NATIONAL MENTAL HEALTH PROGRAM

Abstract

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.

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Burden of Mental Health Issues

In 1990 and 2019,mental disorders increased globally as number of Disability Adjusted Life Year(DALYs) from 80·8 million to 125·3 million. As reported by the Global Burden of Diseases 2019,mental disorders are considered as the top ten leading cause of burden worldwide, having less evidence of global reduction in its burden since 1990. From the last decades, different epidemiological studies were conducted in India, found that the prevalence of major psychiatric disorder ranges from 18-20/1000 with a median of 65.4 per 1000 and is revealed that approximately it is same all over the world.

Keywords: Mental Health ,Mental Illness, National Mental Health.

I. 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..

1. **Mental Health:** Mental health is an ability of individual to think ,regulate his/her emotions and social well being that leads positivity in our life and to cope with the stressors.

   Mental health includes positive self concept, self efficacy , creativity and utility of potential to attain satisfaction & to achieve psychological resilience

2. **Mental Illness:** Disturbance in our cognition, emotion and behaviour which results maladaptive bahaviour, and disturbance in activity of daily living with impaired functioning

II. BURDEN OF MENTAL HEALTH ISSUES

In 1990 and 2019,mental disorders increased globally as number of **Disability Adjusted Life Year**(DALYs) from 80·8 million to 125·3 million. As reported by the Global Burden of Diseases 2019 ,mental disorders are considered as the top ten leading cause of burden worldwide, having less evidence of global reduction in its burden since 1990.

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III. 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 . In Lucknow drafting committee Met & has prepared the first draft of NMHP that was presented in a workshop at New Delhi on 20th -21st July 1981.

In 1982 August ,The Government of India has adopted National Mental Health Programme (NMHP) reffered as the landmark event in the history of psychiatry in India.

IV. OBJECTIVES

1. To ensure minimum mental healthcare for all in future.
2. Ensure mental health facilities to vulnerable population.
3. To provide mental health awareness in general health care.

4. To enhance community participation in the mental health services to decrease stigma related to it.
5. To increase human resources in Mental Health Subspecialties.

V. NATIONAL MENTAL HEALTH PROGRAM. (NMHP) –STRATEGIES

1. NMHP has been integrated with primary health care.
2. Mental disorders can be treated at tertiary care institutions.
3. De- stigmatize mentally ill patients and protect their rights by regulatory institutions like the Central Mental Health Authority (CMHA) and State Mental Health Authority (SMHA)

VI. LIMITATIONS OF NATIONAL MENTAL HEALTH PROGRAM

1. Inadequate administrative structure & funding.
2. Lack of periodical introspection, supervision, reporting of mental health services.
3. Maximum emphasis was on cure rather than preventive aspects of mental health.
4. Lack of manpower resource within the institutions.

VII. APPROACHES

1. Mental health services to be integrated with an existing general health services & community development program.
2. Existing infrastructure of health services should be utilized to provide the minimum mental health services.
3. Task-oriented training should be given to the existing health staff in order to promote mental health.

VIII. COMPONENT OF NATIONAL MENTAL HEALTH PROGRAM

1. Treatment

2. Prevention.

3. Rehabilitation
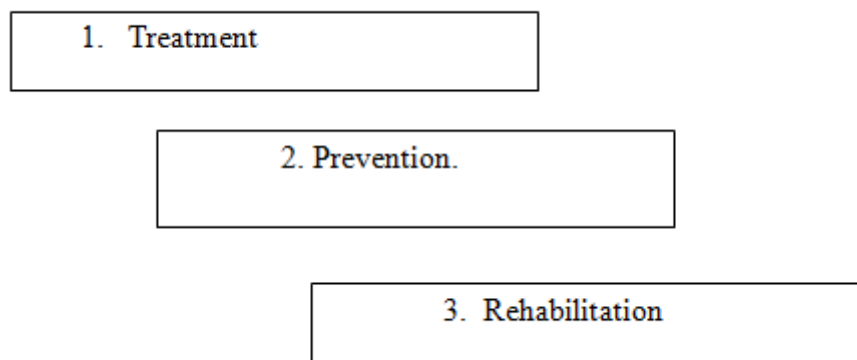
1. **Treatment**

   - **Medical Officer of PHC, is Responsible for**
     - Supervising performance of Multipurpose Health Worker (MPW).
     - diagnosis,
     - Treatment of psychosis

> Treatment of mental disorders co morbid with physical illness.
> Uncomplicated cases of Psychiatric disorders associated with Physical disease should be treated.
> Psychosocial problems need to be managed.
> Epidemiological survey/Surveillance of Mental Morbidity should be done.
> Parent teacher meeting regarding behavioral problems among Children. Provision of Counseling

- **District Hospitals**
  > District hospitals should be equipped with one Psychiatrist with 30-50 Psychiatric beds.
  > In addition to clinical work ,Psychiatrists has an important role in training and supervision of non-specialized Health workers.

- **Mental Hospitals and Teaching Psychiatric Units:** the following activities include:
  > Referral cases to be treated.
  > Teaching of professionals in mental health.
  > Provide facilities like occupational therapy, Psychotherapy & so on etc..

2. **Prevention:** This programme is focused on prevention and control of mental illness especially Alcohol related problems, Juvenile delinquency and acute adjustment problems like suicidal attempts.

3. **Rehabilitation:** It includes treatment of epileptics and psychotics at the community level and development of Rehabilitation centers in order to raise health of a patient and family.

IX. DISTRICT MENTAL HEALTH PROGRAMME (DMHP)

District Mental Health Programme (DMHP) was initiated under the banner of 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 system. In 1982 NMHP was adopted & 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 manage 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.
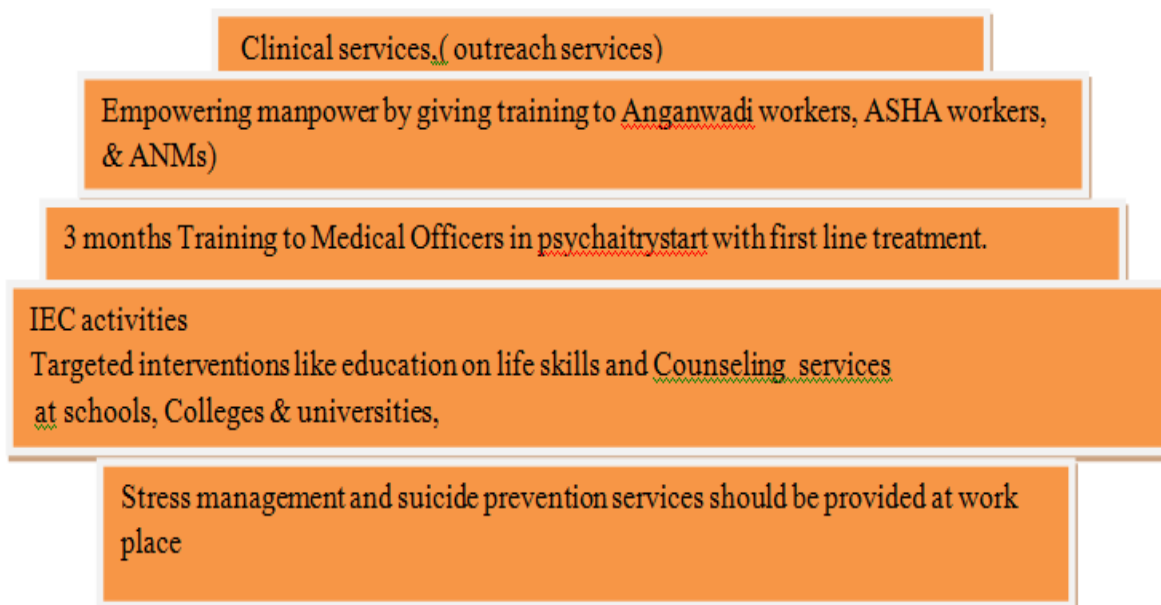
X. OBJECTIVES OF DISTRICT MENTAL HEALTH PROGRAMME

1. Provide basic mental health services at community level. Mental disorders can be identified by early detection at community level.
2. In this way overload may be decreased at tertiary care mental hospitals. Eventually stigmas related to mental health problems may be lesson & rehabilitation can be done at community level.
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XI. COMPONENTS OF DISTRICT MENTAL HEALTH PROGRAMME

1. **Services Provided:** Psychiatric disorders are managed and treated by pharmacological and psychological intervention at district hospitals in periphery.

2. **Empowering Capacity Building:** It includes trained manpower, , early identification and prevention and crisis management of psychiatric disorders.

3. **Mass Awareness:** Mass Awareness through Information Communication (IEC) system to De-stigmize the notion regarding psychiatric disorders.

XII. SERVICES PROVIDED UNDER DISTRICT MENTAL HEALTH PROGRAMME

Clinical services.(outreach services)

Empowering manpower by giving training to Anganwadi workers, ASHA workers, & ANMs)

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

IEC activities
Targeted interventions like education on life skills and Counseling services
at schools, Colleges & universities,

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

XIII. ROLE OF A NURSE

1. To identify & understand the normal & abnormal characteristics of mental health.
2. Provide crisis management & first aid psychological intervention to client and community.
3. To Assist and co-ordinate the activities related to care of mentally ill patient at community health center.
4. To give psycho education to pt. and there family members in order to improve their mental health and reduce burden of family.
5. Act as a Laison officer and provide training & monitor the work of health workers regarding basic mental health issues.
6. Participate in various psychological therapies to help the client at community level.
7. To Co-ordinate with Medical Officer to check and utilize the   activity related to NMHP.
8. To Organize and co-ordinate various activates related to prevention, referral and rehabilitation of mentally ill patients in the community.

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