

National Mental Health Program (NMHP)

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INTRODUCTION

- Mental health is an integral and essential component of health.
- World health organization defines the mental health as a “state of well-being in which an individual realizes his or her own abilities, can cope with the normal stressors of life and can work productively and is able to make a contribution to his or her community”.

- In this positive sense, mental health is the foundation for individual well-being and the effective functioning of the community.
- Globally the mental health problems are rising and the burden of illness resulting from the psychiatric and behavioural disorders is enormous.

BURDEN OF MENTAL HEALTH PROBLEMS

International scenario :

- The prevalence of mental disorders as per World Health Report is around 10% and it is predicted that burden of disorders is likely to increase to 15% by 2020.
- Depression alone accounts for 4.3% of the global burden of disease and is among the largest single

- The Director General, World Health Organization launched the Mental Health Action Plan 2013 - 2020 on 7th October 2013.
- The Action plan recognizes the essential role of mental health in achieving health for all.
- It aims to achieve equity through universal health coverage and stresses the importance of prevention in mental health.

Indian scenario

- Lifetime Prevalence of mental disorders in India is 12.3% for common mental disorders and 1.95% for severe mental disorders.
- With such a magnitude of mental disorders, it becomes necessary to promote mental health services for the wellbeing of general population, in addition to provide treatment for mental illnesses

- NMHS reported an overall treatment gap of 83% for any mental health problem.
- The treatment gap reported for common mental disorders (85.0%) was higher when compared to those for severe mental disorders (73.6%)
- For substance use disorders, the NMHS reports a

HISTORY OF MENTAL HEALTH SERVICES AND INITIATIVES

Bhore committee

- The Bhore committee report in 1946 stated that the prevalence of mental illness during that period was estimated to be 2/1000 general population and India had only 10,000 psychiatric beds and 30 institutions for a population of over 400 million.

Mudaliar committee

- The Government of India appointed Health Survey and Planning Committee in 1959, chaired by Dr Mudaliar to assess the state of health care and review the progress after the implementation of Bhore committee's recommendation.
- Committee submitted their report in 1962 and identified that;

1. Reliable statistics were not available regarding the burden of mental health problems/morbidity in India.
2. There must be a huge number of patients requiring assistance and treatment.
3. The provision for treatment of psychosomatic diseases was limited.
4. There were no avenues for education of mentally sick

Srivastava committee

- The Srivastava Committee recommended the Community health volunteer (CHV) scheme.
- CHV were supposed to provide their services to a population of 1000.
- They also recommended that one of the manuals of these workers should deal with identifying and managing mental health emergencies and problems.

Conceptual Antecedents of NMHP

- Cognizance of the need to include mental health care in the general public health care system was taken by the NIMHANS, Bengaluru by starting of a “Community Mental Health Unit” in 1975.
- Mental health needs assessment and situation analysis in over 200 villages situated around the rural mental health centre at Sakalwara in Bangalore rural district covering a population of about 100,000 were carried

- Simple ways of identifying and managing persons with mental illness, epilepsy, mental retardation were developed.
- The Mental Health education material was developed which could be used by the MPW in rural areas.
- Manuals for PHC personnel were developed and it was also decided that how the training's provided to the PHC personnel can be evaluated

- The overall experience of Sakalwara Project led to development of strategy for provision of Mental Health care to the rural areas through the existing primary health care network.

Birth of the NMHP

- The experience and knowledge acquired from the above pilot studies became the basis for drafting of the National Mental Health Programme (NMHP).
- It was written by an expert drafting committee which consisted of some of the leading, senior psychiatrists in India and was reviewed and revised in two national workshops attended by a large number of mental health professionals and other stakeholders

- It was finally adopted for implementation by the Central Council of Health and Family Welfare (CCHFV), Government of India in August 1982.
- India thus became one of the first countries in the developing world to formulate a national mental health programme.

National Mental Health Program (NMHP)

- The Government of India launched the National Mental Health Programme (NMHP) in 1982, keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it.
- The District Mental Health Program was added to the

- The Program was re-strategized in 2003 to include two schemes
 - i. Modernization of State Mental Hospitals
 - ii. Up-gradation of Psychiatric Wings of Medical Colleges/General Hospitals.

- The Manpower development scheme (Scheme-A & B) became part of the Program in 2009.

Components:

1. Treatment of Mentally ill
2. Rehabilitation
3. Prevention and promotion of positive mental health.

Aims:

1. Prevention and treatment of mental and 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 the availability and accessibility of minimum mental healthcare for all in the foreseeable future;
2. To encourage the application of mental health knowledge in general healthcare and in social development;
3. To promote community participation in the mental health service development; and
4. To enhance human resource in mental health sub-

Strategies:

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

Specific approaches

- Diffusion of mental health skills to the periphery of health services
- Appropriate appointment of tasks
- Equitable and balanced distribution of resources.
- Integration of basic mental health care with general health services
- Linkage with community development

District and Sub-district Level Activities Under NMHP

DISTRICT MENTAL HEALTH PROGRAM (DMHP)

- NIMHANS developed a program to operationalize and implement the NMHP in a district. DMHP was launched in 1996 with an aim to achieve the objectives of NMHP.
- Pilot project of District mental health program was done at Bellary district in Karnataka.

The main objectives of DMHP were;

1. To provide sustainable basic mental health services in community and integration of these with other services.
2. Early detection and treatment in community itself to ensure ease of care givers.
3. To take pressure off mental hospitals.
4. To reduce stigma, to rehabilitate patients within the community.
5. To detect as well as manage and refer cases of

Strategies:

- a) **Service provision:** provision of mental health out-patient & in-patient mental health services with a 10 bedded inpatient facility.
- b) **Out-Reach Component:**
 - Satellite clinics: 4 satellite clinics per month at CHCs/ PHCs by DMHP team
 - Targeted Interventions: Life skills education & counseling in schools, college counseling services, work place stress management and suicide

- c) **Sensitization & training of health personnel:** at the district & sub-district levels
- d) **Awareness camps:** for dissemination of awareness regarding mental illnesses and related stigma through involvement of local faith healers, teachers, leaders etc
- e) **Community participation:**
 - Linkages with Self-help groups, family and caregiver groups & NGOs working in the field of mental health
 - Sensitization of enforcement officials regarding legal provisions for effective implementation of Mental Health

- As of now, **241 districts** have been covered under the scheme & it is proposed to expand DMHP to all districts in a phased manner.
- Manpower (on contractual basis): Psychiatrist, Clinical Psychologist, Psychiatric Nurse, Psychiatric Social Worker, Community Nurse, Monitoring & Evaluation Officer, Case Registry Assistant, Ward Assistant/ Orderly.

PPP Model Activities

- Under this component, there is a provision for the state governments to execute activities related with mental health in partnership with Non-Government Organizations/Agencies as per the guidelines of the NRHM in this regard
- Financial support @ Rs. 5 lakhs per NGO

Day Care Centre

- Provides rehabilitation and recovery services to persons with mental illness so that the initial intervention with drug & psychotherapy is followed up and relapse is prevented.
- Helps in enhancing the skills of the family/caregiver in providing better support care.
- Provides opportunity for people recovering from mental illness for successful community living.
- Financial support of Rs. 6.00 lakhs is earmarked per

Residential/ Long Term Continuing Care Centre

- Chronically mentally ill individuals, who have achieved stability with respect to their symptoms & have not been able to return to their families and are currently residents of the mental hospitals, will be shifted to these centers.

- Residential patients in these centers will go through a structured program which will be executed with the help of multidisciplinary team consisting of psychologists, social workers, nurses, occupational therapists, vocational trainers and support staff.
- Financial support of Rs. 9.00 lakhs is earmarked per centre per year.

Community Health Centers

Services available:

- Outpatient services & inpatient services for emergency psychiatry patients;
- Counseling services.

Manpower:

- Medical Officer;
- Clinical Psychologist or Psychiatric Social Worker

Primary Health Centers

Services available:

- Outpatient services;
- Counseling services in accessing social care benefits;
- Pro-active case findings and mental health promotion activities

Manpower:

- Community Health Workers (Two)

Mental Health Services

- Mental health services will be delivered through Government Mental hospitals or Medical colleges/hospitals with Department of Psychiatry.
- Under the overall supervision of the Head of Psychiatry Department.
- Financial support of up-to Rs. 15.00 lakhs per year

Mental Health Helpline

- A country wide 24 hours dedicated help-line to provide information to public on mental health resources, emergency situation and crisis management, information pertaining to destitute mentally ill patients, registration of complaints on Human Rights Violation of mentally ill and assistance on medico-legal issues.
- Linked with district hospitals, medical college/hospitals, mental hospitals, private mental health facilities, NGOs and all other mental health

Tertiary level activities

Manpower Development Schemes (Centre of Excellence or Scheme-A & Scheme-B):

Scheme A: Centers of Excellence in Mental Health

- Up-gradation of 10 existing mental hospitals/institutes/ Med. Colleges will be taken-up to start/strengthen courses in psychiatry, clinical psychology, psychiatric social work & psychiatric nursing.

- Financial Support of upto Rs. 33.70 cr will be provided to each centre and would include capital work (academic block, library, hostel, lab, supportive departments, lecture theatres etc.), equipments, faculty induction and retention during the plan period.
- As of now, 15 mental health institutes have been funded for developing as Centers of Excellence in

Scheme B. PG Training Departments of Mental Health facilities

- Government Medical Colleges/ Government Mental Hospitals will be supported for starting / increasing intake of PG courses in Mental Health.
- Financial support of upto Rs. 0.86 to 0.99 cr per dept. would be provided.

- The support includes physical work for establishing /improving department in specialties of mental health, equipments, tools and basic infrastructure & for engaging required faculty for starting/ enhancing the PG courses.
- Till date, 39 PG Departments in 15 Medical Colleges/ Mental Hospitals in mental health specialties viz. Psychiatry, Clinical Psychology, Psychiatric Nursing and Psychiatric Social Work have been provided

Up-gradation of two Central MH Institutes to provide Neurological and Neuro-surgical Facilities on the pattern of NIMHANS (CIP, Ranchi & LGB, Tezpur):

- LGB Regional Institute of Mental Health, Tezpur and Central Institute of Psychiatry, Ranchi to be up-graded.
- Basic Neurological & Neurosurgical facilities to be included on the pattern of NIMHANS.

- Support involves physical work for establishing departments in Neurology & Neurosurgery, equipments & tools and for engaging required faculty

Support to Central and State Mental Health Authorities:

- Central Mental Health Authority (CMHA) & State Mental Health Authority (SMHA) are meant for regulation & co-ordination of mental health services

Research & Survey

- For carrying out research & survey in different regions of the country in the field of mental health.
- Help in understanding regional needs and framing plan and strategies in future for various parts of the country.
- Budget is Rs. 18.00 cr (Rs. 6.00 cr per year).

Monitoring & Evaluation

- Standard formats for recording and reporting have been developed and circulated.
- These will be used by medical colleges/institutes (under Manpower Development Scheme), District, CHC and PHC.
- Continuous evaluation of the activities of the program is being done.

Central IEC (information education and communication)

- The central level dedicated website will be introduced to provide on hands information on mental health resources, activities, plans, policy and programmes.
- Extensive mass media activities will be supported at district and sub-district level. The support for TV /Radio programs and innovative media campaigns on mental health in vernacular languages through local

Central Mental Health Team

- A Central Mental Health Team would supervise and implement the programme and provide support to the Central Mental Health Authority.
- Team would consist of one Consultant (Mental Health), one Consultant (Public Health) and two Research Associates.
- Budget Provision for Central Mental Health Team for a

Mental Health Information System

- An online data monitoring system and will also facilitate bilateral communication between participating units.
- It is expected to bring significant improvement in the implementation as there shall be possibility of mid course correction based on the feedback.

Training/Workshops

- Trainings will be provided to master trainers from each state/UT who shall further train DMHP team and other staff working in the field of mental health.
- Trainings will be standardised and delivered at identified centres.
- The standardized training manuals are being formulated and circulated to all stakeholders.
- Budget for the remaining Plan period is Rs. 15.00 cr

Limitations of NMHP

On the other hand there was some inherent **weakness** of this model of care:

1. The program emphasized more on curative components rather than the preventive and promotive components;
2. Role of support of families in the treatment of the patient was not given due importance;

3. Short term goals were given priority over the long term planning;
4. The administrative structure of the program was not clearly outlined;

CONCLUSION

- In the IXth five year plans, NMHP got specific budgetary allocation of 28 crores and the major focus during these five years was on DMHP.
- The Xth five year plans were introduced in 2003 after In-depth analysis and consultations with the stakeholders.
- There was several folds increase in the budgetary

- XIth five year plan focused on centers of excellence in mental health and the manpower development in the field of mental health.
- Over the years it has been observed that the focus on community mental health is of utmost importance and DMHP needs to be strengthened in view of its coverage and utilization of its service components.

- Public awareness and IEC programs need to be the most important components for a change to happen at the community level as is true for many other public health programs.
- Further NMHP had major focus in rural sector but the urban mental health needs to be addressed equally hence NMHP has been gradually been mainstreamed into National health mission.

- The NMHP in the XIIth plan will have expansion of all existing components and additionally has a special focus on the vulnerable and marginalized sections of the society.
- The monitoring and evaluation component is inbuilt in the program and the outcomes of the NMPH at the end of the XIIth plan will set the ball rolling for brainstorming over the success and the failures of the

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A white, cloud-shaped sticker is pinned to a corkboard. The sticker has the words "Thank you!!" written in a black, casual, handwritten font. The word "Thank" is on the top line, and "you!!" is on the bottom line, slightly indented to the right. The corkboard background is a textured, light brown color.

Thank
you!!