AAMH
Asia Australia Mental Health

Partnerships for Community Mental Health

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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 in1996 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

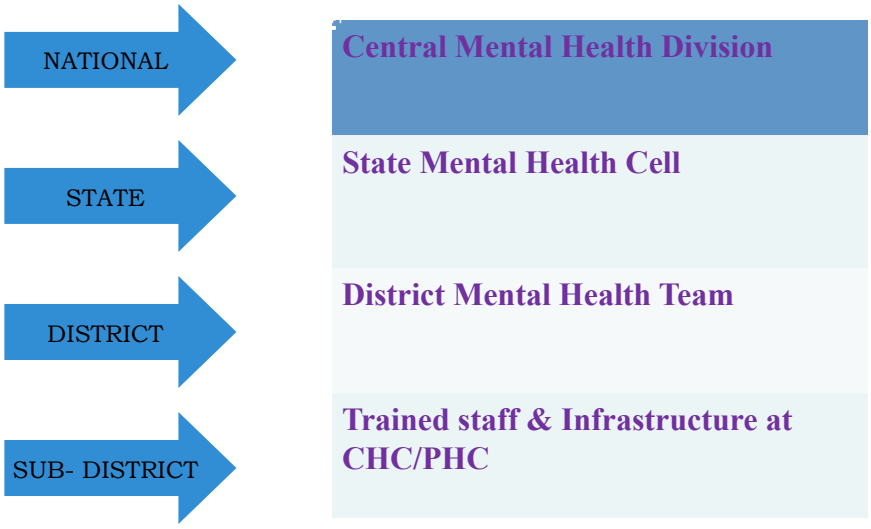
DMHP: Success factors

- 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

- **P**oor Community Awareness regarding treatment of mental disorders
- **S**tigma attached to mental illnesses
- **P**oor Community Involvement
- **L**imited treatment facilities in community
- **L**ack of skilled manpower
- **L**ack of Coordination between various levels of administration and departments
- **W**eak monitoring mechanism

Administrative Structure for the Programme



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

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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.

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