

## **Addressing Farmers' Mental Health in a Volatile Indian Farming System**

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### **Abstract**

Indian agriculture supports over half the country's population, yet contributes only 17–18% to the national GDP (Gross Domestic Product). Despite its importance, the farming community, particularly smallholders and tribal farmers, faces an overwhelming burden of climate uncertainties, market volatility, social isolation, and inadequate institutional support. These compounding factors have led to a silent mental health crisis among farmers, marked by stress, anxiety, depression, and a disturbingly high rate of suicides.

Mental health, often overlooked in the agrarian discourse, is deeply influenced by both structural challenges (indebtedness, lack of insurance, weak infrastructure) and socio-cultural norms (stigma, masculinity, marginalization). Small and tribal farmers practicing subsistence agriculture are especially vulnerable due to limited access to support systems. Women farmers, in particular, report higher levels of emotional burnout, although men exhibit higher depersonalization.

The paper highlights and proposes a holistic framework called the 'Multipronged Strategies of Convergence, Indigenous Wisdom, and Technology Integration'. This model integrates traditional ecological knowledge with precision agriculture tools, mental health literacy, peer support groups, and convergence with national flagship programs (e.g., PM-KISAN, District Mental Health Program). It proposes village-level mental health interventions, mobile health yatras, and cross-sector collaboration to foster resilience and dignity in farming communities. Urgently, there is a need for policy convergence across health, agriculture, and social welfare systems. Embedding culturally sensitive mental health strategies in extension services, along with digital tools, could create a more empathetic, inclusive, and sustainable agrarian future.

### **Introduction**

Indian agriculture sustains over 55% of the country's population (World Bank, 2022), yet it contributes not more than 18% to the national Gross Domestic Product (GDP) (Government of India, 2023). The Indian farming system is riddled with uncertainties, including climate variability, price volatility, rising input costs, indebtedness, and insufficient institutional support. This disparity reflects persistent structural neglect, climate vulnerability, and market volatility, and these stressors have a direct impact on farmers' physical and mental health. Despite this, farmers' mental health remains a poorly understood and under-addressed issue in rural India

(Patel et al., 2018). Over the past few decades, mental health issues among Indian farmers have gained attention primarily through the tragic lens of suicides. Over 300,000 farmers have died by suicide between 1995 and 2020, as per data from the National Crime Records Bureau (NCRB, 2021). In a country of 70 million farmers, it is 10 in every 100,000 farmers committing suicide. This is higher than the total national suicide rate. The number of farmers committing suicide in India is more than twice the total number of suicides being committed in the top 100 countries on the suicide list! This indeed is a worrying factor. The Government's measures, including waiving off loans, construction of dams, and other assisting measures, have not produced positive results so far.

However, there is an urgent need to go beyond statistics and explore the systemic, psychological, and sociocultural dimensions affecting farmers' mental well-being, specifically through the following lenses:

1. **Volatility and Economic Insecurity:** The Indian farming system is deeply vulnerable to the vagaries of nature and fluctuating input-output prices. Smallholder farmers, who form over 85% of India's farming community (Agricultural Census, 2015-16), often lack financial buffers. Recurrent crop failures, indebtedness due to high input costs, and erratic market returns contribute to chronic stress, anxiety, and feelings of helplessness (Deshpande & Arora, 2010). According to the National Crime Records Bureau (NCRB, 2022), over 11,000 people associated with the farming sector died by suicide in 2021, reflecting the dire consequences of persistent agrarian distress.
2. **Climate Change and Environmental Stressors:** Increasing frequency of droughts, unseasonal rainfall, and extreme weather events have intensified farming unpredictability. Psychological effects of climate change on farmers include increased incidence of depression, existential dread, and trauma related to repeated loss (Sarkar & Kumar, 2021). The distress is amplified by a lack of climate-resilient extension support, and the lack of crop insurance mechanisms deepens this fragility.
3. **Social Isolation and Masculine Burdens:** Farming, especially in rural India, is increasingly becoming an isolating occupation. As youth migrate to cities and joint family systems disintegrate, aging male farmers are often left alone to manage their farms and families. Moreover, hegemonic masculinity in rural areas discourages men from expressing vulnerability or seeking psychological help (Nair & Menon, 2020). Mental health, the invisible epidemic, perceived as a taboo or a weakness, often remains unaddressed. Mental health issues among farmers often manifest as anxiety, depression, substance abuse, and in extreme cases, suicide (Behere et al., 2009). Factors contributing to poor mental health include:
  - Social isolation and lack of support networks
  - Stigma around mental illness
  - Masculine ideals that discourage emotional expression
  - Intergenerational pressures and land disputes

A study by Mohanty (2020) found that nearly 40% of farmers in Maharashtra reported symptoms of clinical depression during drought years.

**4. Policy and Institutional Neglect of Mental Health:** Despite increasing mental health distress, India's public health system lacks adequate rural mental health services. Rural healthcare infrastructure remains insufficient. The National Mental Health Programme (NMHP) remains poorly implemented in agrarian regions (Patel et al., 2018). Crop insurance schemes, loan waivers, or minimum support prices, though well-intentioned, do not directly address emotional trauma or long-term psychosocial resilience. The WHO (World Health Organization) recommends one psychiatrist per 100,000 people, but India has only 0.75 psychiatrists per 100,000, and rural areas are the most underserved (WHO, 2022). Many farmers turn to informal sources or quacks, and mental health issues often go untreated.

### **Promising Interventions**

#### *Community-Based Mental Health Models and Strengthening Farmer Collectives, Especially Youth and Peer Support*

Fostering farmer producer organizations (FPOs) and women self-help groups (SHGs) can help reduce isolation and promote collective bargaining power, thereby improving both economic outcomes and social solidarity (Mehta & Singh, 2022). Such networks also create safe spaces for emotional sharing. Some civil society and government initiatives are beginning to address mental health in farming communities. Examples include:

- Karnataka's "Manochaitanya" programme offers counseling at primary health centers.
- Vidarbha Stress and Health Programme by Tata Trusts provides psychological support to cotton farmers.
- Self-help groups (SHGs) of women and Farmer Producer Organizations (FPOs) have shown positive mental health outcomes through peer support and economic empowerment (Deshpande & Shah, 2021).
- The Atmiyata Project in Maharashtra and Janamanas in Odisha have demonstrated success in deploying trained community volunteers to offer psychosocial support (Sangath, 2020). The World Health Organization has listed Atmiyata as one of the 25 good practices for community outreach mental health services in the world. It was featured as a case report in the World Health Organization's report on community-based mental health services in the South-East Asia Region.

The empirical impact of the Atmiyata project can be seen based on published studies, evaluations, and pilot results as stated below:

- The community-led intervention model with its innovative and sustainable approach significantly reduces the mental health and social care gap in communities. With its innovative and sustainable approach, Atmiyata offers a low-cost, scalable model to improve access to community mental health care, improving Mental Health Outcomes Reduction in Symptoms: Studies in Maharashtra (particularly in Nashik and Mehsana) showed significant reductions in depression and anxiety scores among individuals who received support from Atmiyata Champions (trained community volunteers).

- In a randomized controlled trial (RCT), there was an average 30–40% reduction in GHQ-12 scores (General Health Questionnaire – a measure of psychological distress).
- Community Empowerment & Social Inclusion- Over 300 community volunteers (Atmiyata Champions) were trained to provide psychosocial support using active listening, problem-solving, and behavioral activation techniques. These champions reached more than 15,000 people, helping them access services, reducing stigma, and improving emotional well-being in a culturally sensitive way.
- Cost-Effectiveness- The intervention cost was approximately \$2–\$3 per capita, making it one of the most cost-effective community mental health models in low-resource settings.
- Increased Help-Seeking Behavior- There was a 50% increase in people seeking help for emotional distress through community channels or health centers due to mental health literacy activities, including videos, village meetings, and informal discussions.
- Strengthened Linkages with Formal Systems - Atmiyata facilitated referral pathways to PHCs (Primary Health Centers) and DMHP (District Mental Health Program) for severe mental illnesses.

The model relies heavily on existing community structures and volunteers, thereby reducing dependency on specialized mental health professionals.

**Way Forward with Proposed Model ‘Multipronged Strategies of Convergence, Indigenous Wisdom, and Technology Integration’**

Convergence and integrating mental health services within agricultural extension, Indigenous wisdom, and primary health systems could be transformative in addressing farmers’ mental health and well-being. Developing culturally contextualized mental health literacy and counselling campaigns tailored for rural populations, especially small tribal farmers, in vernacular languages, can reduce stigma. Tele-counseling platforms, radio programming, and school-based mental health education in rural schools can support multi-generational change.

**Figure 1:**  
**‘Multipronged Strategies of Convergence, Indigenous Wisdom, and Technology Integration’**

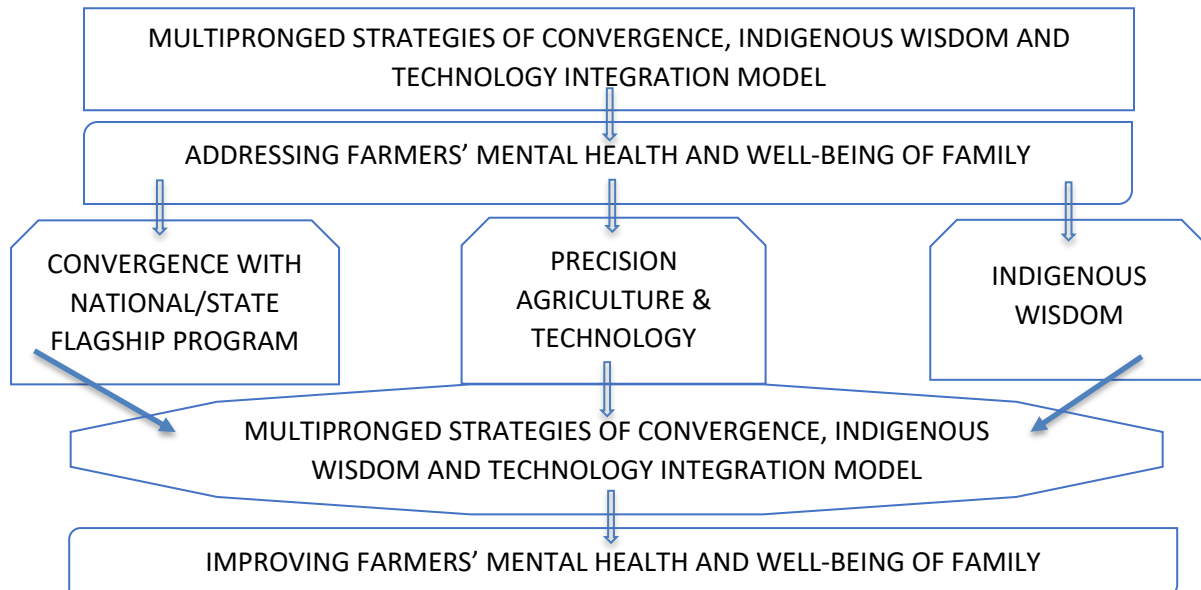


Figure 1 shows that a holistic and context-responsive strategy is essentially required to reduce psychological distress and improve the overall well-being of tribal farmers. The proposed 'Multipronged Strategies of Convergence, Indigenous Wisdom, and Technology Integration Model' represents a holistic, context-responsive strategy and convergence framework that is essentially required to reduce psychological distress and improve the overall well-being of tribal farmers. This model is a framework that integrates government, national, and state flagship programs with tribal wisdom and an indigenous knowledge system (conserving traditional knowledge) and leveraging precision technology farming systems. The model signifying the deep linkage between policy and people, science and tradition, and sustainable livelihoods with mental well-being.

This approach aligns health, agricultural, livelihood, and social protection systems under a unified multipronged strategy for a convergence and integration model.

**1. Strengthen rural mental health services and reclaim identity and cultural self-worth under the District Mental Health Programme (DMHP):**

A major cause of depression among tribal farmers is cultural erosion and marginalization. Indigenous Mobile mental health camps integrating Yatra units can restore pride in native traditions, languages, stories, and ecological wisdom. Convergence of health camps with indigenous yatras to rebuild identity, dignity, connectedness, and resilience, where mental stress in farmers is often linked with disempowerment and rapid socio-economic changes.

Through these platforms' mobile health Yatra (mHealth-Yatra) and rural telemedicine centers, tribal farmers can access mental health counseling, psychosocial support, and stress management tools. Integration with the District Mental Health Programme (DMHP) and e-Sanjeevani platforms ensures timely intervention and follow-up support. Along with these platforms, creating village-level mental health volunteer networks with local youth participation and organizing training and capacity-building programs for \*ASHA, \*ANMs, and agriculture and community extension workers as first responders for psychological distress. These trained field workforces at the community level facilitate mental health screening in regular health outreach activities.

Establishing helpline services at the panchayat or block levels in local languages accessible by mobile phone and convergence with National Health Mission (NHM), District Mental Health Programme (DMHP), Tribal welfare department and Panchayati Raj Institutions may help in facilitating reviving traditional festivals, celebrating local knowledge holders and woman farmers as custodians of village biodiversity and storytelling of rituals during mHealth-Yatras linked with harvest rains and seasons and restoring pride in native traditions, languages, stories, and ecological wisdom.

**2. Mainstreaming mental health in agricultural extension services:**

**Mental Health Impact:** Modern monoculture and chemical-based farming have made smallholder farming fragile and risky. Indigenous knowledge promotes diversified, low-cost, climate-resilient systems, reducing anxiety over crop failure and debt. Promoting collective farming (Farmers Producer Organization or Farmers cooperatives) and precision agriculture tools—like satellite imagery, soil sensors, drones, and weather forecasting apps—enable farmers to make informed decisions about crop planning, irrigation, pest control, and nutrient management. Access to timely and accurate information reduces the mental stress and anxiety that stem from unpredictable crop outcomes, thereby creating a sense of control and confidence in farming. As does showcasing traditional intercropping, seed preservation, and agroforestry during mHealth-Yataras.

At the district level, include stress management, financial literacy, and emotional resilience modules in KVK and agriculture department training through sensitizing agriculture officers to identify early signs of stress, substance abuse, and isolation among farmers. Convergence with Krishi Vigyan Kendras (KVKs), ATMA, ICAR, Ministry of Agriculture, and DMHP (District Mental Health Programme) promoting farmer field schools as peer-support platforms for well-being.

**3. Expanding crop insurance and income support, especially under PM-KISAN and Fasal Bima Yojana:**

Digital platforms that connect farmers directly with markets, enable real-time price discovery, and support access to government subsidies and crop insurance minimize exploitation and price volatility.

Universal enrollment of tribal farmers in PM-Fasal Bima Yojana (PMFBY) with claim settlement tracking at the Panchayat level, regular income support through PM-KISAN to ensure cash flow in lean periods, promoting contingency crop planning and risk-resilient cropping systems, and convergence with PMFBY, PM-KISAN, the State Agriculture Department, Financial Institutions, and Panchayati Raj. These interventions may significantly increase income stability, contributing to a stronger sense of security and directly impacting mental well-being.

**4. Promoting community-level support structures and peer-led interventions:**

Isolation, loss of community support, and competitiveness are key contributors to mental stress. Indigenous mHealth-Yatras emphasize collective spirit and mutual help. Village-level yatras involve community singing, group meals, and cooperative work, farmers' walk, live, and reflect together—creating peer bonding and reducing loneliness, sharing space for intergenerational dialogue and healing between Youth and elders, strengthen farmer producer groups (FPOs), women self-help groups (SHGs), Village level committees and youth clubs may help to serve as psychosocial support units.

Training peer counselors (community para-counselors) on basic mental health care and referral mechanisms, encouraging storytelling, collective farming (FPOs or Farmers cooperatives), and cultural events helps in sharing workspaces for community bonding.

Community-based digital platforms, farmer WhatsApp groups, and community learning centers allow knowledge exchange and social connectivity. These platforms reduce social isolation, promote a sense of belonging, and enable farmers to learn from shared successes and challenges, boosting morale and collective resilience.

These said interventions could be made effectively and efficiently through convergence with the NRLM, the Tribal Development Department, NGOs, and the Ministry of Youth Affairs.

#### **5. Addressing structural issues like Precision Agriculture Technology (Reducing Uncertainty and Anxiety through Data-Driven Farming), market access, irrigation infrastructure, and Direct to Customer marketing (D2C):**

Young tribal men and women often migrate due to loss of hope in farming. The convergence, yatra, and technology re-inspires youth with purpose, role models, and livelihood options linked to tradition and innovation. Precision agriculture tools tailored for smallholders, such as smartphone-based decision support systems and solar-powered irrigation, empower tribal women and youth with accessible technologies. Active participation enhances their role in family and farming decisions, uplifting self-worth and dignity, which is vital to well-being. Technology does not displace indigenous wisdom but can enhance it. Blending traditional knowledge of climate cycles, seed preservation, and agroforestry with modern tools fosters a holistic approach, building trust, continuity, and cultural pride, which are essential for mental wellness.

Investment in irrigation schemes and water harvesting infrastructure for assured second cropping, building local marketplaces and farm-to-consumer (D2C) channels through digital platforms and weekly tribal haats (already these haats are running in many tribal remote areas), enabling logistics support and cold chain systems in tribal areas. Creating eco-youth ambassadors during the mHealth-Yatras and linking traditional knowledge with enterprise models—medicinal plants, millet processing, forest produce, and climate farming. Documenting such success stories of young returnee farmers and agro-entrepreneurs and convergence with the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), Minor Forest Produce (MFP) schemes, an online National Agriculture Market (eNAM), \*TRIFED, and the Agriculture Infrastructure Fund may surely have a significant positive impact on mental health.

#### **Scalability & Sustainability of ‘Multipronged Strategies of Convergence, Indigenous Wisdom, and Technology Integration’**

To scale up and be sustainable, the proposed model effectively ensures its long-term sustainability. A multi-pronged strategy rooted in institutional convergence, decentralized implementation, digital integration, and community ownership is essential.

Across six Indian states, Atmashakti Trust has developed and nurtured strong village-level people's institutions, Young Eagles, and issue-based community networks that serve as vital platforms for empowerment, entitlement access, and psychosocial support. These institutions are not only engines of local governance and livelihoods but also could be crucial enablers of community-driven mental health care.

In the context of persistent agrarian distress, climate unpredictability, and socio-cultural marginalization, particularly among tribal and smallholder farmers, these local institutions have become safe spaces for farmers to share challenges, seek support, and build collective resilience. The proposed Model, which integrates convergence and integration with government schemes, indigenous wisdom, and technology-enabled solutions, is being effectively grounded and could be scaled through these institutions.

**Key ways for these institutions to reduce mental distress:**

- **Community Counseling and Peer Support:** Training local youth, \*SHG leaders, and farmer group members as para-counselors to identify signs of stress and offer psychosocial first aid;
- **Livelihood Convergence:** Facilitating access to schemes like PM-KISAN, crop insurance, \*MGNREGA, and Forest Rights Act (FRA) rights, ensuring economic security and reduced anxiety among farmers;
- **Mental Health Outreach through Indigenous Yatras:** Organizing community health yatras celebrating local culture and collective healing, which restore pride, dignity, and hope;
- **Digital Inclusion and Information Access:** Using mobile tools and WhatsApp groups to share early warning systems, crop advisories, and stress management techniques;
- **Intergenerational Healing:** Creating platforms where elders and youth co-create local development plans, preserving traditional knowledge while addressing mental health.

The proposed model is grounded in participatory planning, rights-based advocacy, and capacity building, ensuring that mental well-being is not treated in isolation but as part of a larger development ecosystem. As demonstrated across Odisha, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, and Uttar Pradesh, village-level collectives are uniquely positioned to integrate emotional, economic, and ecological resilience.

By strengthening these people's institutions and linking them with District Mental Health Programmes, Krishi Vigyan Kendras, and tribal welfare departments, the proposed model shall set a replicable and scalable example. The model shows that mental health care can be community-owned, culturally rooted, and systemically convergent, offering a transformative pathway to reduce farmer distress and promote holistic rural well-being.

**The functional model can be framed as follows:**

**1. Policy Convergence and Institutional Integration:**

Mainstreaming the model through collaboration across key government schemes—such as PM-KISAN, PM-Fasal Bima Yojana, MGNREGA, NRLM, TRIFED, and the District Mental

Health Programme (DMHP)—is vital. Aligning state and district-level line departments ensures that mental health becomes an integrated part of rural development and agricultural policy.

**2. Community-Led Implementation:**

Empowering SHGs, Farmer Producer Organizations (FPOs), youth clubs, and Panchayati Raj Institutions (PRIs) to drive the model locally enhances ownership and contextual relevance. Training local mental health volunteers, peer counselors, and eco-youth ambassadors builds grassroots leadership to sustain behavioral change.

**3. Digital and Telemedicine Platforms:**

Scalability can be accelerated through low-cost digital tools—tele-counseling (via e-Sanjeevani), mental health apps, WhatsApp peer groups, and mobile health yatras (mHealth). These platforms offer real-time access to information, emotional support, and referrals even in remote tribal areas.

**4. Knowledge-Technology Synergy:**

Blending indigenous wisdom with precision agriculture (e.g., sensors, weather apps, Direct2Customer platforms) enhances trust and acceptance. Documenting success stories of agro-entrepreneurs, women leaders, and climate-resilient practices reinforces cultural pride and inspires replication.

**5. Monitoring, Feedback, and Adaptive Learning:**

A robust monitoring system with mental health indicators and periodic community feedback ensures the model evolves with context. State and district nodal agencies should establish technical support units for evaluation and innovation.

**6. Financial Sustainability:**

Mobilizing CSR funds, tribal welfare budgets, and convergence with national digital and health missions can ensure long-term financing. Promoting Agri-enterprises linked with traditional crops, forest produce, and value chains will generate community income and ownership. By embedding the proposed model within national and state systems, investing in community capacities, and leveraging both technology and tradition, this approach can be scaled sustainably to transform mental well-being in India's rural villages.

**Proposed model’s structural, process, and stakeholders’ framework**

**1. Structural framework**

#	Action Area	Convergence Mechanism	Expected Outcomes
1	Identification of vulnerable farmers	Use of Panchayat + *ASHA/*ANM + Agri Extension Worker network	Early intervention, targeted outreach
2	Community Mobilization	Indigenous Yatras with health + agri + youth engagement	Reduced stigma, cultural pride, collective healing
3	Service Delivery	Health camps, counseling, telemedicine, *KVK trainings	Access to support services, stress reduction
4	Capacity Building	Training of para-counselors, extension workers on mental health	Improved field-level responsiveness
5	Technological Empowerment	Dissemination of precision agri tools, mobile alerts	Risk mitigation, informed decision-making
6	Institutional Linkage *VLC/*SHG/*FPO/*PRI	Integration across schemes via convergence platforms	Coordinated and responsive system
7	Feedback & Monitoring	Village-level review + digital dashboards	Adaptive planning, real-time corrections

**2. Process framework**

Pillar	Focus Area	Integrated Elements	Lead Institutions
Health & Mental Well-Being	Mental health support, stigma reduction	*DMHP, *NHM, eSanjeevani, Mobile Health Yatras, *ASHA/*ANM training	*MoHFW, State Health Depts
Livelihood Security	Income stability, insurance, support in lean season	PM-KISAN, *PMFBY, *MGNREGA, *FPOs	*MoA&FW, *MoRD, Panchayats
Social Inclusion	Reducing isolation, community support	Indigenous Yatras, *SHGs, Youth Clubs, storytelling, peer counselors	Tribal Welfare Dept, NGOs, *MoYAS
Agri-Tech Integration	Precision farming, risk reduction, advisory services	*KVKs, *ICAR, *ATMA, drones, apps, soil sensors	*MoA&FW, *ICAR, Agri-Tech Startups
Traditional Knowledge Revitalization	Conserving indigenous practices	Festivals, intercropping demos, forest produce enterprises	*TRIFED, Tribal Dept, Gram Sabhas

### 3. Stakeholders' framework

Stakeholders	Roles
Panchayati Raj Institutions (PRI)	Ground-level implementation, community mobilization
Health Department	*DMHP implementation, mobile health, *ASHA training
Agriculture Department / *KVKs	Tech training, agri advisories, traditional practice demos
*NGOs / *SHGs	Peer support, Yatra mobilization, mental health literacy
Youth Clubs / Schools	Intergenerational dialogue, leadership development
Digital Platforms	Real-time info sharing, farmer connectivity

#### Acronyms

1. \*VLC (Village Level Committee)
2. \* PRI (Panchayati Raj Institutions)
3. \*DMHP (District Mental Health Program)
4. \*NHM (National Health Mission)
5. \*ASHA (Accredited Social Health Activists)
6. \*ANM (Auxiliary Nurse Midwife)
7. \*PMFBY (Pradhan Mantri Fasal Bima Yojna)
8. \* MGNREGA (Mahatma Gandhi National Rural Employment Guarantee)
9. \*FPO (Farmers Producer Organization)
10. \*SHGs (Self-Help Groups)
11. \*KVK (Krishi Vigyan Kendra)
12. \*ICAR (Indian Council of Agriculture Research)
13. \*ATMA (Agricultural Technology Management Agency)
14. \*MoHFW (Ministry of Health and Family Welfare)
15. \*MoA&FW (Ministry of Agriculture and Farmers Welfare)
16. \*MoRD (Ministry of Rural Development)
17. \*NGOs (Non-Government Organization)
18. \* MoYAS (Ministry of Youth Affairs and Sports)
19. \* TRIFED (Tribal Cooperative Marketing Development Federation of India Limited).

#### Key Areas for Investment: Donor Perspectives on Implementing and Scaling Up

To catalyze transformative and scalable change in rural India, donors should target investments in high-impact, sustainable, and community-driven interventions that integrate mental health, agriculture, technology, and indigenous knowledge. The following are key areas for strategic investment:

**1. Community-Based Mental Health Services:**

Establish decentralized, culturally sensitive mental health infrastructure at the village and block levels, Support training and deployment of para-counselors, ASHAs, and agriculture workers as mental health first responders, and Fund mobile mental health clinics (e.g., mHealth-Yatras) and telemedicine hubs in underserved tribal and rural areas.

**2. Integrated Farmer Support Systems:**

Invest in convergence platforms linking health, agriculture, social protection, and livelihood schemes. Enable mental health integration into Krishi Vigyan Kendras (KVKs), Farmer Field Schools, and Panchayat-led development plans.

**3. Indigenous Knowledge and Cultural Revitalization:**

Support documentation, revival, and celebration of tribal farming wisdom and traditional ecological knowledge. Fund Indigenous Yatras as tools for community healing, identity restoration, and intergenerational learning.

**4. Digital Inclusion and Precision Agriculture:**

Expand access to climate-smart and data-driven technologies tailored for smallholders—drones, weather apps, e-marketplaces. Support community-managed digital platforms (WhatsApp groups, smart kiosks) for peer learning and mental well-being outreach.

**5. Youth and Women Leadership Development:**

Invest in eco-youth ambassadors, women-led SHGs, and local mental health champions, promote rural entrepreneurship models that integrate agribusiness with indigenous knowledge and social-emotional learning.

**6. Monitoring, Evaluation, and Policy Advocacy:**

Support the development of mental health-sensitive monitoring tools and impact assessments. Fund policy engagement efforts to embed farmer mental health in state and national development frameworks.

**7. Enterprise Development and Income Security:**

Promote investment in value chains for forest produce, millet processing, and medicinal plants, Enhance financial security through support for crop insurance outreach, digital payments, and contingency planning.

**Donor Rationale:** Investments in these areas will not only enhance farmers' psychological resilience and reduce distress but will also contribute to poverty reduction, gender equity, rural economic growth, and climate adaptation, offering high returns on social investment with measurable impact.

## **Conclusion**

The proposed model of **‘Multiplepronged Strategies of Convergence, Indigenous wisdom and Technology Integration’** is not just a physical movement; it is an emotional, spiritual, and cognitive reconnection between people, land, and heritage. Creating spaces of listening, sharing, and learning helps reduce stigma around mental health, strengthens resilience through rooted knowledge, and builds joy, hope, and confidence among marginalized tribal farmers.

Incorporating such yatras into government programs (\*TRIFED, National Rural Livelihood Mission, Pradhan Mantri Kisan Urja Suraksha evam Utthaan Mahabhiyan, etc.) and District Mental Health Plans can mainstream this culturally-grounded mental health strategy. And by reducing farm risks, enhancing income predictability, promoting social inclusion, and supporting mental health services, precision agriculture and digital tools serve as powerful enablers of psychosocial well-being in tribal farming communities. Strategic convergence with government programs (like Digital India, PM-Kisan, PMFBY, and National Mental Health Mission) and grassroots wisdom can create a technology-enabled, farmer-centric ecosystem, paving the way for happier, healthier, and resilient tribal lives.

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