

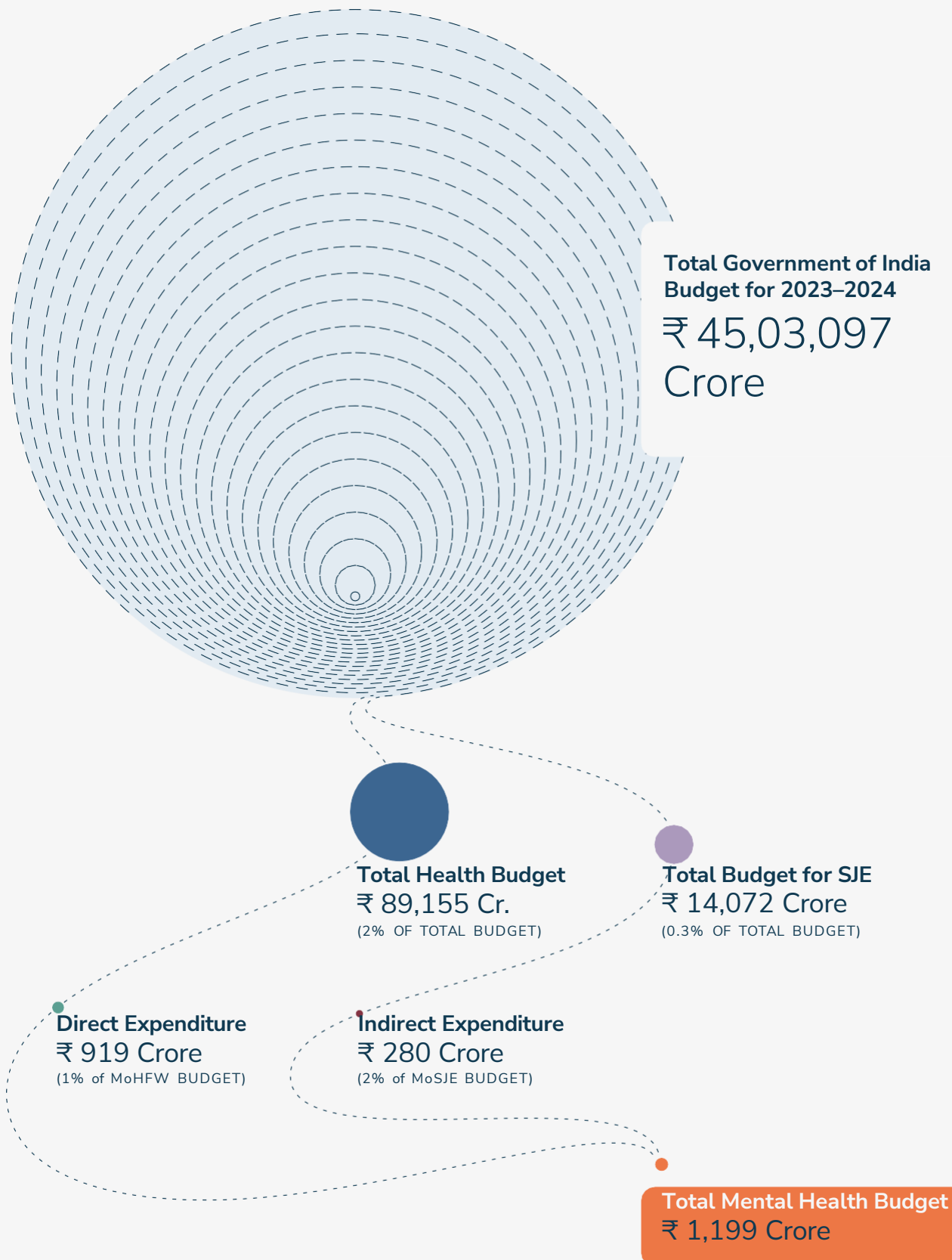
Union Budget for Mental Health 2023-2024

An Analysis

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INDIA MENTAL HEALTH
OBSERVATORY

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In this brief on the Union Budget for the Financial Year (FY) 2023–24, we map and analyse the allocations for mental health through the **Ministry of Health and Family Welfare (MoHFW)** and the **Ministry of Social Justice and Empowerment (MoSJE)**.



Union Budget for Mental Health

- The Union government's proposed fiscal outlay for the FY 2023–24 is ₹45,03,097 crore, an increase of 14% compared to FY 2022–23.
- In this year's Union Budget, allocation to the Ministry of Health & Family Welfare (MoHFW) has gone up marginally by ~3% compared to Budget Estimate (BE) for FY 2022-23 (₹89,155 crore v/s ₹ 86,201 crore in the previous year). In comparison to the Revised Estimate (RE) for FY 2022–23, the allocation has increased by 13%.
- The total budget outlay for health and related programmes for FY 2023–24 amounts to 2% of the fiscal outlay of the Union government. At ₹919 crore, the BE for mental health is just above 1% of BE of the MoHFW.
- Under the MoHFW's budget, allocations for mental health under the two centrally funded mental health institutions and the National Tele-Mental Health Programme (T-MANAS) have increased by 16% from ₹791 crore in FY 2022–23 to ₹919 crore for the upcoming FY.
- The budgetary emphasis on T-MANAS—the digital arm of the National Mental Health Programme—and its inclusion as a separate line item can be viewed as an indication of the government's focus on scaling digital mental health programming.
- In the previous health expenditure budgets, the National Mental Health Programme (NMHP) was a separate line-item under Tertiary Activities however, this year it has been subsumed under the consolidated head Tertiary Care Programme. This restructuring makes it difficult to ascertain the amount allocated towards the tertiary care components of the NMHP.
- The Ministry of Social Justice and Empowerment (MoSJE) for FY 2023–24 has a BE of ₹14,072 crore, an increase of 7% compared to the previous FY 2022–23. Of this, ₹12,847 crore are allocated for the Department of Social Justice and Empowerment and ₹1,225 crore for the Department for Empowerment of Persons with Disabilities.

BUDGET HEAD	BE (IN CRORES)
TOTAL GOI BUDGET FOR 2022–2023	₹ 45,03,097
TOTAL BUDGET FOR HEALTH (MoHFW)	₹ 89,155
TOTAL BUDGET FOR SOCIAL JUSTICE & EMPOWERMENT (MoSJE)	₹ 14,072
DIRECT EXPENDITURE FOR MENTAL HEALTH (from MoHFW)	₹ 919
INDIRECT EXPENDITURE FOR MENTAL HEALTH (from MoSJE)	₹ 280
TOTAL BUDGET FOR MENTAL HEALTH	₹ 1,199

➤ Ministry of Health & Family Welfare

- For FY 2023–24, the total BE for the MoHFW is ₹89,155 crore of this ₹2,980 crore is the BE for the Department of Health Research. The remaining ₹86,175 crore is the BE for the Department of Health & Family Welfare, which has increased by 13% and 4% compared to the RE (₹76,370 crore) and BE (₹83,000) respectively from the previous FY 2022–23.
- Out of the total ₹86,200 allocated last year, the budget for mental health was ₹791 crores, 0.92% of the total health budget. In comparison, this has risen marginally to 1.03% for the upcoming FY with ₹919 crores out of ₹89,165 crores allocated towards mental health related line-items.
- Under the MoHFW budget, allocations for mental health are made under the line-items of (i) National Institute of Mental Health and Neuro-Sciences, (NIMHANS), Bengaluru (₹721 crore); (ii) Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur (₹64 crore) and (iii) the National Tele-Mental Health Programme (₹134 crore).
- In this year's budget, the line-item of National Mental Health Programme (NMHP), which came under Tertiary Activities, under the umbrella of the National Health Mission has been subsumed under the consolidated line-item of Tertiary Care Programme. Thus, it is not possible to ascertain the exact allocations for tertiary activities under the NMHP. The tertiary components of the NMHP are strengthening Post Graduate Training Departments of mental health specialities, establishing Centres of Excellence and modernizing state-run mental health hospitals.¹
- Overall, BE for the Tertiary Care Programme dropped by 42% from ₹500 crore in FY 2022–23 to ₹290 crore in 2023–24. If this decline has resulted in a commensurate drop in funding towards tertiary components of the NMHP, it is concerning for the state of tertiary level mental health institutions in the country. Particularly, against the backdrop of the recent report released by National Human Right Commission (NHRC) that takes suo moto cognizance of the deplorable conditions of government mental health institutions and acute shortage of mental health professional, which includes certain Centres of Excellence under the NMHP.²
- Other centrally sponsored schemes have also been restructured this year, including the National Rural Health Mission and National Urban Health Mission that have been consolidated under the line-item, Flexible Pool for RCH & Health System Strengthening, National Health Programme and National Urban Health Mission. The District Mental Health Programme is funded through these schemes.

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO-SCIENCES (Bengaluru)

(a) Expenditure Budget

The BE for FY 2023–24 for NIMHANS, ₹721 crore, has increased by 29% compared to the BE (₹560 crore) and 6% compared to the RE (₹678 crore) for FY 2022–23.

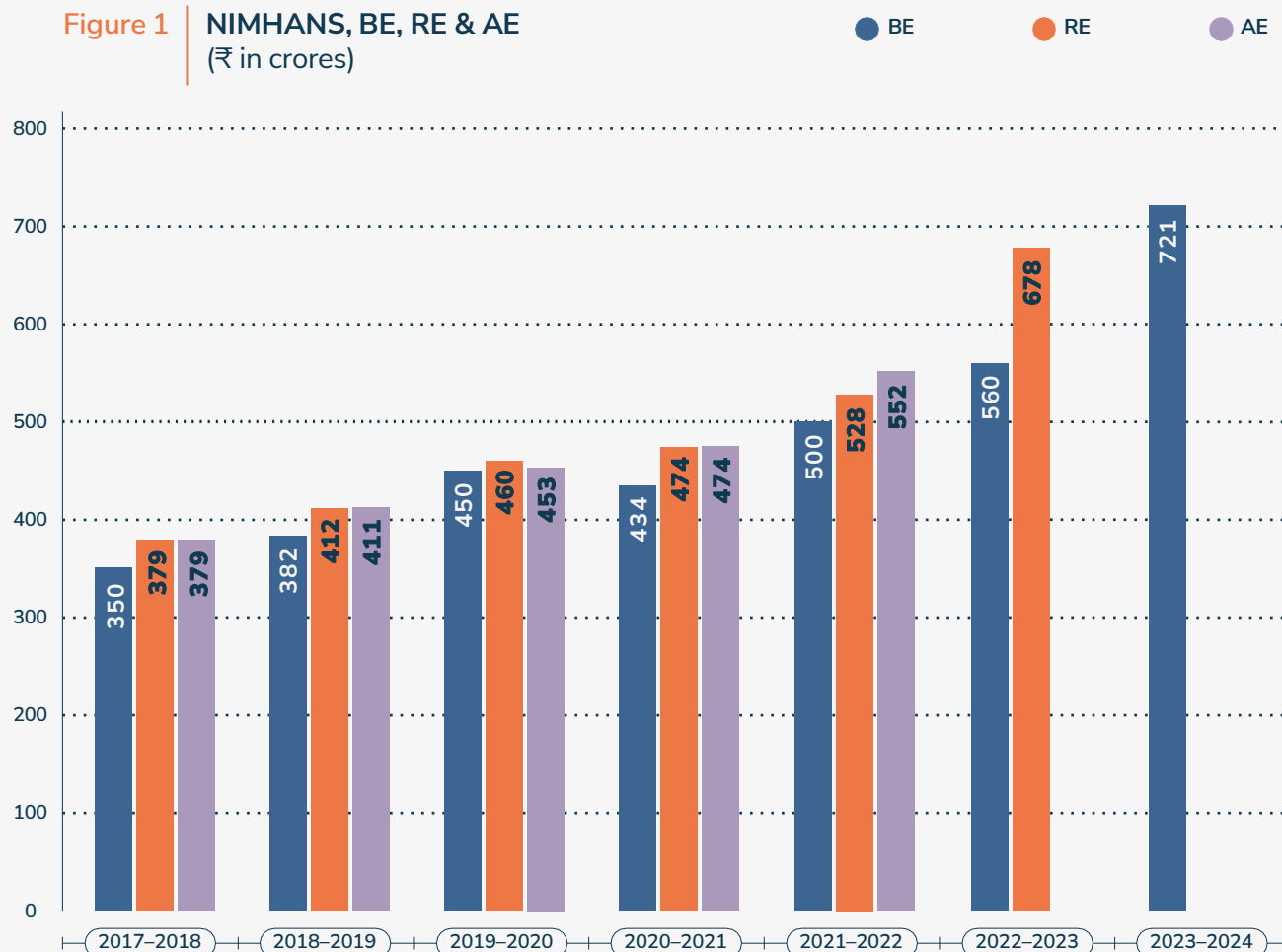
As the country's centre of excellence in mental health and neuroscience, NIMHANS provides a range of patient care services, capacity building for human resources in mental health, and research and development in the field. It is also the nodal authority for several key mental health initiatives of the government including T-MANAS and e-Manas (an online mental health registry and digital platform).

It should be noted that the proportion of funds allocated towards the departments of neurosciences and mental health in NIMHANS cannot be determined.³

(b) Actual Expenditure & Utilisation

Historically, NIMHANS has shown an upward trend in utilisation of allocated funds. The year-on-year RE and Actual Expenditure (AE) for NIMHANS has been higher than the BE for the past six years. In FY 2021–22 the AE was higher than both the BE and RE. (Figure 1).

Figure 1 | NIMHANS, BE, RE & AE
(₹ in crores)



NATIONAL TELE MENTAL HEALTH PROGRAMME

The Government of India announced the introduction of the National Tele Mental Health Programme (T-MANAS) during the Union Budget 2022–23. The programme was officially launched in October 2022. T-MANAS is a two-tier system comprising of State Tele-MANAS cells, includes trained counsellors as first-line service providers at Tier 1 and mental health professionals at District Mental Health Programmes (DMHP) at Tier 2 to provide secondary-level specialist care. Referral services are also available for in-person consultations or audio-visual consultations through e-Sanjeevani, the national telemedicine initiative under the MoHFW.

For FY 2023–24, the BE for T-MANAS is ₹134 crore, 11% more than the BE (₹121 crore) for FY 2022–23. It is noteworthy that the budgetary allocation for T-MANAS is three-times higher than the BE (₹40 crore) for the National Mental Health Programme in the past three years. The NMHP tertiary care component has history of chronic underutilisation which could be the reason for its low budget allocation and ultimate consolidation under the Tertiary Care Programme.⁴ The Union Government's policy thrust towards scaling and expanding digital mental health in the country is evident from the substantial budget allocation for T-MANAS.

Ministry of Social Justice and Welfare

- The Ministry of Social Justice and Empowerment for FY 2023–24 has a BE of ₹14,072 crore. Of this, ₹12,847 crores are allocated for the Department of Social Justice and Empowerment and ₹1,225 crore for the Department for Empowerment of Persons with Disabilities. The total fiscal outlay for the Ministry has increased by 7% in comparison to the previous FY 2022–23.
- In the funds allocated for the Department for the Empowerment of Persons with Disabilities, some funds for mental health are allocated under the line-item National Programme for Welfare of Persons with Disabilities. For this central government scheme, the BE for FY 2023–24 has reduced by 17% (₹525 crore) as compared to the ₹635 crores in the previous FY. However, the BE for FY2023-24 is higher than the RE (₹435 crore) for FY 2022–23.
- Under the umbrella scheme of the National Programme for the Welfare of Persons with Disabilities funds for mental health are allocated under the line-items (i) Deendayal Disabled Rehabilitation Scheme and (ii) Scheme for Implementation of the Rights of Persons with Disabilities Act, 2016. However, the exact proportion of funds ringfenced for mental health under these line-items is unknown.

DEENDAYAL DISABLED REHABILITATION SCHEME (DRDS)

(a) Expenditure Budget

The Deendayal Disabled Rehabilitation scheme provides grants-in-aid to non-government organizations that run half-way homes for psychosocial rehabilitation of persons with mental illness, providing support for home-based rehabilitation and management, and community-based rehabilitation services.

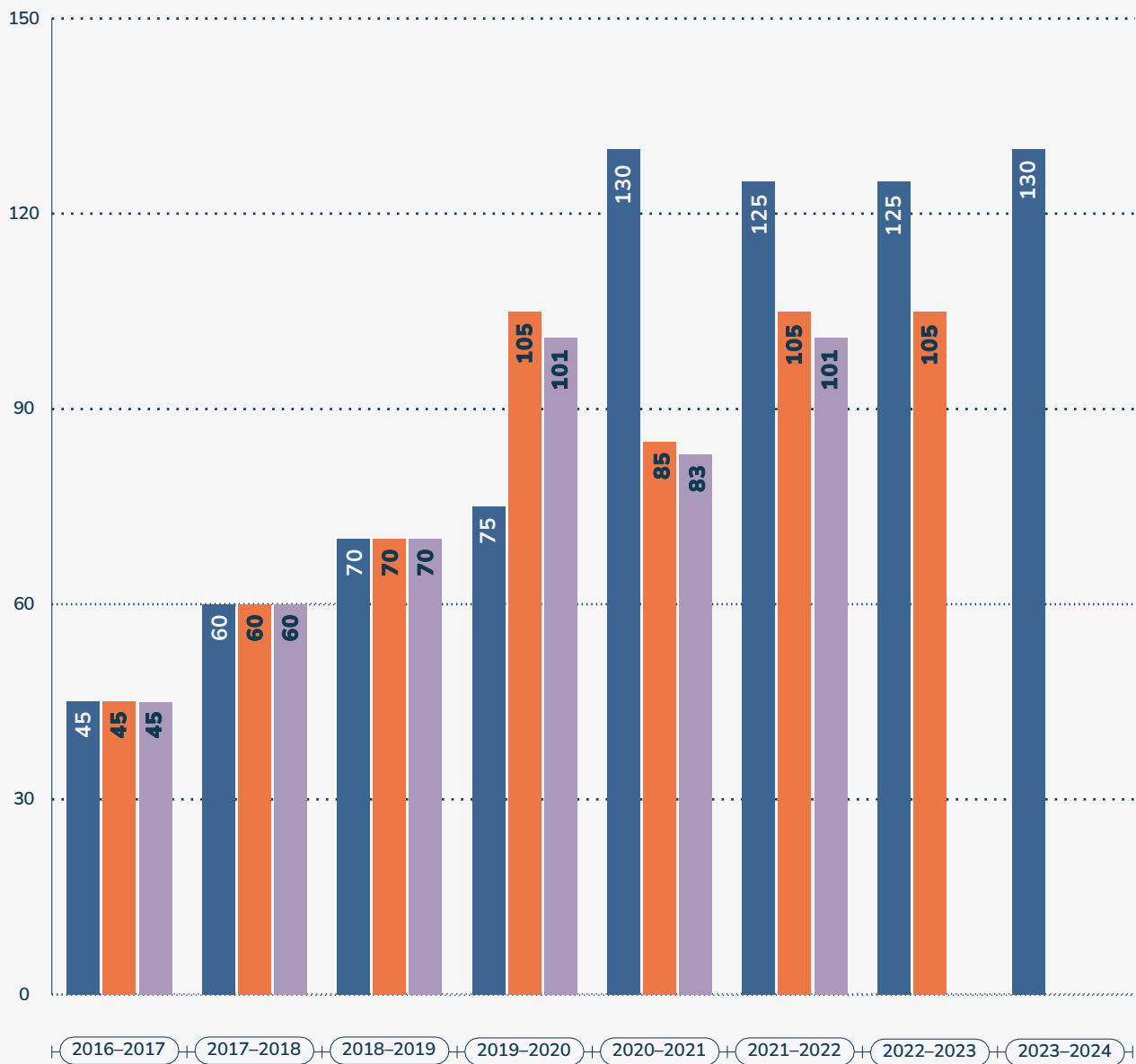
For FY 2023-24 the BE for DDRS is ₹130 crore, 4% higher than the previous FY. Though the BE for the scheme has been steadily increasing the last few years, the RE has been lower for most years with an exception to FY 2019-20. Since 2020-21 however, the RE has been lower than the BE.

(b) Actual Expenditure & Utilisation

From FY 2016 till 2019, 100% of the funds allocated for the scheme have been utilised. For FY 2019–20, 2020–21 and 2021–22 the utilisation of funds has been slightly below the RE (Figure 2)

Figure 2 | Deendayal Upadhyay Scheme
(₹ in crores)

● BE ● RE ● AE



IMPLEMENTATION OF THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016 (RPDA)

(a) Expenditure Budget

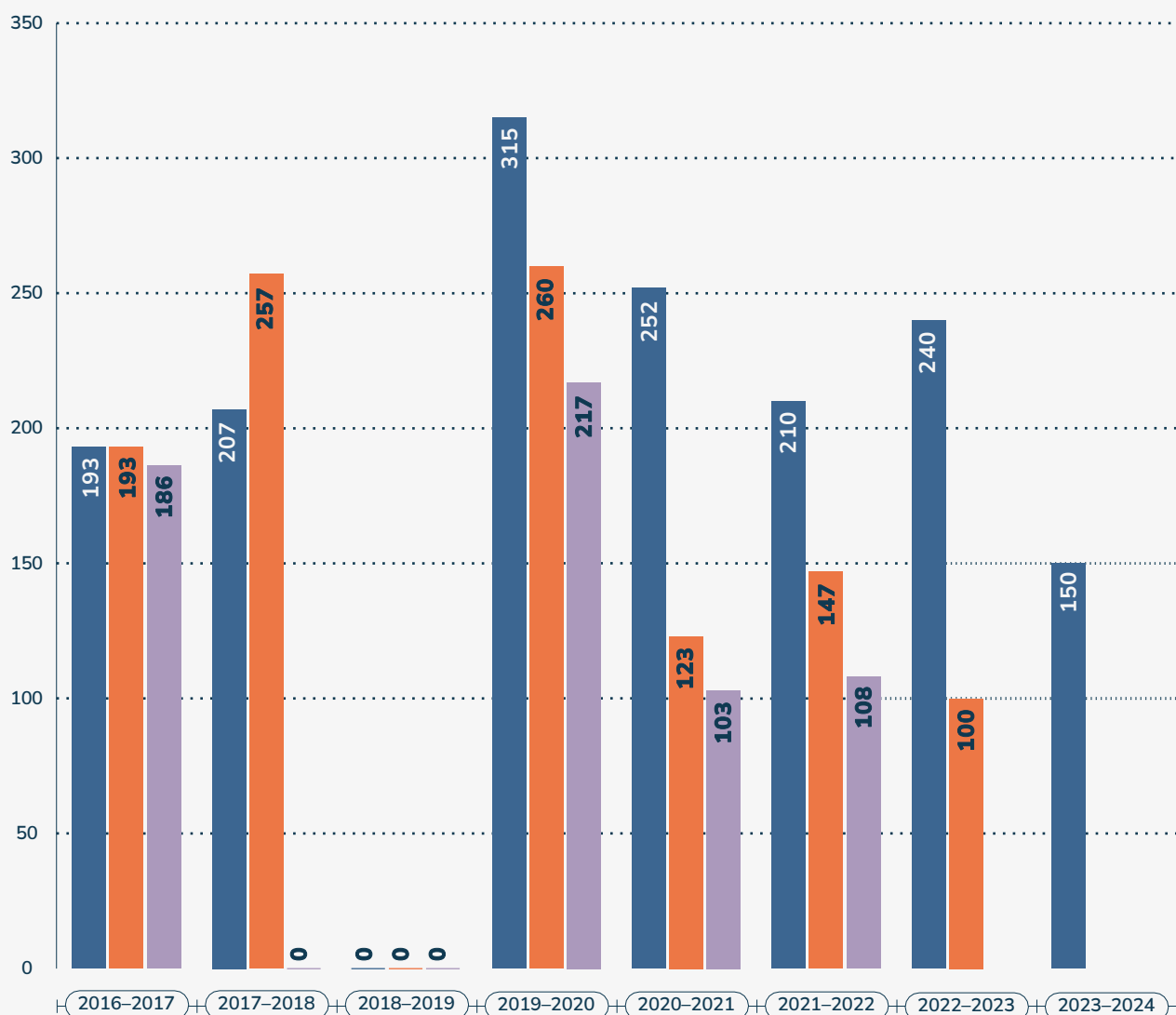
The BE for the Scheme for Implementation of the Rights of Persons with Disabilities Act, 2016, for FY 2023–24 has been slashed by 38% to ₹150 crore from ₹241 crore. In FY 2018–19 no funds were allocated for the scheme and in the last few years, the RE has been consistently lower than the BE.

(b) Actual Expenditure & Utilisation

Since FY 2017–18 there has been a trend of underutilisation of funds. While no funds were allocated for the scheme in FY 2018–19, the ₹257 crore allocated in FY 2017–18 were entirely unused. For FY 2019–20 and 2020–21, 16% of the funds allocated for the scheme remained unused at the end of the fiscal year; in FY 2021–22 close to 50% of the funds allocated remained unutilised. (Figure 3)

Figure 3 | Scheme for Implementation of RPDA

● BE ● RE ● AE



▮ Areas of Concern & Recommendations

- T-MANAS is a welcome initiative by the government to improve access to mental health services given the dearth of trained mental health professionals in the country and limited access to primary mental healthcare services. The programme has the potential to make mental healthcare accessible in remote settings. However, the evidence to determine the effectiveness and efficacy of tele-mental health in improving mental health outcomes through such digital modalities is limited. There are also significant concerns about the security, privacy and management of personal and sensitive data in the absence of robust data privacy regulatory frameworks in the country.⁵
- T-MANAS cannot be the panacea to improving mental health in the long-run or the sole programmatic focus of the government. Investments should be made in improving and making available community-based mental healthcare services. Continued budgetary allocations towards strengthening the District Mental Health Programme (DMHP) at the community level, as mandated by the Mental Healthcare Act, 2017 and developing other community-based models of mental health is imperative.
- The DMHP is envisioned as the service delivery component of the NMHP, delivering mental health services at the primary and community level. The DMHP receives its budgetary allocations through two financing components under the National Health Mission, namely: (i) Health System Strengthening (HSS) and (ii) Non-Communicable Diseases (NCD) flexi-pool. Given variances in allocations across states, it is difficult to ascertain exact budgetary allocations and utilisation for the programme. Further analysis of State Programme Implementation Plans (PIP) will be required to comment on patterns and trends in the union government's funding of the DMHP.⁶
- Last year, along with T-MANAS, the National Suicide Prevention Strategy (NSPS) was announced by the Ministry of Health & Family Welfare, outlining the government's proposed plan towards reducing suicide mortality in India by 10% in 2030.⁷ With the rising number of deaths by suicide in the country, there needs to be immediate and urgent action by states. However, unlike T-MANAS, whose implementation has been backed by adequate union government funding, the NSPS has not received explicitly earmarked funds for its implementation, nor did it find a mention in the Budget Speech.

- Food security, livelihood & employment, quality education and health are known social determinants which influence mental health and well-being of persons and communities. Therefore, while funding for mental health services is integral, monetary investments in development and rights-based schemes should in equal measure be prioritized and reflected in the union budget allocations.

While some programmes have received a higher BE in FY 2023-24, like the PM-POSHAN scheme (or Mid-Day Meal Scheme) and the Samagra Shiksha (Ministry of Education's school education programme), schemes like the Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS) have seen a decline in funds. The BE for MNREGS, the government's initiative to provide at least 100 days of wage employment, for FY 2023-24 is 18% lesser than the BE for the previous FY.

The scheme is specifically targeted to persons engaged in manual and informal work. Engagement in this form of work is precarious by nature, that may lead to income insecurity for many individuals. In 2021, the National Crimes Record Bureau reported that 26% of the people who died by suicide were daily wage earners.⁸ There is evidence that poverty alleviation programmes such as MNREGS can lead to reduced suicide rates and improve mental health outcomes.⁹ Therefore, budgetary outlays towards strengthening and improving schemes such MNREGS, should be made a high priority.



References

1. Shastri M. Deconstructing the DMHP: Part 1 - Introduction to India's District Mental Health Programme. India Mental Health Observatory, Centre for Mental Law & Policy, ILS. Published June 2021. <https://cmhlp.org/wp-content/uploads/2021/11/Issue-Brief-DMHP-I.pdf>
2. National Human Rights Commission India. NHRC says all the 46 Government Mental Healthcare Institutions across the country depict a very pathetic and inhuman handling by different stakeholders; issues notices |. Published January 25, 2023. Accessed February 4, 2023. <https://nhrc.nic.in/media/press-release/nhrc-says-all-46-government-mental-healthcare-institutions-across-country-depict>
3. National Institute of Mental Health and Neuro Sciences (NIMHANS). NIMHANS Annual Report 2020-21. Accessed February 4, 2023. https://nimhans.ac.in/wp-content/uploads/2022/09/NIMHANS_AR_2020-21_English.pdf
4. Keshav Desiraju India Mental Health Observatory. Union Budget for Mental Health 2022-23. Published online 2022. Accessed May 23, 2022. <https://cmhlp.org/wp-content/uploads/2022/02/IMHO-Union-Budget-for-Mental-Health-2022-23.pdf>
5. Ranade K, Kapoor A, Fernandes TN. Mental health law, policy & program in India – A fragmented narrative of change, contradictions and possibilities. SSM - Mental Health. 2022;2:100174. doi:10.1016/j.ssmmh.2022.100174
6. Avani Kapur, Ritwik Shukla, Sharad Pandey. Budget Brief National Health Mission (NHM) Gol, 2023-24. Accessed February 4, 2023. <https://accountabilityindia.in/publication/national-health-mission-budget-briefs-2023-accountability-initiative-centre-for-policy-research/>
7. Ministry of Health & Family Welfare. National Suicide Prevention Strategy. Accessed February 4, 2023. <https://main.mohfw.gov.in/sites/default/files/National%20Suicide%20Prevention%20Strategy.pdf>
8. National Crimes Records Bureau. Accidental Deaths & Suicides in India 2021. Published online 2021.
9. Sayali Mahasur, Tanya Nicole Fernandes. Impact of Poverty Reduction Programmes on Suicide, Mental Health and Wellbeing. Published September 2022. Accessed December 14, 2022. <https://cmhlp.org/wp-content/uploads/2022/09/Poverty-Reduction-as-a-Tool-to-Improve-MH-Outcomes-1.pdf>

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