

NATIONAL MENTAL HEALTH PROGRAMME

INTRODUCTION

∞ **“Mental Health is a state of well being characterized by the absence of mental or behaviour disorder whereby the person has made a satisfactory adjustment as an individual, and to the community, in relation to emotional, personal, social and spiritual aspects of their life.” (K. PARK)**

INTRODUCTION

☞ According to WHO-

“**Mental Health** has been defined as the state of **balance** between the individual and the surrounding world, **a state of harmony** between oneself and others, a **coexistence between** the realities of the self and that of the other people and that of the environment.”

WHO

❧ “The organization of mental health services in developing countries” - a set of recommendations by an **expert committee** of the WHO.

❧ **Expert committee** set up by the WHO-

-Strongly endorsed strategy of integrating mental health into primary care services.

WHO

-And **made recommendations**
about ways and means of delivering mental health services in developing countries which had acute shortage of trained mental health professionals.

WHO

∞ **WHO Multi-country project: “Strategies for extending mental health services into the community”**

(1976-1981)-

∞ **Model of integrating mental health** with general health services and providing basic mental health care by trained mental health workers and doctors, supported by **Multi country collaborative project** initiated by the WHO and carried out in 7 geographically defined areas in 7 developing countries.

WHO

∞ The department of psychiatry (PGIMER) in **Chandigarh** was the centre in India and the model was **developed in the Raipur Rani Block in Haryana State.**

BURDEN OF DISEASE

- ❧ All kinds of mental and behavioural disorders are widely prevalent in India.
- ❧ **Review of the situations of psychiatric disorders in India highlighted the gross neglect of mental disorders (*Neki and Carstairs, 1975*) due to-**
 - Pervasive stigma**, widespread misconceptions.
 - Grossly inadequate budgets** for mental health care.
 - Acute shortage of trained mental health personnel.**

BURDEN OF DISEASE

- ✧ It is estimated 6-7% of population suffers from mental disorders.
- ✧ The World Bank report(1993) revealed that the **Disability Adjusted Life Year (DALY) loss due to neuropsychiatric disorders are much higher** than diarrhoea, malaria, worm infestations and TB if taken individually.

BURDEN OF DISEASE

- ❧ According to the estimates **DALYs loss due to mental disorders are expected to represent 15% of the global burden of diseases by 2020.**
- ❧ One in four families is likely to have at least one member with a behavioural or mental disorder (WHO 2001)
- ❧ Most of them remain untreated (>90%)

BURDEN OF DISEASE

- ❧ In developing countries, basic mental health care should be decentralized and integrated with the existing system of general health services.
- ❧ NMHP is run by the Govt of India for meeting the UNMET NEEDS of the mentally ill people.

NMHP

- ❧ **In 1980, the Govt of India** felt the
- ❧ necessity of evolving a plan of action
- ❧ **aimed = at the mental health component of the National Health Programme.**

- ❧ In Feb 1981, a drafting committee met in Lucknow and prepared the first draft of the NMHP. This was **presented at a workshop at New Delhi on 20-21 July 1981.**

NMHP

✧ In **August 1982**, the highest policy making body in the field of health in the country, the **Central Council of Health and Family Welfare (CCHFW)** adopted and recommended for implementation of NMHP.

INITIAL PROBLEMS IN IMPLEMENTATION AFTER 1982

- ❧ **No budget estimates** or provisions were made for the implementation of the programme.
- ❧ There was very lukewarm response **to the programme by psychiatrists in the country.**
- ❧ **Difficulty in implementing the programme in larger populations and in real world settings.**

INITIAL PROBLEMS IN IMPLEMENTATION AFTER 1982

- ❧ Realizing that the NMHP not likely to be implemented on a larger scale without demonstration of its feasibility in larger populations, **the need for planning for the implementation of the programme at a district level was highlighted.**

BELLARY MODEL

- ✧ It is a **community based service** for
- ✧ delivery of basic mental health care using short term (9 days)
- ✧ trained MOs for diagnosis and treatment of prevalent mental illnesses with
- ✧ the aid of limited no. of drugs with support and guidance from specialist.
- ✧ Health workers are trained in identifying mentally ill.

BELLARY MODEL

- ∞ IEC (Information, Education and Communication).
- ∞ Model was successfully implemented in **Bellary district with help from district officers and NIMHANS.**
- ∞ On the basis of Bellary Model, **DMHP was launched in 1996 in 4 districts under NMHP and**
- ∞ **was expanded to 27 districts by the end of 9th five year plan.**

AIMS

1. **Prevention and treatment of mental neurological disorders and their associated disabilities.**
2. Use of mental health **technology to improve general health services.**
3. Application of mental health principles in total national development **to improve quality of life.**



OBJECTIVES

1. To **ensure availability and accessibility of minimum mental health care for all in the near future**, particularly to the most vulnerable and underprivileged sections of population.
2. To **encourage application of mental health knowledge in general health care and in social development.**
3. To **promote community participation in the mental health services development** and to stimulate efforts towards self-help in the community.

STRATIGIES

1. **Integration mental health with primary health care through the NMHP.**
2. Provision of tertiary care institutions for treatment of mental disorders.
3. **Eradicating stigmatisation of mentally ill patients and protecting their rights through regulatory institutions like the Central Mental Health Authority, and State Mental health Authority.**

APPROACHES

1. **Integration of mental health care services with the existing health care services.**
2. **Utilization of the existing infrastructure of health services and also deliver the minimum mental health care services.**
3. **Provision of appropriate task oriented training to the existing health staff.**
4. **Linkage of mental health services with the existing community development program.**

ROLE OF NGO IN NMHP

- ❧ IEC activities
- ❧ Support for health promotion using life skill approach.
- ❧ Support for follow up of severely mentally ill persons in community.
- ❧ Support of mentally retarded children and their families.
- ❧ Organization of mental health camps.

NMHP DURING 10th FIVE YEAR PLAN(2002-2007)

☞ Re-strategized in 2003 based on evaluation to include-

1. Modernization of state run mental hospitals.
2. Up gradation of psychiatric wings of medical colleges/ general hospitals.
3. Extension of DMHP **to 100 more districts.**
4. **Research and training**
5. **IEC**

NMHP DURING 11th FIVE YEAR PLAN(2007-2012)

- ❧ 1. The district mental health programme will be extended to **another 100 districts** while consolidating the same in the 100 districts covered at the end of the 10th plan.
- ❧ 2. **Psychiatry department of the remaining medical colleges will be upgraded** and the infrastructure created during the previous plan will be reinforced.
- ❧ 3. **The activities of the Central and State Mental health authorities will be augmented.**

NMHP DURING 11th FIVE YEAR PLAN(2007-2012)

- ❧ The total amount of funding allotted is Rs 1000 crores, a three fold increase from the previous plan.
- ❧ In **manpower development**, both schemes A and B, together will produce 1756 qualified mental health professional annually.
- ❧ To integrate **NMPH with the national rural health mission(NRHM)**.
- ❧ **NGOs and public private partnership for its implementation.**

NMHP DURING 12th FIVE YEAR PLAN(2012-2017)

- ❧ The **district mental health programme will be extended to the remaining 161 districts.**
- ❧ Gains made in the previous plans will be consolidated, upgradation of the remaining 39 medical college psychiatry departments will be undertaken and 20 mental hospitals will be taken up for reconstruction.
- ❧ Non viable mental hospitals will be closed down or merged **with general hospitals to create general hospital psychiatry units (GHPUs)**

COMPONENTS

S.NO.	COMPONENT	PROPOSED OUTLAY (RS. CRORES)
1.	Manpower Development Schemes	470.40
2.	Continuation/committed support under Manpower Development Schemes	153.5
3.	Central Mental Health Team	0.80
4.	Research and Survey	7.00
5.	Training/Conference/Workshop	4.50
6.	Monitoring and Evaluation	11.00
7.	IEC Activities (Information, Education and Communication)	53.00

COMPONENTS

S.NO.	COMPONENT	PROPOSED OUTLAY (RS. CRORES)
8.	Support to Central Mental Health Authority	0.30
9.	Support to State Mental Health Authority	5.50
10.	Upgradation of two Central mental health institutes to provide neurological & neurosurgical facilities on the pattern of NIMHANS	45.50
11.	Mental health information system etc.	1.50
	TOTAL	753.00

COMPONENTS

MANPOWER DEVELOPMENT SCHEMES-

- ❧ *A. CENTRE OF EXCELLENCE (Scheme A)-*
- ❧ Under this scheme, in 11th five year plan, 11 mental health institutions were selected to upgrade.
- ❧ In 12th five year plan, it extend to 10 more institutions
- ❧ Taking into consideration the increase cost of construction, technical, non-technical equipments & faculty salary, outlay of 33.70 crore per centre is proposed.

COMPONENTS

- ❧ *B. STRENGTHENING PG DEPARTMENTS IN MENTAL HEALTH SPECIALITIES(Scheme B)-*
- ❧ Under this scheme, strengthening of 120 PG departments of Psychiatry, clinical psychology, psychiatric social work during 11th FYP at a cost of 69.89 crores.
- ❧ Out of this, an amount of Rs 11.82 crores was released to 11 institutes for setting up of 27 PG Departments.
- ❧ Remaining 93 would be funded as per the pattern of 12th FYP.

COMPONENTS

CENTRAL MENTAL HEALTH TEAM-

- ✧ It is proposed to engage a team of professionals on contract basis at the central level to assist the officials of this ministry for a smooth and effective implementation of various schemes of NMHP.

COMPONENTS

- ✧ The staff in the central mental health team required under NRHM-
- ✧ **Senior consultant-1**
- ✧ **Junior consultant-1**
- ✧ **Programme associate-2**
- ✧ **Data entry operator-2**

COMPONENTS

TRAININGS AND RESEARCH ACTIVITIES-

- ✧ It is proposed to organize periodic trainings for DMHP team in clinical and managing skills to help them manage and understand common mental disorders, treatment plans and their implementation.

COMPONENTS

IEC ACTIVITIES-

- ❧ These activities are undertaken to generate awareness on mental illnesses, treatment, removal of stigma associated with the disease.
- ❧ These will be strengthened through mass media campaign.

COMPONENTS

Upgradation of two Central mental health institutes to provide neurological & neurosurgical facilities on the pattern of NIMHANS-

- ❧ It is proposed to upgrade Lokopriya Gopinath Bordoloi Regional Institute of mental health, Tezpur, Assam and Central Institute of Psychiatry, Ranchi to provide basic neurology and neurosurgery facilities on the pattern of NIMHANS, Bangalore.

GOALS ACHIEVED TILL 11th FIVE YEAR PLAN

- 1. To reduce the stigma,** Mental health Education programme as such are conducted in various sections of society as in school, colleges and within the premises of court of law, encouraging the relatives to provide in house treatment in their houses.
- 2. Provision of newer antidepressant and atypical antipsychotic drugs.** This favours better outcome of the chronic mentally ill patients.

GOALS ACHIEVED TILL 11th FIVE YEAR PLAN

- ❧ **Maximum provision of occupational rehabilitation skill in form of gardening** , painting, stationery making, seasonal items etc. to the inmates for the better outcome of the patients.
- ❧ **To work and motivate the staff to achieve in maintaining basic human rights of the mentally ill patients by improving and maintaining the infrastructure.**



DISTRICT MENTAL HEALTH PROGRAMME

- ✧ In 1996, the ministry of health and family welfare, Govt of India formulated DMHP under NMHP as a fully centrally funded programme.
- ✧ It was launched during 1996-97 in four districts.
- ✧ Presently, acc to 11th FYP, DMPH is implemented in 123 districts of country.

DISTRICT MENTAL HEALTH PROGRAMME

✧ The main objective of DMHP is-

To **provide community** mental health services and **integration of mental health with general health services** **through decentralization of treatment from specialized mental hospital based care to primary health care services.**

DISTRICT MENTAL HEALTH PROGRAMME

✧ It is a community based approach which includes-

- **Training of mental health team at identified nodal institutions.**
- **Increase awareness and reduce stigma related to mental health problems.**

DISTRICT MENTAL HEALTH PROGRAMME

- Provide service for early detection and treatment of mental illness in the community(OPD/Indoor and follow up).**
- Provide valuable data and experience at the level of community, state and centre for future planning and improvement in service and research.**

DISTRICT MENTAL HEALTH PROGRAMME

- ❧ Based on the evaluation conducted in 2008, Govt of India decided That **DMHP should be revised on new pattern with added components of-**
- ❧ **Life skills education and counselling in schools.**
- ❧ **College counselling** services
- ❧ **Work place stress management**
- ❧ **Suicide prevention services**

DISTRICT MENTAL HEALTH PROGRAMME

✧ These components are in addition to the existing components of DMHP-

- Clinical services

- Training of general health care functionaries

- IEC Activities

DISTRICT MENTAL HEALTH PROGRAMME

✿ The team of workers at district level under DMHP-

STAFF	NUMBER	SALARY(p.m.)
Programme Officer (P.O.)	1 (Psychiatrist/MO on deputation or on contract)	Rs 50,000/- & Rs 30,000/-
Psychiatric social worker/ social worker	1 (on contract)	Rs 30,000/- & Rs 18,000
Clinical psychologist/ psychologist	1 (on contract)	Rs 30,000/- & Rs 18,000
Psychiatric nurse/ trained general nurse	1 (on contract)	Rs 25000/- & Rs 15,000/-

DISTRICT MENTAL HEALTH PROGRAMME

✿ The team of workers at district level under DMHP-

STAFF	NUMBER	SALARY (p.m.)
Record Keeper	1 (on contract)	Rs 10,000/-
Community Nurse (case manager)	1 (on contract)	Rs 25,000/-
Case Registry Assistant	1 (on contract)	Rs 8,000/-
TOTAL	5 member technical team+2 member administrative team	

CONCLUSION

- ❧ The last 29 years of NMPH can be summarized as-
- ❧ It is possible to develop a NMHP but it is a gradual process.
- ❧ The developments in the area of mental health has brought mental health care from closed confines of mental hospitals to larger community.

CONCLUSION

- ❧ The full potential of DMPH has not been realised and the objectives outlined have not been achieved.
- ❧ It is important to understand the reasons for the current state of programme to be an extension service rather than integration of mental health with general health care.

CONCLUSION

∞ India has opportunity to develop a viable and effective Mental health care programme by giving attention to certain areas that need attention.

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THANK YOU