**National Mental health program.**

**Shabnam Ara Sr.nursing Officer currently working as Tutor college of nursing Government Medical College Srinagar**

**Shabnamrashid24@ gmail.com, 9622773338**

**Introduction**

Globally symptoms of mental health are very common in general population. These common symptoms are worries, low energy, decreased pleasure, overwhelmed thoughts, tiredness, and sleeplessness in which some of the us experience mild, moderate and severe and accordingly our life remains in distress..

**Mental health** is an emotional, psychological, and social well-being, affects [cognition](https://en.wikipedia.org/wiki/Cognition), [perception](https://en.wikipedia.org/wiki/Perception), and [behavior](https://en.wikipedia.org/wiki/Behavior). It also determines how an individual handles [stress](https://en.wikipedia.org/wiki/Stress_%28biology%29), [interpersonal relationships](https://en.wikipedia.org/wiki/Interpersonal_relationship), and [decision-making](https://en.wikipedia.org/wiki/Decision-making). Mental health includes subjective well-being, perceived [self-efficacy](https://en.wikipedia.org/wiki/Self-efficacy), [autonomy](https://en.wikipedia.org/wiki/Autonomy), competence, intergenerational dependence, trauma, and self-actualization of one's intellectual and emotional potential, among others Holistically, mental health may include an individual's ability to enjoy life and to create a balance between life activities and efforts to achieve [psychological resilience](https://en.wikipedia.org/wiki/Psychological_resilience).

 **Mental Illness:-** Mental disorders/Illness are defined as health conditions that affect and alter cognitive functioning, emotional responses, and behavior associated with distress and/or impaired functioning

**Burden of mental health issues**

Connecting 1990 and 2019, the global number of DALYs due to mental disorders has increased from 80·8 million (95% uncertainty interval [UI] 59·5–105· to 125·3 million (93·0–163·2), and the proportion of global DALYs attributed to mental disorders increased from 3·1% (95% UI 2·4–3·9) to 4·9% (3·9–6·1). Age-standardized DALY rates were largely consistent between 1990 (1581·2 DALYs [1170·9–2061·4] per 100 000 people) and 2019 (1566·2 DALYs [1160·1–2042·8] per 100 000 people). YLDs contributed to most of the mental disorder burden, with 125·3 million YLDs (95% UI 93·0–163·2; 14·6% [12·2–16·8] of global YLDs) in 2019 attributable to mental disorders. Eating disorders accounted for 17 361·5 YLLs (95% UI 15 518·5–21 459·8). Globally, the age-standardized DALY rate for mental disorders was 1426·5 (95% UI 1056·4–1869·5) per 100 000 population among males and 1703·3 (1261·5–2237·8) per 100 000 population among females.

Global Burden of Diseases 2019 revealed that mental disorders are among the top ten leading causes of burden worldwide, with no evidence of global reduction in the burden since 1990. The estimated YLLs for mental disorders were extremely low and do not reflect premature mortality in individuals with mental disorders.

During the last two decades, various epidemiological studies were conducted in India, that shows the prevalence of major psychiatric disorder is approximately 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.

 **History of National Mental health program.**

 In order to curb mental health problems mental health were launched and modified time to time globally ,India as well. In 1980 it was found that there was a need of a programme related to Mental health and a drafting committee met in Lucknow that prepared the first draft of NMHP which was presented in a workshop at New Delhi on 20th -21st July 1981.

Government of India has adopted National Mental Health Programme (NMHP) in August 1982, which is known as the landmark event in the history of psychiatry in India, keeping in view the heavy burden of mental illness in the community, and the inadequacy of mental health care infrastructure in the country to deal with and ensure availability of Mental Health care services for all, especially the community at risk and underprivileged section of population.

**OBJECTIVES**

* To ensure the availability and accessibility of Minimum mental healthcare for all in the foreseeable future.
* ﻿﻿To provide mental health facilities to every individual of specified and volunerable population.
* ﻿﻿To encourage the application of mental health knowledge in general health care and in social development.
* ﻿﻿To increase in community participation in the mental health service development.
* ﻿﻿To empower human resources in Mental Health Subspecialties.

**National Mental health program. (NMHP) –STRATEGIES**

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

**Limitations Of National Mental Health Program.**

* Inadequate administrative structure & funding.
* Lack of periodical introspection, supervision, reporting of mental health services.
* Maximum emphasis on curative components rather than promotive and preventive aspects
* lack of manpower resource.

**Approaches**

* ﻿﻿﻿Integrating mental health care services with the existing general health services & community development program..
* ﻿﻿﻿Utilization of the existing infrastructure of health services and deliver the minimum mental health care services.
* ﻿﻿﻿Provide an appropriate task-oriented training to the existing health staff.

**Component Of National Mental Health Program.**

1.Treatment of Mentally ill

2. Prevention and promotion of positive mental health.

 3. Rehabilitation

1.**Treatment**

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

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

**(B) Medical Officer** of PHC, should 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**- can dispose off the following activities include:

* ﻿﻿Referral cases to be treated.
* ﻿﻿Teaching
* ﻿﻿Specialized facilities like occupational therapy units, Psychotherapy etc..

**2. 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.

**3. 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

**DISTRICT MENTAL HEALTH PROGRAMME (DMHP)**

District Mental Health Programme (DMHP) was started under the National Mental Health Programme (NMHP) to regionalize mental health services at the community level with a notion to integrate mental health with the general healthcare delivery system. NMHP was adopted in the year 1982 & India was the first developing country to implement this program. For the achievement of objective, pilot projects were executed in **Bellary district of Karnataka**, and developed a model for DMHP. This **Bellary model** evidenced that the primary health center doctors and workers could be trained and supervised to identify and to manage the certain types of mental disorders as well as epilepsy along with their routine work at the primary health centers. Therefore, the DMHP was launched in the year 1996 (in IXth 5-year plan) in four districts under the NMHP. In XIIth 5-year plan 123 districts might be included.

**OBJECTIVES OF DISTRICT MENTAL HEALTH PROGRAMME**

* To integrate & provide basic mental health services at community level.
* To identify mental disorders by early detection and treatment at community level to ensure ease of caregivers.
* To reduce overload on tertiary care of mental hospitals.
* To de stigmize & rehabilitate the clients within the community level.

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**COMPONENTS OF DISTRICT MENTAL HEALTH PROGRAMME**

* **Services Provided**- Psychiatric disorders are managed and treated by pharmacological and psychological intervention at different levels of district health care delivery system
* **Empowering Capacity Building**- it includes trained manpower, preventive measures, early identification and management of psychiatric disorders.
* **Mass Awareness** through Information Education Communication (IEC) system to

De-stigmize the notion regarding psychiatric disorders.

**SERVICES PROVIDED UNDER DISTRICT MENTAL HEALTH PROGRAMME**

 Clinical services,( outreach services)

Empowering manpower by giving training to ground level workers (Anganwadi workers, ASHA workers, ANMs)

3 months Training to Medical Officers in psychaitrystart with first line treatment.

IEC activities

Targeted interventions on life skills education and counseling in schools, College counseling services

Stress management and suicide prevention services should be provided at work place

 **Role of a Nurse**

* To identify & understand the normal & abnormal characteristics of mental health.
* Provide crisis management & first aid psychological intervention to client and community.
* To Assist and co-ordinate the activities related to care of mentally ill patient at community health center.
* To give psycho education to pt. and there family members in order to improve their mental health and reduce burden of family.
* Act as a Laison officer and [provide training **& monitor the work of**](https://www.slideshare.net/SnehlataParashar/national-mental-health-programme-140004549#16) health workers regarding basic mental health issues.
* Participate in various psychological therapies to help the client at community level.
* To Co-ordinate with Medical Officer to check and utilize the activity related to NMHP.
* To Organize and co-ordinate various activates related to prevention, referral and rehabilitation of mentally ill patients in the community.

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