Partnerships for Community Mental Health
Part 2 – Chair: A/Professor Chee Ng

India

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District Mental Health Programme:
(An Approach to Community Mental Health)
-An Indian Perspective

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District Mental Health Programme (DMHP)

- The best chance for recovery is in community; community based services are easily accessible and cost-effective.
- “Community based approach for Mental Health Services”
- Strategies were successfully piloted in Bellary district, Karnataka.
- Introduced in 1996 in 4 districts under NMHP
- 106 districts covered across the country during 2002-2007
- Scaled up to 123 districts till date
- Proposed to cover entire country (642 dist) by 2017

DMHP: Objectives

- To provide sustainable basic mental health services to the community and to integrate these services with other health services
- Early detection and treatment of patients within the community
- To reduce the stigma attached towards mental illness through change of attitude and public education.
- To treat and rehabilitate mental patients discharged from the mental hospital within the community
- To shift focus and take off burden from Mental Hospitals
### DMHP: Strategies

- A community based service model for delivery of basic mental health care through existing primary health care services
- Management (diagnosis & treatment) of prevalent common mental illnesses by trained Medical Officers with limited Essential Psychotropic drugs
- Support and guidance from specialists
- Detection of Common mental illness by trained Peripheral Health care providers
- Community awareness to seek early medical intervention

### DMHP: Components

- **Clinical Services**
  - *In and out patient care*
  - Out-Reach( PHC & CHC )
  - Referral services
- **Trainings to Health Care Providers**
- **Targeted Interventions**
  - School Mental Health
  - College Counseling Services
  - Work Place Stress Management
  - Suicide Prevention
- **IEC**
DMHP Team

- Psychiatrist 1
- Clinical Psychologist 1
- Psychiatric Social Worker 1
- Psychiatric Nurse 1
- Programme Manager 1
- Programme Assistant 1
- Record Keeper 1

DMHP: Achievements

- Significant improvement in care and satisfaction among users.
- 60% of districts are able to provide mental health services at district level and 20% at primary level
- There is improvement knowledge and attitude in districts where DMHP is applicable
- Currently DMHP is implemented in 123 districts
- As a result it is envisaged to scale up the programme to all districts of country by 2017
DMHP: Success factors

- The involvement of non-specialists in Mental Health Services through short term trainings
- Integration of Mental Health Services with General Health Services at district level
- Out reach Services by DMHP staff
- Public-Private Partnership

DMHP: Constraints

- Poor Community Awareness regarding treatment of mental disorders
- Stigma attached to mental illnesses
- Poor Community Involvement
- Limited treatment facilities in community
- Lack of skilled manpower
- Lack of Coordination between various levels of administration and departments
- Weak monitoring mechanism
Administrative Structure for the Programme

- National
  - Central Mental Health Division
  - State Mental Health Cell
- State
  - District Mental Health Team
- District
  - Trained staff & Infrastructure at CHC/PHC

School Mental Health Services

- Life Skills Education using standard training manuals
- Counseling services through trained teachers/ Hired Counselors
- Involvement of the NGOs
College Counseling Services

- Provided by trained teachers of psychology department of the colleges
- The P.O. will organize the training at the district level in close co-ordination with the Dept. of Collegiate Education
- The trained teachers will act as counselors and as referral and support-giving agents in their respective colleges

Workplace stress management

- Imparting skills for time management, improving coping skills, assertiveness, relaxation techniques like Yoga, Meditation etc.
- Identify workplaces with sizeable population and organize stress management workshops for them
- District Counseling Centre will also address this group
Manpower for DMHP

• Key requirement for one DMHP is a Psychiatrist, a Clinical Psychologist, a Psychiatric Social Worker and a Psychiatric Nurse.

• However, for 123 districts for which grants were released for implementation of DMHP many had difficulty in recruiting staff due to administrative delays and poor financial packages to the staff.

• Requirement for XI plan: Psychiatrist, Clinical Psychologist, PSW, Community Nurse- approx. 123 each to continue 123 old districts

Manpower Requirement for DMHP

Strategy for fulfilling Manpower requirement for expansion of DMHP

• Output: Psychiatrist: 441/yr (268 MD, 49 DNB, 124 DPM), Clinical Psychologist: 120/yr, PSW- approx. 25/yr, DPN:65/yr in the country

• Target: Increase manpower production in general and specifically for the Programme and attract/ retain them in the programme.

• Short term courses (1 to 4 months) for GDMOs, Psychologist, Social Worker, General Nurse to tide over the gestation period in increase in production of manpower.