**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 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](https://en.wikipedia.org/wiki/Psychological_resilience)

**Mental Illness:-** Disturbance in our cognition, emotion and behaviour which results maladaptive bahaviour, and disturbance in activity of daily living associated with distress and/or impaired functioning

**Burden of mental health issues**

Globally number of DALYs from 1990 and 2019, mental disorders has increased from 80·8 million to 125·3 million. According to the reports of Global Burden of Diseases 2019 mental disorders are among the top ten leading causes of burden worldwide, with no evidence of global reduction in the burden since 1990.

**From the** last two decades, various epidemiological studies conducted in India, stated that the prevalence of major psychiatric disorder ranges from 18-20/1000 with the median 65.4 per 1000 and is approximately same all over the world..

 **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 minimum mental healthcare for all in future.
* ﻿﻿Ensure mental health facilities to vulnerable population.
* ﻿﻿To impart mental health knowledge in general health care.
* ﻿﻿To increase community participation in the mental health services.
* ﻿﻿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- stigmatize mentally ill patients and protect 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 was on cure components rather than primitive and preventive aspects
* Lack of manpower resource.

**Approaches**

* ﻿﻿﻿Mental health services to be integrated with an existing general health services & community development program.
* ﻿﻿﻿Utilize existing infrastructure of health services to deliver the minimum mental health services.
* ﻿﻿﻿Provide task-oriented training to the existing health staff in order to promote mental health.

**Component Of National Mental Health Program.**

1. Treatment

 2. Prevention.

 3. Rehabilitation

1.**Treatment**

**(A) 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.
* ﻿﻿Treatment of Uncomplicated cases of Psychiatric disorders associated with Physical disease.
* ﻿﻿Managing psychosocial problems.
* ﻿﻿Epidemiological survey/Surveillance of Mental Morbidity.
* Parent teacher meeting regarding behavioral problems among Children. Provision of Counseling

**(B) 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:**

﻿﻿This programme focused on prevention and control of mental illness especilly 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.

**DISTRICT MENTAL HEALTH PROGRAMME (DMHP)**

District Mental Health Programme (DMHP) was initoated 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 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.

**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 reduce overload on tertiary care of mental hospitals.
* To de stigmize & rehabilitate the clients within the community level.

.

**COMPONENTS OF DISTRICT MENTAL HEALTH PROGRAMME**

* **Services Provided**- Psychiatric disorders are managed and treated by pharmacological and psychological intervention at district hospitals in periphery
* **Empowering Capacity Building**- it includes trained manpower, , early identification and prevention and crisis management of psychiatric disorders.
* **Mass Awareness** through Information 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 toAnganwadi 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

 **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.

 **References**

1. R Sreevani 4th Edition. **A Guide to Mental& Psychiatric Nursing**.
2. Prakash P, CBS publishers, **Textbook of Mental Health and Psychiatric Nursing**.
3. Niraj Abuja, **A Short Textbook Of Psychiatry** 20th Year Edition, Jaypee Brothers Med. Pub. (2010)

# Townsend, Mary C, Textbook of Psychiatry Nursing, 8th Edition

1. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019, Volume 9, ISSUE 2, P137-150, February 2022, cited on 25/6/2023.
2. Https.||www.slideshare.com||NMHP
3. [Om Prakash Singh](https://pubmed.ncbi.nlm.nih.gov/?term=Singh%20OP%5BAuthor%5D), **District Mental Health Program** - Need to look into strategies in the era of Mental Health Care Act, 2017 and moving beyond Bellary Model, [Indian J Psychiatry.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6102961/) 2018 Apr-Jun; 60(2): 163–164 .
4. [Narendra Nath Wig](https://pubmed.ncbi.nlm.nih.gov/?term=Wig%20NN%5BAuthor%5D), [Srinivasa R.Murthy,](https://pubmed.ncbi.nlm.nih.gov/?term=Murthy%20SR%5BAuthor%5D) The birth of national mental health program for India