
UNIT 5 NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

Structure

- 5.0 Objectives
- 5.1 Introduction
- 5.2 Analysis of the Present Situation
 - 5.2.1 Existing Mental Health Service and Manpower
- 5.3 Strategies for Action
- 5.4 Objectives of the NMHP
- 5.5 Programme Objectives and Approaches
 - 5.5.1 Mental Health Training
 - 5.5.2 Mental Retardation and Drug Dependence
- 5.6 Organizing Services
- 5.7 Let Us Sum Up
- 5.8 Answers to Check Your Progress
- 5.9 Further Readings

5.0 OBJECTIVES

After studying this unit, you should be able to:

- describe the present situation, need's services and facilities in mental health care;
- learn the strategies envisaged by the NMHP;
- list the objectives:of the NMHP;
- discuss the various approaches to the NMHP objectives; and
- identify the need for cooperation and coordination.

5.1 INTRODUCTION

You must have known about various national health programmes, such as the National Tuberculosis programme, National Goitre programme, National Malaria Programme, etc. Similarly, you are going to learn about the National Mental Health Programme in this unit. The Government of India realizing that mental health is an integral component of the total health, formed in 1980 an expert group with the intention to give mental health its rightful place in the health policy. The expert group met a number of times and the final draft was prepared and submitted to the Central Council of Health in August, 1982 for adoption as "National Mental Health Programme for India". This programme was discussed at length, from 18 to 20 August, 1982 and it was resolved to implement the same in the states and union territories of the country.

Mental health is one of the essential component of patient care. This aspect was being neglected earlier. It is well established fact that mental health principles can improve the health delivery to patients, thus reduce the ever increasing threat

or dehumanization of **modern** medicines, repeatedly talked about in all countries. The proper mental health inputs in general health programmes also enhances the acceptance of health and welfare activities.

5.2 ANALYSIS OF THE PRESENT SITUATION

A wealth of information is available in India concerning the prevalence of mental disorders. According to most surveys, about one percent of the Indian population suffer from serious mental disorder at any point in time requiring psychiatric help 5 to 10 per cent from moderate disorders, requiring psychiatric help.

It is estimated that 30 to 35 million people in India require mental health science.

Mental retardation is estimated at 0.5 to 2.0 per cent of all children based on this, it can be estimated that nearly 8-10 million children in India require services. Alcohol and drug dependence rates, though still low as compared to the world scene, reveal a disturbing and rising trends in certain regions e.g. alcohol consumption in **Punjab**, use of narcotics and cannabis in the urban student population of the country.

The main burden of **psychiatric** morbidity in the adult population consists of:

- 1) Acute mental disorders of varying etiology,
- 2) Chronic or frequently **recurring** mental illnesses,
- 3) Emotional illness, such as anxiety, hysteria, neurotic condition, depression, are often associated with physical diseases, the majority of these patients would seek help at the general health services, but failure to recognize and treat the psychological component of these problems lead to prolonged distress, unnecessary, investigations and **referrals** and tr ...
- 4) Alcohol abuse and alcohol and drug dependence appear to be growing problems.

The number of new cases of serious mental disorders, which become manifest each year (incidence), can be estimated to be roughly 30 to 35 million in the country. With the methods for treatment and prevention available in modern health care, chronicity and disability can be avoided in about 80 per cent of the cases. Complete and lasting recovery is possible in no less than 60 per cent cases.

Reliable separate data on psychiatric disturbances among children, especially learning and behaviour problems in school children, does not seem to be available. However, there is evidence that the number of such cases is in the order of 1-2 per cent of the children. Similarly, psychiatric problems among older people, especially in the large urban areas, are assuming importance due to the weakening of the traditional family structure and social support systems. No factual data is currently available regarding the loss of productivity, of income and even of life due to mental illness. But it should be pointed out that suffering due to mental illness is not often confined to the affected individual, but it causes severe social dysfunctioning of entire families.

5.2.1 Existing Mental Health Service and Manpower

The present available mental health facilities in India include about 20,000 beds in 42 mental hospitals and 2000-3000 psychiatric beds in general and teaching hospitals. There is one psychiatric bed for 32,500 of population. Half of the beds in mental hospitals are occupied by long stay patients. The specialized facilities for children are insignificant. It is safe to conclude that only 10 per cent of the

persons requiring urgent mental health care are looked after. There are approximately 900 qualified psychiatrists, 400-500 psychiatric social workers and about 600 psychiatric nurses in the country.

5.3 STRATEGIES FOR ACTION

In view of the gross disparities between needs and available services, there are essentially two approaches for immediate action.

- 1) To direct available resources to the establishment and strengthening of psychiatric units in all district hospitals.
- 2) Plan according to the perceived needs of the grassroot level population. This will allow for speedy coverage of the unserved rural poor and other neglected sections of society within a reasonable period of time. The public sector health programme will be primarily directed towards the poor and the under-privileged, who are living in backward areas of the country. The focus should not only be on treating those who are already ill, but also on maintaining mental health.

5.4 OBJECTIVES OF THE NMHP

You have been acquainted with the concept of NMHP in the introduction (Section 4.1). Let us now discuss the objectives of this programme.

- 1) To ensure availability and accessibility of the minimum mental health care to all in the foreseeable future, particularly to the most vulnerable and **underprivileged** sections of the population.
- 2) To encourage application of mental health knowledge in general health care and in social development and
- 3) To promote community participation in the mental health service development and to stimulate efforts towards self help in the community.

5.5 PROGRAMME OBJECTIVES AND APPROACHES

- 1) Diffusion of the mental health skills to the periphery of the health service system
- 2) Appropriate appointment of tasks in mental health care
- 3) Equitable and balanced **territorial** distribution of resources
- 4) Integration of basic mental health care into general health services
- 5) Linkage to community development
- 6) Mental health care
 - a) Primary Health care at the village and sub-centre level
 - b) Primary Health Centre
 - c) District Hospitals
 - d) Mental Hospitals and Teaching Psychiatric Units

Check Your Progress 1

What are the ways of carrying on mental health care activities?

- a)
- b)
- c)
- d)

5.5.1 Mental Health Training

It is necessary to train as large a number of the health personnel of all categories as possible in the minimum essentials of mental health tasks, at their own level of performance.

5.5.2 Mental Retardation and Drug Dependence

Often, the mentally retarded come in contact first with the general medical services.

Hence, the health workers should be able to counsel parents provide public education in this subject as well as have the know-how to refer the mentally retarded recognized by them to medical agencies. They should be able to identify individuals with alcohol and drug dependence, and refer them to the appropriate agencies for help.

5.6 ORGANIZING SERVICES

i) Organizing Services

- Provide mental health in primary care
- Make psychotropic drugs available

ii) Provide community mental health care facilities

- Day care centers
- Half way homes
- Long stay homes
- Sheltered workshops
- Deaddiction centers
- Suicide prevention in centers

iii) Support to Families

- Providing financial support to families for medication compliance of patients
- Organizing public places in the community for their meetings and organization of day care facilities.
- Developing visiting nurses to support families, at least 1 nurse for 100 families.
- Involving families in planning of the mental health programme

iv) Human Resource Development

- Undergraduate training in psychiatry for medical students
- Psychiatrists to fully staff the department psychologists
- Preparation of Nurse
- Rehabilitation professionals
- Short term training programmes for medical officers

v) Public Mental Health Education

- Use of Radio, Doordarshan, print media, folk media.
- The information should be disseminated to general population, professionals, media people, policy maker and politicians.

vi) Private Sector Mental Health Care

- Participation of psychiatrist in private practice by maintaining proper records
- Participation of NGO's in their mental health initiative
- Initiating special mental health programme and encouraging public mental health educators

vii) Support to Voluntary Organization

The government needs to find the voluntary organization.

Voluntary organization can specially play important role in suicide prevention and crisis support, formation of self group of families, organizing community based housing facilities, for short term, long term care of people with chronic illness. Setting up day care centers, sheltered employment facilities etc.

viii) Promotion and Preventive Activities

It is important to educate the school children to have healthful living and prevent from stress. Similarly Psychosocial care of survivors of disaster should be part of relief, rehabilitation, reconstruction and reconciliation programmes following man made and natural disasters

ix) Administrative Support

Mental health team should be made available at directorate of health services level to district level. The mental health budget should be increased.

Check Your Progress 2

List the points of action plan of NMHP?

.....

.....

.....

.....

.....

5.7 LET US SUM UP

In this unit, you have learnt about the basis of National Mental Health Programme in India. You have also learnt about analysis of existing mental health services and man-power. Now you have a clear idea about strategies for action

and objectives of the NMHP. You have learnt how diffusion of mental health skills into periphery of health services systems can be achieved by various means.

5.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

The mental health care activities **carried** on at different levels are given below.

- a) Primary health care at the village and sub-centre level
- b) **Primary** Health Centre
- c) District Hospitals
- d) Mental Hospital and Teaching district units

Check Your Progress 2

The plan of action for national mental health care includes:

- Organizing services
- Community mental health services
- Support to families
- Human resources development
- Public mental health education
- Private sector mental health care
- Support to voluntary organizations
- Promotion and preventive interventions
- Administrative support

5.9 FURTHER READINGS

Kapoor, Bimla, *Text Book of Psychiatric Nursing*, Vol. I & Vol. II, Kumar Publishing House, Pitampura, Delhi.

The document on National Mental Health Programme for India, 18th to 20th Aug. 1982, Government of India.

Agarwal *et al.*, *Mental Health An Indian Perspective, 1946-2003*. DGHS/MoHFW, New Delhi.