphasised that users must be clearly informed about the purpose of data collection, and that data processors must ensure transparency regarding how data is processed and whether it is accessible to third parties. She also underscored the importance of robust informed-consent processes. Further, she noted that data-preservation principles must protect the integrity, confidentiality, and dignity of user data.

Keynote Address

Session 1: Digital Technologies and Mental Health: Ethical Tensions and Responsibilities in Practice

Speaker: Dr. Anant Bhan, Principal Investigator, Sangath, Bhopal.

In his keynote address, Dr. Anant Bhan spoke on Digital Technologies and Mental Health: Ethical Tensions and Responsibilities in Practice. He highlighted that India is facing a rapidly growing mental health crisis (characterised by a large treatment gap, concentration of mental health professionals in urban areas, and high treatment costs) alongside the increasing use of digital and AI-based tools in mental health care. He discussed the ethical tensions emerging from this shift, including concerns related to data privacy, transparency, user vulnerability, and the risks associated with AI-based mental health applications. He emphasised the need for stronger regulatory mechanisms and equitable access, while identifying blended care (digital tools combined with human therapists) and human-centred design as important pathways forward. He also underscored the importance of involving key stakeholders and strengthening safeguards.

"Our future is a race between the growing power of technology and the wisdom with which we can use it. We need to be cognizant about what our obligations are. As we deploy, as we design, as we scale up interventions in the digital mental health space, we must ask ourselves- what do we need to do differently from a design perspective, from a data protection perspective, from a transparency perspective, and from an evidence perspective"

Dr. Anant Bhan, *Principal Investigator, Sangath, Bhopal*

A few key highlights from his address include the following:

- Large Language Models are not yet sufficiently developed with mental health considerations in mind.
- Emerging reports describe phenomena such as "AI psychosis" and increasing dependency on AI-based platforms.
- The large volumes of sensitive data involved raise concerns about privacy, confidentiality, data misuse, lack of transparency, and patient mistrust.

- Unguided self-help tools and minimally guided interventions are proliferating, often with limited involvement of qualified mental health experts, underscoring the need for stronger regulatory mechanisms.
- The digital divide continues to limit accessibility, particularly for marginalised and low-socioeconomic groups; while initiatives aim to reduce stigma and improve reach, significant gaps persist.
- Sole reliance on AI may overlook contextual nuances, oversimplify complex conditions, and lead to misdiagnosis, raising ethical concerns about the protection of vulnerable populations.
- Blended care, combining technological scalability with human empathy and contextual understanding, may offer a more balanced and effective approach.
- Adolescents, as frequent users of the internet and social media, are exposed to harmful content and unsafe interactions, necessitating age-appropriate safeguards, consent mechanisms, and platform-level protections.
- There is a need for human-centred design involving clinicians, patients, and developers, along with professional supervision of AI tools and strong ethical safeguards and accountability frameworks.

The address also highlighted the importance of strengthened regulatory frameworks and emerging initiatives such as BRIDGE-AI.

Session 2: Digital Mental Health: Opportunities and Challenges through a Public Health Lens

Moderator: Dr. Mohan Isaac, Clinical Professor of Psychiatry, University of Western Australia.

Speakers:
Dr. Rachna Parikh, Mental Health Specialist, PATH, New Delhi.
Dr. Mohan Sunil Kumar, Psychiatrist & Co-Founder, Augmenta Health, Bengaluru.
Ms. Tanya Fernandes, Program Lead & Research Fellow, CMHLP, Pune.

This session was moderated by Dr. Mohan Isaac, who, in his opening remarks, emphasised the importance of examining digital mental health within the broader health-system and public-health realities. Dr. Rachna Parikh presented a systems-oriented perspective, underscoring that digital mental health interventions must be designed in alignment with real-world public-health needs and constraints. Dr. Mohan Sunil Kumar spoke about the challenges posed by the growing number of digital tools in the market and highlighted the diverse use cases these tools can serve when thoughtfully integrated into public-health pathways. Ms. Tanya Fernandes provided a comprehensive overview of the digital mental health landscape in India, noting both the remarkable pace of technological adoption and the significant evidence and regulatory gaps that remain to be addressed.

Highlights

Dr. Rachna Parikh underscored the following points:

From a public health lens, these technologies should serve as enablers for universal health coverage and strengthen primary healthcare systems, which are the first point of contact for most patients. To be effective, they must aim at expanding reach, efficiency, and continuity of care, while reinforcing people-centered service delivery, accounting for comorbidities and social determinants of health and should ensure secure data exchange across different platforms. She emphasised that digital tools should support the full continuum of care- from prevention to long term management.

She recommended that safety and service delivery must be addressed through human-centeredness, specifically by keeping "humans in the loop" of care.

There is a critical need to evaluate operational feasibility at scale and determine if governance and regulatory structures are ready to implement and oversee these interventions. The hype surrounding digital mental health is currently outpacing both the available evidence and the regulatory frameworks required to manage them.

She also pointed out a market imbalance: while academic and government departments may develop evidence-based interventions, they often lack the resources for the upkeep and use at scale that multinational companies possess.

She reminded that digital interventions must strengthen existing health systems rather than operate in isolation.

"We must move away from 'tool-first' thinking to 'systems-first' thinking. Digital mental health interventions must operate within the realities of the public health system-not outside it. The future of mental health may be digital, but the future of digital mental health is systemic."

Dr. Rachana Parikh, *Mental Health Specialist, PATH, New Delhi*

Dr. Mohan Sunil Kumar raised concerns about the rapid increase in the development of digital tools without adequate integration into the health-care system or sufficient evaluation of their safety and appropriateness. This, he noted, raises important questions about whether these tools are truly contributing to reducing the treatment gap. He emphasised that, in addition to ensuring safety during development, sustaining user engagement on digital platforms remains a significant challenge. He underscored the need to think beyond the individual user and focus on strengthening the broader ecosystem.

"Scaling will happen-but not all scaling is right. The question is: is it safe enough? Are the data points collected used for the right reasons? Is it equitable growth? What is appropriate for a tech-savvy user may not work for someone from a rural or tribal background. These are things we have to ask. Guardrails must be built proactively, not after things go wrong."

Dr. Mohan Sunil Kumar, Psychiatrist & Co-Founder, Augmenta Health, Bengaluru

He highlighted that digital tools must follow a public-health pathway and contribute to enhancing awareness, enabling early identification, providing support and referral, and contributing to capacity building. His talk also drew attention to the potential of small, scalable interventions, such as micro, real-time nudges embedded within digital mental health tools, to support behaviour change and improve user outcomes.

The presentation by Ms. Tanya Fernandes, underscored the following points:

She mapped the current state of digital mental health in terms of key functions such as treatment, monitoring, data collection, and record-keeping. Her presentation flagged several concerns, noting that the pace of innovation has outstripped the development of necessary safeguards. She highlighted the limited contextual evidence available in India regarding the safety, feasibility, acceptability, and effectiveness of these interventions. She also observed that most existing legal frameworks do not adequately address the rapid developments occurring within the mental health start-up ecosystem.

She underscored the persistence of a significant digital divide despite rising smartphone penetration, noting that digital access continues to be shaped by identity and location. This results in stark disparities across population subgroups in terms of device ownership and digital literacy. She further pointed to risks such as misdiagnosis, discrimination, and cultural insensitivity arising from limitations in AI training, which can lead to the systematic exclusion of vulnerable groups. In this context, she stressed the importance of involving relevant professionals in the development process—an element that is often missing or insufficient.

Concerns were also raised regarding unauthorized access and third-party sharing of sensitive data, with such breaches carrying the potential for serious ripple effects. She referred to an ongoing debate about whether technology should function primarily as an intermediary that facilitates human connection or as a provider in its own right, effectively replacing the human element. When an AI or digital interface becomes the "provider," the traditional human-to-human relationship is fundamentally altered or lost. She reminded the participants that there is currently very limited research on how replacing/reducing human interaction with a non-human interface may affect a person's recovery over time.

"Digital mental health offers scalability, affordability, and anonymity-but these must be balanced with safety and evidence. For example, bias in AI systems can lead to misdiagnosis, discrimination, and exclusion of vulnerable groups."

Tanya Nicole Fernandes, *Program Lead & Research Fellow, CMHLP, Pune*

Session 3: Digital Mental Health Applications: Regulatory Landscape

Moderator: Dr. T K Srikanth, Professor and Head, E-Health Research Centre, IIIT-Bangalore.
Speaker: Mr. Arjun Kapoor, Co-Director & Senior Research Fellow, CMHLP, Pune.

This session was chaired by Dr. T. K. Srikanth, who emphasised the importance of legal, ethical, and safety considerations in the development and deployment of digital mental health applications.

Mr. Arjun Kapoor outlined concerns related to user safety, commercialisation, and the misinterpretation of the utility of these applications. His presentation centred on the Mental Healthcare Act, 2017, and the Digital Personal Data Protection Act, 2023. The session also addressed the classification of software used for diagnosis or treatment-referred to as Software as a Medical Device (SaMD)-which, in India, is regulated by the Central Drugs Standard Control Organization (CDSCO) and requires risk-based stratification.

"Mental health applications must prioritize clear consent processes, transparency, and strong security safeguards. Data should be collected only for a defined purpose-and cannot be repurposed or monetized without consent"

Arjun Kapoor, *Co-Director & Senior Research Fellow, CMHLP, Pune*

Highlights

- The relevant provisions under the Mental Health Care Act (MHCA), 2017 were highlighted in terms of the scope of application, right to confidentiality and access to medical records. It was further pointed out that newer laws like the Digital Personal Data Protection (DPDP) Act act as ancillary statutes to the MHCA by providing tools to protect the rights already established within it.

- It was emphasized that the DPDP Act is currently being implemented in phases, with the initial focus on establishing the Data Protection Board. By May 2027, all duty bearers—including data fiduciaries (entities that collect data) and data processors—must have the infrastructure in place to comply with the law.
- A critical shift in this new law is that it covers all personal data without any classification into sub-categories. This creates a generalized framework where all digital personal data (or digitized non-digital data) is treated under the same set of rules.
- It was pointed out that under the Act, consent must be limited to the stated use. Users have the right to know how their data is being used, who it is being shared with, and for what purposes it is being processed. There are, however, "legitimate uses" where consent is not required, such as medical emergencies, providing treatment during an epidemic, or public health crises.
- The Act mandates that data fiduciaries implement reasonable security safeguards to prevent breaches. In the event of a breach, the fiduciary is legally required to intimate both the Data Protection Board and the individual affected. Furthermore, organizations must institute a grievance redressal mechanism to handle citizen complaints. Specific protections for vulnerable groups such as children and persons with disabilities were highlighted.
- The presenter offered a critical comparison of the DPDP Act with the European General Data Protection Regulation (GDPR), noting that the latter recognises health as a "special category" and includes, the right to data portability, the right to object to or restrict data processing and the right to not be subjected to automated decision-making (such as AI algorithms automatically profiling a person).
- As far as "Software-as-a-Medical-Device" (SaMD) products are concerned, the recent draft guidance by CDSCO provides a risk classification matrix.
- The presenter highlighted a major unresolved issue, that is the boundary between typical self help mental health apps vs. the mental health apps that may qualify as Software as Medical Devices (SaMD). Most mental health apps may fall outside these frameworks by claiming to focus on wellness rather than treatment.
- Given the expanding market size, a proportionate oversight model was suggested. This could involve a voluntary national directory where low-risk apps use self-declaration checklists, while higher-risk tools undergo expert evaluation.
- The speaker also emphasised that the regulatory process must offer a sustainable business opportunity to be viable for the developers of mental health applications.

Session 4: Digital Mental Health: Rights, Responsibilities, and Access

Moderator: Ms. Jyothi Ravichandran, Mental Health Psychosocial Support Specialist, UNICEF India.

Speakers:
Ms. Srishti Khanna, Advocate, Supreme Court & Delhi High Court, India.
Dr. Pattie Gonsalves, Project Director, Youth Mental Health Group, Sangath, New Delhi.
Ms. Sarah, Litigating Associate, Mission Accessibility, New Delhi.

The panel discussion was moderated by Ms. Jyothi Ravichandran and brought together perspectives from experts in the field of law, public mental health, and accessibility. The discussion focused on grounding digital mental health within a rights-based and equity-oriented framework, while critically examining the responsibilities of stakeholders and the risks of exclusion in rapidly scaling digital ecosystems.

Highlights

Dr. Pattie Gonsalves emphasized "privacy by design" and the need for "meaningful consent" beyond checkboxes. She highlighted the importance of communicating abstract rights such as consent and privacy mentioned in apps through simple language, or different formats like audio or video. Another approach to ensure privacy by design was stated as minimizing data collection to only what is strictly necessary for the tool to function and keeping it local to the device to the extent feasible. In the Indian landscape, women and young people may not have exclusive access to personal devices. Hence, the digital tools should be designed with features that protect the user's data even if someone else is holding the device. She underscored that developers and institutions have a responsibility to co-design tools with users, continuously evaluate outcomes, and monitor for harm-not just for engagement. There is a need to invest efforts in creating clear escalation pathways in times of distress and in contexts involving self-harm.

"Consent has to be meaningful-it cannot just be a checkbox. People need to truly understand what they are agreeing to, in ways that are simple, accessible, and appropriate to their context. The responsibility of developers is to design for the user's lived experience and safety-not just for engagement."

Dr. Pattie Gonsalves, *Project Director, Youth Mental Health Group, Sangath, New Delhi.*

"Digital mental health platforms are growing so rapidly, and especially in India, adoption has always been faster than our awareness of safeguards. The three pillars that must safeguard digital mental health apps are autonomy, dignity and accountability."

Ms. Srishti Khanna, *Advocate, Supreme Court & Delhi High Court, India.*

Ms. Srishti Khanna identified autonomy, dignity, and accountability as the three foundational pillars. Users of digital tools must not be treated as mere consumers, particularly as many engage with these platforms in moments of vulnerability and distress. Protecting the dignity of the users by providing appropriate safeguards is extremely crucial. She highlighted that while developing and deploying the digital tools for mental health care, one has to uphold the 'Do No Harm Principle' and this responsibility is not restricted to any one type of stakeholders but is a shared one (developers, mental health professionals, governing regulators, and institutions).

Ms. Sarah highlighted the "digital divide" in India, noting that many applications fail to meet accessibility standards-such as screen-reader compatibility and appropriate interface design-for

persons with disabilities. She pointed to multiple layers of the digital divide, including gender-based disparities in device ownership, limited digital literacy, connectivity gaps, and accessibility barriers for persons with disabilities. She also emphasised that when digital tools function as standalone interventions-particularly in contexts like India, where structural barriers in the healthcare system persist-the burden of recovery risks being placed entirely on the user. Therefore, she stressed that such tools should be integrated into, rather than viewed as substitutes for, the broader healthcare system.

> "Digital mental health tools cannot be a substitute-they must be properly integrated into the mental health care system. ..the moment you start treating digital mental health tools in isolation, you shift the responsibility from an institution to an individual which can cause a lot of problems."
>
> ***Ms. Sarah,*** *Litigating Associate, Mission Accessibility, New Delhi.*

Session 5: AI in Digital Mental Health: Balancing Innovation and Regulation

Moderator: Dr. Paulomi Sudhir, Professor and Head, Department of Clinical Psychology, NIMHANS, Bengaluru.
Speaker: Dr. Tanmoy Chakraborty, Associate Professor, IIT-Delhi.

Session 5, led by Dr. Tanmoy Chakraborty and moderated by Dr. Paulomi Sudhir, focused on a critical shift in perspective regarding Artificial Intelligence (AI) in mental healthcare: moving from viewing AI as a direct provider to a tool for clinician augmentation.

> *"It is not a good idea to give today's AI directly to patients . . . It would be useful if we give AI to doctors who are experts and understand the outputs of AI. There is a lot of scope to building models which would be both privacy aware and secure."*
>
> ***Dr. Tanmoy Chakraborty,***
> *Associate Professor, IIT-Delhi*

Highlights

While acknowledging advantages such as 24/7 access and basic emotional support, the session highlighted several limitations of current AI-driven tools:

- Most existing platforms are trained predominantly in English on Western datasets and therefore remain insufficiently adapted to Indian socio-cultural contexts.
- Several tools rely on generic, rule-based responses and lack real-world validation. Significant safety concerns were noted, including AI generating harmful advice in high-risk situations (eg., suicidality).
- The inherent unpredictability of large language models (LLMs) enhances the risk of "hallucinations" and inaccurate outputs.
- A safer approach in the context of mental health was described in terms of positioning AI as a clinician-support tool to reduce administrative burdens and support clinical decision-making while leaving critical judgment to human experts.
- The presenter highlighted the value of small, domain-specific language models trained on psychological data, which offer greater control and efficiency than general-purpose models.
- Other innovations discussed included: synthetic data generation to address the scarcity of real clinical datasets, integration of structured psychological knowledge into AI systems and dialogue classification frameworks.

- Beyond direct clinical applications, AI can have a broader role in mental health including psychoeducation and support for community mental health workers. This is particularly crucial in low-resource settings.
- The session also emphasised the need for robust governance frameworks that address issues such as data protection, fairness, transparency, and accountability. These considerations align with existing regulatory frameworks in India, such as the Mental Healthcare Act, 2017 and the Digital Personal Data Protection Act, 2023, but also highlight the need for more specific guidelines tailored to AI-driven interventions.

Session 6: Digital Mental Health Applications: Insights from the Field

Moderator: Dr. Rajesh Sagar, Professor of Psychiatry, AIIMS, New Delhi.

Speakers:
Dr. Prabhat Chand, Professor of Psychiatry, NIMHANS, Bengaluru.
Dr. Urvakhsh Mehta, Professor of Psychiatry, NIMHANS, Bengaluru.
Mr. Tanmoy Goswami, Creator, Sanity - Independent Mental Health Storytelling Platform.
Ms. Smriti Joshi, Chief of Clinical Services, Wysa, Bengaluru.

The session addressed a range of digital technology applications and their roles in mental health care. Dr. Prabhat Chand discussed the use of tele-mentoring to build capacity among non-specialist doctors. Dr. Urvakhsh Mehta presented on digital phenotyping, which leverages smartphone sensors (passive data) and anomaly-detection methods to predict relapses in schizophrenia. Mr. Tanmoy Goswami highlighted the phenomenon of "well-being washing" in workplaces, where organisations may deploy wellness apps without addressing the adverse work environments that require structural change. Smriti Joshi reflected on her experience in developing and deploying AI-enabled mental health interventions across diverse global settings.

Highlights

Dr. Prabhat Chand highlighted that despite the availability of evidence-based treatment protocols, the contextual delivery of care remains a major barrier due to the scarcity of trained professionals. He noted that this gap can be bridged through tele-mentoring models, which focus on building the capacity of community health-care providers rather than delivering direct patient care. He demonstrated how the ECHO platform is being used to equip primary health-care providers in remote regions of India to deliver timely interventions in addiction medicine.

Tele-mentoring has the potential to become a scalable and sustainable model. However, it is not without challenges, including the limited availability and time constraints of specialists, structural inefficiencies within public health systems, the absence of financial incentives for participation in India, variability in the quality of training, and resistance within hierarchical academic systems. Despite these challenges, tele-mentoring stands out as a powerful pathway for expanding and strengthening mental health care at scale in India.

> *"Echo is a tele mentoring model-community providers learn from specialists, and specialists learn from them. Instead of moving patients, we move knowledge."*
>
> ***Dr. Prabhat Chand,** Professor of Psychiatry, NIMHANS, Bengaluru*

Dr. Urvakhsh Mehta presented on digital phenotyping, an emerging approach that leverages smartphone-based data to assess and predict mental health outcomes. Smartphone sensors collect moment-by-moment information on human behaviour and psychological states, generating real-time, ecologically valid data that can support treatment planning, outcome prediction, and relapse prevention.

"..because smartphones are ubiquitous and many have access to smartphones and the internet, the scalability potential is tremendously high.We find that having a digital navigator who is mobile-literate and clinically informed can be helpful for the users"

Dr. Urvakhsh Mehta, *Professor of Psychiatry, NIMHANS, Bengaluru*

However, he also highlighted the unique ethical and privacy risks associated with this approach, particularly those arising from GPS-based tracking. In the absence of mature regulatory frameworks, the collection of such sensitive behavioural data poses significant concerns for user safety, privacy, and anonymity. These issues require careful and deliberate attention from developers and implementers

Mr. Tanmoy Goswami presented a critical, field-based perspective on the rapid adoption of digital mental health tools in workplace settings. Drawing on journalistic investigations and interviews, he illustrated the risks of companies deploying mental health apps or chatbots as superficial solutions, without addressing underlying structural and systemic issues such as adverse work environments, job insecurity, or unfair organisational practices.

He highlighted that low-quality digital applications may offer misleading claims, poor user experience, and significant risks related to data sharing with third parties. He further emphasised that user trust becomes especially crucial in workplace contexts, where such digital tools may be perceived as instruments of surveillance rather than support.

He introduced the APA framework for evaluating mental health apps, which assesses five key parameters: accessibility, privacy and security, clinical evidence, engagement style, and therapeutic goals.

"People do not want their bosses to know about their mental health struggles.Well-being washing is a trend where employers pretend to care while avoiding real reforms. Technology can be a useful supplement in an already healthy workplace."

Mr. Tanmoy Goswami, *Creator, Sanity - Independent Mental Health Storytelling Platform*

Ms. Smriti Joshi shared her experience in developing and deploying AI-enabled mental health interventions across diverse global settings.

Through insights derived from her field experiences, she highlighted the importance of cultural and linguistic adaptation beyond simple translation, and co-designing tools with end users.The need for addressing barriers such as device access, gender norms and digital literacy was underscored. It was discussed how blended approaches may overcome digital access limitations and that AI and other digital technology should augment, not replace human care.

Additionally, she underscored the importance of cross-disciplinary collaboration between clinicians and technologists, digital competency among mental health professionals, iterative design processes

and continuous evaluations.

"Safety before scale; clinical safety is more important than talking about scale.Co-design is non-negotiable. We need the cohort that we're creating for, to be a collaborator and equal in this design process."

Ms. Smriti Joshi, *Chief of Clinical Services, Wysa, Bengaluru*

Session 7: Emergent Insights on Consumer Facing Digital Mental Health Applications: Opportunities and Concerns (NIMHANS-ICMR CAR)

Speaker: Dr. Seema Mehrotra, Professor of Clinical Psychology and Principal Investigator - ICMR NIMHANS CAR, Bengaluru.

The presentation critically examined the expanding role of consumer-facing digital mental health applications. It highlighted how digital platforms may address persistent access- gaps in mental healthcare while simultaneously raising concerns related to evidence quality, privacy, collaboration, crisis safety, and ethical responsibility.

Context: Despite the availability of efficacious psychological interventions, a large proportion of individuals in need remain unable to access professional mental health services. These barriers operate on both the supply side - limited services, affordability constraints, and workforce shortages - and the demand side, including low awareness, stigma, and ambivalence toward help-seeking. Digital platforms create opportunities to reach individuals who are entirely outside the formal mental-healthcare system, as well as those who engage with services but receive insufficient or fragmented care, particularly in relation to psychological interventions.

Digital Pathways and Addressable Gaps: Digital mental health pathways can reduce key access barriers by,

- Reducing awareness gaps
- Reducing ambivalence toward help-seeking
- Supporting stepped-care trajectories, wherein increasing levels of human support are introduced gradually rather than digital tools acting as stand-alone or terminal solutions

Opportunities: A few illustrations of the opportunities based on field experience were highlighted.

Experience with a digital wellbeing platform by the PI of the CAR team demonstrated their appeal to distressed individuals who are not actively seeking treatment. User profiles showed that more than 50% of users of a platform to assess wellbeing parameters reported significant psychological distress. 70% had no prior exposure to mental health services. 76% reported ambivalence or low inclination to seek professional help. These findings raised the possibility that digital platforms that conceptualize mental health in terms of the wellbeing continuum are likely to have the potential to successfully engage populations traditionally excluded from conventional mental healthcare pathways.

Minimally Guided Digital Self-Help: A minimally guided structured digital self-help intervention (PUSH-D) developed at NIMHANS was evaluated initially in a community-based sample. This study indicated that it appealed to users who were typically young adults with mild to moderate depressive symptoms and significant disturbance in functioning, Approximately two-thirds were identified as non-treatment seekers. These trends highlight the potential utility of structured minimally guided self- help interventions in reaching the unreached.

PUSH-D was tested in a subsequent study as a blended intervention model (integrating PUSH-D with brief face to face therapy sessions) for treatment seekers presenting to clinical settings. It was noted that nearly two-thirds reported no prior experience of psychotherapy. Outcomes included statistically and clinically significant gains, improved accessibility and high acceptability among users.

Online Peer Support Forums: These forums offer significant potential to bridge care gaps by enabling disclosure of emotional distress and serve as low-intensity digital support as noted in the case of an anonymized moderated peer support forum called 'Let's talk life' developed by NIMHANS.

The experience at the Centre also suggests the potential role of simple technology-based interventions to improve help-seeking through serving as transitional bridges to mainstream mental health services.

Integration of Digital Self-Help with Professional Support: A key observation that cuts across platforms and studies being conducted is that the majority of self-help app users have been distressed non-treatment seekers, the very population for whom these tools were designed. In our experience, integration of self-help with professional connect for direct brief asynchronous interaction with a professional (e.g. as via a section of the Mindnotes from NIMHANS app) enables a broader window to disclose emotional struggles, exploration of ambivalence and structural barriers to care and very importantly an opportunity for guided navigation toward help- pathways aligned with individual needs. Digital self-help tools for common mental health concerns, such as MindNotes, have shown their potential to Improve self-awareness; reduce perceived barriers and enhance engagement with appropriate support systems.

Concerns: The opportunities surrounding the consumer facing digital mental health applications notwithstanding, reviews of the apps accessible to the public on virtual stores have brought to light significant concerns that need urgent attention. A few key concerns were addressed in the presentation.

a. The confusing array of applications: The first concern touched upon was the exponential growth in consumer-facing mental health apps and resulting in confusion for users with low mental health literacy. For example, only 9% of free depression apps explicitly mentioned their scope as noted in one of the reviews of such apps by the PI. Keyword-driven searches yield poor hit rates and high noise as evident in the recent systematic reviews of mental health apps carried out at CAR. The issue of significant mismatch between intended use of the apps and actual users of wellness apps was also raised.

b. Privacy and Security Vulnerabilities: Major privacy and data protection gaps were identified in CAR's systematic review of mental health apps available to Indian users. 15% of apps lacked information on data sharing, 40% did not mention data retention duration and approximately 50% did not mention data deletion provisions. These gaps expose vulnerable users to confidentiality risks and undermine trust in digital mental health solutions.

c. Evidence Void in Consumer-Facing Apps: The presentation highlighted that the evidence quality remains a major systemic concern. In the reviews carried out by the presenter, only 33-46% of apps referred to some or the other empirical basis for their content. Only 11% apps reported having undergone formal evaluation. Mean ratings of the reviewed apps for information quality were consistently lower than ratings for functionality and aesthetics. This imbalance highlights the

dominance of design over evidence rigor in app development.

d. Collaboration Deficits: A significant lack of collaboration with mental health professionals in app development has been repeatedly documented. For example in the recent systematic review, 65% of apps did not mention involvement of mental health professionals, 13% made generic reference to such collaboration while only 22% clearly documented professional involvement. This deficit creates the risk of an illusion of authority, where users may overestimate the reliability of apps lacking clinical oversight.

e. Crisis Management Deficits: Crisis response elements across digital tools are observed to be critically inadequate. For example, only 12% of free depression apps provided crisis management guidance in the review of such apps by the presenter. Only 26% of apps designed for care providers of persons with suicidality included suicidality risk assessment. Guidance on basic crisis support strategies was absent in nearly three-quarters of mental health apps in the most recent systematic review by CAR. As part of an ongoing study, AI powered mental health related chatbots from virtual stores are being evaluated. Among the chatbots evaluated thus far, 10 out of 20 had weak or missing risk detection; 7 out of 20 did not clearly mention their limitations to the users. Unsafe omissions were observed, including failures to probe risk, escalate care, or guide users to emergency support

f. The Dead-End Funnel and Missing Nudges: The presentation identified a “dead-end funnel” where users in distress may download apps but receive inadequate prompts toward professional help. Examples from the reviews by the presenter were highlighted. 64% of free depression apps failed to actively encourage professional help. Only 23% suicide prevention apps included motivational elements to encourage calling helplines. Only 30% attempted to dispel common myths and only 23% provided clear nudges to seek professional help. Nudges were frequently reduced to passive disclaimers rather than functioning as active therapeutic interventions to improve help seeking among distressed non-treatment seeking app users.

In conclusion, the presenter highlighted the following : Consumer-facing digital mental health tools offer meaningful opportunities to expand access and support stepped-care models. However, unresolved issues related to evidence gaps, privacy, collaboration deficits, crisis safety failures, and ineffective help-seeking nudges significantly limit their potential and increase risk of harm. The presentation concluded with a call for collective responsibility, stronger governance, and evidence-informed collaboration to ensure digital mental health pathways serve as complements and supplements to mainstream services.

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*For details of studies on review of mental health applications, please see Reference Section III

Session 8: Draft Guidelines & Recommendations : Open Discussion

Speaker: Dr. Seema Mehrotra, Professor of Clinical Psychology and Principal Investigator - ICMR Centre for Advanced Research, NIMHANS, Bengaluru.

A set of draft guidelines for three groups of stakeholders ,namely, mental health app developers, mental health service providers and end users were presented to the participants of the meeting. Their written comments, feedback and suggestions were solicited.

The guidelines aim to outline steps to ensure safe, transparent, and evidence-informed use of digital mental health applications, with a special reference to consumer facing applications.

For developers, the guidelines emphasise transparency about mental-health professional involvement, evidence levels, and app limitations; minimal and secure data practices; crisis-support pathways; and safeguards against emotional dependency. They also call for clear communication of purpose and target users, robust content-quality checks, third-party reviews, and ethical reporting mechanisms.

The guidelines encourage mental health service providers to critically evaluate apps, integrate them judiciously into care, monitor vulnerable groups, and collaborate with technologists to ensure that mental-health expertise informs design and deployment.

For end-users, the guidelines highlight the importance of assessing app credibility, understanding privacy implications, and treating digital tools as adjuncts rather than substitutes for professional care. Users are advised to remain alert to signs of distress or dependency and to discuss app usage with healthcare providers.

Based on a review of global practices, the mental health applications available to end users, and existing research and field observations conducted at the NIMHANS–ICMR Centre for Advanced Research, a set of five recommendations was then proposed as actionable steps to strengthen the governance, quality, and safe deployment of digital mental health applications in India. These five draft recommendations included:

1. Constitution of a High Powered Committee on Mental Health & Wellness Applications for formulating governance strategies
2. Developing a National Directory for voluntary listing of mental health apps
3. End-User Friendly Repository of mental health apps
4. Digital Mental Health Literacy Course for mental health service providers
5. Ministry-approved Guidelines for dissemination to stakeholder groups

Following the presentation of the draft guidelines and recommendations, the floor was opened for discussion and debate among invited participants of the National Consultative Meeting.

The suggestions and observations that emerged during this deliberative process are summarized below:

- Several participants reiterated that the proposed High-power committee (HPC) for development of risk stratification and governance framework for mental health apps should consist of multidisciplinary members as indicated, but may also include developmental specialists and most importantly 'persons with lived experiences'.

- It was emphasized that inclusion of persons with lived experience should be meaningful and not tokenistic, ensuring their perspectives actively inform deliberations and decision-making.

- A strong recurring idea was that mental health apps should be categorized by risk level and then governed 'proportionately'. The examples discussed ranged from very low-risk apps that might only require a self-declaration or filling a checklist, to higher-risk apps that may need independent professional review, or some form of accreditation.
- While SAHI already proposes risk-based classification for AI in healthcare, it was suggested that there is a need to have a classification system for mental health apps and it should include AI-based as well as non-AI based digital mental health platforms. Moreover, the HPC needs to operationalize different levels of governance strategies proportionate to the level of risks.

- It was clarified that the actual evaluation of various apps does not fall within the scope of the proposed HPC. The committee's scope would be on developing risk-based stratification categories and corresponding governance strategies, rather than undertaking the direct evaluation or approval of individual digital applications based on the framework developed.

- The utility of developing such a framework was actively debated and discussed. The consensus was that the framework would be valuable, provided it results in proportionate and practical strategies for oversight and governance.

- It was cautioned that any risk-based stratification approach should remain aligned with existing regulations and not conflict with current rules (e.g., under CDSCO), particularly about software classified as medical devices.

- It was suggested that the HPC remit could also include examining how broader digital advances are shaping mental health, both positively and negatively. Periodic updates and reviews in advancements can help guide the evolving field of digital mental health interventions, and support innovators, academic institutions and public health teams to develop and adopt interventions that are relevant, evidence-informed, and safe to use.

- As far as the recommendation on a national directory of voluntary listing of mental health applications is concerned, it was clarified that this would involve only listing (not hosting) and its scope could be restricted to applications that clearly focus on mental health conditions rather than bringing all kinds of applications under its remit.

- It was suggested that a distinction be made between applications targeting mental health and well-being versus those addressing mental illnesses. In response, it was clarified that while apps may be designed with a specific intended use or purpose, the intended purpose may differ from how users engage with the app or the purpose for which they use the app in practice. This in turn necessitates ensuring basic minimal checks even for apps focused on wellbeing- in terms of safety and content quality through easy to implement governance strategies (e.g. self-declaration of adherence to a standard checklist).

- Concerns were voiced that the implementation of the National directory for voluntary listing of apps through the process of independent evaluation by empaneled professionals could become a bottleneck for app developers. It was suggested that government approved 3rd party independent agencies/bodies can become the implementor to streamline evaluation and keep the process efficient. This body/agency would need to utilize the framework and checklists developed by the HPC for evaluation and accreditation of eligible apps that fall under the purview of the directory.
- It was suggested that a whistleblower policy or feedback loops may also need to be incorporated to enable reporting of concerns by users/professionals about any given digital mental health application, thereby strengthening accountability and oversight mechanisms.
- The recommendation on the launch of a digital mental health literacy course was well received.
- The recommendation on dissemination of basic guidelines/advisories for developers, mental health service providers and end-users was also well received. However, the need for periodic updating of the guidelines based on advancement of technologies, emergent risks and changes in rules and regulations were suggested as essential steps.

Other Additional Suggestions:

- One suggestion was to promote transparent and upfront communication with users by introducing clear labels within apps /app store information that indicate the current level of evidence supporting an app, as well as warnings about potential risks of dependency.
- It was suggested that a large-scale, national-level user needs assessment survey be conducted to better understand demand, usage patterns, and gaps in digital mental health services.
- It was suggested that training in digital mental health literacy be integrated into the curricula of mental health professionals as part of their formal education and training. This was suggested as a complementary approach in addition to the proposed digital mental health certificate course.

National Consultative Meeting on
Digital Technologies for Mental Health
Evolving Policy and Regulatory Recommendations for Safe Use

Day 2 Proceedings
April 16, 2026

Overview

Day-2 focused on concerns related to use of digital technology in general and began with a presentation on Services for Healthy Use of Technology at NIMHANS.

SHUT Clinic (Service for Healthy Use of Technology), established in 2014, is the first specialized clinic in India that is dedicated to addressing technology addiction and promoting healthier usage strategies. It serves a diverse population across various age groups from all over the country. The clinic is actively involved in raising awareness through regular campaigns, workshops, and educational programs for students, parents, and the broader community. PhD scholars at SHUT Clinic are conducting research and interventions in various domains of behavioural addiction, including screen use, stock trading, pornography, gaming, online dating, and gambling, thereby contributing significantly to the understanding and management of these issues.

Session 1: Overview of Pattern, Prevention & Policy on Technology Overuse among Students in India

Speaker: Dr. Nitin Anand, Professor of Clinical Psychology and consultant at the Service for Healthy Use of Technology (SHUT) Clinic, NIMHANS

Highlights

Dr. Anand introduced the SHUT Clinic's multidisciplinary approach to managing problematic technology use, highlighting recent data on rising internet addiction among Indian students. The session detailed the clinical indicators of overuse, such as 'nomophobia' and 'phubbing', and their detrimental effects on physical health, mental focus, and social relationships. Finally, the discussion emphasized recovery through digital hygiene and Cognitive Behavioral Therapy (CBT), while addressing the links between technology and social isolation.

The key points discussed in the presentation are as follows:

- Recognition of Behavioral Pathologies: Technology overuse, its prevalence, symptoms, and manifestations were discussed.
- Overall Impact: Excessive digital engagement is not just a habit but a clinical concern that disrupts sleep, leads to academic decline, and causes significant psychological strain.
- Proactive Intervention: Managing these issues requires a combination of digital hygiene, structured detoxes, and professional therapeutic interventions, such as CBT, to restore interpersonal balance.

Session 2: SHUT Clinic Reflections

Speakers:

Dr. Rajesh Kumar, Assistant Professor & consultant Adult Psychiatry, Center for Addiction Medicine (CAM), and Services for Healthy Use of Technology (SHUT) Clinic, NIMHANS.
Mr. Hari Sriram B, Clinical psychologist and PhD scholar, Clinical psychology, NIMHANS.
Ms. Soumya Sardana, Clinical psychologist and PhD scholar, Clinical psychology, NIMHANS.
Ms. Hridhya M. S, Clinical psychologist and PhD scholar, Clinical psychology, NIMHANS.
Dr. Ashwini Tadpatrikar, Clinical Psychologist and Assistant Professor at Vidyashilp University, Bengaluru.

Highlights

Dr. Rajesh Kumar: He linked the rise of problematic technology use to India's rapid digital expansion and pointed to the 2026 Economic Survey, framing it as a major public health concern. He detailed the SHUT Clinic's interventions, including detox helplines and parent groups, while calling for stronger policy frameworks and longitudinal research to address current practice gaps.

Ms. Soumya Sardana and Ms. Hridhya M S: These scholars reviewed digital engagement guidelines specifically for children and adolescents. Their focus remained on age-appropriate screen-time recommendations and the specific developmental milestones affected by technology.

Mr. Hari Sriram B: He addressed the parental perspective, focusing on the core principles of "digital parenting." His contribution emphasized the importance of parents acting as positive role models and establishing firm, consistent digital boundaries within homes.

Dr. Ashwini Tadpatrikar: She outlined the responsibility of educational institutions in fostering healthy habits. Her presentation focused on integrating responsible technology use directly into school policies and academic curricula.

Key Takeaways

Systems-Level Approach: Addressing technology addiction requires a multi-stakeholder strategy involving individualized clinical care, school-based curriculum integration, and national policy frameworks.

Parental & Educational Accountability: Effective intervention relies heavily on "digital parenting" and institutional role modeling to guide children through age-appropriate engagement.

Emerging Risks: The digital landscape presents new, complex challenges that require culturally contextualized, and evidence-based responses.

Session 3: Panel Discussion: Through the Lens of Students & Parents: Perspectives on Policy and Program for Digital Use

Moderator: Dr. John Vijay Sagar, Professor and Head of the Department of Child and Adolescent Psychiatry, NIMHANS, Bengaluru.

Panel Discussion Contributors: Participants included mental health professionals, educators, researchers, parents, and students, including representatives from Kendriya Vidyalaya.

Dr. Nitin Anand, Professor, Department of Clinical Psychology, NIMHANS

Dr. Rajesh Kumar, Assistant Professor, Department of Clinical Psychology, NIMHANS

Dr. Anuja Lahiri, Trial Associate & Director, Sangath, Bhopal

Dr Selvi Kumari, Clinical Psychologist, Ahana Wellness

Ms. Shika R, Student, Bangalore University

Dr. Ritvik Kashyap, Associate Professor & HoD (Clinical Psychology), JSS Medical College, Mysore

Dr. Srinivasa Murthy, Retd. Professor (Psychiatry), NIMHANS, Bengaluru

Students from Kendriya Vidyalaya ASC Centre, Bengaluru

Dr. Sheetal Lakhani, Assistant Professor (Clinical Psychology), Vidyashilp University, Bengaluru.

Ms. Archana R, Clinical Psychologist, Samvaad Neuropsychiatry Centre, Bengaluru

Dr. Johnson Pradeep, Professor (Psychiatry), St John's Medical College, Bengaluru

Mr. Mohd Hassan, Law Student, Vidyashilp University, Bengaluru.

Highlights

Dr. Nitin Anand shared the perspective of how technology addiction can feel like losing a child to the digital world. Children spend less time with parents and are less available for family rituals. The perceived rewards in the online world are higher than in the real world, which is why it gains more importance.

Dr. Rajesh Kumar highlighted parental concern over children's anger outbursts when the phone is taken away, and peer influence on digital use. He highlighted higher suggestibility in children and greater influence, which can contribute to their technology use.

Dr. Anuja Lahiri suggested three levels of how technology might become addictive. First, because it allows children to answer the question “what person I am”, which is related to their social identity. Second, it can help with their internal conflicts. Lastly, it may be due to external factors, such as peer influence.

Dr. Selvi shared their experience of giving agency of change to the students in the context of mental health literacy among peers. Also she shared concerns about technology addiction among parents, dilemma of recreational versus work-related use, and educators and parents regulating their own technology use while exploring the technology use in children.

Ms. Shika R highlighted the dilemma in parents about work time vs quality time with children, restraints on outdoor activities due to safety concerns, and limited knowledge of new parents regarding healthy use of technology for their newborns.

Dr. Ritvik Kashyap expressed how parents may rely on technology because they may be unsure about engaging their children in meaningful ways . He also shared the importance of healthy alternatives like hobbies, safe and healthy conversations with parents without the child feeling scared to talk to them, the digital needs of different family members, how it models for children, and healthy ecosystems that support healthy emotional coping for children.

Dr. Srinivasa Murthy highlighted the importance of spirituality in managing recovery in substance-based addictions and addictive behaviors. Also emphasized the focus on community in managing technology addiction. Suggested minimizing screen-based teaching during early school years.

Students from Kendriya Vidyalaya ASC Center, Bengaluru highlighted the positive side of social media in the context of support for the minority groups.

Dr. Sheetal Lakhani shared the role of the government in providing minimum infrastructure standards in all schools to provide equal access to technology. Also highlighted the need to change the academic design to a more sustainable model, ensuring fewer breaks on social media, and accounting for variations in digital demands by profession when defining healthy digital use.

Ms. Archana R shared her experience of working with children and assessments.

Dr. Johnson Pradeep reflected on where to draw the line on how much to allow students to use technology, who will monitor, and where intervention from mental health professionals is needed. He also spoke about digital pacifying from parents and how that can be regulated.

Mr. Mohd Hassan shared how current policies for students are not based on student inputs, and encouraged the inclusion of student perspective in designing such policies.

Takeaways

Parental Concerns and Family Dynamics: Parents report high levels of anxiety regarding excessive screen time, noting its negative impact on child development and the quality of face-to-face family interactions.

Preventive Digital Habits: Participants emphasized avoiding "digital pacification" (using devices to calm and soothe children) and instead prioritized teaching digital hygiene, life skills, and value-based or spiritual education to foster balance.

Educational Integration: There was a strong call to embed digital mental health education and guidelines on technology use directly into school curricula.

Inclusivity in Policy: The dialogue highlighted the need to involve students in policy-making while ensuring that digital strategies account for socio-economic disparities and varied cultural needs across the country.

Session 4: Navigating Digital Space: Cyber Safety, Legal Implications, and Impacts of AI on Students

Speaker: Mr. K.N. Yashavantha Kumar, Deputy Superintendent of Police, Cybercrimes Division, CID, Karnataka.

Highlights

The speaker outlined India's legal definitions and legislative structures for protecting children from cybercrimes, citing landmark judicial decisions. The discussion shifted to modern digital threats, specifically the misuse of artificial intelligence in the creation of deepfakes and synthetic content. The session emphasized that combating these emerging risks requires a combination of updated policy, stakeholder collaboration, and enhanced AI literacy.

Takeaways

Legislative Foundation: The session clarified the legal status of children within the Indian judicial system and examined the primary laws governing cyber safety and grievance redressal.

Emerging AI Threats: A significant focus was placed on the risks posed by deepfakes and synthetically generated content, highlighting their potential for misuse against vulnerable groups.

Collaborative Literacy: The speaker advocated for a proactive approach that moves beyond simple enforcement, stressing the need for AI awareness and joint efforts between policymakers and the public.

Session 5: Social Media and Its Impact on Students

Speaker: Dr. Padmashree R P, Sr. Assistant Director of Public Instruction, Research Wing, Department of State Education Research and Training (DSERT), Department of School Education and Literacy, Government of Karnataka.

Highlights

The speaker acknowledged social media's role in fostering student creativity and collaboration while warning of its significant risks to brain development, academic success, and family dynamics. She detailed severe digital threats like cyberbullying and sextortion, highlighting how excessive use impacts both physical and mental health. The session concluded with actionable solutions, including a warning-sign checklist and a strategic five-pillar framework for moderating student engagement.

Takeaways

Dual Nature of Digital Platforms: While social media serves as a vital tool for self-expression and peer collaboration, its unregulated use poses critical risks to the developing adolescent brain.

Identification of Severe Risks: The discussion moved beyond general overuse to address specific, high-harm behaviors such as cyberbullying and sextortion, which require immediate interventions.

Structured Management Framework: The introduction of a five-pillar framework and a practical checklist provides educators and parents with a standardized method to detect early warning signs and systematically moderate digital habits.

Session 6: Karnataka Policy on Responsible Digital Use among Children

Speaker: Dr. Rajani Parthasarathy, Deputy Director of Mental Health, Department of Health and Family Welfare, Karnataka.

The draft policy outlined a three-pronged approach: directives from the state government to schools, a structured teacher-training program on healthy technology use, and school communication to parents. The policy aims to foster digital well-being, emotional regulation, and screen-time awareness in schools.

Highlights

- Directives from the state government to schools
- Teacher-training program on healthy technology use
- School communication to parents

Session: 7 Panel Discussion: Evolving National Guidelines and Policy Recommendations for Responsible Use among Children

Moderators:

Dr. Rajani Parthasarathy, Deputy Director of Mental Health, Department of Health and Family Welfare, Karnataka

Dr. Girish N. Rao, Professor of Epidemiology, Center for Public Health, NIMHANS.

Panel Discussion Contributors:

Dr. Padmashree R P, Sr. Assistant Director, Department of School Education and Literacy, Government of Karnataka.

Dr. Eesha Sharma, Associate Professor, Department of Child and Adolescent Psychiatry, NIMHANS, Bengaluru.

Dr. Senthil Amudham, Professor & HoD Department of Epidemiology, NIMHANS, Bengaluru.

Dr. Preeti Galgali, Director & Clinical Lead, Indian Pediatric Association

Dr. Vijayashree Yellappa, Team Lead & Vice Chair, KNCV TB Plus; WHO TB-PPM Working Group.

Dr. Ramakrishna Goud, Professor, Program Lead (Maanasi), Department of Community Health, St. John's Medical College, Bengaluru.

Dr. Lata Krishnamurthy, Associate Professor, Department of Mental Health Education, NIMHANS, Bengaluru.

Dr. Johnson Pradeep, Professor (Psychiatry), St John's Medical College, Bengaluru.

Ms. Madhulika Mazumdar, Strategic advisor, Mannkaa.

Dr. Sheetal Lakhani, Assistant Professor, Department of Psychology, School of Liberal Arts and Design Studies, Vidyashilp University, Bengaluru.

Dr. Srinivasa Murthy, Retd. Professor (Psychiatry), NIMHANS, Bengaluru.

Dr. Selvi Kumari, Clinical Psychologist, Ahana Wellness.

Dr. Ritvik S Kashyap, Associate Professor and Head (Clinical Psychology), JSS Medical College, Mysore

Dr. Anurag Sarthi, Assistant Professor (Law), Vidyashilp University, Bengaluru.

Ms. Zainab Khambaty, Junior Research Assistant, Monk Prayogshala, Bengaluru

Dr. Shubhasis Bhadra, Professor and Head, Department of Psychosocial Support in Disaster Management, NIMHANS, Bengaluru.

Dr. Mayuri Duggirala, Principal Scientist, Tata Consultancy Services (TCS), Hyderabad.

Dr. Ravikant Pinjarkar, Assistant Professor, Department of Clinical Psychology, NIMHANS, Bengaluru.

Dr. Ashwini Tadpatrikar, Assistant Professor (Clinical Psychology), Vidyashilp University

Highlights

Dr. Padmashree R P supported implementing the state-level recommendations at the national level, but accounting for the educational policies of different states and in alignment with the National Education Policy. Suggested independent teacher training for interested candidates and empowering the school management committees and civil committees.

Dr. Eesha Sharma suggested inclusion of skill-building, curricular initiatives focusing on digital citizenship, the policy framework to extend to the institutional culture for schools, and inclusion of guidelines for pre-schools and home environments to manage the use of digital technology from the time the child is 6 months old. Endorsed state-level recommendations to be enforced at the national level with appropriate revisions.

Dr. Johnson Pradeep highlighted the importance of teacher training, physical activity, and monitoring the implementation of guidelines via a committee to inspect schools.

Dr. Senthil Amudham endorsed the recommendations to be taken to the national level with due contextualization. Suggested a surveillance system to monitor and evaluate the implementation. Suggested peer-led initiatives and peer learning as part of the guidelines.

Dr. Preeti Galgali suggested digital health policy to be a part of early childhood development and the prenatal period. Suggested technology groups to be a part of the policy and put the onus of transparent and responsible use on the tech giants. Suggested explicit mention of Artificial Intelligence (AI) and policies related to that. Suggested inclusion of screening tools and mental health support for the parents in need, and extension of policies to everyone in school, beyond the teachers.

Dr. Vijayashree Yellappa suggested emphasis on caretakers as much as the patients in the policy, helpline for teachers and parents to help manage concerns, and a community of practitioners to support teachers and parents, including tele manas.

Dr. Ramakrishna Goud reflected on accounting for the current school environment and infrastructure, and the moderation of the use of digital tools in schools. Sought clarity on whether the focus should be on technology, behavior, or schools.

Dr. Latha Krishnamurthy suggested including standardized handy tools for schools and teachers as easy resources, and focus on digital literacy in collaboration with media, including best practices and practical strategies.

Ms. Madhulika Mazumdar suggested including mention of marginalized populations, such as queer and neurodiverse communities, in the policy.

Dr. Sheetal Lakhani highlighted the role of school administration and heads, and not just teachers, in implementing the policy. Suggested consultation and supervision to schools to implement the guidelines.

Dr. Srinivasa Murthy highlighted how the guidelines have neglected the positives of media and seem to be based on a deviancy model. Suggested equitable access to each child, focusing on empowerment instead of responsibility, building the guidelines based on experiences of children and adults, and developing a normalization and strengths-based approach.

Dr. Selvi Kumar highlighted the digital divide between the government and private schools, and how it can bring differences to the nature of problems, required interventions, and training.

Dr. Ritvik Kashyap suggested dissemination of knowledge and skillset in the form of centralized deliverable content (e.g. videos) to help in implementing the guidelines. Highlighted the high demand on teachers and suggested curbing it down with minimal auditing and reporting mechanisms, while keeping a realistic implementation goal in view.

Dr. Anurag Sarthi suggested how the guidelines should ensure non-violation of the child's privacy by monitoring and on guidelines about consent and assent, and if it can curb the child's freedom. Suggested mandatory public service advertisements similar to polio ads for responsible digital use, and shift of responsibility to social media companies (intermediaries).

Ms. Zainab Khambaty reflected on the need for strong research evidence for the guidelines, the need for industry-academia collaboration, accounting for the nuances of digital use, reflecting on the labels of technology addiction, and focusing on optimum or balanced use.

Dr. Shubhasis Bhadra suggested capacity building for all stakeholders, emphasizing a well-being ecosystem. Suggested review and revisions of the current curriculum, focusing on the marginalized population, aiming to meet a pre-defined minimum benchmark that needs to be met, and the minimum infrastructure requirement for the same. Also suggested contextualizing the guidelines, examining the socio-cultural context around children, ensuring implementation across different kinds of schools, and keeping the focus on digital citizenship, with an ecosystem providing models for ideal digital behavior.

Dr. Mayuri Duggirala suggested gamification using serious games to impart socio-emotional learning.

Dr. Ravikant Pinjarkar suggested focusing on self-regulation and self-control in the digital context and teaching them as life skills, parents being role models for children, and inclusion of a digital resilience program.

Dr. Ashwini Tadpatrikar suggested placing the onus on children and learning from them about recent digital technologies such as AI, Virtual Reality (VR), Discord, and Roblox, and elevating them to a higher level as a group of stakeholders.

Takeaways

National Adaptation and Expansion: Participants discussed scaling the Karnataka model nationwide, recommending that the guidelines expand to include early childhood and perinatal parenting alongside digital citizenship and skill-building in school curricula.

Commitment to Inclusivity: A strong emphasis was placed on contextualizing policies to support marginalized and diverse groups, including neurodivergent individuals, persons with disabilities, the queer community, and cultural minorities.

Oversight and Support Systems: The panel recommended establishing a national monitoring and regulatory body to ensure consistent implementation, supported by practical resources such as digital helplines and parent supervision mechanisms.

Shared Responsibility: Implementation was framed as a collective effort for the entire educational ecosystem, not just teachers, requiring active involvement from parents, students, and institutional leaders.

Industry and Media Collaboration: Recommendations included forming partnerships with tech companies and media organizations to create safer digital environments and using mass media campaigns to boost public digital literacy.

Student Agency and Rights: A key priority was involving children and adolescents directly in the policy-making process to ensure that their specific digital needs are met while strictly safeguarding their rights and privacy.

Strengths-Based Approach: The session concluded by advocating for a "normalization" approach to policy that focuses on healthy integration rather than just restriction, a move supported by a significant majority of participants in a closing poll.

National Consultative Meeting on
Digital Technologies for Mental Health
Evolving Policy and Regulatory Recommendations for Safe Use

Day 3 Proceedings
April 17, 2026

Overview

The concluding sessions on Day-3 of the National Consultative Meeting featured a presentation on the scope and mandate of the NIMHANS–ICMR Centre for Advanced Research in Digital Interventions for Mental Health Care, along with updates on its ongoing initiatives followed by the summarization of the proceedings of the consultative meeting.

An overview of the guidelines and a refined set of recommendations for action, based on the deliberations conducted on the first two days, were then presented. Remarks and feedback were solicited from special invitees and officials and dignitaries representing various ministries and agencies.

The meeting concluded with video messages from the Health Minister, Government of Karnataka and Secretary Health, Ministry of Health and Family Welfare, Government of India, which were followed by the closing remarks of the Joint Secretary, Ministry of Health and Family Welfare, and the Director of NIMHANS and a vote of thanks by the organizers of the meeting.

Session 1: NIMHANS ICMR Center for Advanced Research in Digital Interventions for Mental Health Care: Scope and Mandate

Dr. Seema Mehrotra made a brief presentation to the Day-3 special invitees about the Center for Advanced Research in Digital Interventions for Mental Health Care (NIMHANS-ICMR CAR) located at NIMHANS, Bengaluru which organized the National Consultative Meeting.

NIMHANS-ICMR CAR is dedicated to advancing evidence-based and culturally responsive digital solutions for mental healthcare in India. The Center was inaugurated at NIMHANS on 12 September 2024 by the Director General of the Indian Council of Medical Research (ICMR).

Mandate and Vision: NIMHANS - ICMR CAR seeks to strengthen the scientific evidence base for digital mental health platforms while ensuring contextual relevance to the Indian population. Its mandate includes developing indigenous digital interventions, encouraging early help seeking, promoting structured digital self help and peer support, and informing national mental health policy, guidelines, and best practices.

Strategic Goals of NIMHANS - ICMR CAR

- Strengthening evidence for digital mental health interventions
- Developing culturally appropriate digital tools
- Promoting structured self help, peer support, and early intervention
- Reviewing and evaluating digital applications accessible on virtual stores to end users
- Building capacity, engaging stakeholders, and disseminating knowledge
- Supporting evidence informed national dialogue and policy development

Range of studies being undertaken at NIMHANS - ICMR CAR: The Center conducts a wide array of research activities, including: randomized controlled trials, prospective observational studies, development, pilot testing, and evaluation studies, systematic reviews of mental health applications and implementation and effectiveness studies.

Digital Platforms under research: The Center is actively researching multiple digital mental health platforms, including: MindNotes from NIMHANS (for addressing common mental health concerns and breaking help-seeking barriers); Let's Talk Life - a moderated peer support forum, PUSH D - Practice and Use Self Help for Depression (minimally guided /blended intervention formats); ReachOut - Technology-based intervention to improve help-seeking in distressed, non treatment seekers; MindLamp-digital phenotyping for predicting clinical outcomes in schizophrenia; Digital Detox Initiative; WISE - WhatsApp based Initiative for Senior Empowerment (for offering wellbeing support for older adults)

Formats of Digital Interventions: The Center is examining multiple intervention formats to suit diverse needs and settings. These include: unguided structured self help modules, synchronous and moderated peer support systems, minimally guided self help interventions; blended models integrating digital tools with brief therapy in busy clinical settings

Community Engagement: Community engagement is a core pillar of CAR's approach, focusing on collaboration, feedback, and enhancing digital mental health literacy and real world applicability.

Stakeholder Consultation and Capacity Building: The Center has been regularly conducting stakeholder consultation series. A few examples include : Youth consultations and World Café discussions on mental health in the digital era; Consultations with youth and older adults on digital mental health tools; Roundtable dialogues with mental health service providers, app users, and app developers during 2025 - 2026. Additional initiatives of the Center include consultative meetings with digital mental health startups, campus based upskilling programs, and empowerment initiatives using digital tools.

Mental Health App Repository: The Center has launched an ongoing pilot Mental Health App Repository which is designed to support end users by providing structured reviews of mobile applications accessible in India. The repository is based on the systematic review of mental health applications (using 15 key search terms) on play store and apple store available to Indian public. The repository aims to serve as one small step forward in the direction of addressing fragmentation and user confusion in shortlisting a potential set of apps from a vast array of mental health apps available in the marketplace, because these are highly variable in terms of functions served, their scope of use, nature of engagement, features, content and support offered. Through the use of user-centric filters, the repository aims at helping users identify potential applications that may match their needs and preferences and thereby helping in making informed decisions regarding mental health apps and or bringing them up for discussions with their mental healthcare providers. It is planned to invest efforts in periodically updating the repository in view of the dynamic nature of the mental health app market in the country.

Reviews of mental health applications and emerging concerns : The presenter briefly summarized the key concerns emerging from reviews conducted at the Center/by the PI. It was informed that the review process is continuous, with plans to extend to AI powered chatbots as well as applications designed for mental health service providers. The specific findings of the reviews had been discussed in one of the sessions on Day-1.

The key concerns cross cutting the reviews undertaken so far include: a crowded and fragmented mental health app marketplace posing challenges for the users and practitioners, privacy and safety vulnerabilities observed, lack of significant evidence-base, collaboration deficits (developers and

mental health experts), inadequate embedding of crisis support mechanisms and pathways, and ineffective help seeking nudges built into consumer facing apps in low mental health literacy, high stigma contexts in the country.

Call to Collective Action: The presentation concludes with a call for collective responsibility and collaboration in the digital mental health ecosystem, emphasizing the need to work together in ways that exceed individual efforts and create meaningful, large scale societal impact.

The proceedings of Day-3 included a presentation of the summary of recommendations for responsible digital use among students that were discussed on Day-2.

Recommendations for responsible digital use among students : An overview

Core Aim: To promote digital well-being, emotional resilience, and responsible technology use among children and adolescents through a structured framework.

Key Approach: The recommendations adopt a strength-based preventive, early identification and management strategy, integrating digital literacy, mental health promotion, and cyber safety into the child's ecosystem. It emphasizes a multi-stakeholder model involving schools, teachers, parents, students, healthcare professionals, tech companies/digital industries and government systems.

Key Recommendations: Promotion of Healthy Use of Technology

National awareness campaigns including posters, billboards, schemes
Comprehensive guidelines involving major stakeholders, including students, teachers, parents, school and digital industry can help in promoting healthy use of technology

Digital Detox Training

- Digital detox training in the form of courses, exercises and activities should be promoted and encouraged across all institutions/organizations/ community spaces etc.
- Conducting detox days, no- mobile mondays or mobile free fridays.

Intervention

- Scaling of clinics like Services for Healthy Use of Technology (SHUT) clinics across the nation.
- Digital detox helplines to be strengthened. Tele MANAS can collaborate with SHUT Clinic for training their counselors.

Research and data

- Workforce capacity building, include specialized training programmes for health professionals on management of excessive digital technology use.
- Promoting research to conduct longitudinal studies to guide future evidence-based policies.

Expected Outcomes

- **Digital literacy:** Improved digital literacy and responsible usage.
- **Dialogue**: Healthy parent - child communication, school-based program for safer digital environments, and strengthening school–parent collaboration.
- **Design:** Ethical and safer design practices for digital content for children to minimize overuse.
- **Detection**: Early detection of excessive technology use and timely intervention.

Conclusion: These recommendations represent a proactive and scalable approach to managing digital risks among students. By combining education, mental health, and cyber safety within a unified framework, it aims to nurture a balanced, informed, and resilient generation capable of using technology responsibly.

Presentation of the guidelines on digital mental health applications

Presenter: Dr Paulomi Sudhir, Professor of Clinical Psychology and Co Investigator NIMHANS - ICMR CAR

The next session involved summarization of the finalized guidelines on digital mental health applications. Dr Paulomi Sudhir highlighted that the finalized guidelines are the outcome of a carefully evolving and iterative process. Its seeds were sown in reviews of mental health apps carried out by the PI and her team. In its most recent endeavour, the NIMHANS - ICMR Centre for Advanced Research conducted a systematic review of 350 mental health applications available on platforms such as the Google Play Store and Apple App Store. Using a comprehensive set of predefined parameters and 15 key search terms, this review mapped the landscape of digital mental health tools accessible to users in India.

This exercise highlighted several important observations and concerns regarding the nature, functions, safety, quality, and accessibility of these applications. These insights formed the foundation for developing a set of guidelines aimed at three key stakeholder groups - developers, mental health professionals, and end users for safe and responsible use of technology for mental health. The first version of these guidelines was submitted to the Ministry of Health and Family Welfare, Mental Health Division, in February 2026. Building on this, a series of round-table discussions were subsequently held in March 2026 with diverse stakeholder groups to gather wider perspectives. These discussions significantly strengthened and refined the document. The revised draft was then shared with the participants of this national consultative meeting, and their thoughtful suggestions have further enhanced its clarity, relevance, and comprehensiveness .

A detailed and finalized set of Guidelines are presented ahead.

GUIDELINES ON DIGITAL MENTAL HEALTH APPLICATIONS

1. Guidelines for Developers of Mental Health Applications

Note: These guidelines primarily pertain to developers of consumer-facing mental health apps

1.1 Ensuring Transparency about Professional Involvement and Evidence-Informed Content

1.1.1 Clearly communicate to the users about the nature and extent of involvement of mental health experts in the development of mental health applications

Developers should clearly disclose the role, qualifications, and extent of involvement of mental health professionals in the app's design, content creation, and review processes. This disclosure may specify whether experts were continuously engaged, consulted periodically, or involved in advisory roles. Transparency in such communications helps users assess the credibility

1.1.2 Provide transparent information about the developers

Apps should clearly disclose who has contributed to their development, including the names or categories of professionals involved, and the nature of their contributions (e.g., content development, review). Where an organisation or institution is involved, developers should clearly specify its nature (government, non-government, or private) and its functional setting (research, clinical, or training). This transparency helps users understand the institutional context behind the app. This information should be easily accessible to users (e.g., within the app or via app store listing) to enable informed judgment by users about the app's credibility and trustworthiness.

1.1.3 Clearly communicate the evidence-informed nature of all content used within the app, including how emerging evidence is continuously being reviewed, incorporated, and communicated to users.

Developers should specify whether the app's content is based on established psychological therapies (e.g., cognitive behavioral therapy), emerging evidence, expert consensus, general wellness practices, and whether it is grounded in any research on the app itself. When applicable, references to contemporary scientific literature, practice guidelines, or frameworks should be provided in a user-friendly manner in a resource section.

Whether the app has been evaluated through usability testing, pilot studies, or clinical trials, developers should provide accessible, user-friendly capsule summaries of these findings, along with safe and usable links, highlighting key outcomes such as user engagement, acceptability, and effectiveness while avoiding overly technical language. These summaries should also include relevant contextual details, such as where the studies were conducted, the populations involved, and the settings in which the app was tested, particularly in contexts where local applicability is important. Developers should ensure that this section is regularly updated to reflect new evidence, ongoing evaluations, or changes in findings. This transparency can help users and professionals distinguish between evidence-based content and unverified approaches as well as the level of evidence for a given app-content to help them make informed judgments about the app's quality, relevance, and potential impact.

1.1.4 Provide a clear rationale for any technique or approach recommended within the app.

The exercises, recommendations, or interventions included in the app should be accompanied by a brief explanation of its purpose and intended benefit (e.g., how a breathing exercise may help regulate stress or anxiety). This helps users understand not just what to do, but why they are doing it, which can improve engagement, adherence, and appropriate use. It also reduces the risk of misunderstanding or misuse of techniques.

1.2 Promoting appropriate professional help-seeking and strengthening crisis escalation pathways

1.2.1 Include well-designed nudges or prompts to encourage users to seek professional help when high distress along with insufficiency of self-help methods are detected (e.g. through screening tools or self-reports)

When the app identifies indicators of elevated and persistent distress, symptoms or concerns causing significant disturbance in carrying out day-to-day responsibilities, long standing or complex concerns wherein self-help is appearing to be difficult to use or not proving sufficient-it should generate timely and supportive prompts encouraging users to seek professional help. These indicators may emerge from responses to validated screening tools, user inputs, or interaction patterns noted within apps. These prompts should not be limited to disclaimers that the app is not a replacement for diagnosis or therapy. Instead, these should include active educational and motivational enhancement components that help users overcome psychological, social and practical barriers to reaching out for professional help in times of need and offer actionable options such as contacting a helpline or accessing professional services.

Use graded, sensitive nudging rather than abrupt or alarming prompts. Communication during distress detection should be carefully calibrated to avoid causing additional anxiety or alarm. Developers should design a graded system of prompts that escalate in intensity based on the level of risk, starting with gentle check-ins and progressing to stronger recommendations for seeking help when necessary. Language should be empathetic, non-judgmental, and supportive, avoiding abrupt warnings or overly alarming messages. This approach helps maintain user trust, reduces the likelihood of disengagement, and encourages help-seeking in a psychologically safe manner.

1.2.2 Integrate crisis helpline numbers, SOS buttons, and emergency resource links (e.g., Tele-MANAS) within the app interface, with clear escalation pathways to human support where needed and to the extent feasible.

Mental health applications should prominently include access to crisis support within the user interface, ensuring that users experiencing distress can quickly and easily reach appropriate help. This includes offering or integrating reliable national and regional helpline numbers, SOS or “panic” buttons, and links to verified emergency resources that are locally relevant. The helpline numbers listed must be periodically verified and updated by the developers to ensure that the listing includes functional and responsive helplines and that the support offered by them may meet the minimum and critical requirements of distressed callers. These crisis support features should be visible across key sections of the app (not buried in menus), accessible at all times, and designed to function with minimal steps, including one-click calling or direct connection wherever possible.

In addition, apps should go beyond simply listing resources and should actively encourage and guide users toward human support when needed, including providing clear and regionally appropriate referral pathways to the extent feasible. This may include integration with teleconsultation services, on-call professionals, or referral networks. Clear workflows should be defined as to how alerts are triggered, and timely human intervention is facilitated.This helps ensure that individuals in distress are not left navigating multiple options on their own, but are meaningfully supported in accessing timely human assistance.

1.3 Transparency about scope of use and limitations

1.3.1 Provide clear and accessible explanations of the app's purpose and features, using user-friendly formats such as video walkthroughs where appropriate.

Developers should ensure that users can easily understand what the app is designed to do, who it is intended for, and how to use its features effectively. This includes providing simple, jargon-free descriptions during onboarding and within the app, supported by user-friendly formats such as guided tutorials, visual aids, or short video walkthroughs. Clear explanations help users set appropriate expectations, navigate the app confidently, and use features safely and as intended.

1.3.2 Clearly communicate the app's limitations beyond standard disclaimers, including that it is not a substitute for diagnosis, therapy, or emergency services.

In addition to legal disclaimers, apps should explicitly and repeatedly communicate their limitations in practical, understandable terms as part of the description of the scope. Users should be informed as appropriate that the app does not provide clinical diagnosis, replace professional therapy, or function as an emergency response service. This information should be integrated into onboarding, key interaction points, and relevant features to prevent overreliance or misuse, particularly in situations requiring professional intervention.

1.3.3 Ensure that pricing, subscription, or paywall details are clearly visible upfront.

All financial aspects of the app, including subscription fees, in-app purchases, trial periods, and paywall restrictions, should be communicated transparently before users engage with paid features. Hidden costs or unclear pricing structures should be avoided, as they undermine trust and may constitute deceptive practices.

1.3.4 Clearly specify whether the app includes human support, detailing the nature, purpose, modules involved, availability, professional qualifications, associated costs, and expected response times.

If the app offers any form of human support (e.g., chat with a counselor, guided sessions, moderation), developers should provide comprehensive and transparent information about these services. This includes clarifying what type of support is available, who provides it (including qualifications), when and how users can access it, how quickly they can expect responses, and whether there are any associated costs or subscription requirements. This enables users to make informed decisions and set realistic expectations about the support they may wish to seek.

1.3.5 Define the target user group, including age range and level of severity for which the app is intended.

Developers should clearly state the intended audience for the app, including relevant demographics such as age group (e.g., adolescents, adults), language, and the level of mental health need (e.g., general well-being, mild distress, specific mental health symptoms or conditions). This helps ensure that users can determine whether the app is appropriate for their needs and reduces the risk of misuse by individuals for whom the app may not be suitable.

1.3.6 Clearly explain whether AI is used, including its role and limitations, in simple and accessible language. For GenAI-based chatbots, clearly and consistently disclose that users are interacting with an AI system and not a human.

If the app uses artificial intelligence, developers should clearly describe what functions or sections of the app are AI-driven (e.g., chatbot responses, personalization, risk detection), how the AI operates at a high level, and what its limitations are. This explanation should avoid technical jargon and be understandable to a general audience. It should also clarify that AI outputs may not always be accurate or appropriate and should not replace human judgment. GenAI based chatbots should make it clear at various points of interaction, to the user, that they are engaging with an AI system. This disclosure should not be hidden within 'terms and conditions' but should be visible and reiterated where necessary. This helps prevent confusion, minimizes the risk of misattribution of human qualities to the system by naive users, and may also discourage inappropriate reliance on AI for emotional or clinical support.

1.4 Ensuring Data Protection and Transparency about Privacy and Security

1.4.1 Ensure compliance with applicable data protection laws (e.g., the Digital Personal Data Protection Act) and align data practices with legal requirements and user rights.

Developers must ensure that all data collection, storage, processing, and sharing practices comply with relevant national and regional data protection laws as applicable at any given point in time, such as the Digital Personal Data Protection Act. This includes adhering to principles such as lawful processing, purpose limitation, data minimization, and user rights (e.g., access and erasure of data). Periodically review and update privacy policies to reflect evolving standards and regulations. Users should be notified of significant updates in a clear and timely manner, with options to review and consent to revised terms where applicable. Given the rapidly evolving nature of digital technologies and associated risks, developers should create internal processes to periodically review and update their data protection and governance practices. On the whole, compliance should not be treated as a one-time activity but as an ongoing responsibility, with systems in place to monitor regulatory updates and ensure continued alignment.

1.4.2 Present the privacy policy prominently in an easily accessible location using simple, understandable language, including formats such as video walkthroughs where helpful.

Privacy policies should be clearly visible and accessible within the app and on app store listings, rather than being hidden in lengthy or complex documents. Developers should use plain language to explain key points and consider alternative formats such as summaries, infographics, or short videos to improve user comprehension. The goal is to enable users to meaningfully understand how their data is handled, rather than simply obtaining formal consent.

1.4.3 Clearly specify what data is collected, the purpose of collection, duration of storage, where it is stored, how it is disposed of, and whether and with whom data is shared. Disclose the involvement of any third parties in data processing or storage.

Developers should provide detailed and transparent information about data practices, including the types of data collected (e.g., personal information, usage data, health-related inputs), the

specific purposes for which each type of data is used, how long the data will be retained, and where the data is stored (e.g., on-device, cloud servers, geographic location where relevant). They should also clearly explain how data will be securely deleted, anonymized, or otherwise disposed of. Once it is no longer needed after expiry of the data retention period or upon user request. In addition, any sharing of data with third parties should be explicitly disclosed, including the nature and purpose of such sharing. This information should be presented in a structured and user-friendly manner to give users a clear understanding of the complete data lifecycle. If external vendors, cloud service providers, analytics tools, or other third parties are involved in handling user data, their role and due safeguards should be clearly disclosed.

1.4.4 Clearly explain whether the app shares or links user data with other health platforms or maintains records over time (e.g., tracking progress across sessions), and ensure this occurs with explicit user consent.

Developers should transparently communicate whether user data is stored longitudinally (e.g., to track mood or symptom changes over time) and whether it is shared with or accessible to other systems such as electronic health records, healthcare providers, or third-party platforms. The purpose, scope, and implications of such data use should be clearly explained. Any such integration or data sharing for the intended purpose must occur only after obtaining explicit, informed user consent, with options to opt in or opt out.

1.4.5 Provide clear options for users to delete their accounts and associated data. Clearly state what happens to user data after account deletion or app uninstallation.

Users should have straightforward and easily accessible options to delete their accounts and request deletion of their personal data. The process should not be complex, hidden, or unnecessarily delayed. Clear instructions should be provided within the app, and users should be informed about the timeline and scope of data deletion once a request is made.

Developers should explicitly inform users whether any data is retained after account deletion or app uninstallation, such as for legal, regulatory, or other specified purposes. The duration of such retention and the reasons for the same should be clearly explained. This prevents misunderstandings and ensures transparency regarding residual data storage.

1.4.6 Incorporate dynamic consent mechanisms, enabling users to provide, review, and withdraw consent as features or interaction contexts evolve.

Developers should implement consent systems that go beyond one-time agreements. Users should be able to revisit, modify, or withdraw their consent as new features are introduced or as the nature of data use changes. This includes providing clear interfaces for managing permissions and ensuring that changes in consent are respected in real time. Dynamic consent supports user autonomy and aligns with evolving standards in ethical digital practice.

1.4.7 Minimize data collection to what is strictly necessary and avoid sharing with third parties without explicit user consent.

Apps should follow the principle of data minimization by collecting only the information that is essential for delivering core functionalities. Unnecessary or excessive data collection should be avoided. Additionally, any sharing of data with third parties should occur only after obtaining clear, informed, and explicit consent from the user, with options to opt in or opt out.

1.4.8 Implement strong data security measures, including encryption, secure storage, and other safeguards to protect confidentiality.

Developers should adopt robust technical and organizational measures to protect user data from unauthorized access, breaches, or misuse. This includes using encryption (both in transit and at rest), secure authentication mechanisms, access controls, and regular monitoring of systems. Given the sensitive nature of mental health data, heightened security standards are essential. Where feasible, adopt practices to minimise risk of data exposure in transit and interception risks (for eg: edge computing).

1.4.9 Conduct regular security audits to identify and address vulnerabilities.

Periodic security assessments, including internal audits and independent third-party evaluations, should be conducted to identify potential vulnerabilities in the system. Findings from these audits should be promptly addressed, and improvements should be documented and implemented. This proactive approach helps maintain system integrity and user trust.

1.5 Ensuring Content Quality and Responsible Design for Maximising Benefits and Minimising Harm

1.5.1 Involve qualified mental health professionals at all stages-conceptualization, content development, testing and periodic review, especially for apps supporting users with self-reported or diagnosed mental health conditions.

Developers should ensure that appropriately trained and licensed mental health professionals (e.g., psychiatrists, clinical psychologists, psychiatric social workers) are meaningfully involved throughout the lifecycle of digital mental health applications. Their role should go beyond superficial consultation and include shaping the conceptual framework of the app, developing and reviewing therapeutic or psychoeducational content, informing risk management strategies, and validating outputs during testing. Ongoing involvement is essential to ensure that content remains clinically and socioculturally relevant, safe, and aligned with evolving standards of mental health care, particularly for apps targeting individuals experiencing psychological distress or mental health conditions.

1.5.2 Include content that actively dispels common myths and misconceptions about mental health, mental illness, and treatment approaches.

Developers should ensure that the mental health app includes accurate, evidence-informed information that challenges common myths, stereotypes, and misinformation related to mental health. This may include addressing misconceptions about causes of mental illness, effectiveness of treatments, stigma associated with seeking help, and unrealistic expectations of recovery. Content should be culturally appropriate, easy to understand, and designed to promote mental health literacy, reduce stigma, and encourage informed help-seeking behaviors.

1.5.3 Use diagnostic terminology cautiously, avoiding premature or definitive labeling without appropriate professional evaluation.

Apps should avoid assigning or implying clinical diagnoses based solely on user inputs, self-assessments, or algorithmic outputs. Diagnostic terms (e.g., depression, anxiety disorders) should be used carefully and, where necessary, accompanied by clear explanations that they are not

substitutes for professional evaluation. Developers should ensure that screening tools or symptom checkers are evidence-based, presented as indicative rather than definitive, and should guide users toward qualified professionals for accurate diagnosis and assessment.

1.5.4 Conduct periodic third-party reviews to ensure continued alignment with emerging scientific and ethical standards.

Regularly update content in line with current scientific evidence and best practices. Developers should try to engage independent experts or organizations to periodically review the app's content, features, and overall functioning. These reviews should assess alignment with current scientific evidence, clinical guidelines, ethical standards, and user safety considerations. Findings from such evaluations should be used to update and improve the app, and where appropriate, summaries of these reviews may be shared publicly to enhance transparency and credibility.

1.5.5 Provide ethical reporting mechanisms that allow users or professionals to flag misleading, harmful, or unsafe content.

Apps should include accessible and user-friendly mechanisms (e.g., in-app reporting tools, feedback forms) that enable users and professionals to report concerns about inaccurate, misleading, or potentially harmful content or features. These mechanisms should be clearly visible, easy to use, and supported by defined processes for timely review and response. Developers should ensure that reported issues are taken seriously, investigated promptly, and addressed appropriately.

1.5.6 Avoid deceptive design practices that mislead user decisions (e.g., hidden costs, forced consent, confusing navigation, or barriers to opting out).

Developers should ensure that the app's design and user interface respect user autonomy and informed choice. This includes avoiding practices that intentionally manipulate behavior, such as hiding important information, making it difficult to decline consent, using confusing language or navigation, or nudging users toward decisions that may not be in their best interest. Transparent, ethical design fosters trust, supports user agency, and aligns with responsible digital health practices.

1.5.7 Incorporate design features that reduce the risk of emotional dependency on AI systems.

Developers should proactively design features that discourage excessive reliance on AI interactions for emotional support. This may include setting limits on continuous interaction, consistently and appropriately reinforcing users to engage in activities outside the app-environment, avoiding language that fosters exclusivity or emotional bonding with the AI, and prompting users to seek human support from various reliable sources. The goal is to ensure that AI serves as a supportive tool without diminishing or replacing real-world relationships or professional care.

1.5.8 Adopt a participatory approach by involving people with lived experience in the co-design, development, and evaluation of the app, ensuring their perspectives meaningfully inform features, usability, and relevance.

Developers should actively engage individuals with lived experience of mental health conditions as partners in the design and evaluation process, rather than as passive participants. This includes involving them in identifying user needs, testing prototypes, providing feedback on usability and

language, and shaping features that reflect real-world experiences. Such engagement helps ensure that the app is accessible, culturally appropriate, non-stigmatizing, and responsive to the needs and preferences of its intended users, while also aligning with rights-based principles such as "nothing about us without us."

1.5.9 Ensure active involvement of parents or legal guardians in the design and deployment of digital mental health tools intended for children and adolescents.

For applications targeting minors, developers should incorporate mechanisms that enable appropriate parental or guardian involvement, including consent processes, usage monitoring (where appropriate), and guidance on safe use. Content, language, and features should be developmentally appropriate, and safeguards should be in place to protect minors from harm, misuse, or exposure to inappropriate material. Developers should also consider how to balance adolescent autonomy with parental oversight in ethically appropriate ways.

1.5.10 Consider incorporating voice-based interactions to improve accessibility.

To enhance inclusivity, developers should consider integrating voice-based features such as audio instructions, voice navigation, or speech-to-text input. These features can make the app more accessible to users with limited literacy, visual impairments, or those who are more comfortable with spoken language. Designing for diverse user needs helps broaden reach and ensures equitable access to mental health support.

1.5.11 Incorporate measures that enable access to essential features in low-connectivity or offline environments.

To improve equity of access, app developers can make an effort that the key functions remain usable to the extent feasible even when connectivity is weak or unavailable. This may include allowing offline access to essential materials such as psychoeducation, self-help tools, or previously downloaded modules. Such features can help users in low-bandwidth or underserved areas to continue to use a given app.

GUIDELINES ON
DIGITAL MENTAL HEALTH APPLICATIONS

2. Guidelines for Mental Health Service Providers

2.1 Competencies in evaluating digital tools for inclusion in practice

2.1.1 Build competencies to critically evaluate mental health apps with respect to privacy, data security, content quality, and fit for purpose before recommending them.

Mental health professionals should strive to develop the necessary knowledge and skills to systematically assess digital mental health applications before integrating them into clinical care or recommending them to clients. This includes evaluating the app's data privacy and security practices (e.g., how user data is collected, stored, and shared), the quality and accuracy of its content (e.g., whether it is evidence-informed and clinically appropriate), and its overall suitability for a specific client's needs, context, and level of distress. Professionals should also consider usability, accessibility, transparency of claims, and potential risks, including overreliance or misuse.

2.1.2 Stay updated with emerging digital mental health guidelines, standards and frameworks to ensure clinical recommendations align with current best practices.

Given the rapidly evolving nature of digital mental health technologies, professionals should actively engage in continuous learning to remain informed about new developments, regulatory updates, and best practice guidelines. This may include reviewing national and international frameworks, attending training programs or workshops, participating in professional networks, and engaging with current research. Staying updated enables clinicians to make informed decisions about the use of digital tools, provide accurate guidance to clients, and ensure that their practice remains aligned with ethical standards, technological advancements, and evolving evidence.

2.2 Judicious integration with clinical practice

2.2.1 Where appropriate and beneficial, judiciously integrate digital tools into routine care (e.g., for mood tracking, psychoeducation, or between-session activities).

Mental health professionals should thoughtfully incorporate digital tools into clinical practice where they can add value to care by appropriate usage (e.g. low intensity interventions, psychoeducation during waiting periods before therapy initiation, adjuncts to the ongoing treatment process, therapeutic homework assignments, monitoring concerns, strengthening coping and facilitating recovery process by integrating meaningfully with face to face therapies). Integration should be tailored to the individual client's needs, preferences, digital literacy, and clinical presentation. Clinicians should also monitor how the tool is being used and its impact on treatment outcomes, ensuring that it complements ongoing clinical management.

2.2.2 Proactively inquire about patients' use of wellness apps and GenAI chatbots, using this as an opportunity to discuss potential benefits, limitations, and risks (e.g., development of unhealthy reliance on AI tools).

Clinicians should routinely ask clients about their use of digital mental health tools, including wellness apps and GenAI-based chatbots, as part of assessment and ongoing care. These conversations can provide valuable insight into the client's coping strategies, sources of information, and support systems. Professionals should use this opportunity to discuss both the potential benefits (e.g., accessibility, self-reflection) and limitations (e.g., lack of personalization, inaccuracies), as well as risks such as overreliance, misinformation, or emotional dependence on AI systems. This approach helps promote informed and balanced use of such tools

2.2.3 Recognize that clients may bring app-based or AI-generated inputs into therapy, and support them in critically evaluating and contextualizing this information.

Clients may present suggestions, interpretations, or advice generated by apps or AI tools during therapy sessions. Mental health professionals should acknowledge these inputs respectfully and use them as opportunities for discussion, rather than dismissing them outright. Clinicians can help clients critically examine the relevance, accuracy, and applicability of such information in the context of their individual experiences and treatment goals. This process supports critical thinking, strengthens the therapeutic alliance, and ensures that external inputs are appropriately integrated into care.

2.2.4 When recommending tools for children and adolescents, provide age-appropriate guidance on risks such as emotional attachment, and ensure parental consent and child assent are obtained.

When working with minors, clinicians should exercise additional caution in recommending digital tools. They should provide clear, developmentally appropriate guidance to both the child/adolescent and their parents or guardians regarding potential risks, including emotional attachment to digital agents, exposure to inappropriate content, or misuse. Informed parental consent and, where appropriate, the child's assent should be obtained before recommending or integrating such tools into care. Ongoing monitoring and open communication with both the child and caregivers are essential to ensure safe and appropriate use.

2.2.5 Foster a safe and open environment where patients feel comfortable discussing their use of digital tools, including concerns or adverse experiences.

Mental health professionals should create a non-judgmental and supportive space where patients feel encouraged to share their experiences with digital mental health tools, including both positive and negative aspects. This includes inviting discussions about any confusion, distress, or dissatisfaction arising from app use or use of a general purpose AI platform for mental health support.. An open dialogue allows clinicians to identify potential risks early, correct misinformation, and integrate relevant insights into the therapeutic process, thereby enhancing safety and trust.

2.2.6 Exercise heightened vigilance when working with vulnerable populations using GenAI or wellness apps. Screen for and monitor patterns such as maladaptive reassurance-seeking, overreliance, or reinforcement of harmful behaviors—particularly among individuals with conditions such as OCD, autism spectrum disorder, psychosis, history of self-harm, or high social isolation.

When working with individuals who may be more vulnerable to the risks associated with digital tools, clinicians should adopt a more cautious and proactive approach. This includes routinely assessing how such tools are being used and identifying patterns that may be clinically concerning, such as excessive reassurance-seeking, emotional dependence on AI interactions, withdrawal from real-world support systems, or reinforcement of maladaptive beliefs, behaviors or breakdown of reality testing. Particular attention should be given to populations where these risks may be heightened, and appropriate guidance on boundaries, or discontinuation of use should be considered where necessary.

2.3 Educating Potential End-Users

2.3.1 Educate patients and the general public on safe, informed use of digital mental health tools, including recognizing when to seek professional help.

Mental health professionals should play an active role in improving digital and mental health literacy by guiding patients and the wider public on how to use digital tools safely and effectively. This includes helping individuals understand the appropriate role of such tools, how to evaluate their credibility, and how to use them as supportive resources rather than primary or exclusive sources of care. Professionals should also educate app users on recognizing warning signs that indicate the need for professional intervention, such as worsening symptoms, persistent distress, or thoughts of self-harm, and guide them on when and how to access appropriate services.

2.3.2 Reinforce that digital tools are not substitutes for professional assessment, diagnosis, or therapy.

Professionals should consistently emphasize that while digital tools can support self-management and complement care, they do not replace professional evaluation, diagnosis, or therapeutic intervention. Reinforcing this distinction helps prevent delays in seeking appropriate care and reduces the risk of misinterpretation or self-diagnosis.

2.3.3 Engage parents and guardians through psychoeducation, and involve them actively in selecting and overseeing digital tool use for minors.

For children and adolescents, mental health professionals should actively involve parents or guardians in decisions related to the use of digital mental health tools. This includes providing psychoeducation about the potential benefits and risks of such tools, guiding caregivers in selecting appropriate and credible applications, and supporting them in monitoring usage. Collaboration with caregivers helps ensure that digital tool use is safe, developmentally appropriate, and aligned with the child's therapeutic needs.

2.4 Engagement in Research, Consultations and Collaborations

2.4.1 Contribute to the co-design and evaluation of digital mental health tools by offering clinical expertise to enhance their safety, reliability and effectiveness.

Mental health professionals should actively participate in the design, development, and evaluation of digital mental health tools by contributing their clinical knowledge and experience. This includes collaborating with developers to ensure that app content, features, and user flows are clinically appropriate, ethically sound, and responsive to user needs. Professionals can also play a key role in pilot testing, usability assessments, and outcome evaluations, helping to identify potential risks, improve intervention quality, and ensure that tools are both safe and effective for real-world use.

2.4.2 Advocate for independent and rigorous evaluation of apps that make clinical, therapeutic or diagnostic claims.

Clinicians should promote the importance of evidence-based practice in the digital mental health space by advocating for independent validation of apps that claim to offer therapeutic benefits or diagnostic capabilities. This includes encouraging the use of robust research designs (e.g., controlled trials, implementation studies) and transparency in reporting outcomes. They can also

guide patients and institutions toward using tools that have been appropriately evaluated, while remaining cautious about those that make unsupported or exaggerated claims.

2.4.3 Engage in research to identify the therapeutic contexts in which different categories of digital tools can be used safely and effectively.

Mental health professionals should contribute to building the evidence base for digital mental health by engaging in research that examines when, how, and for whom different types of digital tools are most beneficial. This may include studying their use as adjuncts to therapy, in preventive contexts, or for specific populations and conditions. Such research can help clarify appropriate use cases, inform clinical guidelines, and ensure that digital tools are integrated into care in a manner that maximizes benefit and minimizes harm.

2.4.4 Develop foundational communication and collaboration skills to work effectively with technology developers and interdisciplinary teams.

As digital mental health involves collaboration across disciplines, professionals should build skills to effectively communicate clinical concepts to non-clinical stakeholders such as developers, designers, and data scientists. This includes the ability to articulate user needs, ethical considerations, and clinical requirements in ways that can be translated into design and technical solutions. Strong interdisciplinary collaboration helps bridge the gap between clinical practice and technology development, leading to more user-centered, safe, and effective digital tools.

GUIDELINES ON
DIGITAL MENTAL HEALTH APPLICATIONS

3. Guidelines for End Users

3.1 Assessing App Claims and Credibility

3.1.1 Check the credibility of the app by looking for involvement of qualified mental health professionals and the organizations involved in its development.

Users should make an effort to verify who has developed or contributed to the app development. This includes checking whether qualified mental health professionals (such as psychiatrists, psychologists, or other trained practitioners) and credible institutions (e.g., hospitals, academic institutions, or recognized organizations) have been involved. This information is often available in the app description, "About" section, or official website. Apps developed without professional input may lack clinical accuracy or safety considerations, making it important to assess credibility before use.

3.1.2 Be cautious of apps that make unrealistic promises or claim to "cure" mental health conditions. Watch for exaggerated or guaranteed outcomes (e.g., "cure depression," "heal trauma," "overcome ADHD in 4 weeks," or "fix anxiety").

Mental health conditions are complex and typically require comprehensive, evaluation and individualized car plans. Recovery is often gradual and varies across individuals. Users should be wary of apps that promise quick fixes, guaranteed results, or complete cures, as such claims are often misleading and not grounded in evidence. Such statements may create unrealistic expectations or lead to disappointment if results are not achieved. Responsible tools usually present themselves as supportive aids rather than definitive solutions.

3.1.3 Understand the difference between the roles of mental health professionals and AI chatbots. Recognize that GenAI tools cannot diagnose or treat psychological conditions.

Users should recognize that mental health professionals are trained and licensed to assess, diagnose, and treat psychological conditions through evidence-backed treatment approaches and personalized care, whereas AI chatbots are automated systems that generate responses based on patterns in data. While chatbots may offer general guidance or support, they are often likely to fall short in terms of clinical judgment, accountability, or the ability to understand complex individual contexts in the way a trained human professional can.Generative AI tools may simulate conversations or provide suggestions, but they do not have the ability to conduct clinical assessments, make diagnoses, or deliver therapy. Users should avoid relying on such tools for medical or psychological decisions and should seek consultations from qualified professionals for accurate evaluation and care.

3.1.4 Be wary of apps or platforms presenting themselves as therapy services without verifiable professional credentials.

Some apps may market themselves as offering therapy or counseling services without clearly providing information about the qualifications or credentials of the individuals involved. Users should look for clear details about who is providing the service, their training, licensing, and professional background. Lack of transparency in this area may indicate that the service is not appropriately regulated.

3.1.5 Be cautious of misleading diagnostic claims such as "instant diagnosis" or "AI therapist-approved diagnosis."

Diagnosis of mental health conditions requires a comprehensive assessment by a qualified professional, typically involving detailed history-taking and clinical evaluation. Apps that claim to provide instant or automated diagnoses may oversimplify complex conditions and lead to misunderstanding or inappropriate self-labeling. Users should treat such claims with caution and seek professional evaluation when needed.

3.2 Privacy and Data Protection Awareness

3.2.1 Read privacy policies carefully and ensure you understand how your data are collected, used, and stored.

Users should take time to review the app's privacy policy before using it, paying attention to what types of data are being collected (e.g., personal details, mental health information, usage patterns), how this data will be used, and where and how it will be stored. While privacy policies can often be lengthy or complex, users should focus on key aspects such as data sharing, storage duration, and user rights. Understanding these elements helps users make informed decisions about whether they are comfortable sharing sensitive information through the app.

3.2.2 Look for and appropriately utilize available options to limit data sharing and stay aware of how to request deletion of your data.

Many apps provide settings that allow users to control how their data is shared or used. Users should actively explore these options to restrict unnecessary data sharing, especially with third parties such as advertisers. Additionally, users should be aware of their right to request deletion of their data and should use available features to delete their accounts or specific data when they no longer wish to use the app. Taking these steps helps users maintain greater control over their personal information.

3.2.3 Be aware of the difference between essential and non-essential cookies, and check whether you can control or opt out of non-essential tracking.

Users should understand that essential cookies are required for the basic functioning of an app or website (e.g., enabling login or core features), while non-essential cookies are often used for purposes such as analytics, personalization, or advertising. Where possible, users should review cookie settings and opt out of non-essential tracking if they are uncomfortable with their data being used for these purposes. Being aware of these distinctions allows users to make more informed choices about their privacy.

3.3 Safe and Informed Usage

3.3.1 Use mental health apps as self-help tools or adjuncts, not as substitutes for professional diagnosis or therapy.

Users should approach mental health apps as supportive tools that can aid in self-reflection, skill-building, or day-to-day well-being, rather than as replacements for professional care. While such apps may offer useful exercises, tracking features, or general guidance, they do not provide individualized clinical assessment or treatment. Relying solely on apps in place of professional help may delay appropriate care, particularly when dealing with significant or persistent mental health concerns.

3.3.2 Be aware of signs that self-help is not proving sufficient and professional support may be needed.

Users should monitor their mental health and recognize when additional support is necessary. Indicators that self-help may not be enough include worsening symptoms, persistent distress, difficulty functioning in daily life, thoughts of self-harm, or lack of improvement despite continued app use. In such situations, it is important to seek help from qualified mental health professionals or appropriate services rather than relying solely on digital tools.

3.3.3 Prefer apps that provide crisis support options, include some level of human oversight, and encourage seeking professional help when distress increases.

When choosing and using mental health apps, users should look for features that prioritize safety, such as access to crisis helplines, clear pathways to professional support, and some degree of human involvement (e.g., moderation, counseling services). Apps that actively encourage users to seek help when distress intensifies are more likely to support responsible and safe use.

3.3.4 Regularly reflect on how the app affects your mental well-being; discontinue use if it causes distress, confusion, or leads to emotional dependency or overuse.

Users should periodically evaluate their experience with the app and its impact on their emotional state and behavior. If the app leads to increased anxiety, confusion, frustration, or fosters a sense of dependency - such as feeling compelled to use it excessively or relying on it for emotional reassurance - it may be appropriate to reduce use or stop using it altogether. GenAI chatbots may result in conversations that focus mostly on validation which feels comforting and soothing without balancing this with appropriate reflective questioning or therapeutic-challenging that helps generate newer perspectives or insights, unlike in evidence-based therapies by trained human professionals. Being mindful of these potential effects helps prevent potential harm and supports healthier engagement with digital tools.

3.3.5 Strengthen your digital and mental health literacy to make informed decisions about using technology for well-being.

Users are encouraged to enhance their understanding of both mental health and digital technologies to make more informed choices. This includes understanding basic mental health concepts, recognizing reliable sources of information, learning how to stay safe in online environments, evaluate credibility of digital content, and being aware of the benefits and limitations of digital tools. Improved digital and mental health literacy empowers users to engage with technology in a safe and beneficial manner.

3.4 Communication with Healthcare Providers

3.4.1 Discuss with your mental health professional your needs and preferences for supplementing care with app-based support.

Users should actively engage in conversations with their mental health professionals about their interest in using digital tools as part of their care. This includes discussing what kind of support they are looking for (e.g., mood tracking, coping strategies, reminders), their comfort with technology,

and any concerns they may have. Such discussions enable professionals to recommend appropriate tools, tailor their use to individual needs, and ensure that app-based support complements ongoing treatment in a safe and meaningful way.

3.4.2 Inform your healthcare provider about any GenAI tools or wellness apps you are using, so they can help assess whether the guidance is appropriate, safe, and aligned with your care plan.

Users should keep their healthcare providers informed about any digital tools they are using, including AI-based chatbots or wellness applications, rather than keeping this a secret. Sharing this information allows professionals to evaluate the accuracy and relevance of the guidance provided by these tools, identify any potential risks or inconsistencies with the treatment plan, and offer corrective input where necessary. A collaborative approach can help ensure that digital tool use supports, rather than interferes with, effective care.

Recommendations for the Way Forward: Protecting Users and Building a Stronger Digital Mental Health Ecosystem

A series of recommendations were presented by the NIMHANS-ICMR Centre for Advanced Research on 17 April 2026. These recommendations are grounded in global best practices and Indian realities, and informed by systematic reviews of mental health applications, existing research evidence, and ongoing stakeholder consultations. These take into account the suggestions received during the National Consultative Meeting Day -1 deliberations.

These recommendations on digital mental health are proposed as practical, actionable steps rather than exhaustive or final solutions and are geared towards strengthening safety, quality, and judicious use of digital mental health applications within India's mental health care systems.

Recommendation 1: High-Powered Committee for a National Tiered Governance Framework

Purpose

To constitute a high powered, multidisciplinary committee to design a nationally relevant, tiered governance framework for mental health applications (not limited to AI enabled tools) with differentiated oversight based on risk levels.

Context

The digital mental health and wellness app ecosystem in India is expanding rapidly, with wide variation in app content, claims, associated risks, and user vulnerabilities. Moreover, mental health apps pose unique challenges due to sensitive data and interactions by potentially vulnerable users.

This calls for proportionate, risk based approaches to governance of mental health apps that protect users - particularly vulnerable populations - without creating unnecessary regulatory burden. This recommendation seeks to operationalize risk stratification for mental health applications, aligned with evolving national level risk classifications such as those of the Central Drugs Standard Control Organisation (CDSCO). The existing global and national frameworks would be examined as well as risk classifications of software as medical devices in general in the India context.

Composition

The committee should include experts in mental health (including digital mental health), public health, human development, ethics, technology, and individuals with lived experience of mental health conditions.

Expected Outcomes

The committee will develop an evidence-informed governance framework incorporating safeguards for vulnerable users and mechanisms for periodic review and updating, ensuring continued alignment with existing laws and responsiveness to emerging technologies and regulatory changes.

Recommendation 2: National Directory for Voluntary Listing of Mental Health Apps

Purpose

To establish a voluntary national directory for listing mental health applications that meet minimum safety standards and have undergone independent evaluation of content quality, encouraging transparency, adherence to best practices, and responsible innovation.

Scope

To enhance feasibility and sustainability, the directory may initially focus only on applications targeting mental health symptoms and providing clinically oriented support.

Process

Developers would pay a nominal fee into a Ministry of Health and Family Welfare designated system or authorized agency/body that empanels independent evaluators. Evaluators would be remunerated from this pooled fund to ensure impartiality and minimize conflicts of interest.

Applications seeking inclusion would be assessed using predefined standardized parameters, including clarity of purpose, scope, and limitations; absence of misleading claims; availability of crisis support pathways; compliance with privacy and data protection regulations; and transparency regarding the level of available evidence. In addition to standard document scrutiny, the process would involve independent evaluation of content-quality by two empanelled experts in mental health.

Outcome and Potential Benefits

This directory would incentivize developers working in the mental health space to demonstrate baseline safety and content quality standards through a standardized and independent evaluation process. This system is expected to function in ways similar to an accreditation system. However, it may be noted that the focus is on apps meeting basic minimal standards in terms of safety and content-quality.

A national directory is feasible when implemented as a voluntary, risk-based listing system supported by standardized safety guidelines, developer self-declaration, and independent professional evaluation. This approach can promote user safety and basic content quality without imposing regulatory burden on the broader wellness ecosystem.

Recommendation 3: End-User Friendly Repository of Mental Health Apps

Purpose

To provide simple, descriptive summaries of mental health applications accessible to Indian users on virtual app stores for supporting informed decision making by the public. This repository is not intended as a certification or approval mechanism.

Implementation

Pilot work on the repository has been initiated by the ICMR–NIMHANS Centre for Advanced Research through systematic reviews of publicly available mental health applications.

The repository would require periodic reviews of newer mental health applications on virtual stores. Given that the activity requires staff time, basic evaluator training, and periodic updates, the Ministry may consider enabling its sustainability through limited support drawn from existing national mental health or digital health programme budgets. In addition, CSR contributions aligned with public health and digital literacy objectives may be encouraged, where appropriate, to strengthen capacity and ensure continuity.

Scope and Features

The repository will utilize publicly available information and structured mapping checklists. It will allow filtering by users based on user centric parameters, and provide concise app profiles describing them on aspects such as their functions, target group, evidence base, pricing, and levels of human support. It would also indicate if an app has gone through an independent review process as part of inclusion in the national directory. On the whole, the repository would include apps as they appear in the app markets and would not be dependent on any application- process from app developers for potential inclusion.

Outcome

The repository would provide descriptive summaries of mental health and wellness applications based solely on publicly available information and standardized parameters. The outcome would be a user friendly, accessible resource enabling individuals to better understand available mental health applications and identify/shortlist options aligned with their needs.

Recommendation 4: Digital Mental Health Literacy Course for Mental Health Service Providers

Purpose

To build foundational digital mental health competencies among mental health service providers, supporting safe and ethical integration of digital tools into mental health care delivery.

Proposed Implementation

The course would be delivered through the NIMHANS Digital Academy and developed in consultation with the ICMR–National Institute for Research in Digital Health and Data Science and the Ministry of Health and Family Welfare.

Core Content

Indicative content includes the scope and limitations of digital mental health applications, risk identification, crisis safe communication, privacy and ethical considerations, and guidance on responsible use and recommendation of mental health apps.

Outcome

This initiative would contribute to national capacity building and ensure that mental health professionals are prepared to engage with and contribute to the evolving digital mental health ecosystem in India.

Recommendation 5: Ministry Approved Guidelines for Stakeholder Groups

Purpose

To provide clear, accessible guidance to stakeholders on supporting the safe and responsible development, recommendation, and use of mental health applications.

Implementation

The Ministry of Health and Family Welfare may examine, approve, and disseminate the guidelines emerging from national consultative processes. The dissemination of these guidelines can provide practical direction on minimum safety expectations, crisis safe communication, transparency of purpose and limitations, and responsible integration of digital tools into mental health care.

Target Groups

Developers, mental health professionals and members of the general public.

Outcome

Nationally uniform, stakeholder friendly guidance which supports safe digital mental health practices.

Dissemination through Ministry channels would ensure national reach, institutional legitimacy, and consistent messaging across sectors.

Note: While the core elements of the guidelines are expected to be stable as these are foundational, It is proposed to carry out periodic review and updating of the guidelines (e.g. on once in six months basis) in keeping with emergent technologies, any changes in the relevant national rules and regulations as well as deliberations of the high-powered committee.

Additional Recommendations:

A. Centre for Applied Research on Digital Mental Health Applications

It is recommended to establish a dedicated centre or department of Applied Research on Digital Mental Health at NIMHANS with a long term mandate to generate implementation focused evidence on digital mental health applications.

It is envisaged that the centre would focus on implementation effectiveness, real world evaluation, user safety research, and responsible adoption models.

The centre would also work towards supporting integration of digital tools into training and service delivery. Its operation may be supported through public–private partnerships. Such a centre could serve as a national hub for innovation, capacity building, and evidence generation in digital mental health.

B. Curriculum integration

It is recommended that digital mental health literacy be integrated into the formal curricula of mental health service providers, so that foundational competencies are built during pre-service education. This is suggested as a complementary approach in addition to the proposed digital mental health certificate course for creating a layered approach to capacity building.

Conclusion:

Collectively, these recommendations outline a phased and tiered approach for strengthening India's digital mental health ecosystem - balancing innovation with user safety, ethical practice, and evidence based integration into mental health care services.

Reflections on the Proposed Guidelines and Recommendations

The last segment of the Day-3 proceedings involved soliciting remarks and feedback from dignitaries and officials from the concerned ministries and agencies who participated in the meeting.

Opening Remarks for Reflections on the Proposed Guidelines and Recommendations

Dr. Ashoo Grover, Scientist G and Head, Delivery Research Division, ICMR, New Delhi.

In her opening remarks, she highlighted that while digital technologies offer significant opportunities for mental health care, it is essential to exercise caution in the development of such interventions, given that they are intended for the general public. She emphasized the need to ensure that all digital tools adhere to data protection norms, including compliance with the DPDP Act, to safeguard user privacy and trust.

She also noted that the three-day national consultation involving various groups of stakeholders and experts was a valuable exercise and appreciated the efforts of the NIMHANS–ICMR Centre for Advanced Research in organizing the meeting. She reaffirmed ICMR's support for the initiative and invited special invitees from various ministries and organizations to share their remarks.

Remarks by Special Invitees

Dr. Pratima Murthy, Former Director and Senior Professor of Psychiatry, NIMHANS

Dr. Murthy reflected on the rapid expansion of digital mental health interventions, particularly during the COVID-19 pandemic, highlighting their role in improving access, continuity of care, and confidentiality. She noted NIMHANS' early adoption of digital training and service delivery models, including the ECHO-online training of primary healthcare providers in addiction care and the NIMHANS Digital Academy, which have supported capacity building across multiple disciplines.

She emphasized that initiatives such as Tele-MANAS have significantly expanded nationwide access to care. At the same time, the proliferation of mental health apps has highlighted both growing demand and the need for structured, evidence-based interventions.

She stressed on the importance of clear regulatory frameworks and highlighted the potential for incubation ecosystems at NIMHANS to support developers with both technological and clinical expertise.

“Digital platforms are here to stay, we need to use them well. I think the observation that there are so many apps floating left, right and centre in the country has made some things very apparent: the need for mental health services, so that people with various kinds of psychological distress could access them. But obviously, we need the right kind of guardrails to make sure that the ethical, legal and other kinds of issues are taken care of -so I'm sure if we develop a framework in conjunction with the ministry, ICMR and other organisations, this can be a great help to users.”

Dr. Pratima Murthy, *Former Director and Senior Professor of Psychiatry, NIMHANS*

Dr. Mohan Isaac, Clinical Professor of Psychiatry, University of Western Australia.

Dr. Isaac offered a public health perspective, emphasizing both the potential and risks of using digital mental health platforms. He highlighted applications across the care continuum, from promotion and prevention to chronic care and relapse prevention.

A key concern he raised was the lack of robust evidence and rigorous evaluation for many digital mental health applications. He underscored the urgent need for high-quality validation and stronger research frameworks to ensure effectiveness, safety, and credibility. Endorsing the recommendations emerging from the consultation, he particularly emphasized the importance of establishing a national governance framework through a high-powered committee to guide this field.

He concluded by identifying the creation of a dedicated centre or department for applied research in digital mental health as a critical priority for immediate implementation, positioning it as essential for advancing evidence generation and informing policy and practice in this rapidly evolving domain.

"Digital mental health applications hold immense potential - from promotion, prevention, and psychoeducation to supporting recovery and relapse prevention in chronic conditions. At the same time, potential harms must be carefully considered, and high-quality validation is essential. While I strongly endorse the proposed recommendations, this is only the beginning, particularly with the call to constitute a national high-powered committee to shape a governance framework."

***Dr. Mohan Isaac**, Clinical Professor of Psychiatry, University of Western Australia.*

Dr. Rajesh Sagar, Professor of Psychiatry, AIIMS, New Delhi.

Dr. Rajesh Sagar reflected on the rapid growth of digital mental health in India, emphasizing its potential to expand access and reduce the treatment gap. Drawing on both historical and current examples, he illustrated how even basic technologies have long supported remote mental health care, and how newer digital interventions can further strengthen diagnosis, treatment, and service delivery.

He highlighted the need to build a coordinated national research ecosystem, proposing the creation of a consortium of researchers across institutions, with NIMHANS serving as a central hub. He stressed that advancing this field requires sustained research from diverse regions and populations to ensure that digital solutions are inclusive and contextually relevant. Alongside this, he emphasized the importance of capacity building and integrating digital competencies, such as tele-psychiatry, into training for future mental health professionals.

Importantly, he drew attention to persistent inequities, including the digital divide across rural–urban settings, gender disparities, language barriers, and generational differences in technology use. He underscored that digital interventions must complement, not replace, human care, and called for safeguards to address risks associated with AI-driven tools. Endorsing the recommendations emerging from the consultation, he advocated for an inclusive, research-driven, and capacity-building approach to scaling digital mental health in India.

"We should consider building a national consortium of researchers in digital mental health, with NIMHANS serving as a hub while connecting other researchers in this area from across the country to join. It is equally important that we focus on capacity building and training in digital mental health, especially for students and future mental health practitioners"

***Dr. Rajesh Sagar**, Professor of Psychiatry, AIIMS, New Delhi.*

Dr. T. K. Srikanth, Professor and Head, E-Health Research Centre, IIIT-Bangalore.

Dr. Srikanth offered a technologist's perspective on the evolving digital mental health landscape, emphasizing its potential to significantly expand the scale, quality, and reach of care. He cited Tele-MANAS as an example of how even simple technologies can deliver large-scale impact, and noted that growing user acceptance, combined with advances in AI, is rapidly lowering barriers to application development.

He cautioned, however, that this will likely lead to a surge of digital mental health applications, making it essential to embed ethics, safety, and user-centric design from the onset. A key concern he raised was that many developers lack sufficient exposure to principles of safe, equitable, and accessible design, particularly for vulnerable populations using mental health applications. He underscored the need for regulatory frameworks that build user trust through transparency, risk categorization, and quality assurance. Importantly, he highlighted that mental health applications carry heightened sensitivities around privacy, confidentiality, and care quality compared to other domains.

He concluded that the proposed guidelines are a critical first step in improving standards across the app lifecycle from design and development to deployment and monitoring, and in building greater awareness of ethical and regulatory responsibilities amongst developers and other stakeholders.

"With AI increasingly shaping the software development side, it is becoming much easier to build applications. As barriers to entry continue to fall, we are likely to see a rapid influx of digital health applications - particularly in the mental health space. People turn to these apps because they have a real need for help and support, making it essential that they receive quality care and are not exposed to harm. The recommendations presented mark an important first step toward improving the quality of publicly available digital mental health interventions."

***Dr. T K Srikanth**, Professor and Head, E-Health Research Centre, IIIT-Bangalore.*

Ms. Jyothi Ravichandran, Mental Health Psychosocial Support Specialist, UNICEF India.

Ms. Jyothi congratulated the organizers for convening a timely national consultation and highlighted that India has a critical opportunity to ensure that the expansion of digital mental health remains rights-based, safeguarding privacy, dignity, informed consent, and equitable access.

She emphasized that "do no harm" must be the minimum standard, with strong evidence, safety measures, crisis safeguards, and human oversight in place before scaling digital interventions. She noted that digital tools should complement and strengthen existing systems of care, rather than function as standalone solutions, and underscored that technology cannot replace human empathy or the need for sustained investment in high-quality, ethical mental health care.

She concluded by expressing UNICEF's commitment to supporting efforts to advance safe, equitable, and trustworthy digital mental health systems in collaboration with key stakeholders.

*"Do No Harm must remain the minimum standard, with evidence, safety testing, crisis safeguards, and human oversight before scale. Technology cannot replace human empathy- the feeling of being seen, heard, understood, and supported. Neither can it replace sustained investment in ethical, supervised, high-quality psychotherapeutic training and practice. Innovation grows stronger when the public can trust it serves their best interest***."**

Ms. Jyothi Ravichandran, Mental Health Psychosocial Support Specialist, UNICEF India.

Dr. Malik Parmar, National Professional Officer (Mental Health & Substance Abuse) WHO India

Dr. Parmar highlighted that digital mental health tools hold significant promise in addressing unmet needs, but also raise critical concerns around quality, safety, privacy, and accountability. From a WHO perspective, he emphasized the need to shift from merely expanding access to ensuring that access is safe, ethical, and meaningful, with technology strengthening rather than bypassing the health systems.

He noted gaps in current applications, including limited evidence, unclear professional involvement, and overstated claims. He underscored that the proposed guidelines address these issues by promoting transparency around evidence, qualifications, and intended use, ensuring that digital tools are fit for purpose.

He further emphasized an ecosystem approach, where responsibility extends beyond developers to include professionals and users, and where strong data protection underpins trust.

"Success is not just about having an app. Success is about having an app which is fit for purpose and safe for its users. A strength of the proposed guidelines is the recognition that safety is not just the developer's responsibility alone. Mental health professionals are called upon to critically evaluate these digital tools and discuss them openly with clients. And end users are empowered with the guidance on credibility, privacy, and self-monitoring. And this ecosystem approach, you know, reflects a core WHO principle, that digital mental health is not just a product. It is a system of relationships."

***Dr. Malik Parmar**, National Professional Officer (Mental Health & Substance Abuse), WHO India.*

Dr. Hafsa Ahmad, Scientist D, Office of the Principal Scientific Advisor, Government of India.

Dr. Hafsa highlighted the growing centrality of mental health within the broader public health agenda, particularly in the context of achieving SDG 3, while acknowledging persistent challenges such as stigma, limited access to reliable digital resources, and the need for culturally relevant, indigenous tools. She reflected on the evolution of India's digital mental health landscape from initiatives like the MANAS platform during the COVID times to the current proliferation of AI-enabled tools, emphasizing how the field has rapidly progressed in both scale and sophistication.

She noted that with the increasing volume of digital mental health applications, the focus must shift from mere availability to accountability, making responsible use and scientific validation critical priorities. In this context, she underscored the importance of the consultative process and the proposed recommendations as timely and necessary for shaping a cohesive national response.

At the policy level, she pointed to existing frameworks such as the Mental Healthcare Act, Telemedicine Practice Guidelines, DPDP Act, and the Ayushman Bharat Digital Mission, while highlighting the need for a more comprehensive, dedicated framework for digital mental health applications. She endorsed the proposed guidelines and recommendations of the National Consultative Meeting and advocated for a risk-based regulatory and governance approach to ensure safety, quality, and user protection, aligned with the vision of a citizen-centric digital mental health ecosystem.

"As the market continues to get crowded with more and more digital products… the shift from availability to accountability has become very important, and this is now a central challenge. The set of recommendations and the guidelines, I feel, are very, very useful and they are very innovative. And together, they can go a long way in shaping to evolve a national policy framework."

***Dr. Hafsa Ahmad**, Scientist D, Office of the Principal Scientific Advisor, Government of India.*

Shri. Rashid Shaban, Scientist E, Division of Research and Development in Medical Electronics & Health Informatics, Ministry of Electronics and Information Technology (MeitY), Government of India.

Mr. Shaban highlighted the Government of India's broader digital ecosystem perspective, emphasizing MeitY's role in shaping technology policy, including initiatives under the India AI Mission that prioritize data privacy, safety, and responsible AI use. He acknowledged the growing importance of digital technologies in improving access to mental health services and noted ongoing collaborations with institutions like NIMHANS to support innovation in this space.

He emphasized that while digital mental health offers significant opportunities, it also requires clear and robust guidelines. These should prioritize transparency, privacy, safety, and clear communication to build user trust and support effective implementation. He also highlighted the need to align with India's broader digital governance framework, while drawing on global standards and developing context-specific national approaches to improve accessibility and reach.

He highlighted interoperability as a key technical priority, noting that with multiple developers and platforms in the ecosystem, standardization is essential to enable seamless data exchange and integration. He concluded by emphasizing the need to balance the benefits and risks of digital technologies, ensuring that governance mechanisms can appropriately guide and regulate their use in mental health.

"The guidelines being proposed here are needed; these should focus on transparency, privacy, safety and clear communication."

***Shri. Rashid Shaban**, Scientist E, Ministry of Electronics and Information Technology (MeitY), Government of India.*

Shri. Rahul Bhanudas Mali, Deputy Secretary, Ministry of Women and Child Development, Government of India.

The Deputy Secretary highlighted the dual impact of digital technologies from a child protection perspective, emphasizing that while they offer significant opportunities, they also pose serious risks for children, adolescents, and vulnerable groups. He drew attention to growing concerns such as excessive screen time, social media and gaming addiction, cyberbullying, exposure to harmful content, and broader risks including exploitation and mental health crises.

He underscored the increasing prevalence of problematic digital use among youth and its implications for well-being, noting the need for urgent, preventive action. In this context, he welcomed the proposed guidelines on responsible digital use among students as a crucial step forward, particularly their emphasis on transparency, evidence-based content, privacy, and user safety - including crisis support and safeguards around AI use.

He stressed the importance of digital mental health literacy, calling for capacity building among

professionals, families, and young people, especially within child protection and community systems. He highlighted the value of school-based approaches that integrate digital literacy, mental health awareness, and cyber safety. At a policy level, he emphasized that recommendations must be inclusive, accessible, and sensitive to varying levels of digital access. He concluded by reaffirming the need for a collaborative, youth-centric digital mental health ecosystem that safeguards rights, dignity, and well-being.

"The rapid growth of digital technologies brings many opportunities, but also significant risks, especially for children, adolescents, and other vulnerable groups. At the policy level, the recommendations from this consultation are practical and forward-looking. The focus of the guidelines presented, on transparency, evidence-based content, support, and privacy is especially relevant for young users."

***Shri. Rahul Bhanudas Mali**, Deputy Secretary, Ministry of Women and Child Development, Government of India.*

Dr. Neha Garg, Additional Director General, Central Economic Intelligence Bureau, New Delhi.

Dr. Garg appreciated the convening of a timely and well-designed consultation, noting the rapid expansion of digital technology and smartphone access across India, which has created new opportunities for mental health support. At the same time, she highlighted that stigma and barriers to help-seeking persist, making digital platforms an accessible entry point for many individuals. She observed that while there is growing awareness and use of mental health applications, the ecosystem remains varied, with differences in quality, intent, and user engagement. This underscores the need to acknowledge current realities and ensure that digital tools meaningfully contribute to mental healthcare.

She appreciated the proposed guidelines for being clear, structured, and practical, and emphasized the importance of continued multi-stakeholder collaboration. She noted the need to prioritize interventions, given the difficulty of regulating all applications uniformly. She highlighted concerns around user vulnerability, noting that individuals often access such platforms in distress, and therefore require adequate guidance, safety mechanisms, and feedback systems within applications. The importance of ongoing support and safeguards during use was also emphasized.

She further stressed the need for technology partners to engage with mental health professionals more actively, for promoting digital literacy and responsible use, and creating safer digital environments, especially for young people. She concluded by appreciating the efforts of the organizing team and expressed hope that the consultation and the emergent guidelines and recommendations would lead to meaningful and actionable outcomes.

"This consultation is very well timed, given the rapid expansion of digital technology and growing mental health awareness, especially among youth. So now we have to live with this reality, that this is not going anywhere. It is very difficult to control all kinds of applications, but we must prioritize. Casting responsibility on users is difficult because they are often vulnerable and in distress; hence, we need to utilize support from mental health professionals, along with safety checks and feedback mechanisms in digital tools. I must say that the guidelines that are developed are very simple and well structured. The more simple and structured the guidelines are, the easier it becomes to implement them. It is also good that the discussion has been broadened to include digital technology de-addiction, safer online environments for our children and measures to balance digital engagements with real world human interactions."

***Dr. Neha Garg**, Additional Director General, Central Economic Intelligence Bureau, New Delhi.*

Dr. Mona Duggal, Director ICMR - National Institute for Research in Digital Health & Data Sciences (NIRDHDS), New Delhi

Dr. Duggal emphasized the rapid pace of technological advancement in digital mental health and the critical gap between innovation and real-world applicability. Drawing from her experience in digital health research, she highlighted that many technologies are developed without adequately understanding community needs, underscoring the importance of designing interventions that are contextually relevant, user-centered, and culturally appropriate.

She stressed the need for strong guardrails, including rigorous clinical validation, standardized outcomes, and clear ethical and regulatory pathways. She pointed out gaps in current practices, unclear data governance, and insufficient ethical oversight in many digital health applications and associated research. She advocated for structured systems, including state-level single-window mechanisms and digital ethics boards, to ensure accountability and proper evaluation of digital tools.

She also raised concerns around emerging risks such as cyberbullying, technology addiction, AI misuse, deepfakes, and the handling of sensitive data like digital biomarkers, emphasizing the need for robust data protection and de-identification practices. As she concluded, she highlighted that while digital mental health offers transformative potential, its success depends on ensuring safety, evidence, ethics, and equity, with technology serving as a complement, not a replacement to human care.

"Success depends on building systems that are safe, evidence-based, ethically governed, and inclusive. Technology should remain a support system, not a substitute for human care. Any tool that is developed must have a clear pathway for integration into the health system."

***Dr. Mona Duggal**, Director ICMR - National Institute for Research in Digital Health & Data Sciences (NIRDHDS), New Delhi*

Shri. Harsh Mangla, Joint Secretary (Mental Health), Ministry of Health and Family Welfare, Government of India.

The Joint Secretary highlighted the growing relevance of digital technologies in addressing unmet mental health needs, particularly in the context of stigma and barriers to help-seeking. He pointed to large-scale public initiatives such as Tele-MANAS as evidence of how digital platforms can extend care to underserved populations, including those in remote regions.

At the same time, he raised a critical regulatory concern: the rapid expansion of consumer-facing mental health applications. Noting that software can fall under the definition of a medical device, he emphasized the need for credible digital mental health solutions. He referenced national frameworks such as the Strategy for AI in Healthcare (SAHI) and BODH as important guiding instruments for innovation. Looking ahead, he observed that digital tools are likely to become central to mental health access, especially among youth and populations in Tier 2 and Tier 3 cities. He stressed that the current moment requires clear, balanced guidelines that can manage risks without stifling innovation, calling for a governance approach that ensures user safety while enabling technological progress.

"The recommendations emerging from this consultative process will help towards a proportionate enabling governance approach that involves reasonable balance between safeguarding users while supporting innovation."

***Shri. Harsh Mangla**, Joint Secretary (MH), Ministry of Health and Family Welfare, Government of India.*

Video Messages

Shri. Dinesh Gundu Rao, Minister of Health & Family Welfare, Government of Karnataka.

In his Video Message, the Minister underscored the importance of multi-stakeholder collaboration in shaping safe and responsible digital mental health ecosystems. He highlighted the leadership role of NIMHANS in advancing evidence-based guidelines and fostering national dialogue in this space. Drawing attention to Karnataka's proactive policy efforts, he referenced initiatives such as the Digital Well-Being Policy for Students and the State Mental Health Policy for Educational Institutions developed in close coordination with NIMHANS, aimed at safeguarding the mental health of young people who are key users of digital technologies.

He emphasized that emerging digital tools must be guided by robust frameworks that prioritize user rights, safety, and ethical standards, while also enhancing awareness, reducing stigma, and expanding access to care. Importantly, he stressed that digital innovations should complement and not replace human support within mainstream health systems. As he concluded, he called for the outcomes of the consultative meeting to translate into actionable strategies at both state and national levels.

"I sincerely hope that the outcomes of this meeting do not remain on paper but serve as catalysts for meaningful action at both the state and national levels to address the mental health needs of the country."

***Shri. Dinesh Gundu Rao**, Minister of Health & Family Welfare, Government of Karnataka*

Smt. Punya Salila Srivastava, Secretary, Ministry of Health & Family Welfare, Government of India.

The Secretary positioned digital mental health within India's broader public health system, emphasizing its integration into primary care through Ayushman Arogya Mandirs, where services now include counselling, essential medications, and referral pathways. She highlighted how continuity of care is being strengthened through platforms like Tele-MANAS and specialist linkages, alongside a growing policy focus on leveraging AI for improved access, early detection, and quality of care.

She drew attention to the rapid expansion of digital tools and the need to critically assess their development and deployment. In this context, she referenced national initiatives such as Secure AI for Health Initiative (SAHI) and Benchmarking Open Data Platform for Health AI (BODH) as key frameworks guiding safe and responsible adoption as far as AI-based digital health applications are concerned. She appreciated NIMHANS for organizing the consultative meeting and bringing together diverse stakeholders. She concluded by noting that the Ministry looks forward to fine-tuned guidelines and actionable recommendations emerging from the consultation.

"I am glad to note that this meeting brings together not only mental health professionals, but also technology experts, app developers, practitioners, scientists, administrative officials, policy makers, end users and other relevant stakeholders. We look forward to an expanded and fine-tuned set of guidelines and recommendations emerging from this consultative process, which can be taken up for further consideration. I wish this workshop, this meeting great success and look forward to its proceedings, which will help inform the next steps and future course of action."

***Mrs. Punya Salila Srivastava**, Secretary, Ministry of Health and Family Welfare, Government of India*

Dr. Prabha S Chandra, Director and Senior Professor of Psychiatry, NIMHANS, Bengaluru

In her closing remarks, the Director appreciated the consultation as a meaningful culmination of intensive deliberations, noting the sustained engagement and enthusiasm of participants. She highlighted that the recommendations were thoughtful and substantive, reflecting careful consideration.

She emphasized that digital mental health is emerging as a distinct field requiring dedicated focus, and underscored the need to break down its vast scope into manageable areas through continued, focused consultations. She stressed that this should be seen as an ongoing, iterative process, with additional focus on special groups, while balancing priorities such as effectiveness and safety.

She highlighted the importance of risk stratification, development of clear protocols for app developers, and strengthening ethical oversight, including capacity building for ethics committees, developers, and users. She also noted the need for shared responsibility in regulation to avoid overburdening a single body, and emphasized embedding safeguards within digital platforms, including escalation mechanisms.

She acknowledged the collective momentum built through the consultation and expressed confidence that continued collaboration with stakeholders, including the Ministry of Health and Family Welfare and other relevant ministries would help translate the recommendations into actionable outcomes. She congratulated all participants for contributing to an important and meaningful initiative organised by the NIMHANS-ICMR Centre for Advanced Research on Digital Interventions for Mental Health Care.

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