

# Mental Health Care and Therapeutic Interventions Across the Lifespan: A Narrative Review with Implications for Indian Mental Health Policy and Practice

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## Abstract

Mental disorders are among the leading causes of disability worldwide, emphasizing the critical need for comprehensive mental health care systems (World Health Organization, 2022). This narrative review examines the scope, accessibility, and effectiveness of mental health care and therapeutic interventions across the lifespan, with particular attention to the Indian context. The review aims to understand the types of mental health problems experienced at different developmental stages and to evaluate the role of clinical treatment, psychological therapies, counselling, psychosocial support, trauma-informed care, family-based interventions, addiction rehabilitation, and geriatric mental health services in promoting overall well-being. A descriptive narrative review design was adopted, involving a purposive search of peer-reviewed literature published between 2005 and 2025 across four major databases: PubMed, PsycINFO, Google Scholar, and the World Health Organization publications database. Approximately 20 peer-reviewed articles, book chapters, and policy documents were selected for synthesis based on relevance to the study objectives, coverage of developmental stages, and applicability to the Indian mental health context. The analysis focused on understanding how diverse therapeutic approaches function individually and collectively, as well as identifying challenges such as stigma, limited awareness, financial constraints, and gaps in service integration. Findings indicate that counselling and psychosocial interventions are effective in enhancing coping and resilience, trauma-informed care supports recovery and safety, family-based approaches strengthen relational systems, and rehabilitation programs aid in addiction recovery. Geriatric mental health services address age-specific vulnerabilities. However, fragmented delivery systems and socio-structural barriers restrict their overall impact. The review concludes that an integrated, accessible, and holistic mental health care framework is essential for lifelong psychological well-being. Strengthening awareness, reducing stigma, expanding services, and promoting coordinated care are necessary to ensure equitable and sustainable mental health systems in India.

**Keywords:** Mental health care, Therapeutic interventions, Counselling and psychosocial support, Life-span development, Mental health services in India

## 1. Introduction

Mental health is not a luxury or an afterthought it sits at the very core of how people live, work, and relate to one another. The World Health Organization (2022) estimates that mental health disorders are among the leading causes of disability globally, contributing a significant share of the overall disease burden. These conditions cut across age, income, and geography, and their effects ripple outward touching families, workplaces, schools, and entire communities. In India, where mental health resources have historically been stretched thin and stigma runs deep, the weight of this burden is felt with particular acuity.

What makes mental health particularly complex is that it does not stay the same throughout a person's life. From infancy to old age, people pass through different stages, each carrying its own psychological demands, vulnerabilities, and opportunities for growth. A child navigating early attachment, a teenager managing identity and peer pressure, a young adult balancing career and relationships, a middle-aged person caring for both children and ageing parents, an older adult facing loss and declining health each of these experiences shapes mental well-being in distinct ways. Problems can emerge at any stage, and early difficulties, if left unaddressed, often compound over time.

Thinking about mental health across the full lifespan is not merely an academic exercise it is a practical necessity. A lifespan lens helps us understand why problems that begin in childhood often resurface in adulthood, and why investing in early support is far more effective than waiting until a crisis emerges. At the same time, it reminds us that people are never beyond the reach of care or recovery. The quality of a child's caregiving environment, their access to education and social connection, their economic circumstances, and their exposure to adversity all leave lasting marks for better or worse on mental health across subsequent decades of life.

Despite growing awareness, the gap between those who need mental health support and those who actually receive it remains stubbornly wide especially in low- and middle-income countries. In India, this treatment gap is particularly concerning. People face a tangle of overlapping barriers: the stigma of being seen as 'mentally ill,' a severe shortage of trained professionals, inadequate public spending on mental health infrastructure, and limited reach of services in rural and semi-urban areas. Many people simply do not know that what they are experiencing is treatable, or where they might seek help. The result is that a great deal of suffering continues unnecessarily, often for years.

This makes early intervention and prevention not optional extras, but central priorities. Research consistently shows that when people receive the right support at the right time whether in childhood, adolescence, or later life outcomes improve dramatically. This narrative review sets out to examine what that support looks like at each stage of life. By drawing together evidence from existing literature, it aims to make the case for mental health care systems in India that are genuinely integrated, culturally responsive, and built around the full arc of human development from a baby's earliest months to the final years of old age.

## 2. Review of Literature

Over the past two decades, mental health researchers have increasingly moved away from studying isolated age groups and toward understanding how well-being unfolds across the whole of a person's life.

This shift has been driven by a growing recognition that what happens in one stage particularly early childhood does not stay contained there. It shapes what comes next. Singh, Kumar, and Gupta (2022) make this point clearly in their review of mental health prevention frameworks, arguing that promotion strategies need to span all life stages rather than being concentrated in any single period. They identify a distinction between universal approaches, which target the general population, and targeted approaches aimed at groups identified as being at higher risk and they make the case that both are needed.

Barry, Clarke, Jenkins, and Patel (2013) conducted a systematic review of mental health promotion interventions in low- and middle-income countries and found that school-based programs significantly improve emotional resilience, coping skills, and social competence among children and adolescents. These findings have particular relevance for the Indian context, where school-based programs offer a scalable platform for reaching large numbers of young people before problems become entrenched.

John Bowlby's foundational attachment theory underscores the profound importance of early childhood relationships in shaping the trajectory of emotional development. Secure attachment between infants and their primary caregivers is associated with psychological stability, adaptive emotion regulation, and positive social functioning, whereas insecure or disrupted attachment increases vulnerability to anxiety disorders, depressive conditions, and behavioural problems across the lifespan. These early relational experiences lay the neurological and psychological groundwork upon which later mental health outcomes are built.

Timlin, Hakko, and Heino (2014) examined treatment adherence among adolescents with mental disorders and found that family support, therapeutic alliance, and active engagement in treatment planning are critical determinants of treatment outcomes. Their findings reinforce the importance of family-centred approaches and the need to actively involve young people in their own care. Narrative therapy has emerged as a particularly relevant therapeutic approach in contemporary practice. Hawke, Nguyen, Rodak, and Yanos (2023) highlight that narrative-based psychotherapies assist individuals in reinterpreting their life experiences, developing alternative self-narratives, and cultivating positive coping mechanisms, particularly in the context of chronic mental illness and trauma.

Collaborative and integrated mental health care models have been increasingly recognized as essential features of effective primary healthcare systems. Reist et al. (2022) note that integrated care models that co-locate mental and physical health services improve diagnostic accuracy, treatment access, and overall mental health outcomes, particularly for individuals with complex or comorbid conditions. In older adulthood, loneliness and social isolation have been identified as major independent risk factors for depression, cognitive decline, and premature mortality. Research across multiple cultural contexts demonstrates that community support programs, intergenerational engagement, and structured social activities significantly improve psychological well-being among elderly populations.

It is important to note, however, that the existing literature is not without contradictions and methodological limitations. While Barry et al. (2013) reported positive outcomes for school-based mental health programs in low- and middle-income countries, other scholars have cautioned that effect sizes from such programs are frequently modest, that gains often attenuate over time without sustained follow-up, and that fidelity to program protocols is rarely maintained at scale (Singh et al., 2022). Similarly, while digital and internet-based interventions show promise for adolescents and young adults (Ebert et al., 2017), the evidence base for their effectiveness in Indian populations specifically remains limited, and concerns

about access inequality, data privacy, and cultural validity have not been adequately resolved. In the domain of geriatric mental health, Reynolds and colleagues acknowledge that integrated care models perform well in high-income healthcare systems but that their applicability to resource-constrained settings such as India requires further empirical testing. These limitations notwithstanding, the overall weight of evidence supports the foundational argument that early, continuous, and contextually appropriate mental health interventions yield meaningfully better outcomes than reactive, episodic, or fragmented care.

Despite the breadth of existing literature, a notable gap remains regarding integrated, lifespan-oriented frameworks that address the continuity of mental health interventions from infancy through geriatric stages, particularly within the Indian context. The present review seeks to contribute to filling this gap by synthesizing evidence across the full developmental spectrum and drawing implications for policy and practice within India's unique socio-cultural landscape.

### 3. Objectives of the Study

1. To review mental health challenges across different stages of the lifespan.
2. To identify therapeutic interventions used in mental health care.
3. To examine preventive strategies for promoting mental well-being.
4. To highlight the importance of early intervention in mental health treatment.

### 4. Research Methodology

This study adopted a narrative review design to synthesize existing evidence on mental health care and therapeutic interventions across the lifespan. Narrative reviews are particularly suited for broad, conceptual questions that aim to survey a field, identify patterns, and generate theoretical or policy insights. The research draws on global mental health literature covering individuals at all developmental stages from infancy to old age, while also incorporating perspectives specific to the Indian mental health context.

Purposive sampling was employed to select peer-reviewed academic journals, scholarly books, book chapters, policy documents, and data from major international research databases relevant to the study's objectives. Key data sources included PubMed, PsycINFO, Google Scholar, and the World Health Organization (WHO) publications database. Search terms were organized around developmental stages (infancy, early childhood, adolescence, adulthood, old age) combined with mental health-related terms (mental health promotion, prevention, intervention, psychotherapy, counselling, psychosocial support, rehabilitation, stigma, integrated care). Additional search terms specific to the Indian context included "mental health India," "Indian mental health policy," "treatment gap India," and "NMHP India."

Inclusion criteria for source selection were: (1) peer-reviewed publications in English; (2) articles published between 2005 and 2023, with exceptions made for seminal foundational works published prior to 2005; (3) studies addressing at least one developmental life stage from infancy to old age; (4) literature pertaining to mental health promotion, prevention, assessment, or therapeutic intervention; and (5) studies conducted in global or Indian contexts. Exclusion criteria were: (1) unpublished theses or dissertations; (2) editorials and opinion pieces without empirical or theoretical grounding; (3) studies focused

exclusively on neurological conditions without mental health relevance; and (4) literature not accessible in full text. Following the application of inclusion and exclusion criteria, approximately 20 peer-reviewed articles, book chapters, and policy documents were retained and subjected to thematic synthesis.

Although this study adopts a narrative rather than systematic review design, the search and selection process was structured in alignment with the spirit of PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure transparency and replicability. In the identification stage, an initial database search across PubMed, PsycINFO, Google Scholar, and the WHO publications database was conducted using the search terms described above. In the screening stage, titles and abstracts were reviewed for relevance to the study objectives. In the eligibility stage, full texts of relevant sources were assessed against the inclusion and exclusion criteria. Finally, in the inclusion stage, sources that met all criteria were retained for thematic synthesis. A total of approximately 20 peer-reviewed articles, book chapters, and policy documents were included in the final synthesis. A qualitative thematic analysis was then conducted to identify recurring themes, intervention types, systemic barriers, and outcome indicators across the reviewed literature. Thematic analysis allowed for the identification of cross-cutting patterns and stage-specific insights without imposing rigid hierarchies on the evidence. The methodology is summarised in Table 4.1 below.

**Table 4.1**

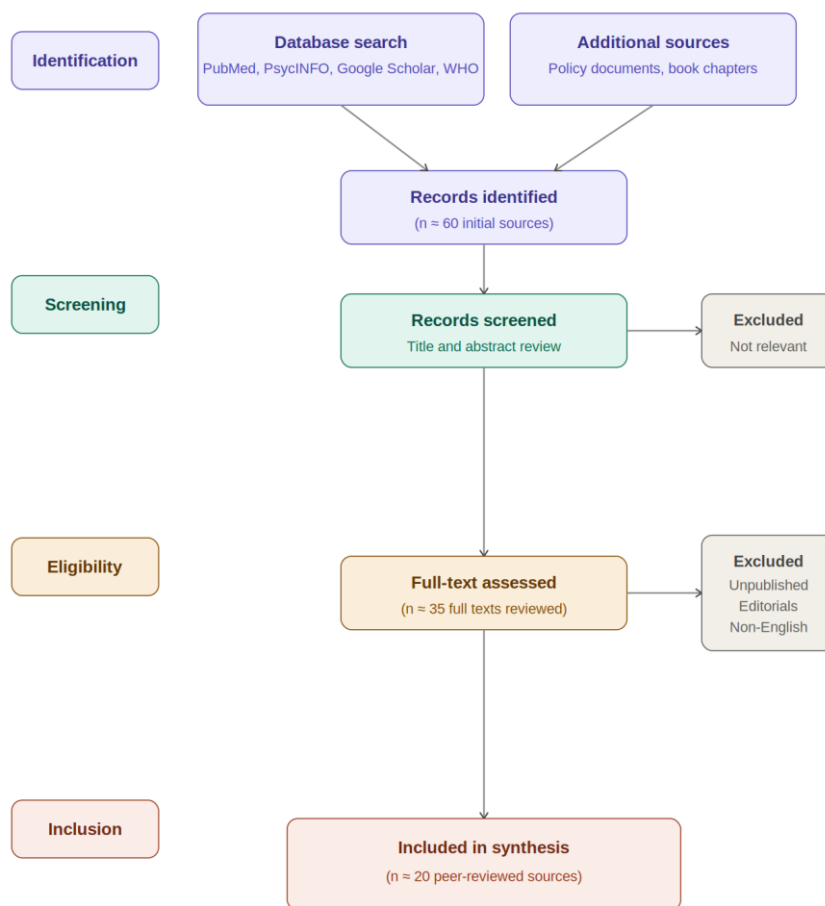
*Research Methodology Summary*

<b>Component</b>	<b>Description</b>
Research Design	Narrative review
Study Area	Global mental health literature
Population	Individuals across different life stages (infancy to old age)
Sampling Technique	Purposive sampling of relevant academic literature
Data Sources	Academic journals, scholarly books, PubMed, PsycINFO, Google Scholar, WHO publications
Analysis Method	Qualitative thematic analysis of selected literature
Inclusion Criteria	Peer-reviewed English publications (2005–2025); studies covering at least one developmental stage; literature on mental health promotion, prevention, or intervention; Indian and global contexts
Exclusion Criteria	Unpublished theses; editorials without empirical grounding; studies on neurological conditions without mental health relevance; literature not available in full text
Number of Sources	Approximately 20 peer-reviewed articles, book chapters, and policy documents

Component	Description
PRISMA-Aligned Stages	Identification (database search) → Screening (title/abstract review) → Eligibility (full-text assessment against criteria) → Inclusion (final synthesis)

**Figure 4.1:**

*PRISMA-Aligned Search and Selection Flow*



*Note. Adapted from PRISMA guidelines for transparency in narrative review methodology. Stages reflect purposive search and selection process across four major databases.*

## 5. Data Analysis and Interpretation

A thematic analysis of the reviewed literature reveals that mental health challenges vary considerably across life stages and that interventions must be developmentally calibrated, culturally sensitive, and contextually appropriate to be effective. The evidence consistently demonstrates that mental health risk and protective factors accumulate over time, with early adversity exerting a long shadow over

later psychological outcomes. The analysis is organized around six key developmental periods: infancy, early childhood, adolescence, early adulthood, middle age, and old age.

### **5.1 Infancy**

Infancy is a highly sensitive and formative period in human development, characterized by an extraordinary pace of neurological, emotional, and social growth. The foundations of psychological well-being including the capacity for emotional regulation, attachment security, and interpersonal trust are laid during this critical window. Research consistently highlights that exposure to parental mental disorders, significant psychosocial adversity, and chronic stress during pregnancy and the early postnatal period substantially increases infants' vulnerability to emotional and behavioural difficulties, both immediately and across the lifespan (Stolper et al., 2021).

Parental anxiety, depression, post-traumatic stress disorder, and substance misuse may profoundly disrupt sensitive and responsive caregiving, thereby interfering with infants' developing capacity for emotional regulation and secure attachment formation (Barlow et al., 2017). The quality of early parent-infant interactions plays a central and scientifically well-established role in shaping developmental trajectories. Responsive, consistent, and emotionally available caregiving promotes secure attachment and adaptive psychological functioning, whereas insensitive, unpredictable, or frightening caregiving significantly increases the risk of developmental delays, regulatory difficulties, and relational problems.

Individual differences in infant temperament further influence responses to caregiving and environmental demands, with more reactive temperaments requiring greater caregiving sensitivity and responsiveness. Effective evidence-based early interventions during this period include timely identification and treatment of parental mental illness, enhancement of parental sensitivity and reflective functioning, promotion of secure attachment through relationship-focused interventions, and strengthening of broader family and community support systems (Stolper et al., 2021; Barlow et al., 2017). In the Indian context, postnatal depression and perinatal mental health disorders among mothers remain critically under-recognized and under-treated, representing an important area for public health action.

### **5.2 Early Childhood**

Early childhood, spanning approximately the first six years of life, is widely recognized as a critical period of development during which rapid growth in cognitive, emotional, social, and behavioural functioning forms the indispensable foundation for lifelong mental health, academic learning, and overall well-being. The quality and consistency of care, stimulation, and support that children receive during this window has lasting consequences for brain architecture and psychological development.

Britto et al. (2017) and Black et al. (2017), in their landmark contributions to The Lancet series on early childhood development, affirm that nurturing care encompassing responsive caregiving, adequate nutrition, safe environments, protection from violence, and rich early learning opportunities is essential for promoting optimal developmental outcomes. Children raised in supportive, stimulating environments consistently demonstrate better language acquisition, executive functioning, social-emotional regulation, and school readiness. Conversely, exposure to chronic adversity including poverty, family conflict, neglect, domestic violence, and parental mental illness disrupts neural development during a period of heightened biological sensitivity.

Shonkoff et al. (2012) offer the influential concept of 'toxic stress' to describe the physiological and psychological harm that results from prolonged activation of the stress response in the absence of adequate adult buffering. Toxic stress impairs the developing prefrontal cortex, affecting attention, self-control, memory, and learning capacity, and significantly increases the risk of long-term psychological, behavioural, and physical health problems. Effective interventions during early childhood are therefore characterized by their focus on the family and caregiving environment, not merely on the child in isolation. Integrated approaches that combine health, nutrition, early education, and psychosocial support consistently show the strongest evidence of effectiveness. In India, programs such as the Integrated Child Development Services (ICDS) provide a potential platform, though significant improvements in quality, coverage, and mental health integration are needed.

### 5.3 Adolescence

Adolescence is one of the most dynamically complex and psychologically significant developmental stages, marked by profound biological, cognitive, emotional, and social transformations. It is also, critically, the developmental period during which a substantial majority of mental health disorders first emerge. Epidemiological evidence suggests that approximately 75% of all lifetime mental disorders have their onset before the age of 25, with peak periods of emergence concentrated in mid-to-late adolescence. Anxiety disorders, mood disorders, eating disorders, psychotic disorders, and substance use disorders all commonly first appear during this period.

Singh, Kumar, and Gupta (2022) note that preventive interventions during adolescence frequently focus on school-based and community-based programs designed to strengthen resilience, emotional regulation, coping abilities, problem-solving skills, and social competence. Well-evaluated programs such as the Resourceful Adolescent Program (RAP-A), ZIPPY's Friends, and Mind Matters have demonstrated positive outcomes in improving psychological well-being and reducing symptoms of depression and anxiety. The school environment, where adolescents spend the majority of their waking hours, provides an ideal and scalable setting for universal mental health promotion.

Ebert et al. (2017) highlight the rapidly growing importance of Internet- and mobile-based interventions for the prevention and treatment of mental health disorders among adolescents. Digital technologies including web-based cognitive behavioural therapy programs, smartphone mental health applications, serious games, and online peer support platforms can substantially improve both accessibility and engagement, particularly for adolescents who may be reluctant to seek face-to-face professional help. These digital solutions are especially relevant in India, where smartphone penetration among young people is high, even as traditional mental health services remain scarce. However, the development of effective digital mental health tools for India requires careful cultural adaptation, multilingual capability, and validation within the Indian population.

Beyond formal intervention programs, broader social determinants including school climate, peer relationships, family cohesion, economic security, and exposure to violence or discrimination powerfully shape adolescent mental health outcomes. Addressing these structural factors requires coordinated action across education, health, social welfare, and community sectors.

## 5.4 Early Adulthood

Early adulthood represents a critical period of psychological consolidation and social transition, during which the cumulative effects of earlier life experiences interact dynamically with emerging adult roles, relationships, and responsibilities to shape long-term mental health outcomes. The developmental tasks of early adulthood including the formation of stable intimate relationships, the establishment of career pathways, the development of personal identity and values, and the assumption of adult responsibilities place significant psychological demands on young people.

Risk factors originating in earlier developmental periods, including childhood adversity, parental psychopathology, early behavioural problems, and insecure attachment, often persist into adulthood and continue to influence psychological functioning, social relationships, academic and occupational performance, and economic stability (Fergusson, Horwood, & Ridder, 2005; Chen et al., 2006). The intergenerational transmission of mental health risk is particularly important: parental mental health problems not only affect the well-being of parents themselves but also negatively impact parenting practices and create developmental risks for the next generation, perpetuating cycles of vulnerability (Stolper et al., 2021).

Internet- and mobile-based mental health programs have demonstrated promising results in preventing and treating depressive symptoms among young adults, offering scalable and cost-effective alternatives to traditional in-person services (Ebert et al., 2017; Moessner et al., 2016). Psychotherapy particularly cognitive behavioural therapy, interpersonal therapy, and narrative therapy remains highly effective across a range of conditions. Broader social determinants, including socioeconomic inequality, employment precarity, student debt burdens, housing insecurity, and discrimination, also continue to exert powerful influences on mental health outcomes throughout early adulthood (Allen et al., 2014). These structural factors must be addressed through social policy as well as clinical intervention if meaningful improvements in population mental health are to be achieved.

## 5.5 Middle Age

Middle adulthood, typically spanning the years from approximately 40 to 65, is a period often characterized by increased and sometimes competing responsibilities across multiple life domains. Professional demands, family caregiving obligations including care for both dependent children and aging parents and significant personal transitions such as empty nest, relationship changes, and career reassessment can collectively contribute to elevated psychological stress. Work-related burnout, characterized by emotional exhaustion, depersonalization, and reduced sense of personal accomplishment, has become an increasingly recognized occupational mental health concern affecting individuals across professions.

The 'sandwich generation' phenomenon, in which middle-aged adults are simultaneously managing the demands of caring for elderly parents while raising their own children, represents a particular source of stress and psychological strain. Financial pressures, existential questioning about meaning and purpose (the so-called midlife crisis), and emerging health concerns further compound the psychological landscape of this life stage. Research indicates that social support networks, quality of intimate relationships, and access to occupational wellness resources play significant protective roles during middle adulthood.

Evidence-based interventions for middle adulthood include counselling and psychotherapy, workplace mental health and employee assistance programs, mindfulness-based stress reduction approaches, and community-based social support initiatives. Stolper, van Doesum, and Steketee (2021) indicate that the effects of early exposure to parental mental illness may continue to influence mental health functioning and parenting behaviours in mid-life, underscoring the persistent relevance of a lifespan developmental perspective. The literature suggests that combining community programs, digital interventions, educational initiatives, and family-centred support can significantly strengthen mental health during this life stage, though more research specific to middle adulthood is needed.

## 5.6 Old Age

Late-life mental health has emerged as a critically important global public health concern as the world's population undergoes rapid demographic aging. According to United Nations projections, by 2050 nearly one in six people globally will be aged 65 years or older, representing an unprecedented increase in demand for age-appropriate mental health services. In India, the elderly population is projected to more than double in the coming decades, placing significant pressure on already strained health and social care systems.

Reynolds, Jeste, Sachdev, and Blazer identify the most common mental disorders in later life as neurocognitive disorders (including Alzheimer's disease and other dementias), major depressive disorder, anxiety disorders, schizophrenia and related psychotic disorders, and substance use disorders, particularly alcohol misuse. These conditions frequently co-occur with physical illnesses including cardiovascular disease, diabetes, and chronic pain and contribute significantly to functional disability, reduced quality of life, increased caregiver burden, and greater utilization of health services. Depression in older adults is frequently under-recognized and under-treated, often being mistakenly attributed to the 'natural' process of aging rather than recognized as a treatable medical condition.

These authors emphasize the importance of multidisciplinary and integrated care approaches that involve comprehensive geriatric assessment, evidence-based clinical management, proactive outreach services, and effective coordination between mental health, primary care, and social care systems. Lifestyle factors including regular physical activity, nutritious diet, cognitive stimulation, and management of cardiovascular risk factors are associated with better maintenance of cognitive health in later life. Social determinants, including level of educational attainment, experience of stigma, degree of social connectedness, and material security, strongly influence mental health outcomes among the elderly.

Positive aging factors, including the development of wisdom and acceptance, psychological resilience, a sense of meaning and purpose, and active engagement with community, contribute significantly to successful aging and improved subjective well-being. Culturally sensitive approaches to geriatric mental health care are particularly important in the Indian context, where family structures, gender roles, religious beliefs, and community networks shape both the experience of mental illness and the acceptability of professional help-seeking.

**Table 5.1**

*Mental Health Challenges and Interventions Across the Lifespan*

<b>Life Stage</b>	<b>Key Mental Health Challenges</b>	<b>Therapeutic Interventions</b>
Infancy	Attachment disorders, emotional dysregulation, developmental delays	Parenting education, relationship-focused interventions, family-centred support
Early Childhood	Behavioural problems, anxiety, developmental disorders	Play therapy, behavioural therapy, family therapy, early stimulation programs
Adolescence	Depression, anxiety, substance abuse, identity issues	CBT, school counselling, peer support, digital interventions
Early Adulthood	Career stress, depression, relational difficulties	Psychotherapy, stress management, internet-based CBT, narrative therapy
Middle Age	Burnout, midlife crisis, caregiver stress	Counselling, workplace wellness programs, psychotherapy
Old Age	Depression, cognitive decline, social isolation	Community support programs, social engagement, psychotherapy, medical care

The above table 5.1 illustrates how mental health challenges evolve across developmental stages and how corresponding interventions shift in nature and focus. Early stages demand relationship-based and family-focused strategies, while middle and later stages increasingly rely on community support, digital tools, and integrated care models. The pattern underscores the cumulative nature of mental health risk and the need for continuous, stage-specific care across the entire lifespan.

The distinct contribution of this review, relative to individual studies cited in the literature, lies in its integrative synthesis across all six developmental periods within a single analytical framework oriented toward the Indian context. Whereas prior studies have tended to examine discrete age groups or specific intervention modalities in isolation, the present analysis reveals three cross-cutting patterns not fully articulated in the existing literature: first, that risk accumulation across the lifespan is not linear but operates through critical sensitive periods where intervention impact is disproportionately high (particularly infancy and early adolescence); second, that the Indian mental health system’s fragmentation is not merely a resource constraint but a structural consequence of siloed service planning that fails to account for developmental continuity; and third, that culturally embedded protective factors, including joint family structures, community cohesion, and spiritual coping mechanisms, remain insufficiently leveraged within formal mental health service frameworks in India. These synthesized insights constitute the original analytical contribution of this review beyond its role as a descriptive literature summary.

## 6. Discussion

Taken together, the findings reviewed in this paper tell a coherent and sobering story: mental health difficulties rarely arrive without warning, and they rarely arrive from nowhere. They build. Early adversity whether experienced as neglect, poverty, family conflict, or loss increases risk across the lifespan in a cumulative way, each unaddressed difficulty making the next one slightly harder to manage. Conversely, well-timed interventions at any stage can meaningfully shift this trajectory. This is not a new idea Shonkoff et al. (2012) and Britto et al. (2017) laid out its foundations clearly but translating it into practice, especially in India, remains an unfinished task.

Compared with previous studies, this review's integration of developmental stages from infancy through old age offers a more comprehensive and cohesive perspective than studies that focus on discrete age groups or single diagnostic categories. Barry et al. (2013) primarily addressed school-based interventions for children and adolescents in low- and middle-income countries, while Reynolds and colleagues concentrated on the specific challenges of geriatric populations. The present review bridges these and other domains, highlighting the essential continuity of risk and protective factors across the lifespan. This finding carries important implications for mental health policy: policy frameworks must move beyond single-stage or single-disorder approaches and instead adopt integrated, lifespan-oriented frameworks that recognize the deeply interconnected nature of developmental mental health.

The growing role of digital and mobile-based interventions represents one of the most significant trends in contemporary mental health care. Ebert et al. (2017) and related studies confirm that technology-enabled mental health care is both feasible and effective, particularly for adolescents and young adults who demonstrate high levels of digital engagement. Online CBT programs, mental health applications, and digital psychoeducation platforms offer scalable solutions that can reach individuals who might never access traditional in-person services. However, digital solutions must be developed and deployed with careful attention to context. In India, smartphone penetration varies significantly by region, gender, and socioeconomic status; linguistic diversity poses substantial challenges for standardized platforms; and digital literacy cannot be assumed across all target populations.

The implications for Indian mental health policy are significant and multifaceted. While digital tools offer a potentially transformative scalable solution for an under-resourced mental health system, they must be carefully supplemented by community-based, culturally sensitive, and linguistically accessible approaches. The role of traditional community structures, religious and spiritual networks, and local healing practices in shaping mental health help-seeking behaviour in India should not be overlooked or dismissed; rather, these resources should be thoughtfully integrated into a pluralistic, culturally competent mental health care framework.

The persistent barriers to mental health care including stigma, limited professional workforce, inadequate financing, geographic disparities, and fragmented service delivery require systematic, multi-level responses. Piecemeal approaches focused solely on training individual clinicians or launching isolated awareness campaigns are insufficient. What is required is a comprehensive transformation of the mental health system, grounded in human rights principles, informed by evidence, and responsive to the diverse needs of India's population across all developmental stages. Specific policy recommendations for India include: (1) full operationalization of the National Mental Health Policy (2014) and District Mental

Health Programme (DMHP) with dedicated budgetary allocations at state level; (2) integration of mental health into the Ayushman Bharat Health and Wellness Centres framework to extend community-level reach; (3) compulsory mental health modules in undergraduate medical, nursing, and social work curricula to address workforce shortages; (4) legislative strengthening of the Mental Healthcare Act (2017) to ensure insurance parity and rights-based inpatient care; and (5) national digital mental health infrastructure to provide accessible telecounselling across linguistically diverse populations. These recommendations align with evidence-based integrated care models such as the Collaborative Care Model (Reist et al., 2022), the WHO Mental Health Gap Action Programme (mhGAP), and community-based delivery programs like VISHRAM (Shidhaye et al., 2017), all of which emphasize task-sharing, primary care integration, and community-based delivery as the cornerstones of scalable, equitable mental health systems. The National Mental Health Survey of India (Gururaj et al., 2016) further underscores the urgency of these recommendations, documenting the vast treatment gap and the uneven distribution of mental health resources across Indian states.

## 7. Major Findings

1. Mental health problems can occur at any stage of life, and early adversity compounds psychological risk across the lifespan.
2. Early childhood experiences particularly the quality of attachment and caregiving strongly influence long-term psychological development and mental health trajectories.
3. Preventive interventions during childhood and adolescence, including school-based programs, parenting support, and community initiatives, significantly reduce the incidence of mental health disorders.
4. Psychotherapy and counselling, including CBT, narrative therapy, and family-based approaches, are effective treatment methods across multiple life stages.
5. Digital and internet-based mental health interventions show strong promise for improving accessibility and engagement, particularly among adolescents and young adults.
6. Social support systems and community engagement play a critical role in improving mental well-being in middle and older adulthood.
7. Fragmented service delivery, stigma, financial constraints, and limited awareness remain major systemic barriers to effective mental health care, particularly in India.

## 8. Suggestions

1. Increase public awareness about mental health issues through national and community-level campaigns to reduce stigma and encourage help-seeking behaviour.
2. Strengthen community mental health services, especially in rural and semi-urban areas, to ensure equitable access to psychological care.
3. Implement comprehensive school-based mental health programs from primary level onwards to promote resilience, emotional literacy, and early identification of at-risk students.
4. Promote early screening and intervention protocols across healthcare settings, particularly for infants, children, and adolescents.

5. Expand training and deployment of mental health professionals including psychologists, counsellors, and social workers to address critical workforce shortages.
6. Develop culturally adapted, multilingual digital mental health tools suitable for India's diverse population.
7. Integrate mental health services into primary healthcare systems to facilitate coordinated, holistic care for individuals with co-occurring physical and mental health conditions.

## 9. Conclusion

Good mental health care does not begin in adulthood when problems become impossible to ignore it begins at birth, and ideally even before. What this review has tried to show is that the psychological challenges people face at different stages of life are deeply connected. A toddler who does not receive responsive, secure caregiving, an adolescent who has no one to talk to at school, a young adult who cannot afford therapy, a middle-aged caregiver collapsing under dual responsibilities, an elderly person left isolated and undiagnosed these are not separate problems requiring separate solutions. They are chapters in the same story, and they call for a joined-up response.

The evidence reviewed here points consistently in one direction: mental health is not fixed, and it is not simply a matter of individual resilience or weakness. It is shaped, at every stage, by the relationships people have access to, the resources available to them, the environments they live in, and the quality of care they can reach when things go wrong. Each stage of life builds on the last. This means that investing early is not just compassionate it is cost-effective. And it means that abandoning people in mid-life or old age because 'it's too late' is both clinically wrong and ethically unacceptable.

In India specifically, the obstacles are real and well-documented. Services are fragmented. Stigma remains powerful. Funding for mental health is chronically inadequate. Rural areas are severely underserved. These problems will not be solved by a single program or a single policy. They require a genuine, sustained commitment from government, health systems, educational institutions, communities, and families working together over years, not months. The good news is that the evidence to guide this commitment already exists. What is needed now is the will to act on it.

Building a mental health system that truly serves people across the lifespan one that starts early, continues through every stage, respects cultural realities, and reaches those who are most marginalised is not simply a matter of clinical or technical planning. It is a reflection of what a society believes its people are worth. The argument this review makes is a straightforward one: every person, at every stage of life, deserves access to the support they need to live and thrive with psychological well-being.

## 10. Limitations of the Study

As a narrative review, this study is subject to certain inherent methodological limitations that should be acknowledged in interpreting its findings. The selection of literature was based on purposive rather than systematic sampling, which may introduce selection bias and limit the comprehensiveness of the evidence base. Unlike systematic reviews, this study did not employ pre-specified inclusion and exclusion criteria applied through a reproducible search strategy, which means that relevant studies may have been inadvertently omitted.

Quantitative synthesis of outcomes such as effect sizes or pooled prevalence estimates was not performed, which restricts the ability to draw definitive conclusions about the comparative effectiveness of specific therapeutic interventions across developmental stages. The review draws primarily on studies conducted in high-income and Western cultural contexts, which may limit the direct generalizability of findings to the Indian or other low- and middle-income country settings. Cultural differences in the expression, understanding, help-seeking, and treatment of mental illness are substantial and must be considered when translating global evidence to local practice.

Additionally, the breadth of the lifespan framework spanning infancy through old age and covering multiple intervention modalities necessarily entails a broad overview at the expense of in-depth exploration of any individual developmental stage or specific therapeutic approach. Future research should employ systematic review methodologies, including meta-analyses where appropriate, to provide more robust and specific evidence on the efficacy of lifespan-oriented mental health interventions. Studies conducted within the Indian context, using culturally validated measures and community-engaged methods, are especially needed to inform locally relevant mental health policy and practice.

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