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INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH & REVIEWS

journal homepage: www.ijmrr.online/index.php/home

ACCESS AND UTILIZATION OF MENTAL HEALTH SERVICES BY WOMEN IN ASSAM: SOCIO-LEGAL BARRIERS AND OPPORTUNITIES

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How to Cite the Article: Benzir Zaman & Bhavana Sharma (2026). Access And Utilization of Mental Health Services by Women in Assam: Socio-Legal Barriers and Opportunities. International Journal of Multidisciplinary Research & Reviews, 5(10), 36-47.

https://doi.org/10.56815/ijmrr.v5i10.2026.36-47

Keywords

Assam, Women's Mental Health, Socio-Legal Barriers, Access to Care, Gender, India.

Abstract

This article examines the multifaceted barriers and emerging opportunities affecting women's access to and use of mental health services in Assam, India. Despite legal advancements such as the Mental Healthcare Act, 2017, women in Assam continue to face significant challenges rooted in patriarchal norms, persistent stigma, economic dependence, and inadequate legal literacy. The state's unique socio-cultural and geographical context, compounded by ethnic diversity and periodic conflict, further exacerbates these obstacles, resulting in pronounced underutilization of formal mental health services by women. Through a critical analysis of Assam's mental health infrastructure, human resource distribution, and policy implementation, the article highlights the insufficiency of current systems to meet women's specific needs. It also explores the transformative role of non-governmental organizations, community-based initiatives, and legal awareness campaigns in bridging these gaps. Case studies vividly illustrate the lived experiences of Assamese women, underscoring both individual resilience and the urgent need for culturally sensitive, gender-responsive interventions. The article concludes with concrete recommendations to strengthen primary mental health care, enhance community engagement, improve legal literacy, and foster inter-sectoral collaboration. By placing women's voices and experiences at the center, this study advocates for a holistic, rights-based approach to mental



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	health reform in Assam, aiming to inform policy, practice, and future research.

"The health of women is the foundation for the health and well-being of our communities."
— Hillary Clinton

INTRODUCTION

Mental health constitutes an essential dimension of overall well-being and human development, yet remains one of the most overlooked aspects of public health in India. Despite incremental progress in recognizing mental health as a public concern, services for people with mental disorders, particularly women, remain under-resourced and marginalized (Patel et al., 2018). Globally, the World Health Organization (WHO) estimates that mental and substance use disorders account for a significant portion of the global disease burden, and India alone is home to nearly 197 million people living with mental health issues (WHO, 2021). Within this vast population, women face a unique constellation of risks and barriers that both impact and impede their access to mental health care.

The intersection of gender and mental health in India is heavily influenced by the country's patriarchal norms, gender-based violence, and entrenched social stigmas. Women, who frequently shoulder the dual burdens of domestic responsibilities and societal expectations, often experience higher rates of depression, anxiety, and trauma-related disorders (Kumar et al., 2019). Numerous studies have revealed that Indian women are more likely than men to face barriers to seeking mental health support, including fear of social ostracization, lack of autonomy in decision-making, and economic dependence on male family members (Rathod et al., 2017). These factors are compounded by the pervasive belief that mental illness is a source of shame, leading to underreporting, concealment, and, ultimately, neglect of women's mental health needs.

Assam, a geographically and culturally diverse state in Northeast India, offers a compelling case study for examining women's access to and use of mental health services. The state is home to a tapestry of ethnic groups, languages, and traditions, each of which shapes local attitudes toward mental health and gender roles. While Assam has made notable advances in healthcare delivery, mental health services remain limited, especially in rural and conflict-affected areas (Baruah, 2020). The region faces additional challenges, including periodic ethnic violence, displacement, and socio-political instability, all of which disproportionately affect women and exacerbate mental health vulnerabilities (Singh & Ghosh, 2022). For many women in Assam, the journey to mental health care is marked not only by logistical hurdles such as availability and affordability of services, but also by cultural and familial constraints that restrict their freedom to seek help.

The legal and policy framework governing mental health in India has transformed significantly in recent years. The Mental Healthcare Act, 2017, represents a milestone in recognizing the rights of persons with mental illness, explicitly mandating access to affordable, quality mental health care without discrimination (Government of India, 2017). The Act also emphasizes patient autonomy, privacy, and informed consent, while obliging the state to provide care and promote community-based rehabilitation. However, translating these progressive legal provisions into practice remains fraught

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with challenges, especially for women in regions like Assam. Implementation gaps, lack of gender-sensitive approaches, and limited legal literacy among women impede the realization of these rights (Sharma & Saikia, 2021). Furthermore, the interface between statutory law and customary practices in Assam often results in ambiguities, with women's mental health rights either inadequately protected or poorly enforced.

Socio-legal barriers to women's mental health care in Assam are multifaceted. At the societal level, stigma and misinformation persist, discouraging open discussion about mental health and deterring families from seeking professional help for female members. Economic dependence, restricted mobility, and lower literacy rates further diminish women's agency in making health-related decisions (Rathod et al., 2017). Legally, although the Mental Healthcare Act promises equal access, practical obstacles including insufficient infrastructure, scarcity of female mental health professionals, and lack of awareness about legal entitlements limit its impact (Baruah, 2020).

Despite these challenges, several opportunities for reform and progress have emerged. The growing involvement of non-governmental organizations, increased public awareness campaigns, and innovative community-based interventions are gradually changing attitudes toward mental health in Assam (Borah et al., 2023). Efforts to integrate mental health into primary healthcare, train frontline health workers, and promote legal literacy among women are helping to bridge the gap between policy and practice. Importantly, the narratives of women who have successfully navigated these barriers serve as powerful testimonies to the potential for positive change.

This article critically explores the landscape of mental health service access and utilization among women in Assam, with particular emphasis on socio-legal barriers and emerging opportunities for advancement. By situating women's experiences at the center of the analysis, the article aims to contribute to ongoing policy debates, advocacy efforts, and academic discourse on mental health in India. Ultimately, understanding and addressing the unique challenges women in Assam face is not only a matter of public health, but a question of social justice and human rights.

1.Overview of Mental Health Services in Assam

Mental health care in Assam, as in much of India, has historically been marginalized within the broader health system. The state's unique geographical, socio-cultural, and economic context presents a complex backdrop for service delivery, marked by both significant challenges and emerging opportunities (Baruah, 2020). Understanding Assam's mental health service landscape requires examining the existing infrastructure, the roles of the government and private sectors, and recent policy initiatives aimed at bridging persistent gaps.

1.1 Existing Infrastructure and Service Availability

Assam's public mental health infrastructure is primarily anchored in government-run facilities, with the Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) in Tezpur serving as the state's main tertiary care center (LGBRIMH, 2022). This institution offers a wide range of mental health services, including inpatient and outpatient care, emergency services, and rehabilitation programs. However, the concentration of specialized care in a few urban centers poses a significant

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challenge for rural and remote populations, who often lack access to even basic mental health support (Baruah & Das, 2021).

District-level hospitals and select primary health centers (PHCs) have begun integrating mental health services under the District Mental Health Programme (DMHP), a national initiative aimed at decentralizing mental health care and making it accessible at the community level (Government of Assam, 2022). Despite these efforts, coverage remains sporadic, with only some districts having functional DMHP units. The National Mental Health Survey (NMHS) of India (2016) found that service utilization rates in Assam were among the lowest in the country, with significant treatment gaps, especially for women and other vulnerable groups (NMHS, 2016).

1.2 Human Resources and Capacity Building

A major bottleneck for effective mental health service delivery in Assam is the acute shortage of trained professionals. According to government data, the state has far fewer psychiatrists, clinical psychologists, psychiatric social workers, and psychiatric nurses than the WHO recommends (WHO, 2021). Most specialists are concentrated in urban areas, worsening access inequalities. This scarcity is further compounded by limited training opportunities and high rates of professional migration to other states or countries (Baruah, 2020).

To address this gap, Assam has begun investing in capacity-building initiatives, such as short-term training programs for general physicians and health workers under the DMHP. NGOs and academic institutions have also stepped in to provide mental health training to community health workers, teachers, and police personnel, aiming to create a more responsive and sensitive support network at the grassroots level (Borah et al., 2023).

1.3 Role of the Private Sector and Non-Governmental Organizations

While public health facilities remain the primary providers of mental health care in Assam, the private sector and non-governmental organizations (NGOs) play an increasingly critical role in service delivery. Private clinics, though concentrated in cities, offer psychiatric consultations, counseling, and therapy, albeit at a cost that places them out of reach for much of the population (Singh & Ghosh, 2022). NGOs such as the Ashadeep Foundation and Snehalaya have been instrumental in providing community-based care, rehabilitation, and outreach services, particularly for marginalized groups such as women, children, and people with severe mental disorders (Ashadeep Foundation, 2021).

These organizations often act as a bridge between formal health services and the community, conducting awareness campaigns, offering helplines, and facilitating referrals to government facilities. Their culturally sensitive approaches and focus on empowerment have made them valuable partners in addressing stigma and improving mental health literacy in the state (Borah et al., 2023).

1.4 Policy Initiatives and Government Programs

The Government of Assam, in alignment with national priorities, has taken several policy steps to strengthen mental health care. The implementation of the Mental Healthcare Act, 2017, has provided a legal framework emphasizing the rights of persons with mental illness and mandating access to care without discrimination (Government of India, 2017). The DMHP, now operational in several districts,

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aims to integrate mental health into primary care by training health personnel, providing essential psychotropic medications, and conducting community awareness programs (Government of Assam, 2022).

In recent years, the state has also launched pilot projects to integrate mental health screening into school health programs and to establish tele-psychiatry services, particularly in remote and conflict-affected districts (Sharma & Saikia, 2021). While these initiatives have shown promise, systemic challenges such as inadequate funding, poor monitoring, and lack of inter-sectoral collaboration remain significant obstacles to their sustainability and impact.

1.5 Emerging Trends and the Way Forward

Despite persistent gaps, Assam's mental health landscape shows signs of progress. Increased media attention, public discourse, and civil society advocacy have contributed to a gradual reduction in stigma and a growing demand for quality mental health services (Borah et al., 2023). The COVID-19 pandemic, while exacerbating mental health issues, has also accelerated innovation in service delivery, such as the adoption of tele-mental health platforms and digital counseling.

Going forward, a multi-pronged approach strengthening infrastructure, expanding human resources, fostering public-private partnerships, and prioritizing gender-sensitive interventions will be critical to improving access to and utilization of mental health services in Assam, particularly for women and marginalized communities.

2. Socio-Cultural Barriers to Access

Socio-cultural barriers play a decisive role in limiting women's access to mental health services in Assam, reflecting the broader intersection of gender, tradition, and stigma across Indian society. In Assam, as in much of India, deeply entrenched patriarchal family structures place men in control of household decisions, including those related to health and well-being. This dynamic often results in women prioritizing family needs above their own, with personal health especially mental health frequently neglected or dismissed (Kumar et al., 2019). Traditional gender norms further exacerbate the issue; women are socialized to be emotionally resilient and self-sacrificing, and any deviation from these expectations, such as expressing psychological distress, is often stigmatized as a sign of weakness or instability (Rathod et al., 2017). Consequently, women may internalize these attitudes, leading to reluctance or outright avoidance in seeking mental health care for fear of social judgment or familial disapproval.

The stigma associated with mental illness remains pervasive in Assamese communities, rooted in superstitions and misconceptions that attribute psychological disorders to supernatural forces, bad karma, or moral failings (Baruah, 2020). Women with mental health concerns face heightened social scrutiny, with families often seeking to conceal such issues to protect marital prospects and social standing. In many cases, families favor traditional healers or religious rituals over professional intervention, further delaying or preventing access to effective care (Singh & Ghosh, 2022). This stigma is reinforced by community-level discrimination, as women with mental illness may be excluded from social activities, educational opportunities, or employment, leading to social isolation

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and diminished self-worth (Borah et al., 2023). Internalized stigma, in turn, undermines women's confidence to seek help and advocate for their own needs.

Economic dependence is another formidable barrier; many women in Assam lack control over household finances, making it difficult to afford specialist consultations or transportation to distant health facilities (Baruah & Das, 2021). Indirect costs, such as lost wages or the need to arrange child care, further deter help-seeking, especially for those in low-income or rural households. Compounding these financial constraints is limited access to information. Lower literacy rates among women, particularly in tribal or remote areas, result in reduced awareness about mental health conditions, available services, and legal rights under acts like the Mental Healthcare Act, 2017 (Sharma & Saikia, 2021). Without basic knowledge about symptoms or treatment options, women may not even recognize the need for care, much less seek it out.

Mobility restrictions rooted in cultural norms add another layer of difficulty. Assamese society often discourages women and girls from traveling alone, particularly over long distances or to unfamiliar locations, which can severely limit their ability to reach clinics or hospitals (Singh & Ghosh, 2022). In rural Assam, where mental health infrastructure is sparse and transport options are limited, these mobility constraints are further compounded by concerns about personal safety, harassment, or lack of privacy at health facilities (Baruah, 2020). As a result, many women prefer to rely on informal networks or traditional solutions, even when formal services might offer better outcomes.

The intersectionality of caste, ethnicity, and religion adds further complexity to these barriers. Women from marginalized communities, such as ethnic minorities or lower castes, often face additional discrimination and language barriers when accessing mental health care (Borah et al., 2023). Lack of culturally competent services and the influence of customary practices can lead to distrust of "outsider" interventions and resistance to non-traditional treatment modalities (Baruah & Das, 2021). These challenges are compounded for women living in areas affected by conflict or displacement, where social support networks are disrupted and service access is even more precarious.

The cumulative effect of these socio-cultural barriers is a pronounced underutilization of formal mental health services by women in Assam. Many opt for informal or traditional remedies, while those who do seek professional help often do so only after exhausting all other options (NMHS, 2016). This leads to a significant treatment gap, underrepresentation of women in mental health data, and low visibility of their needs in policy discourse. Addressing these barriers requires culturally sensitive, gender-responsive interventions that engage local communities, raise awareness, and empower women to take charge of their mental health (Borah et al., 2023). Only by tackling the deep-seated socio-cultural determinants can Assam hope to improve mental health outcomes for its women.

3. Legal and Policy Barriers

Legal and policy frameworks are critical in determining the accessibility and quality of mental health services. In India, the Mental Healthcare Act, 2017 marked a progressive shift by recognizing mental health as a right and emphasizing non-discriminatory, rights-based care for all citizens, including women (Government of India, 2017). However, translating this legislation into meaningful access and utilization remains fraught with challenges, particularly in Assam. Implementation gaps, inadequate

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legal literacy, and the absence of gender-sensitive provisions continue to hinder the effectiveness of legal and policy initiatives in the state (Sharma & Saikia, 2021).

A key barrier is the limited implementation of national mental health policies at the state level. While the Mental Healthcare Act mandates the establishment of state mental health authorities, district mental health programs, and the integration of mental health into primary healthcare, Assam has struggled with insufficient funding, lack of trained personnel, and bureaucratic delays in operationalizing these mandates (Baruah, 2020). As a result, the availability of essential mental health services, especially in rural and marginalized communities, remains patchy and inconsistent (Baruah & Das, 2021). This gap is particularly detrimental to women, who often face additional hurdles related to mobility, economic dependence, and social stigma, making the presence of accessible and gender-responsive services even more crucial.

Legal literacy among women in Assam is also alarmingly low, further restricting their ability to claim entitlements and protections under the law (Sharma & Saikia, 2021). Many women are unaware of their rights to mental health care, the existence of grievance redressal mechanisms, or the procedures for accessing free legal aid in cases of discrimination or abuse within mental health institutions. This lack of awareness is compounded by the intersection of statutory law with customary practices, particularly in Assam's tribal and rural communities, where traditional dispute resolution mechanisms and patriarchal norms often override formal legal provisions (Singh & Ghosh, 2022). Consequently, women may be discouraged from seeking legal recourse or reporting rights violations, leading to underutilization of available legal protections.

The absence of gender-sensitive policies and practices further exacerbates these legal barriers. Although the Mental Healthcare Act calls for non-discrimination, it does not sufficiently address the unique needs of women, such as the requirement for female mental health professionals, safe and private spaces within institutions, or the integration of reproductive and sexual health with mental health services (Kumar et al., 2019). Additionally, there are few targeted initiatives within Assam's mental health policy to address the disproportionate impact of violence, trauma, and economic vulnerability on women's mental health (Borah et al., 2023). This policy gap leaves services ill-equipped to respond to women's lived realities, further discouraging utilization.

In sum, while India's legal and policy framework for mental health is robust on paper, its impact in Assam is constrained by poor implementation, low legal literacy, and a lack of gender-sensitive adaptation. Addressing these barriers requires not only stronger enforcement and monitoring but also a deliberate focus on gender equity, awareness-building, and creating services that are accessible, acceptable, and responsive to women's needs.

4. Opportunities for Improvement

Despite the formidable socio-legal barriers, Assam presents several promising opportunities for improving women's access to mental health services. Recent years have witnessed an increasing recognition by policymakers, health professionals, and civil society of the urgent need to bridge the mental health treatment gap, especially for women. One of the most significant opportunities is integrating mental health services into primary healthcare. Through the District Mental Health

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Programme (DMHP), Assam has begun to decentralize services, providing basic mental health care at the community level and training non-specialist health workers to recognize and address common mental disorders (Government of Assam, 2022). This approach not only enhances geographic accessibility but also reduces stigma by normalizing mental health care within routine health services (Baruah & Das, 2021).

Another avenue for improvement is the growing involvement of non-governmental organizations (NGOs) and community-based initiatives. Organizations such as Ashadeep Foundation and Snehalaya have pioneered community outreach, rehabilitation programs, and mental health literacy campaigns specifically targeting women and other marginalized groups (Ashadeep Foundation, 2021). These NGOs often collaborate with government agencies to provide culturally sensitive care, organize support groups, and facilitate referrals, thereby bridging the gap between formal health systems and the communities they serve (Borah et al., 2023). Their grassroots presence allows them to tailor interventions to local needs and actively engage women as both beneficiaries and agents of change.

Legal aid and awareness campaigns also offer strong potential to empower women. Initiatives to improve legal literacy can help women understand their rights under the Mental Healthcare Act, 2017, and encourage them to seek redress for discrimination or neglect (Sharma & Saikia, 2021). Community leaders, paralegal volunteers, and women's organizations can play a vital role in disseminating information, advocating for better implementation of laws, and ensuring that grievance redressal mechanisms are accessible and effective. Such efforts can gradually dismantle the culture of silence and stigma that surrounds both mental illness and the exercise of legal rights.

The expansion of tele-mental health services represents another key opportunity, particularly in the wake of the COVID-19 pandemic. Assam has initiated pilot projects to provide counseling and psychiatric consultations through digital platforms, making it easier for women in remote or conflict-affected areas to access professional support while maintaining privacy and safety (Singh & Ghosh, 2022). These innovations can be further scaled up with investments in digital literacy and infrastructure, ensuring equitable access across diverse population groups.

Finally, recent policy developments at the state and national levels reflect a growing commitment to mental health. The Government of Assam has increased budgetary allocations and launched awareness campaigns to reduce stigma and promote mental well-being (Government of Assam, 2022). Future opportunities lie in developing gender-sensitive policies, expanding training for health workers, and integrating mental health with other social services such as education, employment, and violence prevention (Kumar et al., 2019). By fostering multi-sectoral collaboration and community participation, Assam can build a more inclusive, responsive, and effective mental health system for women.

5. Case Studies and Personal Narratives

Personal accounts and case studies offer powerful insights into the real-world challenges and triumphs experienced by women in Assam as they navigate mental health issues. These narratives not only illustrate the socio-legal barriers discussed earlier but also highlight the transformative impact of targeted interventions and supportive environments.

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Consider the case of Anima (name changed), a 32-year-old woman from a rural district in Assam. After experiencing prolonged episodes of depression following the loss of a family member, Anima was initially discouraged by her family from seeking professional help due to fears of social stigma and concerns about her marriage prospects. Instead, she was taken to a local healer, and it was only after her symptoms worsened that a community health worker, trained under the District Mental Health Programme (DMHP), intervened (Baruah & Das, 2021). With the support of the DMHP team, Anima accessed counseling and medication at her local primary health center. Over time, her mental health improved significantly, and she became an advocate for mental health awareness within her village. This case underscores the importance of community-based outreach and the role of trained health workers in overcoming both stigma and logistical barriers (Baruah & Das, 2021).

Another narrative is that of Rupa, a 45-year-old woman from an ethnic minority background, who developed symptoms of anxiety and insomnia after being displaced during ethnic conflict in Assam. Due to language barriers and her marginalized social status, Rupa found it difficult to communicate her distress to local health providers. Through an NGO that offered services in her native language and provided culturally competent counseling, Rupa accessed appropriate care (Borah et al., 2023). The NGO not only addressed her immediate mental health needs but also helped her reconnect with community support networks, demonstrating the critical role of culturally tailored interventions for women from minority communities (Borah et al., 2023).

Priya's story highlights the importance of legal literacy and advocacy. After experiencing symptoms of depression and being subjected to discrimination by her college administration, Priya learned about her rights under the Mental Healthcare Act, 2017 through a legal aid workshop organized by a women's rights group. Armed with this knowledge, she successfully petitioned for reasonable accommodations in her academic schedule and received counseling services through the university's health center (Sharma & Saikia, 2021). Priya's case illustrates how awareness of legal rights and access to legal support can empower women to challenge institutional barriers and demand appropriate mental health care.

These narratives reflect the diversity of experiences among women in Assam and highlight both persistent challenges and emerging opportunities. Community health workers, NGOs, and legal aid organizations emerge as a common thread in successful interventions. However, these cases also reveal ongoing gaps, including the need for greater cultural sensitivity, improved language access, and more robust support systems for women facing multiple layers of marginalization (Singh & Ghosh, 2022).

By centering the voices of women with lived experience, policymakers and practitioners can better understand the nuanced realities of mental health care in Assam and design interventions that are truly responsive to their needs. These stories emphasize that while barriers remain, hope and progress are possible when women have the knowledge, support, and agency to navigate the system.

6. Recommendations

To address the persistent socio-legal barriers and improve access to mental health services for women in Assam, a multi-faceted approach is essential. First, policy interventions should prioritize integrating mental health into primary healthcare at all levels. This can be achieved by strengthening the District

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Mental Health Programme (DMHP), expanding coverage to underserved areas, and ensuring that primary health centers are equipped with trained personnel, essential psychotropic medications, and culturally sensitive protocols (Baruah & Das, 2021).

Community-based strategies are crucial for overcoming stigma and increasing mental health literacy. Awareness campaigns should be designed in local languages and leverage the influence of community leaders, teachers, and women's self-help groups to challenge misconceptions and encourage help-seeking behavior (Borah et al., 2023). Engaging traditional healers and religious leaders in awareness initiatives can also help bridge the gap between biomedical and cultural understandings of mental health, fostering community acceptance of formal services.

Legal awareness and support mechanisms must be strengthened, especially for women in rural and marginalized communities. Routine legal literacy workshops should be organized to inform women of their rights under the Mental Healthcare Act, 2017 and the mechanisms available for redressal of grievances (Sharma & Saikia, 2021). Partnerships between government agencies, NGOs, and women's organizations can facilitate access to legal aid, ensure the presence of female counselors and legal professionals, and create safe spaces for women to seek help without fear of discrimination or reprisal.

Capacity building for health professionals is another key recommendation. Training programs should emphasize gender sensitivity, non-discriminatory practices, and the importance of confidentiality and privacy in service delivery (Kumar et al., 2019). Recruitment and retention strategies for female mental health professionals should be adopted to address gender imbalances in the health workforce and make services more accessible to women clients.

Finally, ongoing monitoring, research, and participatory evaluation of mental health programs are vital. Data collection should be disaggregated by gender, ethnicity, and region to identify and address the unique needs of diverse groups of women (Singh & Ghosh, 2022). Involving women with lived experience in policy design and evaluation processes will help ensure that interventions are responsive, inclusive, and effective. By adopting these recommendations, Assam can move toward a more equitable and comprehensive mental health system for women.

7. Conclusion

The landscape of mental health service access and utilization by women in Assam is shaped by a complex interplay of socio-cultural, legal, and systemic factors. Despite progressive legal frameworks like the Mental Healthcare Act, 2017, women continue to face formidable barriers rooted in patriarchal norms, stigma, economic dependence, limited legal literacy, and inadequate service provision. These challenges are particularly acute for women from marginalized communities, for whom intersectional identities further restrict access to appropriate care (Baruah & Das, 2021; Borah et al., 2023).

However, community-based initiatives, increased NGO engagement, and recent policy reforms offer promising avenues for change. Integrating mental health into primary care, expanding tele-mental health services, developing culturally sensitive interventions, and running legal awareness campaigns have begun to chip away at longstanding barriers (Singh & Ghosh, 2022; Sharma & Saikia, 2021). Crucially, involving women with lived experience in advocacy and service design has shown the potential for transformative impact.

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Moving forward, policymakers, healthcare providers, and civil society must adopt a holistic, gender-sensitive, and participatory approach. Strengthening the health system's capacity, fostering inter-sectoral collaboration, and ensuring women's voices are heard at every stage of policy and program development will be essential for sustainable progress. By addressing the socio-legal barriers and leveraging emerging opportunities, Assam can pave the way for a more inclusive, responsive, and equitable mental health system one that recognizes and upholds the rights and dignity of all women.

"Let us remember, as Aristotle taught, that true progress comes not from mere survival, but from awareness and thoughtful reflection- a wisdom that must guide Assam toward mental health equity for every woman."

8. AUTHOR(S) CONTRIBUTION

The writers affirm that they have no connections to, or engagement with, any group or body that provides financial or non-financial assistance for the topics or resources covered in this manuscript.

9. CONFLICTS OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

10. PLAGIARISM POLICY

All authors declare that any kind of violation of plagiarism, copyright and ethical matters will take care by all authors. Journal and editors are not liable for aforesaid matters.

11. SOURCES OF FUNDING

The authors received no financial aid to support for the research.

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