# NATIONAL MENTAL HEALTH PROGRAM

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# Learning Objectives:

- Introduction
- Historical background
- Prevalence of mental illness
- NMHP –aims, objectives, strategies, components, advantages and limitations
- DMHP – objectives, strategies
- Role of nurse

# Introduction

- Health is pivotal for the growth, development and productivity of a society and is vital for a happy and healthy life anywhere in the world.
- The World Health Organization definition of health, includes physical, social, spiritual and mental health, and not merely the absence of disease or infirmity.
- Since ancient times, India, has given importance to the health of people and has highlighted the need for a physically and mentally healthy society.
- The maxim, **“there is no health without mental health**” underlines the fact that mental health is an integral and essential component of health.

# Contd…

- Mental health, hither to neglected, is now recognised as a critical requirement and is engaging the attention of policy-makers, professionals and communities in India and across the globe.
- Globally the mental health problems are rising and the burden of illness resulting from the psychiatric and behavioral disorders is enormous.
- India was one of the first countries to make a pledge to promote the mental health of its people. This was done through its National Mental Health Programme initiated in the early 1980s.

# Historical Background

1. Bhore Committee Report :
   - Presented the situation of mental health services in 1946.
   - As per the report, 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.
   - The committee emphasized to start maximum mental hospitals

# Historical Background

- 5 mental hospitals were started at
  - Amritsar (1947)
  - Hyderabad (1953)
  - Shrinagar(1958)
  - Jamnanagar (1960)
  - Delhi (1966)
- An All India Institute of Mental Health was setup at Bangalore (1962)

# Historical Background

2. Mudliar Health Survey committee:

- Mudliar committee submitted their report in 1962 . It suggested to arrange training to the health persons at regional level rather than state level.

- But till now there are no mental hospitals in Hariyana, Himachal Pradesh , Manipur & Meghalaya.

# Historical Background

3. General Hospitals Psychiatric units started:

- Mainly found more in no. in 1960.
- It provides big support for the greater acceptance of psychiatric services by the public without fear of social stigma.
- Extension of this unit is District Hospitals psychiatric units.

# Historical Background

4. Community Care approach:

   •It mainly has came from the commitment of the country to provide health services to all.

   •The Alma Ata recommendations on primary health care includes 8 points including promotion of Mental Health.

   •The approach to utilize multipurpose workers & rural doctors to provide mental health services to the community.

# Historical Background

5. In 1939, Indian Psychiatric Society was constituted.

6. In 1960, first conference of the superintendents of mental hospitals was held involving mainly training in psychiatry.

7. In 1971, a workshop on priorities in mental health care was conducted.

8. Further extension of this concern was the National Mental Health Program in 1982.

# 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 causes of disability worldwide.

# Contd…

- The Director General, WHO 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

# Prevalence of Mental Illness in India/Burden in India

**Indian Scenario :**

- According to various community based survey prevalence of mental disorder in India is 12.3% for common mental disorders and 1.95% for severe mental disorders.
- The rate of psychiatric disorders in children aged between 4-16 years is about 12% and nearly 1/3$^{rd}$ of population in India is <14years of age.
- 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.

# Prevalence of Mental Illness in India/Burden in India

- NMHS reported an overall treatment gap of 83% for any mental health problem.
- The treatment gap reported for common mental disorders (85%) was higher when compared to those for severe mental disorders (73.6%)
- For substance use disorders, the NMHS reports a treatment gap of 90%.

# Prevalence of Mental Illness in India/Burden in India

During last 2 decades, many epidemiological studies have been conducted in India which shows that the prevalence of major psychiatric disorders is increasing .

The WHO earlier predicted that by **2020**, roughly 20 percent of the population will suffer from **mental illnesses**. That means, today, more than 200 million Indians may have **mental illnesses**, and the situation likely to worsen.

# Prevalence of Mental Illness in India

**Resources**

❖There were about 10,000 beds in mental hospitals for a population of 400 millions at the time of India's independence. Over the last 50 years, the population has increased by nearly two and half times, while the number of beds had increased to only about 21,000. Thus, the psychiatric bed ratio has remained more or less constant at 1 bed for 5000 population. The prevalence of severe mental morbidity in India ranges from 3 to 10 per 1000, which is more than five times the bed strength available

# Prevalence of Mental Illness in India

**Manpower Available in India**

- Psychiatrist ~ 3800 per 10,000 population
- Total qualified doctors – 5,03,900 (1999)
  - Clinical Psychologist ~ 1000
  - Social workers ~ 1000
  - Nurses ~ 800 – 900

  } Per 1,00,000 population

- Total Nurses – 7,37,000 (1999)

# Risk factors and protective factors related to mental illness

## Risk factors for mental health

- Access to drugs and alcohol
- Displacement ,isolation and alienation
- Lack of education, transport and housing
- Neighborhood disorganization
- Peer rejection
- Poverty, poor nutrition
- Poor social circumstances
- Racial injustice and discrimination
- Social disadvantage, urbanization
- Work stress, unemployment
- War, violence , delinquency

## Protective factors for mental health

- Empowerment
- Ethnic minorities integration
- Positive interpersonal relationships
- Social participation
- Social responsibility and tolerance
- Social services
- Social support and community networks

# National Mental Health Program (1982)

- The Government of India has launched the ***National Mental Health Program (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 Program in 1996. The Program was re-strategized in 2003 to include two schemes, viz. Modernization of State Mental Hospitals and Up-gradation of Psychiatric Wings of Medical Colleges/General Hospitals. The Manpower development scheme (Scheme-A & B) became part of the Program in 2009.

# Contd…

- The adoption of National Mental Health Programme (NMHP) by the Government of India in August 1982, was in many ways a landmark event in the history of psychiatry

# National Mental Health Program (1982)

**Aims :**

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

# National Mental Health Program (1982)

**Objectives :**

- To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of population.
- To encourage application of mental health knowledge in general health care and in social development.

# National Mental Health Program (1982)

3. To promote community participation in the mental health services development and to stimulate efforts towards self-help in the community.

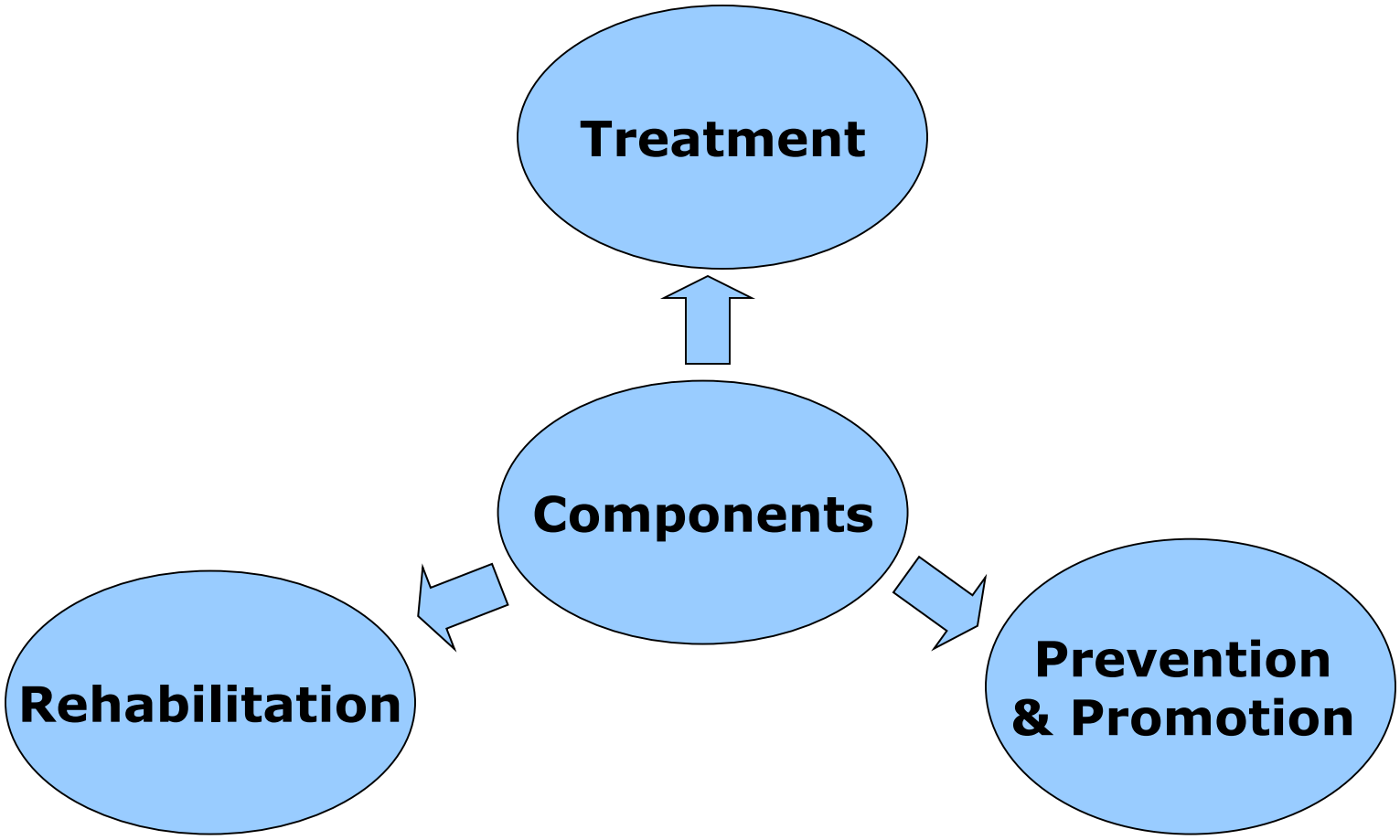
4. To enhance human resource in mental health sub-specialties.

# National Mental Health Program (1982)

**Strategies:**

- Integration of mental health with primary health care through the NMHP
- Provision of tertiary care institutions for treatment of mental disorders
- Eradicating stigmatization of mentally ill patients & protecting their rights through regulatory institutions like the Central Mental Health Authority, & State Mental health Authority.

# National Mental Health Program (1982)



# National Mental Health Program (1982)

**1. Treatment:**

- Appropriate referral system
- Specialized psychiatric services at District level
- Mental hospitals and teaching psychiatric units
- Primary healthcare at the village and sub-centre level
- Primary health centre

# National Mental Health Program (1982)

**2. Rehabilitation:**

- Mainly the patient with Epilepsy & Neuro-psychotics at community level
- Centers at the District level
- Counseling regarding rehabilitation

# National Mental Health Program (1982)

**3. Prevention & promotion of positive mental health:**

- Based on community with involvement of health personal
- Emphasize on problems related to Alcohol, Juvenile delinquency, acute adjustment disorders including suicidal attempts
- Main carriers – medical officers and community leaders

# National Mental Health Program (1982)

**Targets of the Program:**

**1. Within 1 year:**

- ✓ Each state in INDIA will have adopted the present plan of action in thee field of mental health
- ✓ Government of India will appoint a Ministry of Health for Mental Action

# National Mental Health Program (1982)

✓ National coordinating group will be formed comprising all states Senior health Administrator, Professionals from Psychiatric education, Social welfare & Related professions

✓ A task force to work the out line of a curriculum of mental health for the mental health workers and for medical officers working at PHC level

# National Mental Health Program (1982)

**2. Within 5 Years:**

✓ At least 5000 of the target non medical professionals will have under gone a 2 week training on mental health care

✓ On recommendations of task force appropriate psychiatric drugs to be used at the PHC level be included in the list of essential drugs of India

# National Mental Health Program (1982)

**Organizations helping in NMHP:**

- ✓ WHO
- ✓ UNESCO
- ✓ World Federation for Mental Health

# National Mental Health Program (1982)

**Advantages of NMHP:**

- ✓ District Mental Health Program started in 1995 as a component of NMHP
- ✓ District hospital psychiatry unit in every district
- ✓ Revised national health policy focuses on mental health

# National Mental Health Program (1982)

- ✓ Emphasize on psychiatry education in curriculum for undergraduates
- ✓ NMHP draft proposal for $10^{Th}$ 5 year plan is prepared to extend the DMHP to 100 districts

# National Mental Health Program (1982)

**Critics**

- ✓ There is no initiative from the mental health professional to take active part in this program. Most of them are not aware of the program.

- ✓ There is shortage of professional manpower and training programs are not able to meet the demand in providing all medical private practitioners and medical officers.

# National Mental Health Program (1982)

3. Appropriate mental health can be provided at the sub centre and village level by minimum training of the health workers that will help in providing comprehensive health care at the most peripheral level.

4. The targets set for the program are not achieved till today after lapse of more than one decade. This indicates that there is a poor commitment of the government, psychiatrists, and community at large.

# National Mental Health Program (1982)

5. The program has given more emphasis on the curative services to the mental disorders and preventive measures are largely ignored. More public awareness programs are required.

6. The medical care in the hospitals are custodial in nature and this needs to be changed to a therapeutic approach.

# District Mental Health Program (1995)

- ✓ District Mental Health Program was launched in1996 with an aim to achieve the objectives of NMHP
- ✓ District Mental Health Program (DMHP) is an approach to decentralize mental health care in the community using the public health infrastructure and other resources.
- ✓ This model has been pilot tested in Bellary District of Karnataka State and found to be very useful to address the basic mental health needs of the population.

# Objectives of DMHP

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 epilepsy

# Strategies of DMHP

**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 counselling services, work place stress management and suicide prevention services

# Strategies of DMHP

**c) 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** :

- Linkage with self-help groups, family and caregiver groups & NGOs working in the field of mental health
- Sensitization of enforcement officials regarding legal provision for effective implementation of Mental Health Act

# Strategies of DMHP

- As of now, 241 districts have been covered under the scheme & it is proposed to expand DMPH to all districts in a phased manner.
- Manpower (on contractual basis) : physiatrists, clinical psychologist, psychiatric nurse, psychiatrist social worker, community nurse, monitoring & evaluation officer, case registry assistant, ward assistant/orderly.
- Financial support @ Rs.83.2 lakhs per DMHP

# Role of Nurse

| Sr. No. | Level | Post |
|---|---|---|
| 1 | State | Administrator |
| 2 | District | Manager |
| 3 | PHC | Supervisor |
| 4 | Grass-root | Health worker & Health assistant |

# Role of Nurse

**At State Level:**

1. High level of planning & Policy making
2. Organizing & evaluation
3. Communication with all districts
4. Conducting training programs & supervision

# Role of Nurse

**At District Level:**

1. Implementation of NMHP with the help of other staff
2. Training program for staff nurses, health workers & supervisors
3. Maintain records

# Role of Nurse

**At PHC Level:**

1. Responsible for delegation of work, supervision & training of HW & HA
2. Role in psychiatric OPD
3. Parent counseling and explaining about rehabilitation services

# Role of Nurse

**At Grass - Root Level:**

It mainly involves :

- Primary prevention
- Secondary prevention
- Tertiary prevention

# Role of Nurse

**At Grass - Root Level:**

**Primary prevention :** Mainly aims at lowering the rate of new cases of mental Disorders

Activities:

- Provision of antenatal & postnatal care to reduce mental retardation & organic mental disorders

# Role of Nurse

- Does special follow-up during antenatal period on nutrition, vaccination, avoidance of drugs, alcohol, repeated x-rays & prevention of abortions.
- Does genetic counseling to the couple with high risk of chromosomal abnormalities, family history of MR & AIDS
- Active participation in school mental health program

# Role of Nurse

- Active participation in school mental health program
- Does genetic counseling to the couple with high risk of chromosomal abnormalities, family history of MR & AIDS

# Role of Nurse

**Secondary prevention :** Mainly aims at early detection & prompt treatment of maladaptive behavior

Activities:

- Nurse has great role in early detection & prompt intervention of high risk individuals such as divorced, widowed, school drop outs & retirement

- Helps in crisis situation

# Role of Nurse

**Tertiary prevention :** Mainly aims to reduce the rate of recurrence of illness.

Activities:

- It includes prompt & intensive in patient care rehabilitation, after care & re-socialization to prevent to become chronic

- The nurse ensures the type of psychotropic drugs patient is taking

# Role of Nurse

- Supervises for safe intake of drugs & observe for side effects & educate family of patient about the same
- She helps the patient in going back to their homes & counsel family about acceptance
- Helps patient in learning occupational training as per his/her interest to opt for a job.

# Conclusion

- Mental health is an important and essential component of Health. India was one of the first few countries in the developing world to formulate a National Mental Health program (NMHP). NMHP was launched in 1982 with very comprehensive objectives. The basic strategy of NMHP was to integrate the basic mental health care with general health services.
- At the end of five years of initial implementation of NMHP it was observed that although there were some developments but the financial constraints limited its success. The concept of DMHP was introduced in 1996 and various changes were made in the consecutive five year plans.
- In the XIth plan there was an effort to address the main barrier in the mental health service provisions i.e. the shortage of manpower.

# Conclusion

- The NMHP in the XIIth plan has a focus on psychiatric problems specific to vulnerable sections of the population.
- The program has had various modifications since the time of its inception and now that the time is approaching for the XIIth plan to conclude it would be an opportunity to have deliberations over the success and the failures of the program and to take the program to the next level.

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# THANK YOU