



MENTAL HEALTH SERVICES IN INDIA: A FALLACY BEHIND M PHIL COURSES

Dr. R K Mishra

Senior Consultant MoHFW.

Abstract

The development of national mental healthcare infrastructure's capabilities will be significantly shaped by external linkages. The achievement of the population's Comprehensive Mental Health is largely dependent on the inter-sectoral collaboration across various Ministries, which is essential to the formulation of public mental health policies. Following the implementation of the National Mental Health Programme (1982), the Indian government established the National Mental Health Policy in 2014. In order to safeguard the rights and dignity of people with mental diseases (PwMI), we were compelled by our commitment to the United Nations Convention on the Rights of Persons with Disabilities to update the Mental Health Act (1987) and notify the new Mental Healthcare Act (2017).

Treatment for mental disorders is now included in the Jan Arogya Yojna (ABPM-JA) under the Ayushman Bharat Pradhan Mantra. This new policy approach, known as National Tele Mental Health Programs (TELE MANAS), aims to give the District Mental Health Programme (1996) a digital arm to combat the rising rate of mental illness at the local level. It has demonstrated its effectiveness in ensuring that mental health services are accessible and available at the patient's bedside. The Mental Health Service System must be strengthened by 2030, and this requires enthusiastic announcements of launching TELE MANAS for our armed forces personnel and expanding the coverage to various districts India.

More mental health specialists, particularly clinical psychologists and psychiatric social workers, are needed at Ground Zero to realize the objective for providing fair and high-quality mental healthcare. In accordance with NEP 2020 guidelines, UGC terminated the Masters in Philosophy (M Phil) program. The validity of the M.Phil. programs in Clinical Psychology and Psychiatric Social Work was recently extended by the UGC to 2025–2026. However, will this be enough to start offering high-quality training at our colleges and universities at the start of the 2026–2027 academic year?

Will there be enough Clinical Psychologists and Psychiatric Social Workers available at this time to support Mental Healthcare and meet the requirements of the International standard for Mental Healthcare and Mental Health Systems? The only major concerns for Mental Healthcare are the Vulnerable Groups, which include the elderly, young people and transgender. The mere declaration of a two-year extension to move India closer to being a Viksit Bharat is debatable if there are insufficient of those MHPs in a nation of 1.45 billion people with diverse demands in every sector. This is an attempt to explore the roles that Psychiatric Social work and Clinical Psychologist play in providing services in the field of Mental Health. Is the nation prepared to use "efforts by all" to create a long-lasting mental health care system by 2026?.

Key words: *Mental Healthcare, Clinical Psychologist, Psychiatric Social Worker, Psychiatrist, NEP 2020, M Phil Course.*

Introduction

The objective of our Government is to attain developed nation status by 2047, the year of India's 100th anniversary of independence, or Viksit Bharat, Sashakt Bhrat, @2047. The goal encompasses indigenous scientific and technical development as well as social progress, environmental



sustainability, economic growth, and good governance. Our country is prepared to quicken its growth trajectory at this critical juncture. Recognizing that India's promise can only be achieved through tremendous dedication, faith in the nation's future, and the immense desire, potential, ability, and capacities of its people—especially the youth—in conjunction with unshakable leadership is crucial.

The achievement of Universal Public Mental Health Coverage in any country is mostly dependent on political will, which is essential for formulating public mental health policies. The Indian government established the National Health Mental Health Programme in 1982, the Mental Health Act in 1987, the DMHP in 1996, the Mental Health Policy in 2014, the MHCA in 2017, and most recently, the NTMHP in 2020, in order to accomplish this. This new policy placed emphasis on raising the cost of mental healthcare. Pradhan Ayushman Bharat Mantri The biggest health insurance program, the Jan Arogya Yojana, was introduced in 2018 to provide coverage for underserved populations. It is a noteworthy step toward the goal of providing mental health treatments to all people.

Though spending on healthcare from the share of Gross Domestic product (GDP) has increased year to year from 2014 to 2023 the increase is not uniform. The total budget outlay for health and related programmes for FY 2023–24 amounts to 2% of the fiscal outlay of the Union government. 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 ₹89,155 crores allocated towards mental health related line-items.

At ₹919 crore, the BE for mental health is just above 1% of BE of the Even while the percentage of GDP spent on healthcare has climbed annually between 2014 and 2023, the growth has not been consistent. For FY 2023–2024, the entire budgetary expenditure allocated to health and related programs is equal to 2% of the Union government's overall fiscal expenditure. The budget for mental health was ₹791 crores, or 0.92% of the entire health budget, of the ₹86,200 allotted last year. By contrast, this has increased slightly to 1.03% for the next fiscal year, with ₹919 crores—or 89,155 crores—allocated to line items relating to mental health. The MoHFW's BE for mental health is barely over 1% of the total BE, at ₹919 crore¹. Furthermore, this nation's spending on the public mental health system demonstrated incremental rise from the FY 2020–21 to FY 2022-23² budget allocation for mental health services during the previous three years.

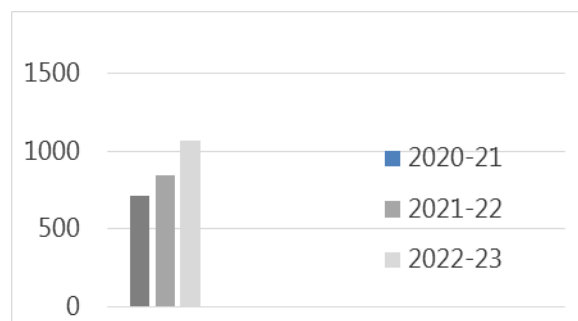


Figure 1: Budget Allocation for Mental Health (₹ in Crore)

¹ <https://cmhlp.org/wp-content/uploads/2023/02/Budget-Brief-2023-v3.pdf>
² LS Unstarred question non 942 dated 08 Dec 23



The increased budget allocation for the current FY is also encouraging in this regard. However, are the financial budget statements aimed at transforming India into a Viksit Bharat by 2047, given the size and diversity of the country's demands in every sector? Nevertheless, the NSPS has not been specifically allocated funds for its implementation, nor has it been mentioned in the Budget Speech, in contrast to T-MANAS, whose execution has been supported by sufficient union government financing

Clinical psychologists and psychiatric social workers, as designated as mental health professionals (MHEs) by the Mental Health Care Act of 2017, were vital, skilled human resources for addressing the needs of the country's mental health through clinical services, teaching, training & supervision, research, and consulting. In the framework of the health (particularly) mental sector, they play specialized tasks requiring an understanding of the intricacies of human psyche, emotions, and behaviors, including promotion, intervention, and prediction. For in-depth interactions with individuals, families, and communities, both MHPs are highly necessary for theoretical and practical knowledge, including clinical acumen, professional experience, and decision-making abilities.

Prospective Framework:

The current procedure for obtaining M.Phil degrees which is professional in nature takes seven academic years to be conferred. The M.Phil in Clinical Psychology and Psychiatric Social work will be discontinued in accordance with the Regulation No. 14 of the UGC (Minimum Standards and Procedures for Award of PhD Degree) Regulations, 2022 through, the UGC has approved an extension of the M Phil Programmes validity in Clinical psychology and Psychiatric Social Work until 2025-26 academic years exclusively³.

In order to combat the gap which will emerge in future with reference to the strength of MHPs, a consensus was made after series of consultation with various technical and professional stakeholders and formalised a new course at Bachelors and Masters Levels. The duration of bachelors' level course is for 04 years where as Master Level is for two years. The bachelor level course is name as B.Sc Homers) in Clinical psychology and Bachelors in Psychiatric Social Work whereas the nomenclature of Master courses are MA Clinical Psychology and Masters in Psychology Social Work.

Proposed Strategies

The proposed strategies for the implementation of abovementioned courses will be operationalise in two pathway model:

(a) The first pathway is anticipated to start immediately following class 12 educations. The framework for the Allied Health professionals' courses (nutritionists, optometrists, and physiotherapists) and NEP-2020 were taken into consideration when designing this pathway. The option to choose between a bachelor's degree in psychiatric social work and a bachelor's degree in clinical psychology is limited to students in the science stream. However, bachelor's degrees in psychiatric social work are available to students in all other streams.

(b) The second pathway will grant both a PSW and a master's degree in clinical psychology. This course will take six (4+2) years to complete. This pathway splits into two phases and is accessible to students from all streams. Stage I graduates will receive bachelor's degrees (B.A.) in social work and

³ https://www.ugc.gov.in/pdfnews/3307057_Mphil-Programme.pdf



psychology, while Stage II will grant two years of master's degrees in the same fields. The National Commission for Allied and Healthcare Professions (NCAHP) and RCI, respectively, will oversee the degrees in psychiatric social work and clinical psychology.

(c) Following the completion of the first year, NEP, 2020 gave students the option to stop their master's program. The student will then receive a postgraduate diploma in clinical psychology or psychiatric social work.

Matter of Concern

After analysing the abovementioned pathways it is proposed to extend this validity at least up to session 2030-31. Appended below the points emerged to be considering before finalisation of any framework:-

(a) To carry out the aforementioned pathways concurrently with the current academic session after 2025–2026 in order to accomplish the goal of Viksit Bharat@ 2047 i.e. committed to provide easily accessible, high-quality healthcare, with a particular emphasis on mental healthcare?

(b) To meet the demands of Strengthening of Mental Health Services System and commitment towards WHO's Comprehensive Mental Health Action Plan 2013–2030.

(c) To increase the country's requirement of grossly insufficient number of clinical psychologist and PSW for providing specialised clinical mental healthcare (Mental Health & Psychosocial Assessment Individual psychotherapy/casework, Family therapy/intervention, Group therapy/work, Referrals, Home/agency visits, Psychosocial rehabilitation) and community services (Coordination for the reintegration of patient with family/discharge of patient, Liaison and networking with social organizations, the judicial system, and the police department, Referral for various social services, Organize and coordinate community camps, extension/outreach services, etc., Organize and coordinate rehabilitation and aftercare activities, ensuring continuity of care, Undertake awareness-related activities in mental health, Conduct preventive and promotional activities through schools and youth/women's groups in the community, Capacity Building Programs on Prevention of Mental Disorders and Promotion of Mental Health) at ground levels.

The World Mental Health Atlas 2020 mentions the number of clinical psychologist and psychiatric Social worker working in mental health sector in India, are as 0.65⁴ and 0.69⁵ per 100,000 populations. The National Survey of Mental Health Resources carried out by the Directorate General of Health Services, between May and July 2002, against the required 20250 clinical psychologists, only 898 existed where as required 37000 PSW in the country, only 850 existed⁶. The ideal figure was earmarked as 1.5 and 2 per 1,00,000 population for clinical psychologist and psychiatric social workers⁷.

4. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/psychologists-working-in-mental-health-sector-\(per-100-000\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/psychologists-working-in-mental-health-sector-(per-100-000)).

5. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/psychiatric-social-workers-working-in-mental-health-sector-\(per-100-000\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/psychiatric-social-workers-working-in-mental-health-sector-(per-100-000)).

6. Government of India, Ministry of Health and Family Welfare. Annual Report 2012-2013. New Delhi: Government of India, Ministry of Health and Family Welfare; 2013 p. 161.

7. <https://sansad.in/getFile/loksabhaquestions/annex/11/AU2709.pdf?source=pqals>



(d) To close the gap in the development of the mental health system at the taluka and village levels, as noted by the NMHS 2016 and the WHO Mental Health Gap Action Programme (mhGAP). The low number of clinical psychologists and PSWs in NMHS states was also noted in the NMHS 2016.

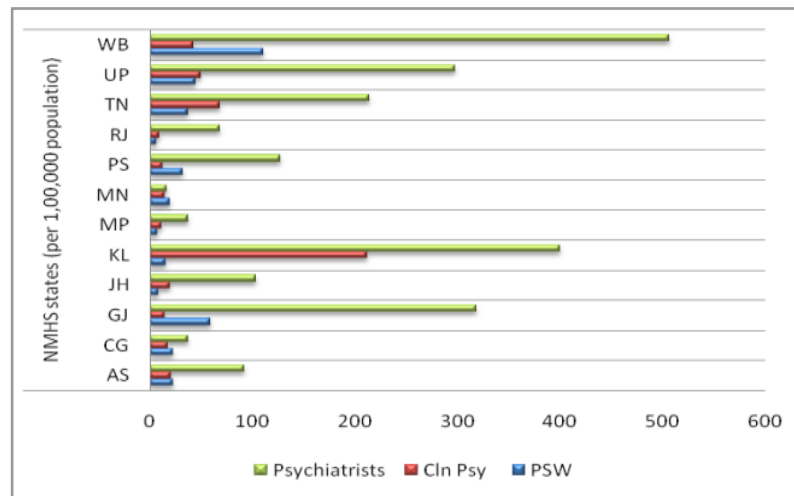


Figure 2 Mental health Human resources across the NMHS states (per 10,00,000 populations)⁸

(e) To decrease the treatment gap for mental disorders currently ranged between 70 to 92% for different disorders.(NMHS-2016).If we go by the prevalent global averages (to be read as per 100000 population) of 0.7 clinical psychologists, and 0.4 psychiatric social workers, the available numbers Clinical psychologists and Psychiatric Social Workers in India are grossly deficient⁹.

(f) To lower the rate of mental illness prevalence among Indians. According to the Lancet report, the percentage of mental disorders in India's total disability-adjusted life years (DALYs) rose from 2.5% in 1990 to 4.7% in 2017. There were roughly 197.3 million mental health disorders in India in 2017. Of these, 45.7 million had depressive disorders and 44.9 million had anxiety disorders¹⁰.NMHS 2016 survey reported that prevalence of mental disorders in adults over the age of 18 years is about 10.6%. Neurosis and stress related disorders affect 3.5% of the population. This is the gruesome of mental illness and to provide treatment to our citizen with meager number (2751 clinical psychologists and about 2000 psychiatric social workers practicing in India)¹¹ of these two essential pillars of mental health professionals will not be sufficient.

(g) To reinforce the National Tele Mental Health Program, a digital mental health care model (Tele MANAS). It offers quick assistance to those in need, particularly those who reside in remote areas, and serves as a bedside counselor for improving mental health in the general population. For FY 2023–24, the BE for T-MANAS is ₹134 crore, 11% more than the BE (₹121 crore) for FY 2022–23¹². In our nation, more Tele MANAS cells are to be established, with a minimum of one state cell for

⁸ .National Mental Health Survey, 2015-16 - Mental Health Systems_0.pdf (mohfw.gov.in).

9. Reply of LS admitted question no 22168 and number 6178

10. The Burden of Mental Disorders Across the States of India: the Global Burden of Disease Study 1990–2017," Lancet Report 2019.

11.Burden figure 1 : Annual Report 2021-22 by the Rehabilitation Council of India

12 .Keshav Desiraju India Mental Health Observatory. Union Budget for Mental Health 2022-23. Published online 2022. Accessed May 23, 2022.



every five crore people. A high level of care must be provided by clinical counselors and PSWs. The benefits of the NTMHP will be negatively impacted by the shortage of qualified clinical psychologists and psychiatric social workers.

(h) To provide comprehensive, integrated, and responsive mental healthcare services in community-based settings without an adequate number of MHPs, especially Clinical Psychologists and Psychiatric Social Workers is debilitating whole mental healthcare system. As per NMHS data (2016), greater incidence of mental illness in urban metro areas (13.5%) as opposed to rural areas (6.9%) and urban non-metro areas (4.3%). Most of the clinical psychologists in India are working in urban metro irrespective of incident of mental illness showed high in metro areas.

(i) To reduce suicide mortality in the nation by 10% by 2030 as committed under the national strategy for suicide prevention's goal. It will not be met unless the number of such MHPs in increased. Additionally, 0.9% of respondents to the NMHS survey indicated they were at high risk of suicide reasoned due to a manpower shortage.

(j) To upgrade the educational institutional set up as per the standard curriculum of Clinical psychology and PSW as prescribed by RCI. Currently most of the training institutes of these courses are in tertiary hospital settings .Educational institutions especially graduate colleges of non-medical settings will require more time to impart these types of professional courses at internationally standard level which include practical orientation /research in clinical /medical/clinical psychology and psychiatric social work. Currently majority of graduate colleges need some time to make the necessary infrastructural changes including experienced academicians in order to satisfy the high standards for instructions and training in these subjects. As NCAHP 2021 classified Social Worker as ISCO (International Standard Classification of Occupations-2635) Standard Classification number and fixed the duration of which shall not be less than two thousand hours spread over a period of two years to four years divided into specific semesters¹³.

(k) More mental health professionals are needed to support futuristic plans like the "Care at Doorstep (CADs)" indigenous model, which aims to support people with SMDs who left the clinical care of the District Mental Health Program (DMHP), and "Assisted Home Care," which trains employees of health and wellness centers to better manage mental illness in individual homes. Our nation's home-based mental health care will have management protocols developed based on the findings. Given the scarcity of these two MHPs, this future endeavor will not be practical or effective to undertake at the national level.

6. The abovementioned issues showed that India's current supply of mental health professionals is woefully inadequate. The lack of manpower at the local levels will be severely affected after two years of extension. Most of these MHPs are needed to support mental health care services round the clock. The DMHP is currently operating in 738 districts and is likely to expand to all 779 districts. Additionally, mental health services have been added to the Comprehensive Primary Health Care package under Ayushman Bharat. In order to help people with mental health issues, Community Health Officers are trained to offer basic follow-up and counseling services right at their door by these two MHPs. It is known that the DMHP receives its budgetary allocations through two financing components under the National Health Mission, namely: (i) Health System Strengthening (HSS) and (ii)

13 *The National Commission for Allied and HealthCare Professionals Act, 2021*



Non-Communicable Diseases (NCD) flexi-pool. T-MANAS cannot be the panacea in improving mental health services system at grass root levels in the long-run without sufficient number of Clinical Psychologists and Psychiatric Social Workers. Mere financial investments for NTMHP and strengthening the District Mental Health Programme (DMHP) are not enough in improving and providing quality of community-based mental healthcare services. It is imperative to have sufficient MPHs for continued community mental healthcare services.

7. In the last three years RCI data showed that only one clinical psychologist has been registered from the states, including Arunanchal Pradesh, Lakshdeep, Pudducherry, and Sikkim¹⁴. There will undoubtedly be more number of MHPs required at respective states to provide mental healthcare and the extension of the course till 2030 will provide sufficient time to gear up with the challenges of these States.

8. In India, there are roughly 784 MSW colleges and 1,077 colleges that offer psychology courses¹⁵. There are 81 clinical psychology colleges in India. Out of which, 57 are Private, 17 are Public/Government and the rest 4 are owned by Public Private sector¹⁶. As per RCI annual report 2021-22 only 42 Institute in India are offering M Phil level training programme in Clinical psychology. The following is the enrollment for the 2019–20 session at the Ph.D., M.Phil., and postgraduate levels in psychology and social work (Based on Actual Response)¹⁷:-

Table 1: Number of students enrolled in under various streams:

Sl,No	Discipline	Ph.D.	M.Phil.	Post Graduate
1	Psychology	1359	398	46318
2.	Social Work	849	355	53715

For both courses, the overall admission pass out rates are roughly 25% and 36%, respectively¹⁸. The details are mentioned below:

Table 2: Number of students successful in under various streams

Sl ,No	Discipline	Ph.D.	M. Phil.	Post Graduate
1	Psychology	289	171	11488
2.	Social Work	151	226	20207

9.No specific information about master's degree in psychiatric social work and M. Phil. in clinical psychology is currently available. The online data searched from 26 institutes providing the degree in clinical psychology have 272 seats for a academic year¹⁹. However, there will undoubtedly be fewer numbers of clinical psychologists going to pass the courses. Therefore, the exemptions until the 2030–

14 Rajya Ssbha unstarred question no 1408 dated 01 Aug 23: State wise list of registered Clinical Psychologist during last 3 years by RCI.

15 <https://www.shiksha.com/humanities-social-sciences/psychology/colleges/colleges-india>

16 <https://www.shiksha.com/humanities-social-sciences/psychology/colleges/clinical-psychology-colleges-india>

17 https://www.education.gov.in/sites/upload_files/mhrd/files/statistics-new/aishe_eng.pdf

18 AISHE 2019-20

19.<https://www.upseducation.in/update/fees-structure-stipend-number-of-seats-for-rci-recognized-m-phil-clinical-psychology-in-india/>



31 sessions will enhance the MPHs, adding benefits for both academic excellence and the care setting. In order to close the shortage in the coming years, we will still need to hire 17500 new clinical psychologists yearly²⁰, even if we maintain the current rates of attrition and population growth. But only 272 clinical psychologists are trained in 26 institutes on M. Phil seats annually will not be sufficient. The only option available is to either increase the number of M Phil seats or run the courses parallels for at least till 2030-31 academic session.

10. It will be injustice to the students pursuing a degree in their second or third year of graduation or first or second years of masters courses may not have the opportunity to work as clinical psychologists or psychiatric social workers in future due to the proposed entry level requirements of the integrated course framework. The BA (Hons) Clinical psychology and Social Work may also be included to extend the scope of more number of the students those have the passion for becoming MHPs. The CBSE already approved Psychology as a subject for Art stream students too in many senior secondary colleges. Such students will be deprived for 06 years to become clinical psychologist.

11. The final year of graduation must include practical orientation research in clinical psychology, and the first master's year must include more clinical orientation, education, and skills. These are the key eligibility requirements of the new course framework.

12. Hence it is requested to extend the validity of M Phil in Clinical psychology and M. Phil in Psychiatric Social Work till 2030-31 academic sessions considering the emergent roles played by both MHPs.

Conclusion

One thing is certain when considering all the facets of mental health and mental healthcare in the broader healthcare industry; the government is still ill-prepared to provide the necessary attention. The appropriate government shall take measures to address the human resource requirements of mental health services in the nation by organizing, creating, and carrying out educational and training programs in cooperation with higher education and training institutions. This will increase the number of people available to provide mental health interventions and enhance their skill sets to better meet the needs of people with mental illness. As per section 31 of MHCA 2017 it is mandatory that appropriate Government need to take measures as regard to human resources development and training etc. but due to limited flexibility, the number of MHPs will not raise leaps and bound. How the mental health system will be managed, and how the meager foundation of all mental health-related activities will be maintained are a matter of great concerns for citizens mental health promotion and rehabilitation. The relaxation of the UGC's mandate for MHPs training is concerning, particularly in light of the country's obligation under section 31(3) of the MHCA 2017 to fulfill the target of meeting globally recognized guidelines for the number of mental health professionals based on population within ten years of the Act's enactment, or by May 28, 2028. The allocation of grants for various programs and schemes won't be easily and completely utilized if MHPs are insufficient. The issue of how to provide mental health care effectively and efficiently in the event that qualified mental health professionals are unavailable arose because the National Tele Mental Health Programme and the Pradhan Mantri Ayushman Bharat Health Insurance Scheme have received a larger percentage of public health funding and will continue to receive more funding in the future. The issue of how to

20. Ideal rate 1.5 clinical psychologists per 100000 population accounted @ 14000 lakh Indian population accounted 17500 total in a year.



provide mental health care effectively and efficiently in the event that qualified mental health professionals are unavailable arose because the National Tele Mental Health Programme and the Pradhan Mantri Ayushman Bharat Health Insurance Scheme have received a larger percentage of public health funding and will continue to receive more funding in the future. However, it is still disheartening that these programs may not expand to their full potential in the future. With limited number of MHPs.

India is at a crossroads where it needs to make a mental shift in addition to growing its digital economy and technological capabilities. The impoverished must not be disregarded, even though Vikshit Bharat @2047 is concentrated on the knowledge- and technology-based economy. The Man behind the machine is vital components not to be left behind.

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