**National Mental health program**

**Introduction**

Psychiatric symptoms are common in general population globally. These common symptoms are worry, tiredness, and sleeplessness that affect more than half of the adults at some time, while as some of us experience them severely as neurotic condition.

**Burden of Disease**

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

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

In 1980, the Government of India felt the necessity of evolving a plan of action aimed at the mental health component of the National Health Program. In February 1981, a drafting committee met in Lucknow and prepared the first draft of NMHP. This was presented at a workshop at New Delhi on 20th -21st July 1981.

﻿﻿The National Mental Health Program (NMHP) was launched during 1982 with a view to ensure availability of Mental Health care services for all, especially the community at risk and underprivileged section of population. Eleven institutions have been identified for imparting basic knowledge and skills in the field of Mental Health to the primary health care Physicians and paramedical personnel, at present this programme covers 94 districts.

[**Mental Health:-**](https://www.slideshare.net/SnehlataParashar/national-mental-health-programme-140004549#4) (WHO):- Mental health is a state of wellbeing in which an individual realize his/ her own abilities can cope with the normal stresses of life, can work productively and is able to make a contribution to his/her community. 2. Mental Illness:- A mental illness is a medical condition that disrupts person's thinking, feeling, mood, ability, to release to others and daily functioning . mental illness are medical condition that often result in diminished capacity for coping with the ordinary demands of life

**AIMS**

1)To Prevent and Treat Mental neurological disorders and their associated disabilities

﻿﻿2)Use of Mental Health Technology to improve General Health Services.

3)﻿﻿Application of Mental Health principles in total national development to improve Quality of life.

**OBJECTIVES**

* To ensure the availability and accessibility of Minimum mental healthcare for all in the foreseeable future.
* ﻿﻿To provide mental health care facility to every individual of specified population and specifically to those who are in need of it
* ﻿﻿To encourage the application of mental health knowledge in general health care and in social development.
* ﻿﻿To advance community participation in the mental health service development.
* ﻿﻿To enhance human resources in Mental Health Subspecialties.

**NMHP –STRATEGIES**

* **Integration of mental health with primary health care through the NMHP**
* **Provision of tertiary care institutions for treatment of mental disorders**
* **Eradicating stigmatization of mentally ill patients and protecting their rights through regulatory institutions like the Central Mental Health Authority (CMHA) and State Mental Health Authority (SMHA)**

**LIMITATIONS OF NMHP**

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

**APPROACHES**

* ﻿﻿﻿Integration of mental health care services with the existing general health services.
* ﻿﻿﻿Utilization of the existing infrastructure of health services and also deliver the minimum mental health care services.
* ﻿﻿﻿Provision of appropriate task-oriented training to the existing health staff.
* ﻿﻿﻿Linkage of mental health services with the existing community development program.

**COMPONENTS**

1. TREATMENT:

MULTIPLE LEVELS   
**(A) Village and sub-centre level** –

* Multipurpose workers (MPW) and Health Supervisors (HS) , under the supervision of Medical Officer (MO) to be trained for:
* Management of Psychiatric Emergencies
* ﻿Administration and supervision of Maintenance treatment for Chronic Psychiatric Disorders
* ﻿﻿Liaison between local school teacher and parents regarding Mental Retardation and behavioral problems in Children. Counseling problems related to Alcohol and Drug Abuse.

**(B) Medical Officer** of PHC, to be trained for-

* ﻿﻿Supervision of Multipurpose Health Worker (MPW) performance
* ﻿﻿Elementary diagnosis
* ﻿﻿Treatment of Functional Psychosis
* ﻿﻿Treatment of Uncomplicated cases of Psychiatric disorders associated with Physical disease.
* ﻿﻿Management of uncomplicated psychosocial problems.
* ﻿﻿Epidemiological survey/Surveillance of Mental Morbidity.

**(C) District Hospitals-**

* ﻿﻿It was recognized that there should be at least one Psychiatrist attached to every district hospital.
* ﻿﻿District Hospital should have 30-50 Psychiatric beds.
* Psychiatrists in the district hospital have to devote a part of his time to clinical area and greater part in training and supervision of non-specialized Health workers.

**(D) Mental Hospitals** **and Teaching Psychiatric Units**- Major activities of these higher centers of Psychiatric care include:

* ﻿﻿Help in case of difficult cases
* ﻿﻿Teaching
* ﻿﻿Specialized facilities like occupational therapy units, Psychotherapy etc.

**2. REHABILITATION:**

The components of this sub-program include treatment of epileptics and psychotics at the community level and development of Rehabilitation centers at both the district and high referral centers.

**3) PREVENTION:**

﻿﻿The component is to be community based, with initial focus on prevention and control of Alcohol related problems. Later on, problems like addiction, Juvenile delinquency and acute adjustment problems like suicidal attempts are to be addressed.

[**NURSES ROLE IN**](https://www.slideshare.net/SnehlataParashar/national-mental-health-programme-140004549#15) **NMHP/MENTAL HEALTH SERVICES**

* Understand the characteristics of mentally healthy person and differentiate abnormal form normal behavior in the community.
* Identified refer follow up the mentally ill person in the community. Provide first aid during emergencies.
* Assist and co-ordinate the activities related to care of mentally ill in the community health center.
* Conduct mental health education to pt. and there family members.
* [**Providing training to**](https://www.slideshare.net/SnehlataParashar/national-mental-health-programme-140004549#16) health worker in mental health care.
* Supervision and monitor the activities of health worker related mental health care. Participate in various therapies used in treating psychiatric pt.
* Assist medical officer and co-ordinate the progress activity related to NMHP.
* Organize and co-ordinate the rehabilitation activity for mentally ill the community.

**DISTRICT MENTAL HEALTH PROGRAMME (DMHP)**

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

**COMPONENTS OF DMHP**

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

**OBJECTIVES OF DMHP**

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

**SERVICES PROVIDED UNDER DMHP**

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

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