



National Mental Health Programme For MO





NATIONAL MENTAL HEALTH PROGRAMME

National Health Programs are one of the prominent measures taken by the nation primarily for the control of both communicable and Non-Communicable diseases. MNSUDs (Mental, Neurological & Substance Use Disorders) are a broad domain included under the NCDs.

These are the disorders which currently addressed least in terms of community attention, identification & treatment which proportionally reflects as large mental health gap (mhGap).

India is one of the major countries to adopt a national program for mental health at the national level after the meeting of WHO mental health advisory group.

The National Mental Health Programme (NMHP) was implemented all over the country in a phased manner.



NMHP – OBJECTIVES

The NMHP was launched with the stated objectives-

- To ensure the availability and accessibility of mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population.
- Encourage the application of mental health knowledge in general health care and social development.
- Promote community participation in mental health services development and stimulate efforts towards self-help in community.





NMHP – 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 and protecting their rights through regulatory institutions like the Central Mental Health Authority (CMHA) and State Mental Health Authority (SMHA)



LIMITATIONS OF NMHP

- Lack of steady administrative structure & lack of adequate funding
- Lack of periodical introspection, supervision, reporting & mentoring which lead the way for initiatives to slowly die over time, resulting in poor timely delivery of services
- The program gave more emphasis on curative components rather than promotive and preventive aspects
- Most importantly lack of manpower resource

DISTRICT MENTAL HEALTH PROGRAMME (DMHP)

- To overcome this limitation of NMHP, an initiative was taken where the district was considered to be the administrative and implementation unit of this program.
- The District Mental Health Program (DMHP) has been in existence since 2003, and provides basic mental health care services for a range of facility and community-based interventions.
- To assess the feasibility of DMHP, National Institute of Mental Health and Neurosciences (NIMHANS) undertook a pilot project (1985–1990) at the Bellary District of Karnataka.
- Till now, DMHP have been implemented in 655/724 districts in India. Out of this, 550 districts have operational DMHP.





COMPONENTS OF DMHP

- **Service Provision**- Management of cases of mental disorders and counseling at different levels of district health care delivery system
- **Capacity Building**- Manpower training and development for prevention, early identification and management of mental disorders
- **Awareness** generation through Information Education Communication (IEC) activities





OBJECTIVES OF DMHP

- To provide sustainable basic mental health services in the community and integration these with other services
- Early detection and treatment in the community itself to ensure ease of caregivers
- To take pressure off mental hospitals
- To reduce stigma, to rehabilitate patients within the community
- To detect as well as manage and refer cases of **epilepsy**





SERVICES PROVIDED UNDER DMHP



- Clinical services, including the outreach services.
- Training all the ground level workers (Anganwadi workers, ASHA workers, ANMs) in identifying and referring patients with mental illness
- Training of all the medical officers to identify and start first line treatment for mentally ill
- IEC activities
- Targeted interventions are being focused on life skills education and counselling in schools, College counselling services
- Work place stress management and Suicide prevention services



Consort for referral & liaison between PHC MOs & DMHP

- Identification & initiation of treatment at PHC level (Using CSP)
- Follow up & monitoring of side effects

By MOs

Difficult to diagnose cases and also while spotting serious side effects. What to do?

- Tele-based discussion with DMHP psychiatrist by MOs
- Referral to THCs on specific week days to follow up with DMHP team

- Can be directly referred to District hospital/Medical College Hospital for IP care / Expert opinion
- After that patient can be followed up by Frontline workers/ Care at door steps by DMHP team

- Conducting mental health awareness programme at HWC in liaison with DMHP
- Training the frontline workers on Mental Health Care in liaison with DMHP



Thank You

