MPC-054
Services for the Mentally Ill

Future Direction
### FUTURE DIRECTION

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This block focuses on the four main topics

**Unit 1: Promotion of mental health**

**Unit 2: Positive mental health**

**Unit 3: Documentation in mental health and mental disorder field**

**Unit 4: Policies and research related to mental health and mental illness**

**Unit 1** deals with the promotion of mental health. Mental illness is likely to be one of the leading causes of morbidity by the year 2020. Thus different activities need be carried out in order to promote mental health. In this unit various topics like mental health promotion, activities that can be carried out to promote mental health and promotion of mental health in India have been covered.

**Unit 2** focuses on positive mental health covering topics related to indicators and measurement of positive mental health, need and promotion of positive mental health. Positive mental health can be described as a state of wellbeing, indicating overall positive psychological status, realization of our potentialities, adequate management of stress and being consistent and productive. Self-esteem, sense of control, sense of coherence and optimism are some of the components of positive mental health. Promotion of positive mental health is crucial inorder to ensure overall well being of an individual and the community.

**Unit 3** deals with the documentation in mental health and mental disorders. The main topics covered in this unit are related to importance of documentation, documentation in mental health and challenges and future direction in documentation from Indian perspective. The process of documentation and keeping records of the patient’s treatment and progress is a healthy practice and the more is the volume of information, more is the likelihood of a robust service delivery system. Keeping this in mind due care needs to be taken to maintain necessary documentation along with patient care. This unit provides a broader perspective on why, how and what to document and the efficient ways to carry out documentation in mental health set-up.

**Unit 4** deals with policies and research related to mental health and mental illness. The present unit will cover the basic concepts of policy and planning. The status of mental health and development of mental hospitals in India will also be focused. Further we will discuss about the globalization as a major challenge. The infrastructure and delivery of mental health services in India will also be discussed. Further the goals and challenges in carrying out mental health research will also be dealt with.
UNIT 1  PROMOTION OF MENTAL HEALTH

Structure
1.0  Introduction
1.1  Objectives
1.2  Mental Health Promotion
1.3  Activities to Promote Mental Health
1.4  Promotion of Mental Health in India
1.5  Let Us Sum Up
1.6  Answers to Self Assessment Questions
1.7  Unit End Questions
1.8  References
1.9  Suggested Reading

1.0 INTRODUCTION

Whenever we ask someone whether he is doing well or not, we mean to ask about his health, especially the physical health. However healthiness is simply not the presence or absence of physical illness it is something more. In fact World Heal Organisation (WHO, 1948) in the preamble to its constitution defines health as “a state of complete physical, mental and social well being and not merely an absence of disease or infirmity”. One needs to be physically as well as mentally healthy to adequately function in the society. In recent times mental health and mental illness has started hogging the lime-light all over the world. WHO mentions that one in four persons suffer from mental illness. Mental health is also important and gradually its promotion has started. Now what exactly is “mental health” and “mental health promotion”, one may ask. According to WHO (2004) “mental health” is “a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make contribution to his or her community”. According to the Commonwealth Department of Health and Aged Care, Canberra, mental health promotion is any action taken to maximize mental health and wellbeing among populations and individuals.

This unit gives an overview about mental health promotion and its significance based on evidences. It also deals with mental health promotion in India.

1.1 OBJECTIVES

After reading this unit, you will be able to:

• develop an understanding about the concept of mental health promotion;
• know about the evidence in favour of promotion of mental health;
• know about the activities carried out to promote mental health and how such activities can be started; and
• get an idea about the mental health promotion carried out in India and its lacunae.
1.2 MENTAL HEALTH PROMOTION

Health promotion as whole is very important as it seeks to develop ways of addressing issues which are salient to the target groups and incorporate their own understanding and perspectives (WHO, 1986). Further, promotion of mental health also facilitates the early identification of mental illness so that the appropriate steps to initiate early treatment can be taken up. This not only helps in reducing the treatment gap, but also assists in the overall prognosis of mental illness. That the promotion of mental health is significant can be gauged from the fact that the “WHO Meeting on Evidence for Prevention and Promotion in Mental Health: Conceptual and Measurement Issues” – was convened in Geneva from 28-30th November 2001 in order to further develop the work related to prevention of mental disorders and promotion of mental health. All over the world, there is a growing body of organizations working for the promotion, prevention and early intervention in mental health. There is even an international journal titled “International Journal of Mental Health Promotion” is journal that focuses on mental health promotion.

According to Sartorius (1998), promotion of mental health is ‘the operation by which we improve the place which mental health occupies on the scale of values of individual, families or societies’. He felt that when mental health is valued more, people tend to be more motivated to improve it. Hodgson et. al (1996) defined mental health promotion as ‘the enhancement of the capacity of the individuals, families, groups or communities to strengthen or support positive emotional, cognitive and related experiences’.

**Need for promotion of mental health: Evidence**

The importance of mental health promotion can be gauged from the fact that physical wellbeing is closely related to the mental well being of any individual. There is a relationship between physical and mental health that is reciprocal in nature (Strutgeon, 2007). Further, social support, psychological wellbeing and social networks can be termed as protective factors of physical health. In addition, now, we also have evidence to suggest that mental health promotion is required and interventions through this can be effective. Outcome of a number of programmes show that mental health promotion is a realistic option within a public health approach across the life span and across settings such as peri-natal care, schools, work place and local communities and can contribute to better mental health wellbeing of the population (WHO, 2004).

Mental health promotion, targeting early childhood through home visits called the “Prenatal and Infancy Home visit Program” was successful in bringing a positive outcome on a range of behaviours including those on child abuse, conduct disorders and substance abuse (Olds 1997, 2002). Evidence exist for parent training programs which demonstrated improvement in parent-child interactions like the “Incredible Years” (Webster-Stratton and Reid, 2003) and “Triple P- Positive Parenting Programme” in Australia (Sanders et al., 2002). The DataPrev projects financed by the European Commission summarizes the evidence available about effective interventions for promoting positive mental health through parenting, in schools, at work and in older ages. Intervention in this project ranged from psychological support to taxation and the results were promising in the promotion of mental health.
There are a number of effective interventions for promoting mental health. One way stimulation through parenting like immediate skin-to-skin contact between baby and mother right after delivery (Stewart-Brown & Schrader-McMillan, 2011), breast feeding (Kramer & Kakuma, 2012) carrying the baby in a pouch by both mother and father (Konner, 2010) and so on. Such approaches in the promotion of psychosocial stimulation of babies and young infants have led to long term educational and cognitive development and healthier development overall (Richards, Hardy & Wadsworth, 2002). In fact, parenting has been identified as the single most important factor contributing to a healthy start in life (Jane-Llopis et al, 2011) and stimulation through parenting is now recognized as the single most important factor for building resilience in youth (Jolly, 2007; Patel, 2008).

Positive long term results in cognitive development and conflict with law has been reported by the Perry Pre-school Project which combines home visiting and pre-school intervention. Evidence for positive outcomes has also been reported from school based interventions which targets issues like improving problem solving abilities, reduction of substance abuse, bullying and aggression. Examples are ‘I can problem solve’ (Shure, 1997), the ‘Good behaviour game’ (Kellam, 1994), the Seattle Social Development Project (Hawkins et al, 1991).

The JOBS Programme (Caplan et al., 1989; Vinokur et al., 2000) has been tested and replicated in large-scale randomized trials in several countries (Vuori et al, 2002) and it has shown successful impact on re-employment and depression. The Care Giver Support Programme is another one which has been evaluated in a large scale randomized trial and had positive influence in various work behaviours and improved the mental health and job satisfaction of the participants (Heaney et al., 1995).

The evidence for mental health promotion is thus numerous and more such evidence is getting accumulated day by day. These evidences are more forthcoming from the developed countries. For more information regarding evidence based programmes one can access the data bases such as the USA Centre for Disease Control and Prevention, the Collaborative for Academic, Social and Emotional Learning (CASEL), the Substance Abuse and Mental Health Services Administration (SAMHSA) and Implementing Mental Health Promotion Action (IMHPA).

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Promotion of Mental Health
1.3 ACTIVITIES TO PROMOTE MENTAL HEALTH

Promotion of mental health takes place at several levels. Some may be at the individual level while others may be directed at a particular group of population. For example policies to tax substances like alcohol, cigarettes etc. are directed towards a population group and intervention like home visiting programs are targeted at an individual level. (Herrman & Jane-Llopis, 2012). Also while some health promotion have the primary goal of promoting mental health, others may have some different primary goal, but also improve mental health along with it. Activities like support of mothers with mental illness to care for their children would be example of promoting mental health directly whereas activities aimed at reduction of domestic violence, unprotected sex etc. would be examples of promoting mental health indirectly, i.e. the primary goal is different, but these activities would also be good for the mental wellbeing of a person.

A mental health promotion framework that represents a public health approach to mental illness prevention identifies the following as key social and economic determinants of community and individual mental health (Walker et. al, 2005).

1) Social Inclusion: The first determinant is social inclusion. This refers to social relationships, involvement in group activities and civic engagement.

2) Freedom from discrimination and violence: This is the second determinant that focuses on valuing diversity, physical security, self-determination and control over one’s life.

3) Access to economic resources: The determinant of access to economic resources deals with work, education, housing and money.

Thus we see that mental health promotion can be done through several activities and in recent times it is gaining widespread acceptance in the domain of health.

The Ottawa Charter for Health Promotion was organized by WHO in Ottawa, Canada in the year 1986. Though it was in relation to promotion of health as a whole, it also recommended certain strategies that can be applied to promote mental health (Herrman, Saxena & Moodie, 2005). As stated by Herrman & Jane-Llopis, 2012 “The Charter’s five strategies are: building healthy public policies, creating supportive environment, strengthening community action, developing personal skills and reorienting health services”. Of these five strategies, “strengthening community action” and “developing community action” (WHO, 1986) are related to mental health promotion activities (WHO, 2004).

Whatever be the activities, mental health promotion can be categorised as (Tilford et al, 1997):

a) Any activity concerned with mental health and mental illness that is not directly curative, for example promotion and prevention at all levels (mainly mental health services).

b) Promotional activity that also includes mainly primary prevention (mostly health promotion units).

c) Mainly the promotion of mental illness with some elements of the promotion of health (public health).
d) the promotion of mental health as distinct from the prevention of mental illness (mostly health promotion units, some psychologists).

Some of the activities which can be taken up to promote mental health are:

a) **Promotion of mental health in educational institutes:** Various awareness oriented activities can be carried out in order to promote awareness about mental health amongst the student community in educational institutes like school, colleges and university. Suicidal attempts amongst students have increased. Mental health awareness will not only help deal with such situations but will also make teachers and students more observant so that they can identify any mental health problem that can then receive early treatment. Training programmes can also be given to teachers and students in understanding various mental health problems and disorders and to identify the symptoms. Teachers can also be trained for barefoot counselling. Programmes can also be organized in the direction of creating mental health awareness by having various activities, events and competitions (drawing, poem etc based on mental health theme) in educational institutes. Further, experts from the field of mental health can be regularly invited in order to promote the knowledge about mental health amongst students and teachers.

Further, school counsellors should also be appointed in order to help students deal with their mental health problems and promote positive mental health.

b) **Community programmes:** Besides programme in educational institutes, various programmes can also be organized at community level. Awareness programme can be organized based on topic like adolescent and mental health, mental health of the elderly, mental health of women, substance abuse, depression. At community level, awareness can also be created about the rights, laws and policies related to mental health. Further, information about governmental & non-governmental organizations (NGOs) that work in the field of mental health can also be provided. Early identification of mental health problems and disorders need to be promoted amongst the members of the community.

c) **Mental health promotion and interventions in the workplace:** Mental health also needs to be promoted at workplace. Most of the individuals spend a majority of their time at the work place. Further work has become complex and requires optimum performance on the part of the individual. The work situation and pressure can lead to occupational stress amongst employees. This stress if not dealt with immediately can lead to development of major psychological disorders and other health related problems, which in turn can reduce the production and profitability in an organization. Thus mental health not only needs to be promoted, but suitable intervention for employees with mental health problems or disorders also needs to be provided. Regular sessions on yoga, meditation, relaxation techniques etc. can be carried out for the employees. Various activities, talks and events based on mental health can also be organized by the organization to promote awareness about mental health.

d) **Programmes for special population:** Individuals belonging to special population are more vulnerable to developing mental health problems and disorders. Programmes for special populations like pre-school psycho-social
interventions, home visit to pregnant women, nutritional and psycho-social intervention in the elderly will also help in promoting overall mental health in the society.

e) **Violence prevention programmes:** Programmes also need to be organized to prevent violence. This in turn will help prevent mental health issues. Such programmes can be organized in various organizations, educational institutes, and also at community level. A crisis intervention plan also needs to be in place to deal with any abuse and help the victim get medical and psychological help at the earliest.

f) **Programmes and activities aimed at reducing stigma due to mental illness:** There are a number of myths about mental health in the society. The individuals suffering from mental health problems are subjected to stigmatisation. This can further deteriorate the condition of these individuals. Programmes that mainly focus on reducing strigmatization about individuals with mental health needs to be carried out. However, just awareness in this direction may not be enough but changes also need be made at the policy level.

g) **Suicide prevention programmes:** Suicide and suicidal attempts have been increasing in our society. Concrete steps need to be taken in this direction as well. Providing easy access to counsellors, clinical psychologists and psychiatrist is one way in which this can be dealt with. However, there is also stigma related to visiting counsellors, clinical psychologists and psychiatrist, which prevents individuals from seeking help and intervention. Suitable measures need to be carried out in this direction as well. Mass media can also be used while organizing programmes for suicide prevention.

h) **Parenting intervention programmes:** Family plays an important role in any individual’s life and parents are significant people in one’s life. Awareness and intervention programmes can also be organized for parents, so as to help them identify the symptoms of mental health problems and disorders and seek early help. Programmes and intervention for parents can also be based on promoting positive mental health.

i) **Sensitisation programmes:** Sensitization programmes also need to be organized at community level, in educational institutes and at other platforms so as to reduce the stigmatisation of the individuals suffering from mental health problems and disorders. Sensitisation programmes are even more important amongst the individuals who closely work with persons with mental health problems and disorders.

j) **Promoting positive mental health:** Just focusing on mental health problems and disorders is not enough, we also need to focus on promoting positive mental health. This can again be done by organizing various events, awareness programmes and activities at various levels. We are going to discuss about positive mental health in detail in the next Unit.

Thus we discussed some of the activities that can be organized in order to promote mental health. In the next sub section we will mainly discuss about promotion of mental health in India.
1.4 PROMOTION OF MENTAL HEALTH IN INDIA

In India, Psychiatry as a discipline grew very slowly. Initially, the specialty of Psychiatry was within the branch of Medicine. Later on, it became a separate subject. Initially, manpower in the field of mental health was also less. Though manpower has increased in recent times, we still have a dearth of manpower in comparison to the ever-increasing population with mental illness. Though promotion of health did take place, exclusive promotion of mental health was negligible initially. It was only with the starting of Mental Health Programme in the year 1982, that promotion of mental health saw some momentum.

Studies conducted at two different places in India demonstrated that mental health can be integrated with primary health care (Murthy and Wig, 1983; Wig et al, 1981) and the positive outcome of these studies resulted in the National Mental Health Program (NMHP). As a result of the initiation of NMHP, the District Mental Health Program (DMHP) was started following the success of Bellary district (in Karnataka). However, even NMHP was not directly involved in the promotion of mental health, its goal being integration of mental health services into primary care. A significant activity of the NMHP was that it was somewhat successful in promoting awareness about mental illness and its treatment. This can be judged from the fact that in the DMHP districts, 86.9% of the community members contacted knew about mental illness which is higher than in non-DMHP districts (74.7%). The DMHP districts were found to have significantly higher awareness about the type of mental illness, namely, psychosis, neurosis, epilepsy, etc, when compared to non-DMHP districts (Gangadhar BN & Kishorekumar KV, 2012).

There have been some works on promotion of mental health focusing on children, both from the Government of India and some NGOs. The Integrated Child Development Services (ICDS) Scheme was started in the year 1975 by the government of India. Among its objectives, one of them was to lay the foundation...
Future Direction

for proper psychological, physical and social development of the child. According to the WHO (1999), most of the programmes like this have demonstrated the beneficial impact on child cognitive development, sociability, self-esteem and motivation. In addition the “Behaviour Change Communication” strategy of the ICDS has the long term goal of “capacity-building of women, especially in the age group of 15-45 years, so that they can look after their own health, nutrition and development needs as well as that of their children and families”. (http://wcd.nic.in/icds.htm). NIMHANS, Bengaluru developed the School Mental Health Program using resources already available in the schools. Teachers are trained as ‘master trainers’ who further conduct training for other teachers to be ‘life skill teachers’. It is a participative program and the activities are based on various developmental themes of nutrition, hygiene, academics, inter-personal relationships, substance use, gender issues, career and social responsibility (Bharath et al., 2008). According to a book at least 17 mental health related NGO programmes are being implemented in India (Patel & Thara, 2003) Promoting child and adolescent mental health in low and middle income, pdf). Some of the NGOs are also focussing on child and adolescent mental health. Such an NGO by the name of “Sangath” has implemented mental health promotion programmes related to early child development, school based and community based youth programmes. Zippy’s Friends is another school based programme owned by Partnership for Children, a UK based charity which is running in five middle or low income countries, including India. This programme helps young children to develop coping and social skills (http://www.partnershipsforchildren.org).

In the field of prevention and promotion of mental health, mention must be made of the “helpline services” towards the promotion of mental health. These services provide assistance and guidance to people regarding mental health related issues. Various help line services, including the “suicide prevention” helplines like Sneha (Chennai), Aasra (Navi Mumbai), Samaritans Sahara (Kolkata), Aasha (Chandigarh) etc. are working round the clock in order to help people in crisis and provide prompt counselling so that people do not commit suicide.

Inspite of all these activities, India has a long way to go in the promotion of mental health. Literature regarding the outcomes of these interventions is scanty, very few programmes are well organized, focus on the programmes are still being more on the curative aspect, and also manpower and resource is less. We have to put into place a system where promotion of mental health receives the required attention and action.

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1.5 LET US SUM UP

We are now aware that promotion of mental health is of paramount importance, especially when mental illness are likely to be one of the leading cause of morbidity by the year 2020. Different activities can be carried out to promote mental health like parenting intervention programs, school mental health program, violence prevention program and so on. The fact that physical and mental health are inter-related and the outcome of several studies showing positive results of mental health promotion exist, it’s time that India also develop a robust system of mental health promotion. Though the National Mental Health Programme is there in India, more needs to be done in the area of mental health promotion.

1.6 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) The definitions of Mental Health Promotion are as follows:

According to Sartorius (1998), “promotion of mental health” is the operation by which we improve the place which mental health occupies on the scale of values of individual, families or societies.

Hodgson et. al (1996) defined “mental health promotion” as the enhancement of the capacity of the individuals, families, groups or communities to strengthen or support positive emotional, cognitive and related experiences.

According to the Commonwealth Department of Health and Aged Care, Canberra, mental health promotion is any action taken to maximize mental health and wellbeing among populations and individuals.

Self Assessment Questions 2

1) The key social and economic determinants of community and individual mental health are:

i) Social inclusion that deals with social relationships, involvement in group activities, civic engagement.

ii) Freedom from discrimination and violence that includes valuing diversity, physical security, self-determination and control over one’s life.

iii) Access to economic resources that includes work, education, housing and money.

2) Five activities can be carried out to promote mental health are:

• Promotion of mental health among school children with the help of school counsellors.

• Mental health interventions in the workplace aimed at reducing workplace stress.

• Violence prevention programs.

• Community involved programs aimed at reducing stigma due to mental illness.

• Suicide prevention programs.
**Self Assessment Question 3**

1) The Integrated Child Development Services (ICDS) Scheme was started in the year 1975 by the government of India. Among its objectives, one of them was to lay the foundation for proper psychological, physical and social development of the child.

1.7 UNIT END QUESTIONS

1) Essay type questions:
   a) What is your idea about mental health promotion?
   b) What is the present scenario in mental health promotion in India?

2) Short notes:
   a) School mental health program.
   b) Evidence for promotion of mental health.
   c) Activities to promote mental health.

1.8 REFERENCES


http://wcd.nic.in/icds.htm
http://www.partnershipsforchildren.org


1.9 SUGGESTED READING


UNIT 2  POSITIVE MENTAL HEALTH

Structure

2.0  Introduction
2.1  Objectives
2.2  Positive Mental Health
2.3  Indicators and Measurement of Positive Mental Health
2.4  Need for Positive Mental Health
2.5  Promotion of Positive Mental Health
2.6  Let Us Sum Up
2.7  Answers to Self Assessment Questions
2.8  Unit End Questions
2.9  References
2.10  Suggested Reading

2.0  INTRODUCTION

When we talk about the term mental health, various psychological disorders come to our mind. However, mental health is more than these psychological disorders. Thus it is important that we also discuss about positive mental health. Positive mental health in simple terms, can be described as a state of wellbeing, indicating overall positive psychological status, realization of our potentialities, adequate management of stress and being consistent and productive. The wellbeing has to be at various levels including psychological, spiritual, social, physical and so on.

In the previous unit we discussed about the promotion of mental health. In the present unit we will focus on the concept of positive mental health. We will also discuss various indicators of positive mental health, its need and how positive mental health can be promoted.

2.1  OBJECTIVES

After reading this unit, you will be able to:

• explain the concept of positive mental health;
• discuss the indicators of mental health;
• describe the scales used to measure positive mental health; and
• explain how positive mental health can be promoted at the community and individual level.

2.2  POSITIVE MENTAL HEALTH

In the book “Current Concepts of Positive Mental Health” by Marie Jahoda, which was published in 1958, the writer gives us a glimpse about the concept of positive mental health. In one of the Chapters of this book, the author has discussed
six major categories of mental health in general and positive mental health in particular. These are as follows:

a) Attitude of an individual towards the self as criteria for mental health. How one perceives oneself is of importance while determining higher or lower degrees of health. Mentally healthy attitude towards self is usually described by terms like self-acceptance, self-confidence or self-reliance.

b) Individual’s style and degree of growth, development and self-actualization as criteria for mental health. According to this and individual’s style and degree of growth, or self-actualization determines his mental health status and this criteria is concerned with what a person does over a period of time.

c) Integration as a criterion for mental health. It is generally believed to be integration of personality. This criteria emphasizes on a central synthesizing psychological function wherein even some of the features mentioned in the above two criteria may be integrated together. It refers to the relatedness of all processes and attributes in an individual.

d) Autonomy as a criterion for mental health. According to this, it is an individual’s degree of independence from social influences which determines his mental health.

e) Perception of reality as a criterion for mental health. This aspect dwells on how one perceives reality, that is to say how an individual perceives the world around him and a person is called mentally healthy when whatever the person sees around him is actually there.

f) Environmental mastery as a criterion for mental health. It involves a person’s reality orientation and his efforts at mastering the environment. It deals with:
   i) Ability to love
   ii) Adequacy in love, work and play
   iii) Adequacy in interpersonal relationship
   iv) Efficiency in meeting situational requirement
   v) Capacity for adaptation and adjustment
   vi) Efficiency in problem solving.

Jahoda’s concept was, however, not free from criticism. It was supposed to be comprising of values considered to be important by North Americans only (HB Murphy, 1978). Though it did give us a concept of positive mental health, over the years, lot of changes to this has evolved.

Leighton and Murphy (1987) based their concept on personality types and coping strategies used. They hypothesized that well people have different coping strategies.

Positive mental health has also been conceptualized as a subjective sense of well being and even scales to measure positive and negative aspects of psychological well being has been devised by Bradburn (1969).

Antonovsky (1979) proposed the so called ‘salutogenic’ approach which focused on coping skills used. Others like Scheier and Carver (1995), have added on to
this and have found better coping mechanisms in optimists and that optimism itself is the dominant cognition of the mentally healthy. In fact, numerous researchers have studied healthy mechanism of defense and coping, and, resilience as a protective has also been conceptualized to be a part of positive mental health.

Then, there is also a psychoanalytical concept of mental health which focuses on an individual’s internal energy for realization in emotional, intellectual and sexual domain.

The Public Health Agency of Canada delineates five components which seek to operationalize positive mental health. These are:

a) Ability to enjoy life
b) Dealing with life’s challenge
c) Emotional well being
d) Spiritual well being
e) Social connections and respect for culture, equity, social justice and personal dignity.

WHO (2004) conceptualizes positive mental health as a positive emotion or affect such as subjective sense of well being and a feeling of happiness, a personality trait encompassing concepts of self-esteem and sense of control, and resilience in the face of adversity and the capacity to cope with various stressors in life. Further, the term “mental health” as defined by WHO also encompasses certain aspects of positive mental health like the state of well-being, individual abilities, coping skills, productivity and contribution to the society. In fact ‘mental well being’ and ‘positive psychology’ are terms often used while describing positive mental health. Positive mental health is usually conceptualized as encompassing aspects of emotional, psychological, social, physical and spiritual well-being. At least two dimensions of positive mental health have been identified (Barry MM, 2009) and these are:

a) The hedonic component – refers to subjective well-being and satisfaction.
b) The eudaimonic component - comprising of positive functioning, engagement, fulfillment and social well-being.

This is an overview regarding the concept of positive mental health. Further on, in this unit, the indicators of positive mental health and its promotion at the individual and community level will be discussed.

**Self Assessment Questions 1**

1) Define Positive Mental Health.
2) Explain the two dimensions of positive mental health as stated Barry (2009).

2.3 INDICATORS AND MEASUREMENT OF POSITIVE MENTAL HEALTH

As we have understood the meaning of positive mental health, we will now discuss about the indicators and measurement of positive mental health.

Indicators of positive mental health

Indicators should be relevant to the context, stable over a period of time, easy to comprehend, be sensitive to changes and so on. Some of the important desirable properties that indicators should have are (Moor, 1995):

a) Community relevance and be easily and readily understood by the public
b) Relevance to the aims of the activities
c) Stable meaning over time
d) To be sensitive to changes over time
e) Anticipate the future and provide base-line data for subsequent trends
f) Provide complete coverage of the population or event being monitored
g) Assessment of dispersion across given measures of well-being
h) Measurement of progress in meeting the goals at the local state as well as national levels
i) Provide a measure of variability between religions and nations
j) Be available for relevant sub-groups.

Macro-level indicators of positive mental health: These are those indicators which encompass the entire spectrum of health and include positive mental health as well. The UN Development Programme (2002) have delineated eight goals in its list of “Millennium Development Goals” and these goals have a set of eighteen targets with a total subset of 48 indicators which may be considered as macro-level indicators. Some of these include poverty gap ratio, employment to population ratio, literacy rate, share of women in wage employment in the non-agricultural sector, infant mortality rate, women receiving antenatal care, incidence and death rates associated with malaria, proportion of total water used, market access, debt sustainability and so on. In addition the parameters used to measure Human Development Index (life expectancy at birth; adult literacy rate; combined gross primary secondary and tertiary enrolment ratio; gross domestic product
Future Direction

per capita) is a measure of achievement of a country and are examples of macro-level national indicators. In fact, characterizing populations by levels of income, availability and access to social benefits, and measure of unemployment are all measures of the social and economic macro-environment and important determinants of mental health.

**Individual indicators of positive mental health:** While the desirable properties indicate several features required for selecting an indicator, in the context of positive mental health, four indicators have been described by a report of WHO (Herrman, 2005). These are:

a) **Sense of Coherence:** Antonovsky (1987) defined “sense of coherence” as, “a global orientation that express the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges worthy of investment and engagement.

b) **Self-esteem:** It refers to a favourable or unfavourable attitude towards life (Rosenberg, 1965).

c) **Sense of control:** At times this is also referred to as “mastery” or “personal mastery” (Pearlin et al., 1981) and perceived control or, sense of control, over life in general and work in particular shows considerable association with health and well being (Karasek et al., 1981; Lachman & Weaver, 1998; Marmot & Smith, 1991; Schnall, Landsbergis & Baker, 1994).

d) **Optimism:** A habitual tendency or a present disposition to take the most hopeful view of future events, and to expect a favorable outcome even when unfavorable outcomes are possible (http://www.webster-dictionary.org/definition/optimism). Individuals with optimistic dispositions are more likely to have stable, problem focused coping strategies (Carver et al., 1993).

In addition to these four indicators others also exist which are more or less similar to these and includes resilience, self-efficacy, social well being etc.

**Measuring positive mental health**

Different attempts have been made to operationalize positive mental health and measure it. Many of these seeks to assess indicators like resilience, self-esteem, self-efficacy, optimism, life satisfaction, hopefulness, perceptions and judgment about sense of coherence and meaning in life, and social integration, social well being, hedonic (positive affect) and eudaimonic (positive functioning) and so on. Of the different scales like the Psychological Wellbeing Scale, the Sense of Coherence Scale, the Affect Balance Scale and the Affectometer, used to measure positive aspects of mental health, mention must be made of the “European Social Survey Wave 3 questionnaire” and the 14-item “Warwick Edinburgh Mental Well Being Scale”. These scales include both hedonic and eudaimonic dimensions of mental wellbeing (Barry MM, 2009).

Work by WHO, which describes the four indicators, also mentions some scales that can be used to measure these indicators. These are:
a) The Sense of Coherence (SOC) Scale (Antonovsky, 1987) has been widely used and promoted as a potential indicator of well-being.
c) The Coopersmith Self-Esteem Inventories (CSEI: Coopersmith, 1982)
e) Pearlin and Schooler’s Personal Mastery Scale is frequently used to assess the extent to which “people see themselves as being in control of the forces that importantly affect their lives” (Pearlin et al, 1981, p. 340).
f) The Life Orientation Test – Revised (LOT-R: Scheier, Carver & Bridges, 1994) is a 10-item self-report measure developed to assess dispositional optimism.

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2) Discuss optimism as an individual indicator of positive mental health.
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2.4 NEED FOR POSITIVE MENTAL HEALTH

Positive mental health, mental health and physical health are all inter related. Change in one may affect the other and vice versa. Positive mental health helps people to deal effectively with physical conditions and likewise promotion of good physical health has a positive impact on the mental health, for example in the older people (Li et al., 2002).

In the WHO’s report, “Positive Mental Health: Concepts, Emerging Evidence, Practice” it has been demonstrated that positive mental health, mental illness, physical illness and positive physical health are linked and related to each other. The components or the determinants of positive mental health are numerous (resilience, self-esteem, self-efficacy, optimism, life satisfaction, hopefulness, and social well being and so on) and positive mental health in itself is a huge domain. Nevertheless, there are ample findings that demonstrate the significance of
positive mental health. For example, higher positive mental health (using variables like life satisfaction, mood, subjective and psychological wellbeing) is associated with being a friend to others and being able to trust others (Araya et al, 2006), neighbours and police (Helliwell JF & Putnam RD (2004). Social support is related to social wellbeing which is also a component of positive mental health and research has consistently shown that having more social support increases life satisfaction and can reduce the negative effects of stress. Relation of positive mental health with physical health is well known and research has demonstrated that diabetes, cancer, cardiovascular disorders are affected by the mental state of individuals (Raphael et al, 2005).

Thus the need for positive mental health is enormous and this is well amplified by following citation by WHO: “Positive mental health is linked to a range of development outcomes and is fundamental to coping with adversity. On the other hand, poor mental health impedes an individual’s capacity to realize their potential, work productively, and make a contribution to their community. In order to improve population mental health, countries need to implement effective treatment, prevention, and promotion programs that are available to all people who need them.”

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2.5 PROMOTION OF POSITIVE MENTAL HEALTH

We will now discuss how positive mental health is promoted at two main levels, communities and individual.

Community Level

Communities play an important role in promotion of positive mental health. A community comprises of several individuals who can directly or indirectly benefit from such promotion. A community has the advantage in the fact that they deal with groups of individuals (families, village panchayat etc.) as well as individual persons and both these two can be involved in strengthening community action in the promotion of positive mental health. Research has documented that empowering community members can play a role in mental health strategies. Likewise focusing on the development of ownership and social responsibility within a community also fosters the promotion of positive mental health. Community participation and social support provided by friends and family members during stressful life-events increase feeling of social well being in individuals, which then has a positive impact on the entire community, and this mutually benefitting activity in turns promotes positive mental health.
Community based interventions for children, youth and adults can be taken up to promote positive mental health. In this regard, school based programs focusing on skill development; building healthy coping styles; awareness about mental illness etc. can have impact on the overall wellbeing of children. Likewise, community involvement in programs like de-addiction for youth with substance abuse problems; prevention of domestic violence; activities like ‘yoga’ and exercises also directly or indirectly promote positive mental health among youth and adults. Communities and NGOs working together can also promote positive mental health by increasing public awareness on mental health issues; facilitating development of self-help groups; encouraging capacity building and fostering employment; organizing skill and vocational based activities and other such mental health promotion activities.

Some community based programs that helped in promoting mental health in general and positive mental health in particular are:

a) Nobody’s perfect (Canada): This mainly focused on parenting skills. It resulted in stronger parenting skills in parents and more positive interactions with their children.

b) Friends for Life (Canada): This included school based and home based activities aimed to build resilience; promote self-esteem; problem solving skills and self-expression; prevent anxiety and build positive relationship. Result of this program showed significant increase in self-esteem and decrease in worry and depression among children who were not clinically anxious.

c) Comprehensive Rural Health Program (India): This is a program in a region of rural Maharashtra, called Jamkhed. The main objective of this program was not focused on mental health; but its effective community development measures resulted in improved mental health. Over all it resulted in better mental health and wellbeing of women and children; lesser illness; uncomplicated pregnancies; better nutrition and a cleaner village environment which all in turn reduced stress. Community development also created empowerment and community network reduced isolation and increased feelings of social support. Better coping skills were another positive outcome. The extent of empowerment in Jamkhed villages has also enabled the people to look beyond their own needs to the mental health needs of others in situation like sudden crisis. (Arole R, Fuller B & Deutschmann P, 2005).

**Individual Level**

There are various means by which positive mental health can be promoted at the individual level. Such promotion helps both the individual and the community to which he belongs. Interventions focusing on an individual’s personal skills; strengths and resiliency can be planned (Lahtinen E. et al, 2005) by providing information; education and facilitating enhancement of life skills. Individuals can be encouraged to introspect and make self-evaluation regarding their state of well-being; how they are enjoying life; how they deal with the day to day challenges. Strategies like reframing negative thoughts (Folkman S & Moskowitz JT, 2000); writing or thinking about positive thoughts (Burton CM & King LA, 2004); seeking other’s support and devoting one’s time to meaningful causes (Lyubomirsky S, Sheldon KM & Schkade D, 2005) can be employed in promotion of positive mental health. Mental health programme suitable for individuals can
be planned wherein the positive aspects of mental health like self-efficacy, sense of wellbeing, problem solving, developing a sense of purpose, effective communication skill, better coping skills etc. can be addressed.

Few examples of individual level activities that deals with the promotion of positive mental health are:

a) Live Life Stress Free (Scotland): It aimed to provide opportunities for stress management, inclusion and community development among adults. So far it has resulted in increasing self-esteem and reducing stress in participants.

b) Ardler Walking Group (Scotland): It aimed to promote physical activity and mental well being among adults through walking. So far benefits to emotional health, well being and physical well being have been reported by participants.

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<td>1) List the community and individual based programs to promote positive mental health.</td>
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2.6 LET US SUM UP

We have seen how the concept of positive mental health has evolved after Marie Jahoda first tried to describe it. Self-esteem, sense of control, sense of coherence and optimism are some of the components of positive mental health and scales have been devised to measure these components. Promotion of positive mental health is useful and evidence exists to support this. There is no doubt that for the overall well being of an individual and the community, there is indeed a need to promote positive mental health.

2.7 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) WHO (2004) conceptualizes positive mental health as a positive emotion or affect such as subjective sense of well being and a feeling of happiness, a personality trait encompassing concepts of self-esteem and sense of control, and resilience in the face of adversity and the capacity to cope with life stressors.

The two dimensions of positive mental health as stated by Barry (2009) are:

- The hedonic component –refers to subjective well-being and satisfaction.
- The eudaimonic component - comprising of positive functioning, engagement, fulfillment and social well-being.
Self Assessment Questions 2

1) The desirable properties that indicators should have are:
   - Community relevance and be easily and readily understood by the public
   - Relevance to the aims of the activities
   - Stable meaning over time
   - To be sensitive to changes over time
   - Anticipate the future and provide base-line data for subsequent trends
   - Provide complete coverage of the population or event being monitored
   - Assess dispersion across given measures of well-being
   - Measure progress in meeting goals at the national, state and local levels
   - Provide a measure of variability between religions and nations
   - Be available for relevant sub-groups.

2) Optimism can be described as an habitual tendency or present disposition to take the most hopeful view of future events, and expect a favourable outcome even when unfavourable outcomes are possible.

Self Assessment Question 3

1) There is a need for positive mental health because
   - It will help people to deal effectively with physical conditions.
   - It promotes good physical health
   - It has a positive impact on the mental health
   - It is related to development outcomes
   - It forms basis to coping with adversity.
   - It is related to social support.

Self Assessment Questions 4

1) The community based programmes are:
   - Nobody’s perfect (Canada with its focus on parenting skills).
   - Friends for Life (Canada) that includes school based and home based activities aimed to build resilience, promote self-esteem, problem solving skills and self-expression, prevent anxiety and build positive relationship.
   - Comprehensive Rural Health Program (India) with an objective of this program was not focused on mental health, but its effective community development measures resulted in improved mental health.

   The individual based programmes are:
   - Live Life Stress Free (Scotland) that is aimed to provide opportunities for stress management, inclusion and community development among adults.
   - Ardler Walking Group (Scotland) that is aimed to promote physical activity and mental well being among adults through walking.
2.8 UNIT END QUESTIONS

1) Essay type questions
   a) What do you understand about the concept of positive mental health? Describe in detail about the components of positive mental health?
   b) How would you promote positive mental health among individuals and the community members?

2) Short Notes:
   a) Indicators of mental health
   b) Measurement of positive mental health
   c) Resilience
   d) Optimism

2.9 REFERENCES


Canadian Institute for Health Information, Improving the Health of Canadians: Exploring Positive Mental Health (Ottawa: CIHI, 2009)


Lorraine Taylor L et al,(2007) Public health interventions to promote positive mental health and prevent mental health disorders among adults. Evidence briefing. Health Development Agency (HDA), NICE, UK


www.in.undp.org/content/india/en/home.mdgov/overview/
www.webster-dictionary.org/definition/optimism.

### 2.9 SUGGESTED READING

UNIT 3 DOCUMENTATION IN MENTAL HEALTH AND MENTAL DISORDER FIELD

Structure
3.0 Introduction
3.1 Objectives
3.2 Meaning of Documentation
3.3 Importance of Documentation in Mental Health
  3.3.1 Documentation Management and Accountability
3.4 Process of Documentation in Mental Health
3.5 Challenges in Documentation and Future Direction: Indian Perspective
3.6 Let Us Sum Up
3.7 Answers to Self Assessment Questions
3.8 Unit End Questions
3.9 References
3.10 Suggested Reading

3.0 INTRODUCTION

There is no doubt that the treatment provided is a very important component for the benefit of those with mental illness. However if there is no system in place to note the treatment provided, the type of illness and its features, recovery made and so on, then this would create problem in the future, not only for the same patient who may need help later on, but also for others as it will create hindrance for the development of a better service delivery system. The process of keeping records of the patient’s treatment and progress is a healthy practice and the more is the volume of information, more is the likelihood of a robust service delivery system. Hence, like any other specialty, documentation occupies an important place in the field of mental health. A document has several utility including overall benefit for those with mental illness. Properly maintained documents and records are themselves like good books for mental illness. In this Unit, you will learn about the importance of documentation and the process of documentation.

3.1 OBJECTIVES

After reading this Unit, you will be able to:

- Define documentation;
- Explain the importance of documentation in health and mental health;
- Know how to document findings in patients with mental illness;
- Know about the challenges faced in maintaining records of patients in both health and mental illness; and
- Understand about the philosophy of Health Management Information System.
3.2 MEANING OF DOCUMENTATION

Data and information are two terms which are used very often as synonymous. Information is not the same as data, nor is it the same as knowledge. Data is not necessarily information. One may have large amount of raw data but unless that data is useful or is made useful or relevant to particular decision making efforts, it can not be considered information in the true sense of the term. Documentation can be described in terms of a set of documents that are provided either on paper, or online, or by means of digital or analog media, like audio tape or CDs. It is becoming less common to see paper (hard-copy) documentation. Many large hospitals have started using more information on computers. Computer processing of medical information can be divided into three areas: Inputs (or initial capture of the information), storage and output (or retrieval and display of that information). In 1968 the term documentation was replaced with the term ‘Information Science’, however, the term documentation is still largely used.

Let us now look at a related term ‘Record’. Record as defined by the Freedom of Information Acts 1997 and 2003, is “any memorandum, book, plan, map, drawing, diagram, pictorial or graphic work or other document, any photograph, film or recording (whether of sound or images or both), any form in which data are held, any other form (including machine-readable form) or thing in which information is held or stored manually, mechanically or electronically and anything that is a part or a copy, in any form, of the foregoing or is a combination of two or more of the foregoing and a copy, in any form, of a record shall be deemed, for the purposes of this Act, to have been created at the same time as the record.” (Excellence in Mental Healthcare Records. Delegate’s Workbook).

Clinical documentation is the process of recording the client’s clinical pathway and recovery progress from admission to discharge, and is required to be a full and accurate representation of the care delivery process. This also forms the clinical record. Usually in any mental health service it includes information about the demography of the patient, the description about the illness, investigations done, treatment provided and its response, progress made, future plan of action, need for referral to other specialty (if any), information during hospitalization (if required) including initial treatment on the day of admission and discharge plan, informed consent with written consent for procedures like electro-convulsive therapy and provision for making any special note or comment by the treating team.

Clinical record is taken to mean the ‘one clinical file’, paper and/or electronic versions. The paper record is divided into discrete episodes of care with each episode containing full information related to the client’s treatment, and progress towards discharge. This includes paper records including files, case notes, letters, reports, continuation sheets, diaries, post – IT notes, computer print outs, electromagnetic records including discs, servers and databases, audio-visual records including films, tapes, videos and CDs Photographs, X-rays, microfiche etc.

The present Unit will provide more information on documentation in mental health service and will also focus on the content of the usual documents and clinical records.
What is a Document?

A “document” can be described as a collection of data that generally has permanence and can be read by humans or machines. Further, any medium can be used for such a collection of data. Documents include both paper and electronic documents. A document is an amount of information on one or more related topics prepared for a specific purpose and presented as a unit. A document may be used in a printed form, online form or a combination of the two. It is a support for decision making based upon information coming from different sources, which is meant to produce new information to be reused. A documental unit can be described as an end result of information assimilation and condensation processes and it is the outcome of a whole set of selection and transformation processes, which are meant to make information presentation effective.

Understanding Documentation and its Importance

In general terms, documentation is any communicable material used to explain some attributes of an object, system or procedure. In order to ensure long term vitality of data collected, good documentation is very crucial. Documentation should be carried out in such a way that it can be used as a resource in future. Documentation should provide information about a data collection’s contents, provenance and structure, and the terms and conditions that apply to its use. It should provide detailed information at the same time should be comprehensive. Documents should also remain legible and readily identifiable.

Information may be coming in various flows and waves, to be filtered, categorized and organized as to be accessible and reusable for different purposes at different times. Availability and accessibility of packages of information in document formats needs to be supported by an enhanced labeling system, which may help speed up efficient retrieval. In other words, each document or piece of document will have to be labeled according to qualitative reasoning upon the nature of information.

Documentation organised and built up according to such view, also constitute a tremendously rich repository for collective memories within an organization and does create the context for interpretation and understanding of present and past conditions. The maintenance of proper documentation demands consistency and attention to detail. Through documentation we create and provide evidence and we convey information.

Good documentation is crucial to a data collection’s long-term vitality; without it, the resource will not be suitable for present and future use and its provenance will be lost.

The documentation of case records in health and mental health sector has many important functions like:

a) Provides information about the patient
b) Provides information about the disorder
c) Provides information about the treatment carried out and its response
d) Provides information on any adverse effect due to the treatment given
e) Provides important data for research, like prevalence of a disease and nature of its distribution
f) Cost effectiveness

g) Planning health services in the community

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3.3 IMPORTANCE OF DOCUMENTATION IN MENTAL HEALTH

Clinical documentation is the process of recording details about a patient and his illness from the time of attending to his problem to his progress of discharge. There’s an old saying: ‘If it isn’t written, it doesn’t exist.’ This saying points to the need for clear, consistent documentation of events to ensure that a patient’s history is clearly documented, with the treatment plan, the services provided and the clinical changes that have taken place in the course of treatment. Documentation should be made in simple and easy to understand language. Documentation should be for the long-term use. Without documentation, one
As such, proper documentation and record keeping may be neglected. The following section provides three reasons why it is important to document and maintain proper records.

**Continuity of Care**

Records provide a case history, information taken from various sources such as family members and previous records, regarding illness, socio-demographic profile and illness history. This is especially important for patients with psychiatric illnesses who require long-term management or have complex needs, or who require a holistic approach. Accurate and up-to-date recording is important especially when there is an emergency and the staff-in-charge is not available (due to illness, vacation, resignation, etc.). Good records and documentation will facilitate communication between practitioners to ensure coordinated, rather than fragmented service, and to be able to provide relevant patient information at any given time. Information may also be needed to revisit the information regarding course of illness, past history, treatment history, response to medication and any other valuable information. Documentation forms the nature of the professional relationship with the patient.

**Better Patient Care and Better Service Delivery**

Well-documented records can also lead to improved patient care, better long term management; make management plans and addition of notes for precautions. Aggregated patient information can also facilitate service planning, development of standard care protocols. The information collected form primary data to conduct evidence-based research. The information regarding the following becomes mandatory in good documentation.

**Patient Assessment**

Record should clearly show the present history, past history, patient’s concerns/history, medication history, physical examination findings.

**Plan of Care** : Record should show patients’ problems, planned interventions, investigations ordered, consent given, treatment/medication ordered.

**Patient Progress Notes** : Should provide outline of updates on care plans, all referrals/consultations, all results obtained, patients’ response to treatment and if any side effects of drugs.

**Patient Discharge Plan** : Outline of instructions and information given to patient/next of kin, discharge letters and prescriptions and need for follow-up.

This will help in patient assessment as well as assist in planning the treatment plan.

**3.3.1 Documentation Management and Accountability**

Documentation management is defined as the process of accumulating and classifying documents and making them available to others. Documentation
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management is bound to accuracy, motivation and responsibility shown by individuals involved in the process of the document creation and further continuity throughout a whole set of transitional states. Lack of those elements, radically affects the way information flows are perceived, monitored and channeled within an organizational structure.

Evaluation as a part of documentation management is an important aspect of any organization because it allows you to reflect on what has taken place and think about future planning.

Today, the world is so much flooded with documented knowledge that it requires some system to be followed for locating the exact information at a time when it is actually required. This work involves organization of information in such a way as to make it available for a specific purpose in a readily usable form and in the shortest possible time. The nature of such work varies in different types of documentation recorded in the hospitals and is determined by the types and range of Health Care Services.

There is no doubt that record keeping is an integral part of care. If a situation arises where the health professional was responsible for the total delivery of care and the case-load was of such a size that every detail relating to each patient could be remembered in its entirety, then possibly there would be no need to keep the records. In reality the situation is very different. Care should be shared between a number of health professionals and the notes should provide an effective means of communication between them. It helps in accountability. It could be argued that if a health professional failed to record a significant event and thus did not communicate with a colleague, who then proceeded to act in a way, which was detrimental to the patient, this would constitute professional misconduct.

In addition, in mental health field case-loads are of such a size that no health professional could hope to remember all the detail from contact to contact, the records, therefore become an important helping aid for the professional. Amidst the demands and pressures of the busy working day it is all too easy to see the facts from the available good records if available. In planning the day, the health professional should allocate a time both for direct contact and for writing up what has taken place. It is the two together which represent the total commitment to the client. The notes are clearly a tool, which not only enables health professionals to discharge their duty of care, but they also perform another function, which is their evidential role. Long after the professional has finished with them they may be required to respond to a complaint or for use at an enquiry/tribunal or for the purposes of litigation. The difficulty here will be that while the claimant will remember everything in great detail, the health professional will remember little or nothing. It is important that records are kept accurately, correctly filed and archived in accordance with good practice principles. Every organization should have a record management and retention policy. All records should be maintained and stored in a manner where they are easily retrieved. This must be balanced with the need for confidentiality.

To conclude, it can be said that record keeping and documentation forms a sound support system to fall back on and build up when needed.
3.4 PROCESS OF DOCUMENTATION IN MENTAL HEALTH

Mental Health is a part but not apart from Health and it has to fit in general health care system. Documenting what one see, observe, interpret, diagnose, plan, manage and execute forms the basis of providing health care. Documentation thus form a very essential part of mental health services. The patient comes with a valuable set of presentation which holds its importance only when it is properly recorded, so that it can be looked at even at a later stage when confirmation or review of symptoms is required. It is important to note that the documentation is entirely confidential. The patient notes must be kept confidential and maintained with a sense of respect towards the patient.

Documentation helps in recording the illness of the patient and also includes the: socio-demographic data. This data helps us to understand the socio-cultural environment and background of the patient and the kind of rehabilitation facilities, social support and medical care that may be looked at when managing the long-term patient care. Since mental health service provision adopts a holistic approach at managing the patient with his family and socio-cultural milieu as a whole. It is also important to record about other physical diseases in mental illness.

Obtaining a good clinical history, history of past illness, including medical, treatment and psychiatric history, education, occupation and personal history and complete family history forms a key part in maintaining good clinical record of a patient’s illness. Having documented the basic history along with general physical examination, it is of much importance to document the presentation of the patient by conducting a sound mental status examination. It forms an important
anchor in helping to come closer to diagnosing the patient. The documentation, as far as possible, in the history taking must be done in the patient’s verbatim, rather than documenting one’s observations or impressions directly. This is important in making an unbiased interpretation of patient’s clinical status.

After assessing everything, a diagnostic formulation is made which usually comprises of those findings from the history and examination that enabled us to come to a diagnosis. This is helpful in making a management plan.

Thus the complete history, examination detail and the diagnostic formulation is of immense use to the treating team in order to manage the patient, to review the plan of action, to back provisional diagnosis, and establish prognosis of the illness.

The documentation in mental health also plays a role in medico-legal cases. Any change in medication, management, diagnostic dilemma should be clearly mentioned while documenting the patient records as they can form an important tool while dealing with medico-legal issues. It must be kept in mind that the disorders in Psychiatry are best appreciated when the longitudinal course of illness is kept in mind. Hence, one may have to revise the diagnosis or make changes in management accordingly, all of which must be duly recorded. It helps in extending best possible care towards the patient as well as it becomes a robust record that assists in inter-personal communication, in case of more than one mental health professional managing the patient. Quality of record should ensure that continuity of care is always guaranteed.

Following need to be kept in mind while maintaining record in mental health:

a) Records must be completed contemporaneously (note time of event and time of recording.

b) Frequency of recording – must be sufficient to show accurate picture of patient at all times; it is prudent to avoid late entries, predating the entries, not to alter/delete/destroy previous entries.

c) The records should be up to date and unambiguous.

d) Records should be written clearly and legibly using simple, clear, plain English. It is better to give explanation to any technical or medical terms, if the report is for the layperson.

e) The report should be concise yet include all relevant information including Physical Examination record.

f) All case records and reports should be duly signed by those responsible for the care and management of the patient along with date.


g) It should contain record of all investigations, medication provided and any changes in the medication suggested.

h) Any changes in decisions of treatment should also be clearly mentioned and any advice given to the patient additionally should also be noted.

i) Risk assessment and risk management plans must be mentioned clearly in the records. It is noteworthy that good data does provide a respite in medico-legal cases as well as valuable material for research and academic discussions and learning.
j) Regular audits of the record keeping must be done to keep a check and revise the policies of mental health care whenever required.

k) Any published material referred to or consulted in the preparation of the report should be included in the appendices.

l) If psychotherapy is being conducted for the patient, the psychotherapy notes should be kept separate from the main record and should be maintained as such to have a defined role of clinician and therapist, as well as to maintain confidentiality.

Though different mental health facilities use their own proforma for keeping clinical records, usually most of them contain the following:

a) Socio-demographic detail of the patient containing information on age, gender, contact address, socio-economic status etc.

b) Source of information

c) Reliability and adequacy about the information

d) Chief complaints, preferably in chronological order

e) History of present illness

f) History of past illness

g) History of physical and medical illness (past and present)

h) Family history of psychiatric illness and other illness, if any

i) Pre-morbid personality of the patient, that is the nature and traits of the person before the illness developed

j) Inter-personal relationship with family members

k) General and systemic examination

l) Mental Status Examination of the patient: This is a key component while maintaining records of people with mental illness, wherein a detail of the patient’s present state of mind and behaviour is recorded. It includes information on the general appearance and behaviour, speech, mood and affect, thought process, perceptual disturbances, higher cognitive function, judgment and reasoning, insight etc.

m) Diagnostic formulation and provisional or working diagnosis

n) Final diagnosis

o) Management Plan

p) Case summary

Thus to conclude, documentation is very important in mental health. A good report should be easy to read and comprehend, contain all details including rationale for the treatment carried out and most importantly, it should be signed by the person responsible for the management plan with date.
Future Direction

Self Assessment Questions 3

1) List three important aspects to be kept in mind while maintaining records in mental health.
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2) What is Mental Status Examination (MSE)?
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3.5 CHALLENGES IN DOCUMENTATION AND FUTURE DIRECTION: INDIAN PERSPECTIVE

Health in broader concept is a holistic one and has many sub-systems. However, the primary health care constitutes the basis of all the health activities in the country, so as to achieve the goal of Health For All. Any health activity unless it is linked with the concept of Primary Health Care, cannot be viable and may not have optimal contribution towards the total health system. At present, we do not have much data regarding mental health at Primary Care level.

As India is a nation of diverse culture, the presentation of patient with mental illness varies from place to place. Hence it becomes imperative to document and record each finding and maintain a proper record. It is a good practice to document from the basic socio-demographic data, presenting complaints, complete assessment, diagnostic formulation and management plan at the initial outset. As compared with the other medical and surgical fields, that have radiological or interventional investigations to support the diagnosis and line of management, the field of mental health relies heavily on initial patient presentation, corroborated with the past history given by informants, and as well as observing the longitudinal course of illness. Documentation hence forms the backbone for making a diagnosis. It also helps in recording any major changes that have taken place in patient’s care. While this may be an ideal scenario, to maintain a robust record of the patient’s presentation and illness, it is important to note that mental health professionals are faced by multiple challenges in India. Even the process of documentation is a challenging one due to a multitude of issues. While case records may be well maintained in the teaching colleges and institutes, the same may not be the case especially at the level of primary health care.
India has a large population with a high growth rate; poor health indicators (high infant mortality and maternal mortality rates), illiteracy, unemployment, poor socio-economic status and a poor support network are all characteristics of India. Somewhat contradictorily, India is also characterized as one of the world’s largest industrialized nations. It has some excellent academic institutions and more scientists and skilled workers than most other countries. Professionals and skilled workers trained in India work all over the world. However, financial constraints are one major hindrance to the quality of health care provided. India currently has almost four psychiatrists per million populations. All psychiatrists look after all age groups and all kinds of mental health problem in India, though many, especially those working in academic institutions, will devote extra attention and time to particular sub-specialties or conditions. Further, the number of psychiatric nurses, clinical psychologists, psychiatric social workers and occupational therapists are low. Hence the doctor patient ratio is not so good. In the academic institutions, documentation and maintenance of records can be carried out, with proper guidelines in place. In many places, especially in the rural areas, due to the poor doctor patient ratio, patients suffering from primary psychiatric disorders are also handled by non-psychiatrists, where documentation may not be carried out in the precise manner required to elicit and diagnose the psychiatric disorder.

Many private sector or voluntary organization psychiatrists make periodic visits to specific rural areas. Many academic institutions (NIMHANS, Bengaluru; Department of Psychiatry, GMCH; LGB Regional Institute of Mental Health, Assam etc.) also run weekly clinics in rural areas as part of their community outreach programmes. When such services are being extended it becomes imperative to document the nature of presentation of the patient and the quality of care extended, the reasons for change, if any, in the ongoing treatment, important investigations done because it increases the quality of care extended, helps in the exchange of information to the next professional posted on duty to understand the nature of illness. However this type of community oriented care is sparse in the country as a result of which many with mental illness do not get the treatment required. These patients end up visiting local faith healers, do not get the required quality care and by the time they present to a mental health specialist lots of information on the illness progression gets diluted, thus resulting in inadequate documentation.

The quality of care is also linked with the financial support. The financial responsibility for public spending, with the exception of certain centrally sponsored programmes, is primarily at state level. There is now specific financial provision for central mental health plan budget. Private contributions still remain high at all levels of care (primary, secondary and tertiary). Nearly 70% of the Indian population still lives in rural areas, which do not yet have satisfactory primary health care and other service provision. Because of this, and local beliefs in the supernatural causation of illness, rural people still flock to faith-healers and other religious places to seek treatment for their mentally ill relatives. At times family members spend years and do not come to the doctor for management, rather spend money on the faith healers only, hence increasing the duration of untreated mental illness. There are persistent gaps in manpower and infrastructure, especially at the primary health care level. The main obstacles to delivery of specialist care in India include the lack of resources—the number of psychiatrists, psychologists and other trained staff is inadequate for the size of population.
Support infrastructure such as road networks are also poor in rural areas and may further limit access to resources. A lack of political support—mental health is generally low on the priority lists of policy-makers and politicians. Due to all these issues mental health care itself takes a back-seat in the peripheral areas and documentation also suffers along with it. Much of the time in health care in these areas is still devoted to emergency care services like infectious disease, pregnancy and so on. Recording in mental health care, which requires expertise and substantial amount of time is hence neglected or is very poor in quality.

Stigmatization of mental illness often results in an unwillingness to refer or self-refer and it is not unusual for patients to cover up their treatment. The system of referral is currently from a primary health centre physician to a district hospital and then to a tertiary centre or academic institution. Some patients (usually only the very ill) are referred from traditional or religious healers direct to a psychiatric specialist. It is also possible for a patient to approach both private and public specialist care facilities directly (i.e., without professional referral) in India. In cases of referrals, the documented records play a key role. However, many a times it is blurred by inadequate training in the field of psychiatric disorders, which can be confusing at times and lead to a delay in proper management.

Another challenge to documentation is that we are still maintaining records in paper in most of the places providing mental health care. Many set ups are yet to be computerized. Quality of the papers used for documentation is not good, so due to the passage of time many of these are likely to deteriorate and the recordings thus made may not be legible.

In certain cases like the people with chronic mental illness who are alone or those who are wandering mentally ill, getting adequate information on the illness itself may be challenging. In such cases, it may be very difficult to document all the information required.

Due to the diversity in culture and languages, it is not unlikely that people with mental illness may be interpreted differently at different parts of the country and as such case report too may vary when seen by mental health specialists of different system of medicine. This is compounded by the fact that there is still no provision for linkages and co-ordination among the different mental health facilities. There is still no provision for sharing of information between the public and private psychiatrist regarding patient care. In many places details like treatment history, discharge summary etc. are either not provided to the patient or the patient themselves do not ask for it. When these patients migrate to a different place, especially one which is linguistically and culturally different, past treatment details could have helped in better documentation. Thus in instances like these, documentation may not be easy. ‘Standard operating procedures are not provided at certain service providing facilities. Thus many a times the service providers are not aware about the relevance and process of documentation. This again results in either improper record maintaining or even if records are maintained they may not be well organized.

**Health Management Information System**

Development of a suitable action oriented Management Information System for the Health and Family Welfare Sector in the country had been a long felt need. While there are specific information systems for the various Health and Family
Welfare Programme activities and also for the routine health service activities, the systems lack linkages amongst themselves and also have been suffering from various deficiencies which include delay in information flow, non-standardization of information, ill-matching of generated data to information need, overproduction of information, difficult retrieve-ability, gross under-utilization of the available information and poor feedback, if at all. The Management Information System (MIS) varies according to set-up of the system and is always geared to the concept of organizational needs, problem definition, design outline, detailed system design, system integration and finally the implementation maintenance. This is true for Health and Mental Health Sector.

To strike a balance between the information need of a system and the generation of valid and objective data collection, collation, analysis and timely presentation of meaningful information as obtained from the data is a difficult task; also quite difficult is the standardization of the parameters or indicators of the information under varied circumstances especially in a country like India. Notwithstanding the various constraints and the size of the difficult task, Directorate General of Health Services had designed and developed a Health Management Information System (HMIS) during 1986-88, which was field-tested in 1989 following which a team of officers from the Directorate General of Health Services, Department of Family Welfare and the National Informatics Centre (NIC) unit in the Ministry of Health and Family Welfare, shaped the system into a computer compatible one, after making a thorough study of the system, both in its content as well application in the field. The team also took note of other computer based manual information systems being experimented/in operation in the country. In the process, the team has modified the material to some extent without altering the essence and also has drawn upon relevant features from several other information systems. The computer compatible version now has been named HMIS version 2.0 in recognition of the fact that basically it is the successor to the earlier version now named as HMIS version 1.0. The system is under constant review.

The Central Bureau of Health Intelligence (CBHI) is the Health Intelligence Wing of the Directorate General of Health Services. CBHI carries out collection, collation, analysis and dissemination of the information on health conditions in the country. Further, they also organize training programmes for various categories of health statistical personnel and also carry out field studies on the priority health problems.

The Bureau acts as the nodal agency for development and operation of Health Management Information System (HMIS) in the country.

As stated earlier, Health is a State subject and all the States/UTs have full-fledged Health Department with Health Secretariat and Health Directorate. The State equivalent for the CBHI is the State Bureau of Health Intelligence (SBHI).

**Private Sector Voluntary Organisation and Non-Governmental Organisations**

In India, information on the medical and health care is mostly available from public enterprise only, as most of the expenditures on this count are made through governmental activities including local bodies. However, medical care in the country is significantly contributed by the private practitioners and private hospitals including nursing homes for which, presently very little information is available. Various voluntary organisations and Non-Governmental organisations are also actively contributing to the public health care and family welfare activities.
Future Direction

National Health Programmes

In order to combat the major diseases and reduce mortality and morbidity caused by them, various health programmes have been undertaken at the national level. These are planned and carried out with central support. Some of the major national programmes are:

- National Family Welfare Programme including maternal and child health and immunization.
- National Malaria Eradication Programme
- National Tuberculosis Control Programme
- National Leprosy Eradication Programme
- National Programme for Control of Blindness.

There is a need that National Mental Health Programme should also be included under major national programmes for proper documentation purposes.

National Informatics Centre

The Government of India has set up National Informatics Centre (NIC) to promote informatics culture in the Government departments and develop computer-based Management Information System for decision support at various levels. NIC has set up a nation-wide satellite-based computer communication network (NICNET) covering all the districts, State capitals and the Centre in order to facilitate the development of District Information System (DISNIC) at district level and essential data base for the States and the Central Government departments. NICNET is already operational and various departments even at district level are already utilizing its services.

Thus, to summarize, documentation in mental health is very challenging in India. These can be overcome, at least partly, if we take into consideration the following:

a) Manpower development in mental health services with training in documentation.

b) Co-ordination and linkages between the public sector and private-sector as well as the different level of health care, from the primary to the tertiary level.

c) Framing policies and allocation of more budget for mental health services.

d) Reducing stigma due to mental illness.

e) Computerizing the whole system of record maintenance.

f) Clear “standard operating procedures” have to be developed by the service providers at State, District and Primary Health Care level.

Though the lack of adequate manpower as well as the necessity to initiate prompt treatment may pose as challenges for proper documentation, attempt should always be made to meticulously record all the details pertaining to the care of patients. Now with the progress of technology, it is not only easy to record the details of patient care, but it is easier still to store records, thus obliterating the need for papers. Many well organized set up have their computerized data base
from which the records can be accessed any time. The way we are progressing and with the likelihood of more development in science and technology, we can definitely conclude that in the future recording of patients’ care and management plan are likely to be easier, less time consuming and more useful for our Health Services.

### Self Assessment Questions 4

1) What is Health Management Information System?

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2) What is National Informatics Centre?

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### 3.6 LET US SUM UP

Now that you have reached the end of Unit 3 on ‘Documentation’, you have gained the knowledge of the basics of the term documentation and the knowledge of what to document and the different things/ events to document and its importance in mental health set-up. Documentation, as we have learnt in this unit, is not only the collection of important data but also a systematic arrangement of those data to substantiate decision-making and support diversified needs and priorities in the context of an ever-changing scenario. Documentation need not be a costly affair and you can discover ways of making it cost-effective. Evaluation as a part of document provides an opportunity for assessment and identifying problems and tightening loose ends. This unit thus gives a broader perspective on why, how and what to document and the efficient ways to carry out documentation in mental health set-up. An effective and efficient documentation system helps us in achieving good mental health care.

### 3.7 ANSWERS TO SELF ASSESSMENT QUESTIONS

#### Self Assessment Questions 1

1) The Freedom of Information Acts 1997 and 2003, define recod as “any memorandum, book, plan, map, drawing, diagram, pictorial or graphic work or other document, any photograph, film or recording (whether of sound or images or both), any form in which data are held, any other form (including machine-readable form) or thing in which information is held or stored
manually, mechanically or electronically and anything that is a part or a copy, in any form, of the foregoing or is a combination of two or more of the foregoing and a copy, in any form, of a record shall be deemed, for the purposes of this Act, to have been created at the same time as the record.”

2) A “document” is a collection of data, regardless of the medium on which it is recorded, that generally has permanence and can be read by humans or machines.

3) The important functions of documentation of case records in health and mental health sector are as follows:
   - Provides information about the patient
   - Provides information about the disorder
   - Provides information about the treatment carried out and its response
   - Provides information on any adverse effect due to the treatment given
   - Provides important data for research, like prevalence of a disease and nature of its distribution
   - Cost effectiveness
   - Planning health services in the community.

Self Assessment Questions 2
1) Documentation in mental health facilitates the continuity of care provided to the patient. Records provide a case history, information taken from various sources such as family members and previous records, regarding illness, socio-demographic profile and illness history. This is especially important for patients with psychiatric illnesses who require long-term management or have complex needs, or who require a holistic approach. Records and documentation will also facilitate communication between practitioners to ensure coordinated, rather than fragmented service, and to be able to provide relevant patient information at any given time. Information may also be needed to revisit the information regarding course of illness, past history, treatment history, response to medication and any other valuable information.

2) Documentation management is defined as the process of accumulating and classifying documents and making them available to others.

Self Assessment Questions 3
1) The following are the three aspects to be keep in mind while maintaining record in mental health:
   - Records must be completed contemporaneously (note time of event and time of recording (24 hour clock)).
   - Records should be written clearly and legibly using simple, clear, plain English. It is better to give explanation to any technical or medical terms, if the report is for the layperson.
   - It should contain record of all investigations, medication provided and any changes in the medication suggested.
2) Mental Status Examination (MSE) is an important component while maintaining records of people with mental illness. In MSE, a detail of the patient’s present state of mind and behaviour is recorded. It includes information on the general appearance and behaviour, speech, mood and affect, thought process, perceptual disturbances, higher cognitive function, judgment and reasoning, insight etc.

Self Assessment Questions 4

1) Health Management Information System (HMIS) was developed during 1986-88, and was field-tested in 1989. The system was designed in order to maintain a balance between the information need of a system and the generation of valid and objective data collection, collation, analysis and timely presentation of meaningful information as obtained from the data and to maintain the standardization of the parameters or indicators of the information under varied circumstances especially in a country like India.

2) National Informatics Centre (NIC) was set up by the Government of India to promote informatics culture in the Government departments and develop computer-based Management Information System for decision support at various levels. NIC has set up a nation-wide satellite-based computer communication network (NICNET) covering all the districts, State capitals and the Centre in order to facilitate the development of District Information System (DISNIC) at district level and essential data base for the States and the Central Government departments. NICNET is already operational and various departments even at district level are already utilizing its services.

3.8 UNIT END QUESTIONS

1) Long essay type questions:
   a) What is the significance of documentation in health and mental health services? How documentation in mental health is different from other health services?
   b) What are the advantages of maintaining proper records in mental illness in India?

3) Write short notes on:
   a) Philosophy of Health Management Information System
   b) How documentation helps in diagnostic formulation in Psychiatry
   c) Functions of Central Bureau of Health Intelligence.

3.9 REFERENCES


Chavan BS, Gupta N, Arun P, Sidana A, Jadhav S. Community Mental Health in India, 1st Edition, Edited by Chavan et al., 2012, New Delhi, Jaypee Brothers Medical Publishers (P) Ltd


### 3.9 SUGGESTED READING

Sadock BJ & Sadock VA. Synopsis of Psychiatry, Ninth Ed. Lippincott Williams & Wilkins (pub)

UNIT 4 POLICIES AND RESEARCH RELATED TO MENTAL HEALTH AND MENTAL ILLNESS

Structure

4.0 Introduction
4.1 Objectives
4.2 Policies and Planning
   4.2.1 What are Policies?
   4.2.2 What is Planning?
4.3 Status of Mental Health and Development of Mental Health Institutes in India
4.4 India – Basic Demographic Data
4.5 Mental Health in India: Challenges
   4.5.1 Globalization as a Major Challenge
   4.5.2 Infrastructure and Delivery of Mental Health Services in India
   4.5.3 Current Scenario of Mental Health – Public and Private Sector Facilities in Mental Health
4.6 Research and Mental Health
   4.6.1 Goals of Research on Mental Health
   4.6.2 Challenges of Research in Mental Health
4.7 Let Us Sum Up
4.8 Answers to Self Assessment Questions
4.9 Unit End Questions
4.10 References

4.0 INTRODUCTION

The constitution of India envisages the establishment of a new social order and it directs the States to record improvement in the public health as one of its primary duties and aims at securing “HEALTH FOR ALL”. Health is a State subject but Mental Health is in concurrent list in Indian Constitution. Ministry of Health and Family Welfare is the apex executive organization dealing with the issues of Health and Family Welfare in the country as per the guidelines enshrined in the constitution of India and as depicted in the National Health Policy. Thus, policies are developed both by Ministry of Health, Government of India and the State Governments. Research has an important role in framing sound and effective policies; and for good research, proper documentation is necessary. As mentioned in Unit 3, good documentation in health are necessary ingredients for planning, developing policies and programmes. Research helps in improvement in the treatment and care of the mental illness; and contributes to providing better facilities and promoting mental health.

This unit will provide you an overview of policies, planning, programmes and research on mental illness and mental health in India.
4.1 OBJECTIVES

After studying this Unit, you will be able to:

• Discuss the basic concept of policy and planning;
• Explain the status of mental health and development of mental hospitals in India;
• Explain the challenges faced in the field of mental health;
• Discuss globalization as a major challenge;
• Discuss infrastructure and Delivery of Mental Health Services in India;
• Explain current scenario of mental health – public and private sector facilities in mental health; and
• Describe the goals and challenges in research in mental health.

4.2 POLICIES AND PLANNING

4.2.1 What are Policies?

Policies can be explained as general statements regarding understanding, which help in making decisions and they are based on aspirations, values, commitments, evaluation of current situation, and provide an idea about desired future action. We may also say policy formulation refers to shaping of a political demand into a set of values for social action. The process for policy formulation implies the adaptation of a social demand by political and power groups. The final outcome of such process is a policy statement. The policy formalization is that part of the policy process which present a policy statement with all necessary social and political arguments and justification for a decision. It further entails tasks of dissemination, negotiation and approval. Health Policy formulation is thus a part of a broader managerial process for national health development. This process includes defining objectives, formulation of plans and programmes.

Objectives of National Health Policy

The objectives of National Health Policy are:

• For improvement of the general level of health.
• By exploring and strengthening the basic health services and to bring them within the reach of people.
• To meet the above objectives, the trained health personnel, basic infrastructures and facilities are needed.

4.2.2 What is Planning?

Planning can be described as involving decisions that are required to be made in future rather than now. It deals with decisions regarding objectives, activities, resource, implementation and evaluation. The four phases of Planning are:

1) Problem analysis and need assessment.
2) Goal or objective setting.
3) Analysis of alternatives.
4) Programming and implementation.
5) Evaluation and feedback.

**Health and Mental Health Planning**

Health and mental health planning depends on needs of the community and available resources which should be evidence based. For this it is necessary to identify unmet needs, assess available resources and establish priority goals when resources are limited. Planning also includes developing programmes, monitoring and evaluation.

Planning is the process which also includes assessing the future (forecasting) needs, anticipating what could be done, assigning the relative costs and consequences of each of the alternative courses of action and making an appropriate choice, and taking an action (implementing decisions) to improve the present.

Hence health planning process incorporates a proper perception of reality, a prerequisite for any national policy and planning process. Thus planning process encompasses awareness and magnitude of the problem, information about existing health facilities, available resources and includes policy issues, social and political influences and administrative restraints and economic constraints.

We must remember that mental health planning is a systematic process of defining a problem which includes assessing needs, formulating goals which are realistic, feasible and implementable. Developing strategies and programmes are part of planning and include monitoring and evaluation. Planning in the context of mental health needs to be carried out keeping in mind the social, economic, cultural, demographic and economic factors.

There are some basic principles of health care plan which are related to the needs of the population in which a consumer should participate, individually and collectively and where there is fullest use of available resources. We must always remember mental health care is not an isolated approach but the part of a comprehensive health system which includes Secondary and Tertiary health care. Besides the basic principles there are other principles of health care which include social equity, national wide coverage, self reliance, inter-sectoral coordination, people’s involvement in planning and implementation of health programmes, keeping in mind available mental health knowledge and skills, which are accessible, affordable, and appropriate.

**National Mental Health Programme**

Keeping the above concept of policies and planning as the basis, the Planning Commission, Ministry of Health and Family Welfare and Central Council of Health have made some recommendations which recommended that mental health must form an integral part of the total health programme. It should be included in all national policies and programme in health, education and social welfare.

In 1982, an expert group under the auspices of Ministry of Health and Directorate General of Health Services, Government of India had developed a National Mental Health Programme (NMHP) with the following objectives:

a) To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and under-privileged section of population.
Future Direction

b) To encourage application of mental health knowledge in general health care and in social development.

c) To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

As a part of the above objective it was also recommended that aims for planning mental health services in India should include:

i) Prevention and treatment of mental and neurological disorders and their associated disabilities.

ii) Use of mental health technology and knowledge to improve general health services.

iii) Application of mental health principles in total national development to improve quality of life.

To achieve the above aims it was further recommended to follow specific approaches for implementation of National Mental Health Programme (NMHP) in India. Diffusion of mental health skills to the periphery of health service system was suggested. Further, it was suggested to develop appropriate appointment of tasks in mental health care, equitable and balanced territorial distribution of resources, integration of basic mental health care into general health services. It also included linkage of community development, mental health care, mental health training for all mental health care providers. The members of health team under NMHP include Psychiatrist, Psychologist, Psychiatric Social Worker and Psychiatric Nurses.

Mental health care in National Mental Health Programme (NMHP), includes three programmes viz. treatment, rehabilitation and prevention

1) Treatment: Specific forms of modern treatment and diagnostic facilities are to be implemented by personnel at following levels of health care systems:

a) Primary health care sub-center and Primary Health Centre level – which at present is absent.

b) District hospitals – District Psychiatric Clinics – there are more than 75% of the districts where psychiatric facilities are available.

c) Mental hospitals and teaching psychiatric units.

2) Rehabilitation Programme which is under the Ministry of Social Justice has opened many centres for Addiction and for old people. They are mostly under Non-Government organization.

3) Prevention Programme – there is not much emphasis but greater attention needs to be given.

Further activities and programmes also need to be carried out with regard to promotion of mental health. At present there are no specific activities in this area because the current level of knowledge about mental health promotion is sparse and limited. They need to be started at all levels.

Currently under the plan there is a greater emphasis on development of District Mental Health Plan in all the districts of India and also in improving quality of Mental Health care in all Government Mental Hospitals in India.
Thus in the process of national mental health planning the basic concepts include a process which is a set of activities or inputs to transform them into outputs. As we know planning includes making current decisions in the light of their future effects for the better. You must always remember that mental health includes not only treatment of mentally ill persons, but whole range of health activities. Mental health concepts are guided by varied theoretical frameworks and conceptualizations.

Self Assessment Questions 1

1) What are policies?

2) What is planning?

4.3 STATUS OF MENTAL HEALTH AND DEVELOPMENT OF MENTAL HEALTH INSTITUTES IN INDIA

In the earlier society, mental illness was viewed negatively and people with mental illness were isolated from the society and put in custodial institutions and mental hospitals. They were put under lock and chain and handed out barbaric treatments. The early institutions for the mentally ill in the Indian sub-continent were greatly influenced by the ideas and concepts as prevalent in England and Europe during those days. Primarily the mental asylums/mental hospitals were built to protect the community, and not to treat the insane. These asylums were constructed away from cities with high enclosures in either dilapidated buildings like barracks left by the military men or ‘sepoys’ of those days.

Understanding political developments in India is relevant to comprehend the development of mental hospitals during a given period of time. Late eighteenth century was the most unstable period in Indian history. With the decline and fall of powerful Moghul powers in Delhi, there was a consequent rise of Marathas in most of the Central and South India, and of Sikhs in the North. At the same time, there were fights for supremacy between French and English in South India. These events gave rise to political instability and also contributed to a psychological and social turmoil in the Indian sub-continent. It is notable that the development of lunatic asylums in Calcutta, Madras and Bombay was almost
parallel to these events. Initially these cities developed largely as British enterprises and the need to establish hospitals there became more acute mainly for the Englishmen and the Indian sepoys employed by the British East India Company. It is interesting to note the relationship between political developments and establishment of mental hospitals.

The Pitts India Bill was introduced during Hasting’s regime in 1784 which stated that the activities of the Government of East India Company came under the direction of a “Board of Control”. Further, during Lord Cornwallis’ rule from 1786 to 1793, systematic reforms and welfare measures were undertaken. It was during his rule that reference to the first mental hospital at Calcutta was recorded in the proceedings of the Calcutta Medical Board of April 3, 1787. It suggests that the need for a hospital was felt much earlier.

During the same period (in 1794) the first mental hospital was opened in South India at Kilpauk, Madras, near the site of the present hospital. Madras was another seat of the British power. Though the earliest mental hospital in India was started in Bombay in 1745, it is said that the beginning was made to construct a small lunatic asylum there. Bombay was given as dowry in 1662 when Charles of England married Catherine Braganza of Portugal. It may be added that the Britishers first tried to concentrate in Madras, Calcutta and Bombay. Also during this time morphia and opium were used to treat excited patients. They were also given hot baths and sometimes leeches were applied to suck their blood. It was then believed that blisters were useful for chronic patients and also helpful in controlling their periodic excitement.

The year 1858 is also significant as the first Lunacy Act, known as Act No. 36 was enacted during that year. It not only gave guidelines for the establishment of mental asylum, but also set the procedure of admitting mental patients. This Act was later modified by a committee appointed in Bengal in 1888 which gave elaborate instructions and guidelines for admission and treatment of criminal lunatics.

The next phase of development of mental hospitals in India started in the early part of the 20th century. This was the result of adverse publicity about the conditions of these hospitals both in India and abroad and the felt need for a more humanistic concern of the Government. This period is also significant as in the early part of the century, in 1906, when a central supervision of these hospitals was contemplated. The third significant addition was the intent of Government to have a central supervision of all lunatic asylums which was contemplated in 1906 and was brought out in the form of Indian Lunacy Act, 1912. The other associated change noticed was the growing concern of the public about the conditions of mental hospitals which resulted in not only improvement of existing hospital conditions at that time but also in the opening of many more new hospitals.

The next phase of development saw some more significant changes. It was the sustained effort of Berkeley Hill from Ranchi that not only raised the standard of treatment and care in the mental hospital at Ranchi, but it was due to his persuasion with the Government that the names of all mental asylums in India were changed to mental hospitals in 1920. Among other significant changes during this period were the recognition of occupational therapy and other rehabilitative measures. The need of associating social scientists in the diagnosis and management of psychiatric patients was gradually realized. The first efforts to train psychiatrists
and psychiatric nursing personnel were made during this period. As a part of the social awareness, initial attempts to establish direct links with the patient’s family were made in the form of Family Units. During the same period, an Association of the Medical Superintendents of Mental Hospitals was first established. The Ranchi European Hospital was one of the first to go with these trends, and thus became a symbol of excellence of those days. Later in 1940s, the emphasis was more to improve the conditions of existing mental health care and treatment programme. In 1946, Col. M. Taylor, Superintendent of the European Mental Hospital at Ranchi, as a member of Health Survey and Development Committee, popularly known as “Bhore Committee” was asked to survey mental hospitals. According to his report, there were at least 19 mental hospitals with bed strength of 10,181. He summed up his observations in the following words:

‘The majority of the mental hospitals in India are quite out of date, and are designed for detention and safe custody without regard for curative treatment .... savour of the Workhouse and the Prison, and should be rebuilt. The remainder should be improved and modernized. Bombay and Calcutta urgently require modern mental hospitals to meet both the needs of the community and the Medical Colleges, and these should form part of any schemes for reconstruction or expansion’.

It was also observed that:

“There is a gross inadequacy in the medical personnel in all mental hospitals both numerically and in specialized qualifications. Most of the Medical Officers employed as Superintendents and Deputy Superintendents possess neither the status nor the experience which would justify the description of Consultant or Specialist in the ordinary usage of that word. A Mental Health Service is necessary with improvement in the status, pay, and conditions of service of the Medical staff, with increased opportunities for purely professional work’.

Similarly, it was pointed out that’ ‘the numerical and professional adequacy of the Nursing staff and Attendants requires urgent attention”.

Besides making other recommendations, it was observed that the Indian Lunacy Act, 1912 had outlived its usefulness. After the independence of India in 1947, the emphasis of the Government of India has been more on the creation of psychiatric departments in general hospitals, rather than establishing new mental hospitals. Very few mental hospitals have been added during the last few decades. And most of these institutions have been in the private sector. Greater emphasis has been on improving the existing hospitals. A significant point to note is that no mental hospital has been closed in spite of lack of financial support. Another important development is that though the number of mental hospitals has increased from 31 in 1947 to 45 in 1987, the number of patients treated in these institutions have increased manifold. It is suggestive of the fact that their demand has not decreased, and further that the mental hospitals in India are going to stay. This reality poses a challenge both to health planners and professionals in the field. This requires careful and effective mental health planning.

Advances in the knowledge and understanding of mental illness have resulted in a gradual change with regard to the concept and attitude of mental health care. Further, with the coming up of human rights movement, a more humane treatment towards people with mental illness has emerged. Focus is more on community care and empowerment of people with mental illness.
There has been a shift in mental health services from an emphasis on treatment focused on reducing symptoms to a more holistic approach which takes into consideration both well being and functioning. Mental health services are now being planned and commissioned based on psychological formulations addressing a person’s wider well being, need, and functional outcome alongside, or sometimes in place of, diagnostic categories and clinical ideas of cure and outcome (Connell, J et al 2012). All these are reflected in the changes at the policy and planning level.

Self Assessment Questions 2
1) Highlight the milestones in development of mental health institutes in India.

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4.4 INDIA – BASIC DEMOGRAPHIC DATA

As per the 2011 census India has a population of over 1.21 Billion which includes population under age 14 yr, 31.7% and population above age 65, 4.8%. The life expectancy is above 65 years and where Urban population is approximately 30% and which is growing rapidly.

Keeping the above demographics in view and considering the growing urban population and also the ballooning of aged population, we have to plan for both young and aged and also keeping the gender issue in mind.

To meet the growing needs of the population, we have to plan development of health man power including mental health man power.

Health Man Power in India in 2012

<table>
<thead>
<tr>
<th>Type of registered doctors</th>
<th>Numbers (Approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modern Medicine</td>
<td>780,000 (335)</td>
</tr>
<tr>
<td>Total MBBS Seats available</td>
<td>40,335</td>
</tr>
<tr>
<td>Ayurveda</td>
<td>478,696 (254)</td>
</tr>
<tr>
<td>Unani</td>
<td>51,668 (39)</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>246,789 (185)</td>
</tr>
<tr>
<td>Siddha</td>
<td>7,195 (7)</td>
</tr>
<tr>
<td>Doctors in Urban area</td>
<td>70%</td>
</tr>
<tr>
<td>Doctors in Rural area</td>
<td>30%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>4,500 Pvt. Sector = 70% Public Sector=30%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>1500 to 2000 (Approx.)</td>
</tr>
<tr>
<td>Psychiatric Social Workers</td>
<td>1500 to 2500 (Approx.)</td>
</tr>
<tr>
<td>Psychiatric Nurses</td>
<td>1200 to 1500 (Approx.)</td>
</tr>
</tbody>
</table>

Note: Number in bracket indicates the number of colleges in each system of medicine as in 2012. The numbers are approx.
Infrastructure - Total Beds in Health Sector In 2010

<table>
<thead>
<tr>
<th>Number of Hospital</th>
<th>15097 Govt. - 32%, Private - 68%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds</td>
<td>623,814</td>
</tr>
<tr>
<td>Government sector</td>
<td>63%</td>
</tr>
<tr>
<td>Private sector</td>
<td>37%</td>
</tr>
<tr>
<td>In 1947 Medical Doctors</td>
<td>92% Government, 8% by Private sector</td>
</tr>
<tr>
<td>2010 Out-patient</td>
<td>20% Government, 80% Private sector</td>
</tr>
<tr>
<td>In-patient Beds</td>
<td>40% Government, 60% Private sector</td>
</tr>
</tbody>
</table>

Mental Health Beds in India

| Total Beds in Mental Hospitals   | 18,000 - 19000                    |
| Gen. Hospital & Medical Colleges | 12,000 – 15,000                   |
| Private sector                   | 5,000 – 8,000                     |

4.5 MENTAL HEALTH IN INDIA: CHALLENGES

Prevalence of Mental Disorder is growing. It is estimated that 6 to 7% of population suffers from mental disorders and these disorders account for 12% of global burden of mental disorders which is high. Disease Adjusted Life Year (DALY) due to Mental Disorder is estimated to be 15% by 2020.

The available prevalence of mental disorders does not include data on increasing stress disorder, increasing Drug & Alcohol Problem and mentally challenged in the population.

Increasing Prevalence of Mental Disorders is also due to Change in Physical and Social environment related stresses including work environment and changing structure of family as an Institution. Significantly migration from rural to urban area is also increasing rapidly.

Various factors contribute to the challenges in the field of mental health in India:

1) Growing population
2) Increasing Prevalence of Mental disorders
3) Poor infrastructure
4) Inadequate Man Power
5) Urbanization and Migration
6) Linguistic and cultural diversity
7) Poor Economic Resources
8) Increasing impact of Globalization on Health & Mental Health Services
9) Lack of prevention and Promotion Programmes in Mental Health in India.
Further, as pointed out by Srinivasamurthy (2011), the challenges for mental health care in India are as follows:

- Large unmet need for mental health care in the community.
- Lack of awareness and understanding about psychological distress and required medical intervention amongst general public.
- The general public need to accept the modern medical care and facilities available for mental disorders.
- Limited mental health services (professionals and facilities) are available in the public health services.
- The available services are not adequately utilized by the ill population and their families.
- Various Problems and issues exist with regard to the recovery and reintegration of persons with mental illness.
- Institutionalized mechanisms for organization of mental health care are lacking.

### 4.5.1 Globalization as a Major Challenge

Globalization is a system, which is dictated by the ideology of “Market Forces Economics”, where the invisible hand of the market mechanism is allowed to operate unimpeded in all walks of life including Mental Health. Globalization is also a growing inter-connectedness and interdependence of the human community in communication technology and Economic Resources.

**Economic Globalization includes:**

i) Deregulation of trade, corporate tax concessions and investment incentives, combined with so-called ‘reform’ of labour conditions.

ii) Privatization of a wide range of services in health care, education, welfare and transport.

iii) Increase in labour mobility, outsourcing and migration.

iv) Accelerating demands on the world’s natural resource, associated with environmental damage and, in particular, with increased greenhouse gas emissions.

As a result, over the past six decades; Governmental Organizations have multiplied over seven-fold. There are various other prominent.

National policy and national health policy have also been modified and oriented towards privatization, where land liberalization, subsidization governmental regulation and protection of national enterprises public sector undertakings including public Health Sector are frowned upon.

**Globalization and Mental Health in Developing Country like India:**

Globalization is one of the major challenges for both Health Providers and Consumers with high cost of technology and Rising expectation. There is direct relationship of health with wealth. Developing countries including India are getting dissatisfied with the changing health care systems and rising cost of health and mental health care.

**Economic Crises and Mental Health:** We know that economic crises are accompanied by reduced income, unemployment and uncertainty by cuts in the
funding of social services including those of the mental health sector. There also has been a decline in economic activities due to economic crisis. There are problems related to increasing unemployment, poverty and malnutrition and also depressed housing markets. Under these circumstances low-income people and especially people living near the poverty line are under great psychosocial stress. People's health can be influenced by socioeconomic degradation due to loss of jobs and limitations in income and social inequality in health can become more pronounced.

Unemployment, impoverishment and family disruptions are likely to produce or precipitate a variety of mental health problems. Depression, suicide and alcoholism are among them. Unemployment is very strongly associated with suicide. It is estimated that every 1% increase in unemployment is associated with a 0.79% rise in suicides at ages younger than 65 years. Similarly debt seems to be a crucial factor for the development of mental health problems. It seems that debt is a situation with heavy psychological loading, as for some sensitive people and people predisposed to depressive reactions, it may precipitate or increase pre-existing guilt feelings. It has been reported that debt in farmers in India has increased the incidence of suicide. The more debt people have the more likely they are to suffer from mental disorders. Even in developed countries, there is dissatisfaction with current health care system and governments are facing challenges of providing health care to all sections of society.

National Policy is the portal through which global and local policies formally interact. National policies remain responsible for the health of their people. We must remember that today, globalization has undermined each nation’s authority.

4.5.2 Infrastructure and Delivery of Mental Health Services in India

After achieving independence, India on the basis of recommendation of various committees, has developed an infrastructure for delivery of Health Care Services which can be divided into three levels viz.; 1. Primary Care level, 2. Secondary Care level and 3. Tertiary Care level.

For an effective planning, we must take into consideration the available infrastructure. Available Infrastructure for Health Services in India is at three levels:

1) Primary Level
   - Sub-centers (1 per 3000 - 5000 population) There are 180,000 (Approx.)
   - PHCs (1 per 20,000 - 30,00 population) There are 28,000 (Approx.)

2) Secondary Level
   - Community Health Centres-1 per Community Development Block-630
   - District Hospitals-1 per district-650

3) Tertiary Level Facilities
   - Mental Hospitals-46
   - Psychiatric Units in General Hospital-500-600
   - Medical colleges/hospitals-335
   - Bed population ratio - 1/1000 population
   - Psychiatric Bed Population ratio - 0.033/1000 population.
Future Direction

There are important indicators to determine and improve quality care in mental health.

Quality Matrix for Primary Level Mental Health Care in India

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Physical Infrastructure</td>
<td></td>
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</tr>
<tr>
<td>One sub-centre/3–5000 population</td>
<td>– Establish criteria</td>
<td>– Availability and accessibility of services</td>
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<tr>
<td>One PHC/20–30,000 population</td>
<td>– Identify indicators</td>
<td>– Early diagnosis</td>
</tr>
<tr>
<td></td>
<td>– Collect and analyze data</td>
<td>– Improved patient satisfaction</td>
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<tr>
<td></td>
<td>– Take action to resolve identified problems</td>
<td>– Improved follow-up and compliance</td>
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<td></td>
<td>– Team approach development</td>
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</tr>
<tr>
<td></td>
<td>– Training of existing manpower in mental health</td>
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<tr>
<td></td>
<td>– Develop referral system</td>
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</table>

Quality Matrix for Primary Level Mental Health care includes:

- **Manpower** - One male and one female health worker at Sub-centre and 2-3 Medical officers at PHC

- **Out Patient services** depending on the size of the Primary Health Care services. At present there are no Psychiatric Service available in the P.H.C. Centres, except few teaching institutes.

To understand the Mental Health Delivery in India it will be useful to give an outline how it is organized.

Organizations

<table>
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<tr>
<th>Level of care</th>
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<tr>
<td>Primary Level</td>
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- **Sub-Centres & Primary Health Care Centres**
  - **District Hospital** - Secondary Level
    - **Psychiatric Units of Medical Colleges and Mental Hospitals** - Tertiary Level
      - **Special Institutes like Central Institute of Psychiatry - Ranchi; NIMHANS, Bangalore; All India Institute of Medical Sciences, New Delhi, PGI Chandigarh, IHBAS, Delhi**

Role

- **Provide Mental Health Care to patients**
- **Expertise to States to formulate State Mental Health Programmes**
- **Development of Mental Health Education**
- **Training of Mental Health Professionals**
- **Man Power Availability of Resources**
4.5.3 Current Scenario of Mental Health – Public and Private Sector Facilities in Mental Health

In the recent past, due to greater public awareness and growth of Media and Internet, there is increasing concern by the public and judiciary regarding conditions in Mental Hospitals. This has resulted in improvement in the quality of mental health care in most of the hospitals. Similarly there is beginning of liaison between Mental and General Hospitals at some centres and many hospitals are involved in teaching training programmes. There are many Hospitals, which have only out patient care but in all the teaching hospitals there are facilities for both out patient and in patient services. There are some hospitals, where Specialty Clinics like Child and Geriatric Services and addiction treatment facilities are also available.

With increasing role of Private Sector and growth of many N.G.O. there is increased availability of funds in the Private Sector, when compared to Public Sector. There is also recognition of the Importance of mental health care concept by Private Health Institutions. In the recent past increasing number of private psychiatry nursing homes are being setup and are expanding rapidly.

Modern Treatment practices include

1) Use of Modern Psycho-pharmacology which include drugs for treatment of depression, anxiety, psychotics and bipolar disorders.
2) Use of Modified Electro-convulsive Therapy (ECT).
3) Psychotherapy and Counseling Services.
4) There is wide scope to address specific problems related to stress, disaster and violence which are increasing.

Thus, Mental health care is a part but not apart from total health care programme and its aim to provide Quality Mental Health Care. There is a need for developing national standards for mental health services.

For developing National Standards for Mental Health Services, we have to follow the internationally accepted practices and procedures. For effective and comprehensive delivery of mental health care, there is also a need for synergy in delivery of mental health services because the present system is not satisfactory as the emphasis is on symptom control.

Lack of trained professionals in the mental health care, shortage of staff, manpower and money also pose challenges in providing mental health service to the people. Social equity and access to mental health care and services to everyone including all the diverse communities are to be addressed in our pluralistic society. Availability and accessibility to mental health care and services in the community is a major concern that needs to be taken care of.

Given the diverse beliefs and cultural value system in India, there also exists difference in the attitudes and approach towards the care and treatment of mental illness among people. There are superstitions, blind beliefs regarding mental illness which may hamper appropriate care for the mentally ill. People take recourse to different methods ranging from seeing doctors including those in the
field of allopathy, homeopathy, naturopathy, ayurveda, unani etc. to approaching alternative methods such as reiki, going to faith healers, religious ‘gurus’ etc.

We must recognize that the burden of mental disorders is great and mental and physical health problems are interwoven. There is also a huge gap with regard to treatment of mental disorders. It is important that treatment for mental disorder be affordable and cost effective. Overall mental health and wellbeing of people needs to be promoted.

There is also need for inter-sectoral approach in mental health care. Psychiatric services are an integral part of health services. Similarly Mental Health should be interlinked with Education, Social welfare, Housing, Urban development and Rural reconstruction. For effective Delivery of Mental Health Services there should be equal emphasis on recovery approach as about understanding the illness and learning to manage it. Promoting hope and to improve well being by recognizing individual’s strength and resilience. Similarly respecting the autonomy of each person and human rights issues should be emphasized.

<table>
<thead>
<tr>
<th>Self Assessment Questions 3</th>
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<tbody>
<tr>
<td>1) What are the various factors contribute to the challenges in the field of mental health in India?</td>
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| 2) What does economic globalization entail? |
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4.6 RESEARCH AND MENTAL HEALTH

Research is indispensible not only for Research Institution but should be an integral part of every Health care system including Mental Health. However, research in mental health in India has a long path to go. Eminent persons like Sir Joseph Bhore of th famous Bhore Committee (1946) and Dr. Mudaliar (1959) had commented on the lack of data on mental illness in India. It was due to the initiative and effort of the Indian Council of Medical Research (ICMR) that some major steps into mental health research was undertaken since 1960. The first major mental health survey was undertaken in Agra, U.P. in 1961 with a sample of 29,468 by the ICMR. This was followed by several other epidemiological studies on psychiatric disorders in north, south, east and west parts of the country (www.icmr.nic.in).
The Indian Council of Medical Research, is the Research Department under Ministry of Health, Government of India. It has supported innovative and need-based research in the field of mental health in India during the last fifty years. Some of the important landmarks are:

i) The first large scale epidemiological study in Agra in the 1960s;
ii) The study of childhood disorders in 1960s;
iii) The DST-ICMR severe mental morbidity study focusing on integration of mental health in primary health care in 1970s;
iv) The strategies for mental health research initiative of the 1980s in which new knowledge regarding acute psychosis, course and outcome of schizophrenia, psychiatric problems in old age, community level, prevalence of drug abuse, human resource development for community mental health etc. were focused;
v) The setting up of the Centre for Advanced Research in Community Mental Health during 1980s to support the National Mental Health Programme (NMHP) of the country;
vi) The study of child psychiatric problems in the community in the 1990s;
vii) Initiatives on suicidal behaviour and prevention of suicide;
viii) Long term course and outcome of schizophrenia;
ix) Study of incidence of schizophrenia and
x) Mental health effect of disasters (in Bhopal and Marathwada) and more recently in;
xii) Gujarat Earth Quake and Tsunami;
xi) Urbanization and Mental Health;
xi) Quality of Mental Health;
xiv) Women and Mental Health;
xv) Alcohol and Drug Research;
xvi) Homelessness and Mental Health.

The list given above highlights some of the important areas of research in mental health. Indian Council of Medical Research (ICMR) is playing a pivotal role in achieving the vision for the country.

In addition to ICMR, several other premier institutes like NIMHANS, Bengaluru; Central Institute of psychiatry, Ranchi; AIIMS, Delhi; PGIMER, Chandigarh have also been carrying out research in the field of mental illness and mental health in India.

4.6.1 Goals of Research on Mental Health

The goal of research in Mental Health should be to promote scientific advances that will increase the knowledge base necessary for understanding mental disorders. The goals can be described as follows:

- Increase scientific understanding of mental disorders
- Reduce the risk for mental disorders
Future Direction

- explain the interaction of potentially modifiable biological and psychosocial risk and protective factors in the society
- enhancement in the effectiveness of intervention
- maximization of the utility of existing resources to prevent mental illness and promote mental health
- help in preventive and promoting programmes in mental health.

4.6.2 Challenges of Research in Mental Health

Good and proper research in the field of mental health and mental illness plays an important role in the understanding of mental illness and providing effective care and treatment to the persons with mental illness. Further, research contributes to the preventive measures with regard to mental illness. It also provides a sound base to formulate plans, programmes and policies for mental health care, service and delivery.

The challenges to carrying out research in mental health can be described as follows (Isabel, 2010):

1) The research must be carried out efficiently.
2) It should provide information about development and implementation of effective clinical practices.
3) It should be possible to efficiently translate into clinical practice and health policy.

Research in mental health is really challenging keeping in mind the nature of research in this field. Since research in mental health deals with human participants, there is the issue of vulnerability of the research participants. Ethics in research in mental health is a key concern. The relationship between brain and mental illness has been studied extensively. Research in this area tries to uncover and understand the complex interplay of biological, social, cultural, and emotional and environmental factors in the causation, treatment and prevention of mental illness and promotion of mental health.

Notwithstanding, whatever little advances we have made about understanding mental illness, we still have a long way to go with regard to research in mental health and mental illness.

Self Assessment Questions 4

1) What are the goals of mental health research?

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4.7 LET US SUM UP

In the present unit, we mainly focused on the policies and research related to mental health and mental illness. We discussed the basic concept of policy and planning. The status of mental health and development of mental hospitals in India was also focused. Further we discussed the globalization as a major challenge and infrastructure and delivery of mental health services in India. The current scenario of mental health in Public and Private Sector facilities in Mental Health was also explained. Further the goals and challenges in carrying out mental health research were also discussed.

4.8 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) Policies can be explained as general statements regarding understanding, which help in making decisions and they are based on aspirations, values, commitments, evaluation of current situation, and provide an idea about desired future action.

2) Planning can be described as involving decisions that are required to be made in future rather than now. It deals with decisions regarding objectives, activities, resource, implementation and evaluation.

Self Assessment Questions 2

The milestones in development of mental health institutes in India are as follow:

Earlier mental illness was viewed negatively and people with mental illness were isolated from the society and put in custodial institutions and mental hospitals. The earliest mental hospital in India was started in Bombay in 1745, it is said that the beginning was made to construct a small lunatic asylum there.

During Lord Cornwallis rule from 1786 to 1793, systematic reforms and welfare measures were undertaken and the first mental hospital at Calcutta was recorded in the proceedings of the Calcutta Medical Board of April 3, 1787.

In 1794, the first mental hospital was opened in South India at Kilpauk, Madras, near the site of the present hospital.

The year 1858 is also significant as the first Lunacy Act, known as Act No. 36 was enacted during that year. It not only gave guidelines for the establishment of mental asylum, but also set the procedure of admitting mental patients. This Act was later modified by a committee appointed in Bengal in 1888 which gave elaborate instructions and guidelines for admission and treatment of criminal lunatics.

In 1906, a central supervision of these mental hospitals in India was contemplated 1912, the Indian Lunacy Act was established.

Further the efforts of Berkeley Hill from Ranchi that not only raised the standard of treatment and care in the mental hospital at Ranchi.
Future Direction

In 1920, the names of all mental asylums in India were changed to mental hospitals. The significance of occupational therapy and other rehabilitative measures was recognized. The first efforts to train psychiatrists and psychiatric nursing personnel were made during this period. Family units were also created.

1920 also saw the establishment of Association of the Medical Superintendents of Mental Hospitals was first established.

In 1946, Col. M. Taylor, Superintendent of the European Mental Hospital at Ranchi, as a member of Health Survey and Development Committee, popularly known as “Bhore Committee” was asked to survey mental hospitals.

After the independence of India in 1947, the emphasis of the Government of India has been more on the creation of psychiatric departments in general hospitals, rather than establishing new mental hospitals.

Now, there has been a shift in mental health services from an emphasis on treatment focused on reducing symptoms to a more holistic approach which takes into consideration both well being and functioning. Various changes in policies and planning have also been made in this direction.

Self Assessment Questions 3

1) The various factors contribute to the challenges in the field of mental health in India are:
   - Growing population
   - Increasing Prevalence of Mental disorders
   - Poor infrastructure
   - Inadequate Man Power
   - Urbanization and Migration
   - Linguistic and cultural diversity
   - Poor Economic Resources
   - Increasing impact of Globalization on Health & Mental Health Services
   - Lack of prevention and Promotion Programmes in Mental Health in India.

2) The Economic Globalization includes:
   - Deregulation of trade, corporate tax concessions and investment incentives, combined with so-called ‘reform’ of labour conditions.
   - Privatization of a wide range of services in health care, education, welfare and transport.
   - Increase in labour mobility, outsourcing and migration.
   - Accelerating demands on the world’s natural resource, associated with environmental damage and, in particular, with increased greenhouse gas emissions.

Self Assessment Questions 4

1) The goals of mental health research can be described as follows:
   - Increase scientific understanding of mental disorders
• Reduce the risk for mental disorders
• explain the interaction of potentially modifiable biological and psychosocial risk and protective factors in the society
• enhancement in the effectiveness of intervention
• maximization of the utility of existing resources to prevent mental illness and promote mental health and
• help in preventive and promoting programmes in mental health.

4.9 UNIT END QUESTIONS

1) Essay type questions
   a) What is the present scenario of Health and Mental Health Policies in India?
   b) What are the challenges for Mental Health Care in India?
2) Write short notes on:
   a) Priorities of Mental Health Research.
   b) Structure of mental Health Care in India.
   c) National Mental Health Care Programme.

4.10 REFERENCES

5) Health Ministry Website http://mohfw.nic.in/
6) Indian Council of Medical Research Website http://www.icmr.nic.in
11) Sharma SD and Chadda RK. Mental Hospitals in India – Current Status and Role in Mental Health Care, IHBAS, New Delhi, 1996.


17) Medical Council of India Website http://www.mciindia.org/