

NATIONAL MENTAL HEALTH PROGRAMME

Introduction

Psychiatric symptoms are common in general population in both sides of the globe. These symptoms – worry, tiredness, and sleepless nights affect more than half of the adults at some time, while as many as one person in seven experiences some form of diagnosable neurotic disorder.

Burden of Disease

The World Bank report (1993) revealed that the Disability Adjusted Life Year (DALY) loss due to neuro-psychiatric disorder is much higher than diarrhea, malaria, worm infestations and tuberculosis if taken individually. According to the estimates DALYs loss due to mental disorders are expected to represent 15% of the global burden of diseases by 2020.

During the last two decades, many epidemiological studies have been conducted in India, which show that the prevalence of major psychiatric disorder is about the same all over the world. The prevalence reported from these studies range from the population of 18 to 207 per 1000 with the median 65.4 per 1000 and at any given time, about 2 –3 % of the population, suffer from seriously, incapacitating mental disorders or epilepsy. Most of these patients live in rural areas remote from any modern mental health facilities. A large number of adult patients (10.4 – 53%) coming to the general OPD are diagnosed mentally ill. However, these patients are usually missed because either medical officer or general practitioner at the primary health care unit does not asked detailed mental health history. Due to the under-diagnosis of these patients, unnecessary investigations and treatments are offered which heavily cost to the health providers.

Programme

The Government of India has 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.

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 the foreseeable future, particularly to the most vulnerable and underprivileged sections of population.
2. To encourage application of mental health knowledge in general health care and in social development.
3. To promote community participation in the mental health services development and to stimulate efforts towards self-help in the community.

Strategies

1. Integration mental health with primary health care through the NMHP;

2. Provision of tertiary care insitutions 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.

Mental Health care

1. The mental morbidity requires priority in mental health treatment
2. Primary health care at village and subcenter level
3. At Primary Health Center level
4. At the District Hospital level
5. Mental Hospital and teaching Psychiatric Units

District Mental Health Programme Components

1. Training programmes of all workers in the mental health team at the identified Nodal Institute in the State.
2. Public education in the mental health to increase awareness and reduce stigma.
3. For early detection and treatment, the OPD and indoor services are provided.
4. Providing valuable data and experience at the level of community to the state and Centre for future planning, improvement in service and research.

Agencies like World Bank and WHO have been contacted to support various components of the programme. Funds are provided by the Govt. of India to the state governments and the nodal institutes to meet the expenditure on staff, equipments, vehicles, medicine, stationary, contingencies, training, etc. for initial 5 years and thereafter they should manage themselves. Govt. of India has constituted central Mental Health Authority to oversee the implementation of the Mental Health Act 1986. It provides for creation of state Mental Health Authority also to carry out the said functions.

The National Human Rights Commission also monitors the conditions in the mental hospitals along with the government of India and the states are currently acting on the recommendation of the joint studies conducted to ensure quality in delivery of mental care.

Thrust areas for 10th Five Year Plan

1. District mental health programme in an enlarged and more effective form covering the entire country.
2. Streamlining/ modernization of mental hospitals in order to modify their present custodial role.
3. Upgrading department of psychiatry in medical colleges and enhancing the psychiatry content of the medical curriculum at the undergraduate as well as postgraduate level.
4. Strengthening the Central and State Mental Health Authorities with a permanent secretariat. Appointment of medical officers at state headquarters in order to make their monitoring role more effective;
5. Research and training in the field of community mental health, substance abuse and child/ adolescent psychiatric clinics.

Comments

1. For the first time in the last 40 years mental health has been chosen as the theme for the World Health Day 2001: "Mental Health: Stop Exclusion – Date to Care", Why? The recent evidence for the importance of mental health has been so striking that the WHO decided to give it a priority during year 2001, the beginning of 21st century.
2. There is no initiative from the mental health professional to take active part in this

programme. Most of them are not aware of the programme.

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

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

5. The targets set for the programme 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.

6. The programme has given more emphasis on the curative services to the mental disorders and preventive measures are largely ignored. More public awareness programmes are required.

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