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Bridging the Gap: Evaluating India's Mental Health Budget 2025-26 and Its Implications for Ayushman Arogya Mandirs (AAMs)

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1. Abstract

India's mental health infrastructure faces significant challenges, exacerbated by limited budget allocations and underutilization of existing funds. The FY 2025-26 Union Budget continues the trend of allocating less than 1% of the total health budget to mental health, with a disproportionate focus on tertiary institutions. This review examines the implications of such budgetary decisions on the functionality of Ayushman Arogya Mandirs (AAMs) under the Ayushman Bharat initiative, highlighting the resultant service delivery gaps. It further proposes strategic interventions, including enhanced funding, capacity building, and integration of mental health services at the primary care level, to address the burgeoning mental health crisis in India.

2. Introduction

Mental health disorders are a growing concern in India, contributing significantly to the overall disease burden. According to the Lancet Psychiatry Commission (2020), approximately 197 million people in India were affected by mental disorders, with depression and anxiety being the most prevalent [1]. The National Mental Health Survey (2015-16) also estimated that nearly 14% of India's population required active mental health interventions [2]. Despite this alarming prevalence, mental health has historically received limited attention in national health planning and budgeting.

The Mental Healthcare Act (2017) provided a legislative mandate to deliver accessible and affordable mental health care to all [3]. However, challenges in implementation—especially at the primary care level—persist. The Ayushman Bharat initiative introduced Ayushman Arogya Mandirs

(AAMs) to serve as a vehicle for comprehensive primary health care, including mental health services. Yet, due to persistent underfunding, workforce shortages, and inadequate infrastructure, the inclusion of mental health services at AAMs remains inconsistent. Strengthening AAMs is essential not only for improving service reach but also for reducing the treatment gap, which remains above 70% for common mental disorders in India [4].

3. Budget Allocation Overview

In the FY 2025-26 Union Budget, the total allocation for mental health stands at approximately ₹1,004 crore, maintaining a consistent figure from previous years. Notably, a significant portion of this budget is directed towards tertiary institutions, receiving ₹721 crore. Conversely, programs like the National Mental Health Programme (NMHP), which are

pivotal for community-level interventions, receive a small share of the budget. This skewed allocation underscores a systemic preference for tertiary care over community-based services [5].

4. Impact on Ayushman Arogya Mandirs

AAMs, envisioned as the cornerstone of primary healthcare under the Ayushman Bharat scheme, are tasked with delivering comprehensive services, including mental health care. However, assessments reveal that only 48% of sub-health centre-level AAMs and 65% of primary health centre-level AAMs offer mental health consultations. This shortfall is attributed to factors such as inadequate funding, lack of trained personnel, and insufficient infrastructure [6]. The overburdening of Community Health Officers (CHOs) further hampers the integration of mental health services into primary care [7].

5. Challenges Identified

- **Underfunding of Community Programs:** The NMHP, despite its critical role in community mental health, suffers from chronic underfunding and poor fund utilization, with reports indicating that only 38.11% of allocated funds were utilized between 2015-2021 [8].
- **Human Resource Deficit:** India faces a significant shortage of mental health professionals, with estimates suggesting a need for an additional 27,000 psychiatrists to meet the target of three psychiatrists per lakh population [9].
- **Stigma and Awareness:** Persistent stigma surrounding mental health issues impedes service uptake, necessitating robust community awareness and education initiatives [10].

6. Recommendations

- **Enhanced Budgetary Allocation:** Increase funding for community-based mental health programs like the NMHP to ensure broader service coverage. Studies show that less than 0.8% of India's health budget is allocated to mental health, with most funds concentrated at tertiary institutions [5,6].
- **Capacity Building:** Invest in training programs for CHOs and other primary healthcare workers to equip them with skills for early identification and management of mental health conditions. The WHO's Mental Health Gap Action Programme (mhGAP) has demonstrated that training non-specialist providers in mental health can significantly reduce service gaps [4,11].
- **Integration of Yoga Instructors:** Leverage the presence of yoga instructors at AAMs by providing them with training to act as mental health champions. Evidence from community-based initiatives in Tamil Nadu and Maharashtra highlights the role of alternative health workers in facilitating mental wellness and reducing stigma [6].
- **Infrastructure Development:** Allocate resources for the development of infrastructure necessary for delivering mental health services at the primary care level. According to The Hindu (2023), only 40% of PHCs have dedicated space or privacy for mental health consultations [12].
- **Monitoring and Evaluation:** Establish robust mechanisms for monitoring fund utilization and program implementation. CAG reports from multiple states (2019-2023) revealed underutilization of mental health

budgets and lack of outcome tracking for NMHP programs [8].

7. Conclusion

The current mental health budget allocation for FY 2025-26 reflects a continued underinvestment in community-based mental health services, undermining the objectives of the Mental Healthcare Act of 2017 and the Ayushman Bharat initiative. Addressing the mental health crisis in India necessitates a paradigm shift towards prioritizing primary care integration, adequate funding, and capacity building. Strategic interventions, including the empowerment of existing human resources like yoga instructors and CHOs, can play a pivotal role in bridging the mental health service delivery gap [4-6].

8. References

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