Union Budget 2022 and Special Focus on Mental Health Care in India: A Dream or Reality

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ABSTRACT

The Union Budget of India plays a crucial role in determining the nation's fiscal policies and priorities for the year ahead. In recent years, there has been a growing recognition of the importance of mental health care in India, given the rising prevalence of mental health disorders and the associated social and economic burdens. In the Union Budget of 2022, there was a significant emphasis on addressing mental health issues and improving mental health care services across the country.

Keywords: Union budget, mental health, India

INTRODUCTION

Madam Nirmala Sitharaman, the Finance Minister of India, presented the Union Budget 2022 on 1st February 2022 in Lok Sabha. One of the budget's key components was to boost mental health services in India. This year's budget marked a unique moment in Indian policymaking history, as it brought mental health into the spotlight at the national level. Keeping in view that most people are under psychological distress during the second year of the COVID-19 pandemic. Mental health issues across all sections of society and all age groups have been triggered during the pandemic period.[1] The Minister announced to start of a National Tele-Mental Health programme in India. She announced that 23 tele-mental health centres would be launched with the support of the National Institute of Mental Health and Neuro Sciences (NIMHANS) as the nodal centre and the Indian Institutes of Technology (IIT) Bangalore will provide the technical support for this.[2] The Mental Health Care Act of 2017, which enshrines the right to mental health, has yet to be fully realized in its intended spirit across many Indian states. Inadequate budgetary allocations for mental health contribute significantly to the substantial service gap in mental health.

In this year's Union Budget, there has been a marginal increase of approximately 3% in the allocation to the Ministry of Health & Family Welfare (MoHFW) compared to the Budget Estimate (BE) for FY 2022–23, amounting to ₹89,155 crore as opposed to Rs.86,201 crore in the previous year. The total budget outlay designated for health-related programs for FY 2023–24 accounts for 2% of the Union government's fiscal outlay. Notably, the Budget Estimate (BE) for mental health in this year's budget is a mere 1% of the BE allocated to the MoHFW, a total of Rs.919 crore. Within the MoHFW's budget, allocations for mental health, including funding for two centrally funded mental health institutions and the National Tele-Mental Health Programme (T-MANAS), have experienced a notable increase of 16%, rising from Rs.791 crore in FY 2022–23 to Rs.919 crore for the upcoming fiscal year. The focus on T-MANAS, which serves as the digital arm of the National Mental Health Programme, and its inclusion as a separate line item, reflects the government's emphasis on expanding digital mental health initiatives. Moving beyond health, the Ministry of Social Justice and Empowerment (MoSJE) for FY 2023–24 has a Budget Estimate (BE) of Rs.14,072 crore, indicating a 7% increase

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compared to the previous fiscal year, FY 2022–23. Of this allocation, Rs. 12,847 crore is directed towards the Department of Social Justice and Empowerment, while Rs.1,225 crore is earmarked for the Department for Empowerment of Persons with Disabilities.[3]

This is not the first time that the Government of India has initiated a programme related to mental health. Already there are lots of programmes running, and laws have been enacted to protect and provide better mental health services in the country. India has a long history of formulating different legislation on promoting and protecting the rights of people with mental illness from colonial times. The Indian Lunacy Act passed in 1858, was the first legislation in India to address mental health issues. After that, the Indian Lunacy Act 1912 came into force. The terminology 'lunatic asylum' in the previous act was changed to 'mental hospitals' in 1922. Independent India formulated its first mental health act in 1987 and it came into force in 1993. To meet the international standard, the government of India brought the new Mental Health Care Act in the year 2017. India launched a National Mental Health Policy (NMH Policy) in 2014. Despite all these, the country is far away from the mental health services for all. To understand the mental health needs of India we need to discuss the prevalence of mental illness, mental health services, acts and policies related to mental health care in India.

Prevalence of Mental Illness in India

The prevalence rate of mental disorders is increasing in the country due to complex life patterns, urbanization, acculturation, displacement, and dislocation. During the COVID-19 pandemic, the experiences of high mental distress have increased among the Indian population.[1] The National Mental Health Survey (NMHS) of India (2015-2016) shows that about 10.6% of the population suffers from some kind of mental illness ("every 6th Indian needs mental health help"). Different studies also reported different prevalence rates of mental illness in the country. The prevalence rate of psychiatric morbidity varies from 9.5 to 370 per 1000 in India.[4] World Health Organization (WHO) estimates that 7.5% of the total population of Indians has some form of mental illness.[5]

There are a couple of reasons for this disparity in the prevalence of mental illness in India that are inherent nature of the psychiatric disorders, diagnosis methods, the definition used to define a case, systematic under-reporting, recalling bias, single informant, the need for treatment, screening instrument, clinical interview, cultural adaptation, sampling procedure, sampling bias, and statistical interpretations etc.[4,6,7] The given epidemiological data on the prevalence rate of mental illness is based on the sampling method. In addition, the NMHS is based on a multi-stage sampling design. Altogether 39,532 individuals were interviewed across 720 clusters from 80 talukas in 43 districts of the 12 selected states (NMHS, 2015-16). The survey failed to cover all states in the country. Hence, there is a huge variation in the data on the prevalence rate of mental illness in the country.[8]

Availability of Mental health services in India

To subdue the mental health problem, 43 psychiatric hospitals and institutions (three central-run institutes and forty state-run mental hospitals) have been established in our country. Along with this, 183 in government and 215 private psychiatric departments are working to treat patients with mental illness.[9,10] Only 25,000 beds are available in mental health institutions, including private psychiatric nursing homes and general psychiatric hospitals. The minimum required healthcare personnel for this service are 11,500 psychiatrists, 17,250 clinical psychologists, 23,000 psychiatric social workers, and 3000 psychiatric nurses.[11] However, as per the government record published by the Press Information Bureau, Government of India, Ministry of Health and Family Welfare shows, a total of 3800 psychiatrists, 898 clinical psychologists, 850 psychiatric social workers, and 1,500 psychiatric nurses are working to provide mental health services.[10] Apart from psychiatrists, the number of clinical psychologists and psychiatric social workers is significantly less. Even most professionals are not practising in this field of mental health or working abroad.

However, the existing workforce is far behind the required number. Seventy-five per cent of mental health professionals and resources are in urban areas where less than 28% live. These

3800 psychiatrists are available for face-to-face consultation and provide treatment for 8 hours per day, five days a week, and see a single patient for 15-30 minutes over 12 months; they would altogether provide care for about 10%-20% of the total patients with severe mental disorders. Surprisingly, it is almost similar to the estimated treatment gap of 90%.

National Mental Health Programme

The government also implemented the National Mental Health Programme (NMHP) in the year 1982 and the District Mental Health Programme (DMHP) in the year 1996 (in the 9th five-year plan) with the objectives of "decentralized mental health services and to provide mental health service at the community level by integrating mental health with the general healthcare delivery system".[12] The Program was re-strategised in 2003 and added two more schemes, i.e., modernization of state mental hospitals and up-gradation of psychiatric wings of medical colleges/ Hospitals.[12]

However, the DMHP covers 716 districts in all 36 states/Union Territories.[13] World Health Organization.[14] says that people in rural areas are far away from services like qualified doctors and mental health professionals because only 0.2 psychiatrists, 0.05 psychiatrist nurses, and 0.03 psychologists are available for a population of 100,000. Most professionals are mostly focusing on urban setups.[14] Regarding the expenditure allotted for mental health by the Indian government, it is limited to 0.06% of the total health budget.[15] The WHO report says that mental health services are undergoing scarcity and being inefficiently used and inequitably distributed.[16] As a result, only 1 in 3 people with schizophrenia are currently receiving the treatment.

National Mental Health Policy 2014

The government of India adopted the National Mental Health Policy (NMHP) in October 2014 with the vision to "promote mental health, prevent mental illness, enable recovery from mental illness, promote destigmatization and desegregation, and ensure socio-economic inclusion of persons affected by mental illness by providing accessible, affordable and quality health and social care to all persons through their life-span within a rights-based framework".[17]

Mental Healthcare Act (MHCA, 2017)

Mental Healthcare Act was passed in April 2017 and came into force in May 2018. The main objective of the act is "to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto".[18]

DISCUSSION

Both NMHP and MHCA focus on mental health care accessibility, rights of persons with mental illness, rehabilitation provisions including community rehabilitation, special funding provisions for initiating different programmes etc. Despite all these provisions, easy accessibility to mental health care services to the common people is a question mark. All the provisions are under the red tape. Mental health services, including NMHP and DMHP, remain inaccessible to most of the rural and tribal populations residing in remote locations.[19]

Several reasons create hindrances in implementing mental health services in India[20] has mentioned some reasons: lack of awareness about the existing mental health services, absence of comprehensive mental healthcare in the primary to tertiary healthcare, poor knowledge of the aetiology of mental illness among rural masses, insufficient mental health training and understanding among the general practitioners, and failure in reaching out to the target population. The limited availability of mental health services is the foremost factor that forces them to use alternative mental health resources. As per the report by NMHS, India is struggling with poor mental healthcare services due to the lack of integrated and comprehensive healthcare (2015-16). About 70% treatment gap is prevalent in the country.[21]

CONCLUSION

The Union Budget of 2022 marked a significant turning point in India's approach to mental health care. By prioritizing mental health, the government acknowledged the pressing need to address the growing burden of mental health disorders in the country. The increased allocation of funds, establishment of mental health centres, integration into primary care, and awareness campaigns all signify a proactive effort to create a more mentally

healthy and resilient India. However, the success of these initiatives will depend on effective implementation and continuous commitment to mental health care in the years to come.

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