

Commentary

Investing in preventive and promotive mental health: a call for public financing reform in India's primary health care

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ABSTRACT

Mental health is a critical aspect of overall well-being, yet it imposes a significant burden on healthcare systems globally. In India, one in eight individuals suffers from mental disorders, with anxiety and depression being the most prevalent. Despite policies emphasizing comprehensive, community-based support, budgetary trends disproportionately prioritize palliative-rehabilitative care over preventive and promotive measures. This article highlights the challenges of translating policy visions into actionable, fundable programs, given that mental health allocations constitute less than 1% of the national budget. It emphasizes the need for strengthening intersectoral collaborations, optimizing resource allocation, and fostering innovative research to evaluate cost-effective interventions. Prioritizing preventive and promotive mental healthcare is essential to address the escalating burden of mental health conditions. Achieving equitable and sustainable mental health outcomes in India requires integrating services and funding across sectors while ensuring robust policy implementation and community-based care.

Keywords: Mental health, Health financing, Public health policy, Preventive mental healthcare

INTRODUCTION

The World Health Organization (WHO) defines mental health as a state of well-being that enables people to cope with the stress of life, realize their potential, learn well, work well, and contribute to society.¹ In 2019, one in eight people, or approximately 970 million people worldwide, had mental disorders, which include conditions like anxiety and depression.² Non-exposure to adversity at a young age has been identified as a preventable risk factor for mental disorders.¹ The contribution of mental health issues to the total disability adjusted life years (DALYs) has increased from 2.5% in 1990 to 4.7% in 2017.³ In 2017, it was estimated that 197.3 million people in India had a mental disorder, of which 45.7 million had depressive and 44.9 million had anxiety disorders, which has increased by 25% in the first year of the pandemic itself.^{3,4} The WHO estimates the economic loss in India due to mental health amounts to USD 1.03 trillion, between 2012-30 if unaddressed.⁵ Thus,

we see poor mental health as a huge contributor to the burden of disease, as well as having social, economic, and medical determinants.

MENTAL HEALTH INITIATIVES IN INDIA

The National Mental Policy 2017 highlights the necessity of increasing financial allocation for promotive, preventive, and treatment aspects of mental health. Additionally, it advocates the promotion of contributions from various non-governmental organizations (NGOs). However, India's mental health activities are predominantly linked with the National Mental Health Program (NMHP), established in 1982, which emphasizes integrating mental health care with primary healthcare services. Over the decades, the program has evolved to focus on integrating mental health services into general healthcare services through the district mental health program (DMHP), in which the training of human resources and establishing centres of excellence have

been the areas of emphasis. The recently introduced Tele-MANAS scheme in 2022 offers tele-mental health services to people in remote or underserved areas.⁶ Also, the program has structured its objectives to ensure accessibility to vulnerable communities, promote community participation in improving mental health, and stimulate efforts towards self-help in the community.⁷

India's flagship scheme, the Ayushman Bharat (AB) initiative, has envisaged mental health components at the primary care level, which comply with the objectives of the NMHP. Apart from these, centrally funded institutes of excellence, like the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, and LGB Regional Institute of Mental Health, Tezpur, provide services like inpatient and outpatient treatment, rehabilitation services, and research activities.⁸

BUDGETARY ALLOCATION TOWARDS MENTAL HEALTH IN INDIA

In the union budget, the specific budgetary allocations for mental health, encompassing related schemes, programs, and activities, fell within the estimates for the ministries of health and family welfare (MoHFW) and the Ministry of Social Justice and Empowerment (MoSJE). The total allocation to mental health is less than 1% of the total government of India budget. Figure 1 represents the trend of budgetary allocation towards mental health. The total mental health budget has increased consistently, from ₹932.13 crores in 2021-22 to ₹1,614 crores in 2024-25. The most significant jump is seen in the latest financial year (2024-25), where the total allocation increased by ₹415 crores (34.6%) compared to 2023-24.

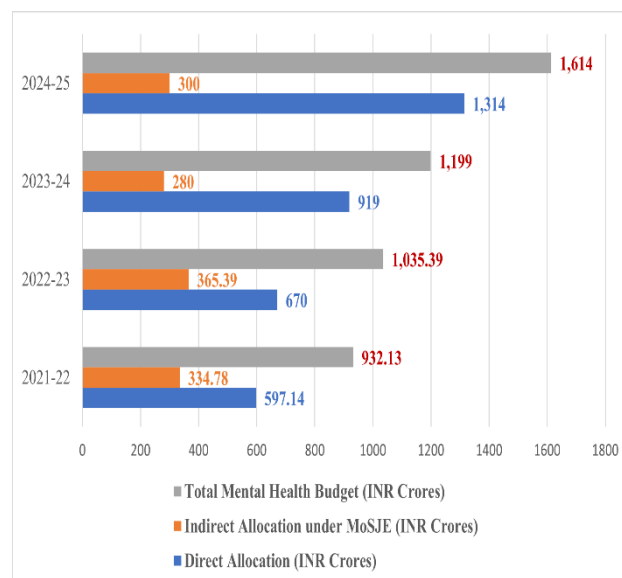


Figure 1: Trend of budgetary allocation towards mental health.

Table 1 indicates a reduction in the revised estimates, suggesting potential under-utilization of funds in NMHP, especially in financial years 2018-19 and 2019-20, which could be attributed to inadequate coordination between the central and state authorities in fund disbursement or other factors.⁸ In the Budget 2023-24, the NMHP has been subsumed and is no longer a separate line item.⁶ The Tele-MANAS component was introduced as a new line item, receiving 15% of the total funds allocated for mental health, which is a clear indication of the change in the government's focus on strengthening digital health.⁶

Table 1: Union budget allocation for NMHP (tertiary level activities) 2015-2021.

Fiscal year	Budget estimate (INR crores)	Revised estimate (INR crores)	Actual expenditure (INR crores)
2015-16	-	35	35.42
2016-17	35	35	33.95
2017-18	35	45	43.58
2018-19	50	5.5	2.01
2019-20	40	5	2.51
2020-21	40	27.36	-
2021-22	40	-	-

*Budget for mental health- analysis of union budget 2021-22- Indian mental health observatory report

The NMHP, tasked with implementing the DMHP at both the tertiary and district levels, has consistently faced limited financial support.⁹ With this, the spending towards preventive and promotive care in mental health through the components of NMHP, which included components like early detection and treatment, public awareness generation, and capacity building of the health workforce, has been diminished.¹⁰ Therefore, this downward trend, as well as an undefined breakup in budgetary support, indicates a lower priority shown by

various governments towards preventing and promoting efforts in mental health.

Over the past five years, budgetary allocations and expenditures have largely prioritized palliative and rehabilitative care for premier institutions like NIMHANS and LGB Institute, with minimal focus on preventive and promotive measures. While some state governments have initiated adolescent mental health programs, these efforts have predominantly centred on awareness generation rather than comprehensive screening to identify hidden mental health issues. Thus,

the lack of focus on preventive and promotive components within these programs highlights a critical gap in policy implementation in both the National and State Budgets, which reflects this trend.

In brief, the inadequate funding for mental health falls short of meeting the population's needs when viewed through a public health lens. This calls for emphasizing the intersectoral collaborations for a robust mental health system. Many review articles have stressed the effectiveness of various mental health initiatives at schools, colleges, workplaces, etc.¹¹

Workplace mental health initiatives, like corporate wellness programs (work-life balance strategies, wellness sessions like yoga, meditation), counselling services, peer support programs with the services of mental health advocates, peer-to-peer counselling, etc., have been found effective in our settings as well.¹² Similar strategies can be applied in the case of schools and colleges, like integrating mental health services in routine teaching activities, building good teacher-student relationships and thereby providing emotional security and nourishment, protecting them from failings and adversities, and providing counselling by specialists.¹³

WHAT IS THE NEED OF THE HOUR?

From a health financing perspective, it asserts that the responsibility of investing in national or state-level mental health programs should not solely fall on the health ministry. Furthermore, the stigma surrounding mental health, prevalent across socio-economic groups, often leads to underreporting and reluctance to seek care, further exacerbating funding and implementation challenges. Awareness campaigns and mental health champions could normalize discussions and promote acceptance.

The present trend of union budgetary allocations to public institutions ultimately addresses the prevalence of mental health disorders, once viewed through a public health lens. This underlines the importance of emphasizing primary care, which has to adopt a 'prevention first-mental health strategy' within national health policies. The governments have to mandate minimum budgetary allocations for preventive and promotive public mental health services.

The most essential thing is to establish cross-sector governance bodies to coordinate funding and service delivery. Following this, investment has to be made in monitoring and evaluation systems to track long-term impact. Research and evidence synthesis should be promoted to assess the effectiveness and further cost-effectiveness of these cross-sector collaborative initiatives, which will enhance the primary mental health care efforts.

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