

Community Mental Health in India

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National Mental Health Programme (NMHP)

NMHP was started in 1982 with the following three objectives:

- To ensure availability and accessibility of minimum mental health care for all in the near foreseeable future, particularly to the most vulnerable sections of the population.
- To encourage mental health knowledge and skills in general health care and social development.
- To promote community participation in mental health service development and to stimulate self –help in the community.

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- Community Mental Health service in India adopted Bellary Model for NMHP
- Developed by NIMHANS, this model uses district as the administrative level for planning and delivering mental health services as for general health care
- This model integrates mental health care in the general health care services by short term skill based training to general health care staff in identification and treatment of common mental ailments with supervision & support from a mental health team based at District headquarters.
- NGOs play a big role in CMH

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- There is provision of essential psychotropic drugs and simple record keeping at the primary health care level
- IEC is an integral part of Bellary model adopted for Community Mental Health Service for NMHP.
- This model utilises the existing network of general health care service and as such is cost effective
- Integrating mental health service in general health care would also reduce myths & stigma associated with mental illness
- Treatment in community would improve reintegration and rehabilitation of patients



Best Practices models

- Quantum of **outreach** – how many persons served by the programme?
- **Effectiveness** – how many showed improvement/ reduction of disability
- **Cost** effectiveness
- Community **acceptance** – by all sections
- Community **participation**
- **Sustainability**
- **Integration** with health care system

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Implementation

- This model was implemented as District Mental Health Programme (DMHP) in India. At it present extends to 121 districts. Plan is to extend it to all the districts in future

Review of the programme has shown that:

- DMHP has established community mental health services in many districts and in most of the districts where the model has been adopted, there is availability of basic mental health services

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Implementation

- IEC has improved the awareness in community and stigma has reduced marginally
- Training of general health staff has been completed in most of the districts
- The model relies heavily on a good general health care system for service delivery. As the state of the general system is not at par in many states the implementation of DMHP suffers as well.

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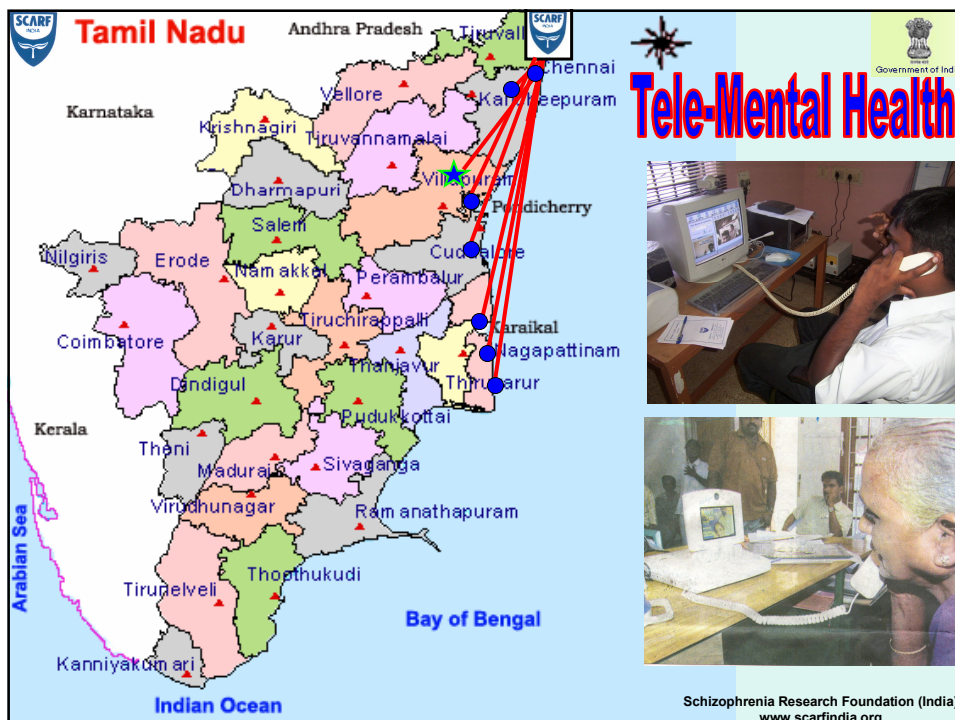
Implementation

- There is need for additional services like school mental health services, college counseling services, workplace stress management & suicide prevention
- There is shortage of qualified mental health professionals leading to difficulty in implementation
- There is further need for involvement of NGO & private practitioners
- There further need to integrate DMHP with general health care in certain states
- A dedicated monitoring & reporting system is required

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Implications

- We need to modify the DMHP based upon our experiences gained during the 10th five year plan
- Consequently, during the 11th five year plan we propose to address the shortage of manpower-
 - GDMOs, Psychologists, Social Workers & Nurses would be trained in mental health care to fill in the gaps till specially trained manpower is available
 - One year certificate course would be initiated for in-service doctors
 - Regional institutes would be established for producing more qualified manpower



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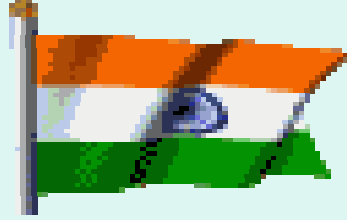
Implications

- To address need for promotion of mental health -
School mental health services, college counseling services, workplace stress management & suicide prevention would be initiated as a part of DMHP
- More involvement of NGO & private practitioners would be encouraged
- Integration of DMHP with the general health care delivery system be routed through the District Health Society/DHS

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Implications

- A dedicated monitoring & reporting system has been planned
- Adequate budget provisions to be made
- To extend the programme to all the districts in a phased manner.



Thank You