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**National Mental Health Programme (NMHP)**

Learning Objectives

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2. Burden of Disease
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**Introduction**

Psychiatric symptoms are common in general population in both sides of the globe. These symptoms – worry, tiredness, and sleepless nights affect more than half of the adults at some time, while as many as one person in seven experiences some form of diagnosable neurotic disorder.

**Burden of Disease**

The World Bank report (1993) revealed that the Disability Adjusted Life Year (DALY) loss due to neuro-psychiatric disorder is much higher than diarrhoea, malaria, worm infestations and tuberculosis if taken individually. According to the estimates daily loss due to mental disorders are expected to represent 15% of the global burden of diseases by 2020.

During the last two decades, many epidemiological studies have been conducted in India, which show that the prevalence of major psychiatric disorder is about the 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. Most of these patients live in rural areas remote from any modern mental health facilities. A large number of adult patients (10.4 – 53%) coming to the general OPD are diagnosed mentally ill. However, these patients are usually missed because either medical officer or general practitioner at the primary health care unit does not ask detailed mental health history. Due to the under-diagnosis of these patients, unnecessary investigations and treatments are offered which heavily cost to the health providers.

**Programme**

The heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it led to the development of program.

The Government of India has launched the National Mental Health Programme (NMHP) in 1982, keeping in view to ensure availability of mental health care services to all, especially the community at risk and underprivileged section of the population, to encourage application of mental knowledge in general health care and social development.

A National Advisory Group on Mental Health was constituted under chairmanship of the secretary, Ministry of Health & FW – for implementation of the programme

11 institutions have been identified for imparting training in basic knowledge & skills in the field of mental health to primary health care physicians and paramedical personnel.

**NMHP has 3 components:**

1. Treatment of Mentally ill
2. Rehabilitation
3. Prevention and promotion of positive mental health.

**Aims**

1. Prevention and treatment of mental and neurological disorders and their associated disabilities.
2. Use of mental health technology to improve general health services.
3. Application of mental health principles in total national development to improve quality of life.

**Objectives**

1. To ensure availability and accessibility of minimum mental health care for all in the forseeable future, particularly to the most vulnerable and underprivileged sections of population.
2. To encourage application of mental health knowledge in general health care and in social development.
3. To promote community participation in the mental health services development and to stimulate efforts towards self-help in the community.

**Strategies**

1. Integration mental health with primary health care through the NMHP
2. Provision of tertiary care institutions for treatment of mental disorders
3. Eradicating stigmatization of mentally ill patients and protecting their rights through regulatory institutions like the Central Mental Health Authority, and State Mental health Authority.

**Mental Health care**

1. The mental morbidity requires priority in mental health treatment
2. Primary health care at village and sub center level
3. At Primary Health Center level
4. At the District Hospital level
5. Mental Hospital and teaching Psychiatric Units

**District Mental Health Programme**

**The District Mental Health Program (DMHP)** was launched under NMHP in the year 1996 (in IX Five Year Plan). The DMHP was based on ‘Bellary Model’ with the following components:

* Early detection & treatment.
* Training: imparting short term training to general physicians for diagnosis and treatment of common mental illnesses with limited number of drugs under guidance of specialist. The Health workers are being trained in identifying mentally ill persons.
* IEC: Public awareness generation.
* Monitoring: the purpose is for simple Record Keeping.

**Componentsof DMHP**

1. Training programmes of all workers in the mental health team at the identified Nodal Institute in the State.
2. Public education in the mental health to increase awareness and reduce stigma.
3. For early detection and treatment, the OPD and indoor services are provided.
4. Providing valuable data and experience at the level of community to the state and Centre for future planning, improvement in service and research.

DMHP has incorporated promotive & preventive activities for positive mental health which includes,

* School mental health services: life skills education in schools, counselling services,
* College counselling services: through trained teachers and counsellors
* Work place stress management: Formal & Informal sectors, including farmers, women etc.
* Suicide prevention services: Counselling center at district level, sensitization workshops, IEC, help line etc.

Agencies like World Bank and WHO have been contacted to support various components of the programme. Funds are provided by the Govt. of India to the state governments and the nodal institutes to meet the expenditure on staff, equipments, vehicles, medicine, stationary, contingencies, training, etc. for initial 5 years and thereafter they should manage themselves. Govt. of India has constituted central Mental Health Authority to oversee the implementation of the Mental Health Act 1986. It provides for creation of state Mental Health Authority also to carry out the said functions.

The National Human Rights Commission also monitors the conditions in the mental hospitals along with the government of India and the states are currently acting on the recommendation of the joint studies conducted to ensure quality in delivery of mental care.