National Mental Health Programme (NMHP)

- “Mental health is a state of wellbeing 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 there life”

K. park

- According to WHO:

  Mental health has been defined as a 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 other people and that of the environment

National Mental Health Programme (NMHP)—The Beginning

- As early as 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, a National Mental Health Programme for India (NMHP)

Introduction:

- The national mental health program (NMHP, 1982) is run by the government of India for MEETING THE UNMET **NEEDS** of the mentally ill people

- One of the first countries in the developing world to formulate a national mental health program

Era of Mental Hospitals

- Establishment of mental hospitals
- In 1947- Fifteen mental hospitals with 10,000 beds for 400 million
- Bhore committee: For 2 beds/1000, 800,000 beds required!
- Quantitative Gap

Mental Hospitals

- Away from the community
- Dumping ground for the mentally ill
- Custodial rather than therapeutic
- Run by ‘wardens’ rather than ‘doctors’
- Later observations- Poor human rights record
- Qualitative Gaps

Integration: 1975-1982

- Efforts at integration of mental health with primary health care
- Realization that PHC system is the vehicle to take mental health to people
- Need to train non-professional staff
- Need to train GP's
- Need to train more psychiatrists

There are at least five important factors which contributed to the drafting of the national mental health programme for India during the early 1980s.

1. ***"The organization of mental health services in developing countries" – a set of recommendations by an expert committee of the World Health Organization.***

2. ***Starting of a specially designated "Community Mental Health Unit" at the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore – 1975*** [6]

3. ***World Health Organization (WHO) Multi-country project: "Strategies for extending mental health services into the community" (1976-1981)***

4. ***The "Declaration of Alma Ata"- to achieve "Health for All by 2000" by universal provision of primary health care (1978)***

5. ***Indian Council of Medical Research – Department of Science and Technology (ICMR-DST) Collaborative project on 'Severe Mental Morbidity'***

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 World Health Organization

- strongly endorsed strategy of integrating mental health into primary care services
- made recommendations about ways and means of delivering mental health services in developing countries which had acute shortage of trained mental health professionals

Starting of a specially designated "Community Mental Health Unit" at (NIMHANS), Bangalore – 1975

- Mental health needs assessment and situation analysis-Rural mental health centre at Sakalwara in Bangalore rural district covering a population of about 100,000

- Simple methods of identification and management of persons with mentally illness by primary care personnel.

- Pilot training programmes in basic mental health care for primary health care (PHC) personnel were conducted
- Draft manuals of instructions written & pilot tested.

- CMHU at NIMHANS developed a strategy for taking mental health care to the rural areas through the existing primary health care network

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 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.

- 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.

Indian Council of Medical Research – Department of Science and Technology (ICMR-DST) Collaborative project on 'Severe Mental Morbidity'

- During the late 1970s and the early 1980s, ICMR and the Department of science and Technology (DST) ,Government of India funded a 4 centre collaborative study to evaluate the feasibility of training PHC staff to provide mental health care as part of their routine work.

- Evaluation was carried out for 1 year covering a population of 40, 000 in a PHC at four centres, one each from the South, North, East and West of the country, Bangalore, Patiala, Calcutta and Baroda.

- At the end of one year period about 20% of the actual cases were identified and managed by the PHC personnel under the overall supervision of the centre staff

- The above factors contributed in drafting of the NMHP.

- The draft of the NMHP, written by an expert drafting committee
  - consisted of some of the leading, senior psychiatrists in India
  - reviewed and revised in two national workshops attended by a large number of mental health professionals and other stakeholders during 1981-82,
  - adoption by the Central Council of Health and Family Welfare (CCHFW) in August 1982
- The Government of India has launched the National Mental Health Programme (NMHP) in 1982

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 availability and accessibility of minimum mental health care for all in foreseeable future, particularly most vulnerable and underprivileged section of population

Objectives

2)Encourage application of mental health knowledge in general health care and social development

3)Promote community participation in mental health services development and stimulate efforts towards self-help in community

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 Authority and State Mental health Authority.

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

Goals of NMHP

- Within one year-

❖Each state will have adopted the plan

❖Govt of India will have appointed a focal point within the ministry of health specifically for MH action

❖National coordinating group will be formed comprising reps of each state, senior health adm, professionals from psychiatry, social welfare and education

Goals of NMHP

- ❖ Task force will have worked out outlines curriculum of mental health workers and for MO's at PHC level
- Within 5 years-
- ❖ 5000 of target non-medical professionals will have undergone 2 weeks training in mental healthcare

Goals of NMHP

- Creation of a post of psychiatrist in at least 50% of districts
- Psychiatrist at the district level will visit all the PHC's regularly at least once a month for supervision and education
- To be fully operational in at least half of all districts in some states and UT

Goals of NMHP

- ❖ Each state will appoint a program officer responsible for organization and supervision of mental health program
- ❖ Each state will provide additional support for incorporating common mental health components in teaching curricula
- Appropriate psychotropic drugs to be made essential drugs and available at PHC level

Goals of NMHP

- Psychiatric units with in-patient facility will be made available in all medical college hospitals in the country

Strengths:

- Proposed mutually synergistic integration of mental health care with primary health care
- Proposed to use PH machinery
- Integration of all aspects of teaching, research and therapeutics

Achievements in Initial Years:

- Workshops for mental health professionals, health directorate officials were held, sensitization to mental health issues
- Preparation of support materials in form of manuals, health records and health education materials with inputs from NIMHANS, CIP and PGIMER
- Training for teachers in psychiatry

What happened after 1982

- Adoption of the national mental health programme was a great achievement

- Issues left unclear

✓ No budgetary estimates or provisions

✓ Lack of clarity regarding who should fund the programme – the federal government of India or the state governments who perpetually had inadequate funds for health care.

✓ A very lukewarm response and in some instances, almost rejection of the programme by psychiatrists.

✓ Doubts were expressed about the feasibility of implementing the programme in larger populations and in real world settings

Barriers to the Implementation of NMHP

- Limited undergraduate training in psychiatry
- Inadequate mental health human resources
- Lack of policy driven epidemiological data and research driven mental healthcare policies
- Limited number of models and their evaluation
- Uneven distribution of resources across states
- Non-implementation of the MHA, 1987
- Privatization of healthcare in the 1990s.

Weaknesses

- Emphasis on curative rather than promotive or preventive aspects of mental health
- Community resources like family was not given due importance
- No clear cut model for macro implementation

1982-1990 – Development of the pilot district mental health programme at Bellary district in Karnataka

NIMHANS developed a program to operationalize and implement the NMHP in a district.

- Bellary district ,
  - population of about 20 lakhs,
  - located about 350 kms away from Bangalore
  - chosen for the pilot development of a (DMHP).

- Components of the DMHP at Bellary were:
- ✓ training for all primary care staff,
- ✓ provision of 6 essential psychotropic and anti epileptic drugs (chlorpromazine, amitryptaline, trihexyphenidyl, injection fluphenazine deaconate, phenobarbitone and diphenyl hydantoin) at all PHCs and sub centres,
- ✓ a system of simple mental heath case records,
- ✓ a system of monthly reporting,
- ✓ regular monitoring and feed back from the district level mental health team

- The psychiatrist
  - mental health clinic at the district hospital to review patients referred from the PHCs.
  - admit up to 10 patients at the district hospital for brief in patient treatment.

- The mental health programme was reviewed every month at the district level by the district health officer during the monthly meeting of primary health centre medical officers

- The Ministry of Health and Family Welfare, Govt. of India formulated District Mental Health Programme (under National Mental Health Programme)

- The programme was to be implemented in two phases,
  - Phase I taken up during 1996-97,
  - Phase II be a continuation of the programme during the IX Five Year Plan period (1997-2002).

- budget line for implementation of the DMHP as a major component of the NMHP was created in 1996; 14 years after CCHFW approved the NMHP.

- DMHP was to be implemented as a fully "centrally supported" project

- Launched in 1996–97 in four districts, one each in Andhra Pradesh, Assam, Rajasthan, and Tamil Nadu
- At present the program is in place in 127 districts
- DMHP is also being started in 325 new districts
- The central grant for implementation of DMHP per district with avg population of 20 lakh for five years will be Rs. 2.5 crore

DMHP Objectives:

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
3. To ensure ease of care givers
4. To take pressure off mental hospitals
5. To reduce stigma
6. To rehabilitate patients within the community
7. To detect ,manage & refer cases of epilepsy

Components of DMHP

1. **Training** of medical, paramedical personnel and community leaders

2. Community Mental Health care through **existing infrastructure** of the health services

3. Information, Education and Communication **(IEC)** activities

DMHP—Key Features

1. The States will set in motion the process of finding suitable personnel for manning the DMHP teams.

2. They can take in service candidates who are willing to serve in this pilot project and provide them the necessary training in the identified institution

3. The patients will be from the district itself and the adjoining areas

4. **District Mental Health Team will be expected to provide service to the needy mentally ill patients and their families, such as—daily out-patient service, ten bedded in-service facilities, referral service and liaison with**

the primary health centres, follow up service, awareness programmes, and also community survey if feasible.

The DMHP Provide valuable data & experience at the level of community to the state & centre for future planning & improvement in service & research.

- The team of workers at the district under the program consists of a

✓ Psychiatrist,

✓ Clinical Psychologist,

✓ Psychiatric Social worker,

✓ Psychiatry/Community Nurse,

✓ Program Manager,

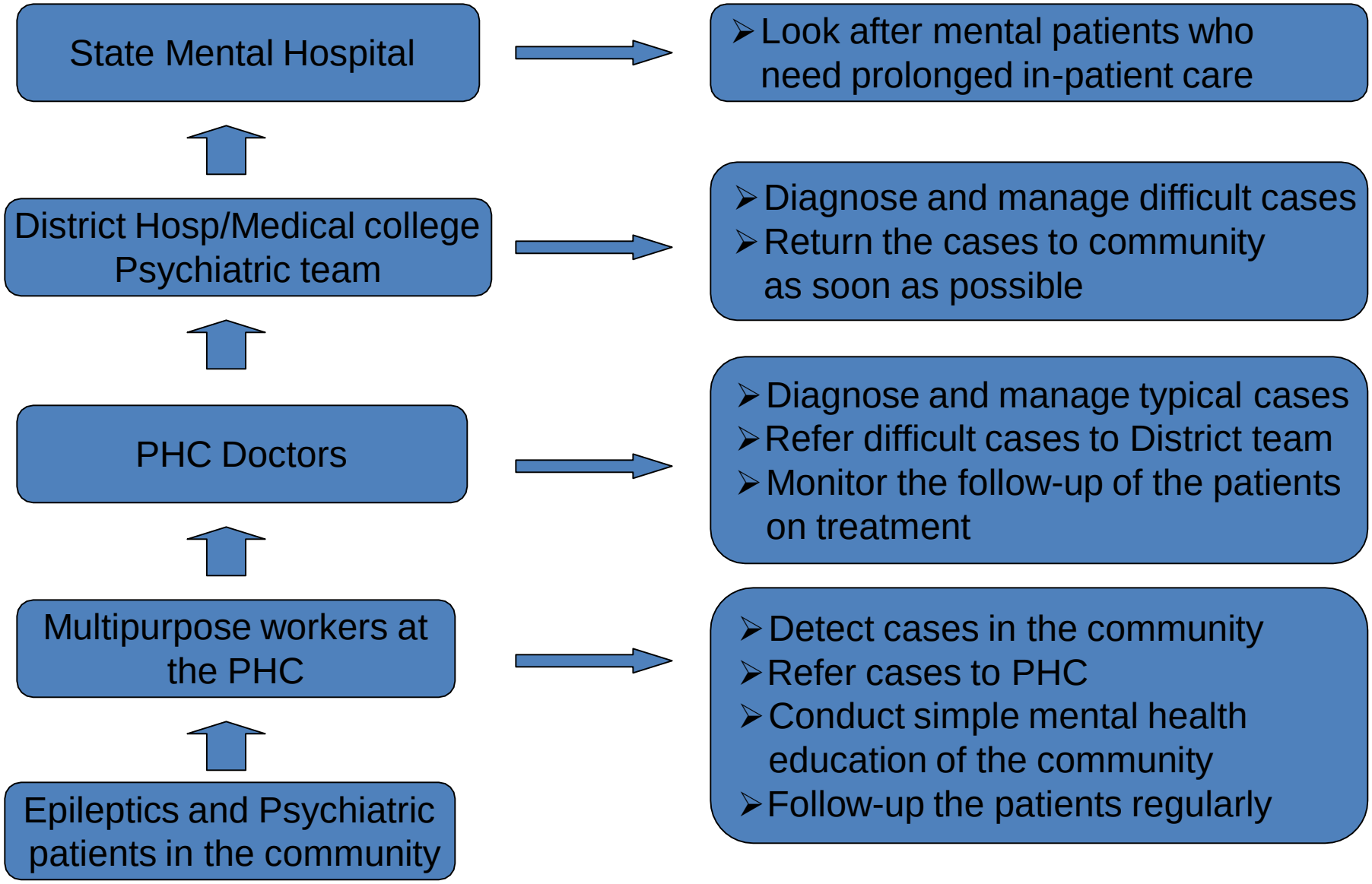
✓ Program/Case Registry Assistant and

✓ Record Keeper.

STAFF	NUMBER	SALARY
Program Officer(P.O.)	1(Psychiatrist/ Medical officer on deputation or on contract)	Psychiatrist -Rs 50,000/- Trained medical officer- Rs 30,000/-
Psychiatric Social Worker/ Social Worker	1(on contract)	Psychiatric social worker(Mphil- PSW)-Rs30,000/-, Trained medical social worker Rs 18,000/-
Clinical Psychologist/ Psychologist	1(on contract)	Clinical psychologist(Mphil-Cl.Psychology)-Rs 30,000/- Trained Psychologist(MA Psychology)- Rs 18,000/-
Psychiatric Nurse/ Trained General Nurse	1(on contract)	Psychiatric Nurse(MSc.-Psych.Nursing or DPN)- Rs 25000/- General Nurse-Rs 15000/-
Record Keeper	1(on contract)	Rs 10000/- (Graduate) with suitable experience

Community Nurse (Case Manager)	1(on contract) for keeping a record of all severe mentally ill.	Rs 25000/- (Trained General Nurse with administrative experience)
Case Registry Assistant	1(on contract) for assisting the programme manager	Rs 8000/-(12^{th} + proficieny in computers and office work)
Total	5 member technical team+ 2 member administrative team	

The top down-bottom up approach



2002 to 2007 - X Five Year Plan period

- The NMHP was **re-strategized** in the year 2003 (**in X Five Year Plan)** with the following components:

1. Extension of DMHP to 100 districts
2. Up gradation of Psychiatry wings of Government Medical Colleges/ General Hospitals
3. Modernization of State Mental hospitals
4. IEC
5. Monitoring & Evaluation

Modernization of State Run Mental Hospitals

- The assistance under this scheme is provided for modernization of state run mental hospitals from custodial care to comprehensive management.
- A one-time grant with a ceiling of Rs.3.00 crores per hospital is provided.
- The grant covers activities such as

✓ construction/repair of existing building(s),

✓ purchase of cots and equipments,

✓ provision of infrastructure such as water- tanks and toilet facilities etc.

- Does not cover recurring expenses towards running the mental hospitals and cost towards drugs and consumables.
- Grant is for modernization of the mental hospitals only and any increase in the number of beds in the hospital is not permitted.

Up gradation of Psychiatric Wings of Medical Colleges/General Hospitals

- Every medical college should ideally have a Department of Psychiatry with
- ✓ minimum of three faculty members and
- ✓ inpatient facilities of about 30 beds as per the norms laid down by the MCI
- scheme for strengthening of the psychiatric wings of government medical colleges/hospitals which provides for a one-time grant of Rs.50 lakhs for up gradation of infrastructure and equipment as per the existing norms.
- aim of the scheme is to strengthen the training facilities for UG& PG at Psychiatry wings of government medical colleges/hospitals.
- grant covers construction of new ward, repair of existing ward, procurement of items like cots, tables and equipments for psychiatric use such as modified ECTs.

IEC Activities

- NMHP has dedicated funds for IEC activities for the purpose of
- ✓ increasing awareness and
- ✓ removal of stigma for mental illness.
- The funds are allocated at central and state levels for IEC activities.
- An amount of Rs. 25 crore is allocated for the purpose of IEC activities at central level.

2007 onwards - IX Five Year Plan, The current phase

- In the **XI Five Year Plan**, the NMHP has the following components/schemes:
- 1. District Mental Health Programme (DMHP)
- 2. Manpower Development Schemes - Centers Of Excellence And Setting Up/ Strengthening PG Training Departments of Mental Health Specialities
- 3. Modernization Of State Run Mental Hospitals
- 4. Up gradation of Psychiatric Wings of Medical Colleges/General Hospitals
- 5. IEC
- 6. Training & Research
- 7. Monitoring & Evaluation

- Manpower Development Schemes - Centers of Excellence and Setting Up/ Strengthening PG Training Departments of Mental Health Specialities are the **new** schemes/components.

manpower Development Scheme

- To improve the training infrastructure in mental health, Government of India has approved the Manpower Development Components of NMHP for XIth Five Year Plan.

- It has two schemes which are as follows:

✓ A. Centers of Excellence (Scheme A)

✓ B. Setting Up/ Strengthening PG Training Departments of Mental Health Specialities (Scheme B)

A. Centres of Excellence (Scheme A)

- Under Scheme-A,
- at least 11 Centres of Excellence in mental health were to be established in the IXth plan period by upgrading existing mental health institutions/hospitals.
- A grant of up to Rs.30 crores is available for each centre
- The commitment to take over the entire funding of the scheme after the 11th five year plan period from the state government is required.
- The proposal of the State Governments for these centres must include definite plan with timelines for initiating/ increasing PG courses in Psychiatry, Clinical Psychology, PSW and Psychiatric Nursing.

B. Setting Up/ Strengthening PG Training Departments of Mental Health Specialities (Scheme B)

- To provide further impetus to manpower development in Mental Health, Government Medical Colleges/ Hospitals are supported to start PG courses in Mental Health or
- to increase the intake capacity for PG training in Mental Health.
- The support involves capital work for

✓ establishing/improving mental health departments (Psychiatry, Clinical Psychology, Psychiatric Social Work, and Psychiatric Nursing),

✓ equipments, tools and basic infrastructure,

✓ support for engaging required/deficient faculty for starting/enhancing the PG courses.

- The support of up to Rs. 51 lacs to Rs. 1 crore per PG department is available.

- Based on the evaluation conducted by ICMR in 2008 and feedback received from a series of consultations DMHP has now incorporated promotive & preventive activities for positive mental health which includes:

❖ School mental health service

❖ College counseling services: through trained teachers/ counselors

❖ Work place stress management: formal & informal sector, including farmers, women etc

❖ Suicide prevention services: counceling center at district level, sensitization workshops, IEC, helpline

School mental health program

- In 2010, this program has been sanctioned to be implemented in all DMHP districts in the country

Aims of the SMHP

- **Provide Class Teachers with Knowledge and Skills to Identify Emotional, Conduct Problems in their students**
- **Provide Class Teachers with a system of referral for students with psychological problems to the District Mental Health Team for inputs and treatment.**
- **Provide Class Teachers with Facilitative Skills to Promote Life Skills among their Students.**

- The life skills which need to be taught at the school level especially to adolescent as are

❖Critical thinking & creative thinking

❖Decision making & problem solving

❖Communication skills & interpersonal relations

❖Coping with emotion & stress

❖Self awareness & empathy

- Urban mental health care
  - Use of **existing public health care infrastructure** such as Municipality hospitals/ Corporation hospital/ other Specialty hospitals, Mental hospitals and Medical college hospitals
  - Volunteers and extensive **networking** with NGOs and other agencies
  - **Additional facilities** like community based detoxification centers; self help groups, halfway homes, day care centers, long stay facilities, respite care centers, crisis intervention centers and counseling services
  - Sate home for women, state home for person with mental handicap and the prisons

Involvement of ICDS system in NMHP

- Most effective in dissemination of knowledge on mental health, identification of clients at earliest stage of morbidity
- NIMHANS has rightly picked up the ICDS system to involve in NMHP, are imparted 5 days training programme at distt. level

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 for mentally retarded children & their families
- Organization of mental health camps

- Networking with primary health care team
- Facilitation of disability welfare benefits for the mentally ill & mentally challenged
- Home care for severely mentally ill person

Critical Analysis :
Results:

- Human resource development-increase in number of psychiatrists to 3000
- Increase in public awareness via media, books, community based mental health care
- Increased activity from voluntary agencies
- Increased judicial activism for mental health causes

Legislations supporting Mental Health

- Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985
- Juvenile Justice Act, 1986
- Mental Health Act (MHA), 1987
- Persons with Disability Act, 1995
- National Trust Act, 1999
- Human rights of mentally ill persons, report of NHRC, 1999

Appraisal of the existing situation

Is the main approach of the NMHP namely integration of mental health with primary care still the right approach?

- Several international organizations including the WHOand many expert committees' recommendations have repeatedly emphasized the soundness of the approach to integrate mental health with primary health care as a major relevant strategy for mental health care delivery in developing countries.
- WHO in 2001 pointed out that while it was difficult to assess the success of existing primary care mental health programmes, such integration was "the only realistic option", due to continuing resource constraints in LAMI countries
- The World Health Report in 2001 which was specifically devoted to mental health, highlighted the need to integrate mental health into primary care especially in low and middle income countries.[35]
- More recently in 2008, a joint WHO and WONCA report reaffirmed the urgent importance and advantages of integrating mental health into primary care systems around the world.

How effective is the implementation of NMHP?

- Most reports suggest that the implementation is far from optimal and the reasons are numerous
- A variety of lacunae in the current implementation of NMHP have been reported. These include:

i) absence of full time programme officer for NMHP in many states

ii) inadequacies in the training for PHC personnel

iii) inadequate record maintenance

iv) non-availability of basic information about patients undergoing treatment at various centres (regularity of treatment, outcome of treatment, drop-out rates etc)

v) difficulties in recruitment and retention of mental health professionals in the DMHP

vi) non-involvement of the NGOs and the private sector

vii) inadequate mental health educational and community awareness activities.

viii) absence of programme outcome indicators and monitoring

ix) inadequate technical support from mental health experts.[42]

x) As the NMHP primarily focuses on rural areas, the need for decentralized mental health care in urban areas has been highlighted

xi) While funding itself has not been a problem, delayed receipt of funds, irregular dispersal of funds, administrative blocks in the full utilization of available funds and a variety managerial issues have bogged down the proper implementation of the NMHP in many states and Union Territories

Has there been any independent evaluation of the DMHP?

- One of the major criticisms of the NMHP and particularly its DMHP component was that it was not independently evaluated before its larger scale expansion during 10th and 11th Plans
- An independent evaluation was commissioned by the Ministry of Health and Family Welfare, Government of India and was carried out the Indian Council of Marketing Research (ICMR), a division of Planman Consulting (India) Private Ltd, New Delhi during 2008-2009
- The terms of reference for the evaluation included, besides objective and critical assessment of the DMHP, providing recommendations and suggestions for improvements in implementation and future expansion of the programme.[5]
- 20 districts (4 each from five zones of the country – East, West, North, South and Central) and 5 non-DMHP districts (control) were selected for the evaluation
- Various aspects of the programme including sanction and utilization of funds, recruitment and retention of personnel, quality and effects of training, nature of IEC activities, availability of drugs, satisfaction with quality of services and community awareness of mental health were evaluated

- report provides numerous recommendations and suggestions, perhaps one of the most important recommendations is: *"It was observed that implementation of DMHP has resulted in availability of basic mental health services at district / sub-district level. As such it is recommended to expand this programme to other districts of the country.*
- A wide variety of administrative and managerial bottlenecks were identified by the evaluation.
- irregular flow of funds had affected the implementation of the programme adversely.
- significant delays in initiation of the programme even after the release of funds in some districts.
- Shortage of trained and motivated mental health professionals and difficulties in retaining recruited staff
- Low utilization of funds, meant for training and IEC activities was noticed in many districts.
- beneficiaries (61%) accessed the district hospital as their first point of contact for availing mental health services. Community Health Centres (CHC) (8.7%), Primary Health Centres (7.6%) and sub-centres (2.3%) were accessed to a much lesser extent

Revised Goals for the Mental Health Programme

- Redesigning DMHP around a nodal institution
- Strengthening medical colleges to develop manpower, secondary facilities, encourage general hospital psychiatry
- Modernization of mental hospitals
- Strengthening of state mental health authorities
- Research and training on epidemiology, course/outcome, needs, cost effective intervention models

Revised Goals for the Mental Health Programme

- Strengthening families and communities for the care of persons suffering from mental disorders
- Organization of a wide range of mental health initiatives to support individuals and families
- Special focus on immediate delivery of the most essential services to the ones with the greatest needs

Priorities for future

- **Approach of NMHP** should be adapted to changing need with strategies such as openness, continuous evaluation, learning from the experiences

- The **nature of mental health requires** that actions and interventions be **multidimensional**, involving a number of **sectors, professionals, approaches**

- The wide **variations across the states of India**, plans should be developed for each of the states and union territories, besides the national plan and programme

Priorities for future

- All the **Psychiatric care institutions** should be upgraded with trained personnel, treatment and rehabilitation facilities, community outreach activities

- All the **medical colleges** should have independent Departments of Psychiatry to ensure UG & PG training in Psychiatry

- Setting up of **District and Sub-district Mental Health Team** for adequate surveillance and monitoring of activities

Priorities for future

- **Support from the government for the families** of the mentally ill persons in terms of community based services, financial support for care, formation of self help groups, involvement in future planning

- **Psychotropic drugs** including **2nd generation antipsychotics and antidepressants** to be made essential and freely available

- Enhanced involvement and aid to **voluntary agencies** to take more wide initiatives

Priorities for future

- Involvement of **private health care services** and amendment of the Mental Health Act
- Planned **mental health manpower development** by increasing the centers of training and creating opportunities for employment
- **Community mental health facilities** such as day care centers, half way and long stay homes

Priorities for future

- Emphasis on **public mental health education** through all available traditional and modern media

- To understand the prevalence, nature, course, treatment response and the impact of social changes and developmental policies, **researches at the National, regional and local level** should be supported.

- **National level institutions** to evaluate the models of care, training of different categories of personnel and monitoring the mental health programmes

Priorities for future

- The advances in the understanding of human behavior and mental disorders justify the **optimism of developing meaningful and realistic mental health** programmes. It is mandatory to bring the **fruits of science** to the total population of India.

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Thank you