NARAYANA
COLLEGE OF NURSING

Chapter-I Introduction to psychiatric nursing

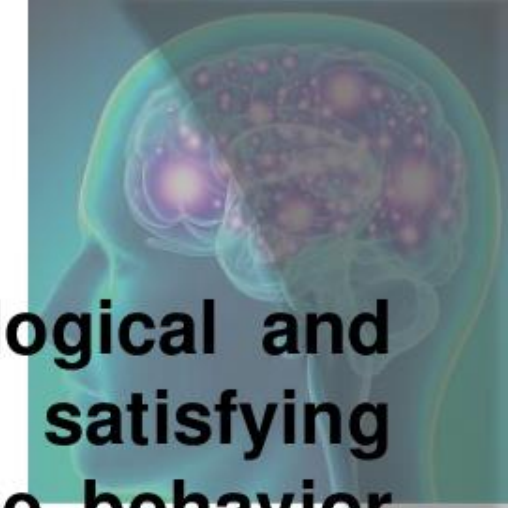
Presented by:

Dr. Anjani Devi. N M.Sc.(N) Ph.D. MBA

ASSOCIATE PROFESSOR

DEPARTMENT OF MENTAL HEALTH NURSING&
Research HOD
NARAYANA COLLEGE OF NURSING
CHINTHAREDDY PALM
NELLORE

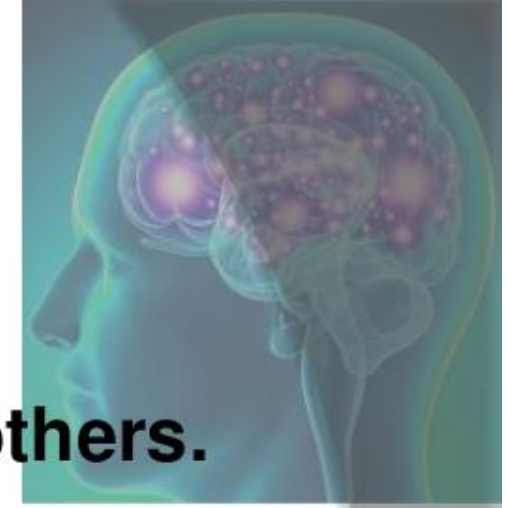
Mental Health



A state of emotional, psychological and social wellness evidenced by satisfying interpersonal relationships, effective behavior and coping, positive self-concept and emotional stability. (WHO)

A simultaneous success at working, loving and creating with the capacity for mature and flexible resolution of conflicts between instincts, conscience, important other people and reality.

Components of Mental Health



- The ability to accept self.
- The capacity to feel right towards others.
- The ability to fulfill life's tasks.

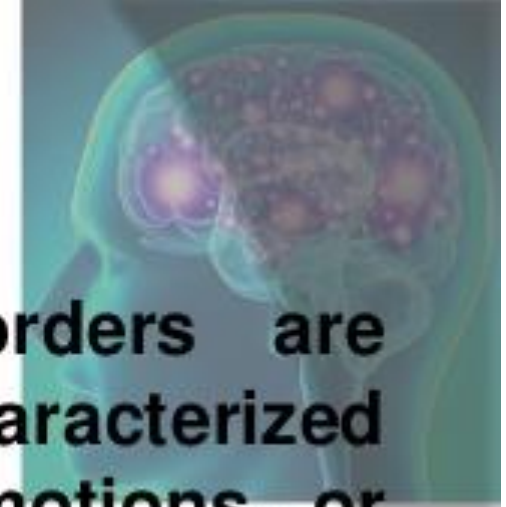
Indicators of Mental Health

- A positive attitude towards self.
- Growth, development and the ability for self actualization.
- Integration
- Autonomy
- Perception of Reality.
- Environmental Mastery.

Characteristics of Mentally Healthy Person

- An ability to make adjustments.
- Sense of personal worth, and importance.
- Own decision making and problem solving.
- Sense of personal security and feel secure in group, understand other people problems and motives.
- Sense of responsibility.
- Give and accept love.
- Shows emotional maturity and tolerate frustration.
- Have a philosophy of life and purpose to his daily activities.
- Has a variety of interests and well balanced with work, rest and recreation.
- Lives in the world of reality not fantasy.

Mental Illness



Mental and behavioral disorders are clinically significant conditions characterized by alterations in thinking, mood/emotions, or behaviour associated with personal distress and impaired functioning.

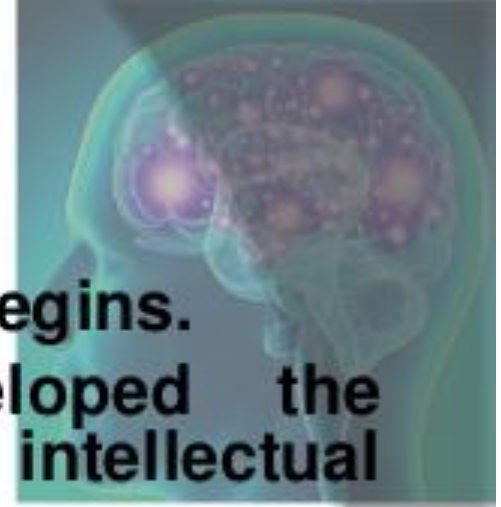
Characteristics;

1. Change in thinking, memory, perception, feeling, judgment and speech.
2. Disturbance in day to day activities, work and relationship with important others.

Evolution of Mental Health

- The disease was viewed by demonic possession, influence of ancestral spirits, result of violating a taboo, neglecting ritual and cultural condemnation.
- As a result they were beaten, tortured, to make body unsuitable for demon.

Evolution of Mental Health



The scientific knowledge and truth begins.

- Pythagoras: (580-510 BC) developed the concept that brain is the seat of intellectual activity.
- Hippocrates: (460-370 BC) described mental illness as hysteria, mania, and depression.
- Plato (427- 347 BC) identified the relationship between mind and body.
- Asciepiades: made simple hygienic measures, diet, bath, massage in place of mechanical restraints.
- Aristotle suggested release of repressed emotions for the effective treatment of mental illness.

Evolution of Mental Health

The scientific knowledge and truth begins.

- Renaissances in Europe on old beliefs. The saddest period in the history of psychiatry. Demons cause hallucinations and delusions hence chain the patients.

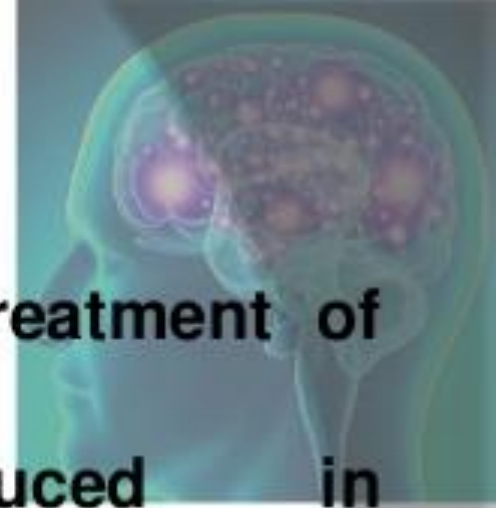
Some Important Milestones

- 1773: The first mental hospital was set up in US, Virginia.
- 1793: Philippe Pinel removed the chains from mentally ill patients confined in Bicetre, Paris and brought a revolution in the country.
- 1812: The first American textbook in Psychiatry was written by Benjamin Rush.
- 1912: Eugene Bleuler , a Swiss Psychiatrist coined the term schizophrenia.
- 1912: The Indian Lunacy Act was passed.

Some Important Milestones

- 1927: Insulin shock treatment was introduced for schizophrenia.
- 1936: Frontal lobectomy was advocated for the management of psychiatric conditions.
- 1938: Electroconvulsive Therapy (ECT) was used for the treatment of psychosis.
- 1939: Development of Psychoanalytical theory by Sigmund Freud led to new concepts in the treatment of mental illness.
- 1946: The Bhore committee recommended setting of five mental Hospitals in the Country.

Some Important Milestones



- 1949: Lithium was used for the treatment of mania.
- Chlorpromazine was introduced in psychopharmacology.
- 1963: The community mental health centers Act was passed.
- 1978: The Alma Ata declaration of Health for All by 2000 AD posed major challenge to Indian mental health professionals.
- 1981: Community psychiatric centers were set up to experiment primary mental health care approach.

Some Important Milestones

- 1982: The central council of health, India's highest policy making body accepted the National Mental Health Policy and brought out the National Mental Health Programme in India.
- 1987: The Indian Mental Health Act was passed and constituted Central Mental Health Authority (CMHA) and State Mental Health Authority (SMHA).
- 1990: Formation of Action Group to pool opinion for National Mental Health Programme. Integration of mental health care with general health care, school mental programme, promotion of child mental health, crisis intervention of suicide prevention, halfway homes, IEC etc.

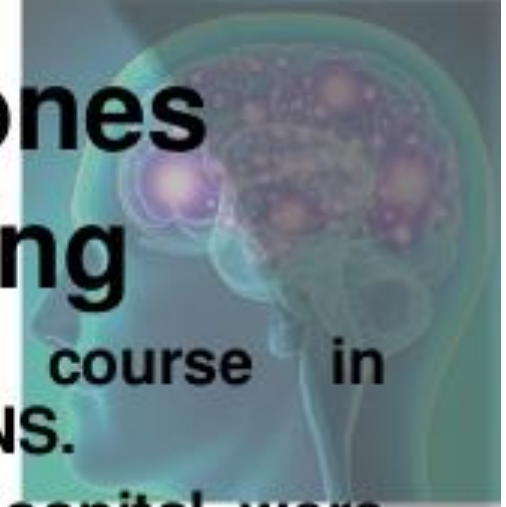
Some Important Milestones

- 2001: Current situation analysis (CSA) was done to evolve a comprehensive plan of action to energize the NMHP.
- 2007: Eleventh five year plan emphasized up gradation and strengthening of mental health hospitals.
- 2013: WHO launched Mental Health Action Plan 2013-2020.
- 2013: The Mental Health Care Bill was introduced . The bill abolishes the Mental Health Act 1987.
- 2014: Government constituted a committee to create policy for the country.

Some Important Milestones in Mental Health Nursing

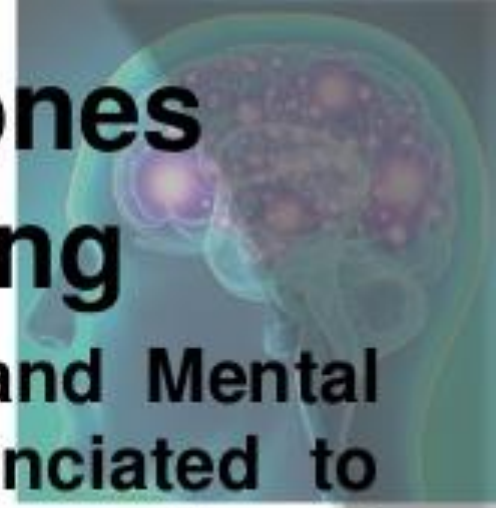
- 1872: First training school for nurses based on the Nightingale system was established by the New England Hospital, USA.
- 1921: Short training courses of 3 to 6 months were conducted in Ranchi.
- 1943: Psychiatric nursing was started for male nurses. (Tamil Nadu)
- 1952: Dr. Hildegard Peplau defined the therapeutic roles of nurses in mental health setting.
- 1953: Maxwell Jones introduced therapeutic community.

Some Important Milestones in Mental Health Nursing



- 1956: One year post- certificate course in psychiatric nursing was started at NIMHANS.
- 1958: All the wards in Agra Mental Hospital were ordered to be kept open and all ward locks were removed from the charge of the ward attendant.
- 1963: Journal of Psychiatric Nursing and Mental Health services was published.
- 1965: The Indian Nursing Council included psychiatric nurse as a compulsory course in B.Sc Nursing Programme.
- 1967: The TNAI formed a separate committee to set guidelines to conduct classes and clinical training for nursing students.

Some Important Milestones in Mental Health Nursing



- 1973: Standards of Psychiatric and Mental Health Nursing Practice were enunciated to provide a means of improving the quality of care.
- 1975: M.Sc in Psychiatric Nursing started.
- 1986: Psychiatric nursing was included in GNM.
- 1991: Indian Society of Psychiatric Nurses started.
- 2010: ISPN published its journal.

Indian Society of Psychiatric Nurses

- ISPN started in the year 1991 at NIMHANS under the guidance of Dr. Reddemma.

Purpose

- To enhance the advanced knowledge and skills in the field of psychiatric nursing.
- To provide a platform for discussion and deliberation on evidence based practice.
- To create awareness and translate the research finding into practice.
- ISPN publishes a journal called Indian Journal of Psychiatric Nurses.
- It also Organizes National and International conferences.

Current Issues and Trends Care

1. Trends in Health Care:

- Increased mental problems.
- Provision of quality and comprehensive services.
- Multi-disciplinary team approach.
- Providing continuity of care.
- Care is provided in alternative settings.

2. Economic Issues

- Industrialization
- Urbanization
- Raised standard of living.

Current Issues and Trends Care

3. Changes in the Illness Orientation

- Shift from Illness to prevention.
- Quantity of care to quality of care.
- Specific to holistic care.

4. Changes in the Care delivery

- Institutional services to community services.
- Genetic to counseling services.
- Nurse patient relationship to nurse patient partnership.

Current Issues and Trends Care

5. Information Technology

- Telenursing
- Telemedicine
- Mass media
- Electronic Systems.
- Nursing Informatics.

6. Consumer Empowerment

- Increased consumer awareness.
- Increased community awareness.
- Demand health care at affordable cost and more humane rates.

Current Issues and Trends Care

7. Deinstitutionnalization

- Shifting Mental Health care from hospital to Community.

8. Physician Shortage and Gaps in service.

- Physician shortage provide opportunity for new roles in nursing such as Nurse Practioner.

9. Demographic Changes

- Increasing number of elderly group.
- Type of family.

10. Social Changes

- Intergroup and intragroup loyalty maintenance.
- Peer Pressure.

Future Prospects and Challenges in Psychiatric Nursing

- There is a lack of clearly enunciated definition of the role of a professional psychiatric nurses.
- Greater emphasis to encourage master degree in psychiatric nursing to encourage teaching non-professionals.
- Offer diploma in psychiatric nursing to avoid shortage of trained professionals.
- Maintain minimum standards of psychiatric nursing care in mental hospitals ie, 1:3.

Future Prospects and Challenges in Psychiatric Nursing

- Fill vacant positions in concerned educational and practicing institutions.
- Integration of service and training.
- Formation of District Mental Health Team comprising of 2 psychiatric nurses and 1 Psychiatrist.
- Integration mental health services in PHCs and Sub centers.
- Joined working of hospitals and training centers to build the gap of theory and practice. If not, the hospital staff will have lack of up gradation of knowledge and training centre staff will have lack of up gradation of skills.

Prevalence and Incidence of Mental Health problems

- The recent prevalence of psychiatric disorders in the country is 18 – 207 per 1000 population and the world scenario is also almost the same.
- Most of these patients live in rural areas.
- Most of the time the person visiting a general clinic is not diagnosed for his mental problems rather other diagnosis is made which cause financial burden to the patients.

Prevalence and Incidence of Mental Health problems

World Scenario (According epidemiological survey by WHO in 14 countries) (a 12 months prevalence in the year 2000-2001)

- Anxiety disorders : 2.4% to 18.2%
- Mood disorders: 0.8% to 9.6%
- Substance disorders 0.1–6.4%
- Impulse-control disorders 0.0–6.8%

Prevalence and Incidence of Mental Health problems

Indian scenario (According to an epidemiological study by Ganguli HC, 2000)

- All Mental disorders 73/1000 population (rural: 70.5 and urban 73)
- Affective disorder (depression): 34/1000
- Anxiety Neurosis: 16.5/1000
- Mental Retardation: 5.3/1000
- Schizophrenia: 2.5/1000
- According to health information of India 2005 mental morbidity rate is not less than 18-20/1000

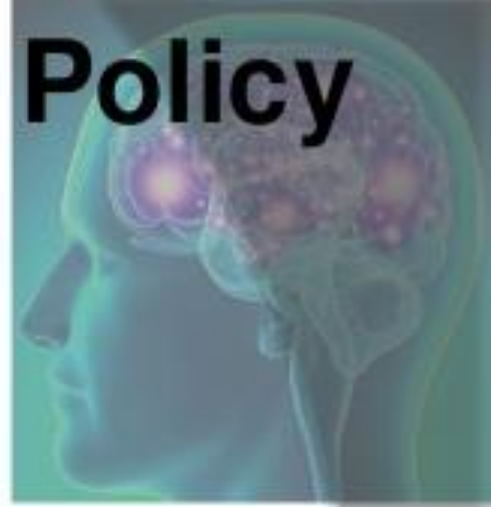
Prevalence and Incidence of Mental Health problems

- According to Who studies in India the life time prevalence of mental disorders is12.2 to 48.6 %.
- According Ministry of Health and Family welfare, India, 10000 people every year suffer from acute psychosis.
- Schizophrenia and bipolar disorders is prevalent at a rate of 200/10000 population.
- This burden is likely to increase by 15% in 2020. (Ghanashyan B & Nagarathinam S)

National Mental Health Policy 2014

- In April 2011 the GoI constituted a policy group.
- Based on the recommendations of the experts The National Mental Health Policy was considered in accordance with World Health assembly resolution.
- It incorporates an integrated, participatory rights and evidence based approach.

National Mental Health Policy 2014



Vision

- Promote mental health
- Prevent mental illness
- Enable recovery from mental illness.
- Promote destigmatization
- Promote desegregation
- Provide accessible, affordable and quality mental health and social care to all persons through life span within right based framework.

National Mental Health Policy 2014

Goals (Long term destination)

- To reduce distress, disability, exclusion morbidity and premature mortality associated with mental health problems.
- To enhance understanding of mental health in the country.
- To strengthen the leadership in the mental health sector at the National, State and District Levels.

National Mental Health Policy 2014

Objectives

(Short term steps for reaching goal.)

- To provide universal access to mental health care.
- To increase access and utilization of comprehensive mental health care services.
- To increase the access of the said services to vulnerable groups including homeless, remote areas, deprived (education, economy and socially) sections
- To reduce prevalence and risk factors of mental problems.
- Reduce suicide and its attempts.

National Mental Health Policy 2014

Objectives

(Short term steps for reaching goal.)

- Respect the rights of mentally people and protect them from harms.
- Reduce stigma associated.
- Equitable distribution of skilled human resources.
- Enhance financial allocation and utilization in the sector.
- Identify and address the social, biological and psychological determinants of mental health problems.

National Mental Health Policy 2014

Strategic Actions

1. Effective governance and delivery mechanisms for mental health

- Develop policies, programmes, laws regulations and budget.
- Motivate society and other administrative machineries to implement and monitor the plans.

National Mental Health Policy 2014

Strategic Actions

2. Promotion of Mental Health

- Redesign Anganwadi centers and train the workers and teachers to protect children from developing abnormal behaviour.
- Offer (LSE) Life Skill Education programme to school children.Life-Skills-Education-in-India.pdf
- Individual attention by teachers for early symptoms.
- Improve teacher student relationship for free communication.

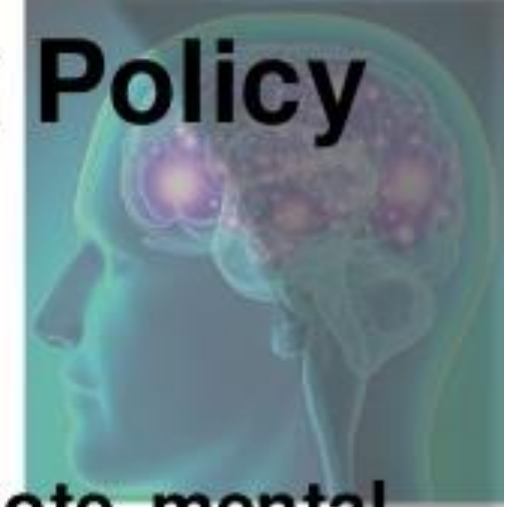
National Mental Health Policy 2014

Strategic Actions

2. Promotion of Mental Health

- Assist adults in handling stressful life circumstances.
- Use mass media to disseminate mental health information.
- Improve life conditions such as homelessness, overcrowding, water, toilets, sanitation and nutrition to prevent mental illness.
- Improve women mental health and prevent harm to women.

National Mental Health Policy 2014



Strategic Actions

2. Promotion of Mental Health

- Use Ayurveda and Yoga to promote mental Health.
- Involve mentally ill people in social, economical and other activities, do not discriminate.

National Mental Health Policy 2014

Strategic Actions

3. Prevention of mental illness, reduction of suicide ant attempted suicide.

- Implement programs to address alcohol and other drug abuse.
- Restrict the distribution of specific drugs and highly toxic pesticides.
- Frame guidelines for media reporting suicide.
- Decriminalize attempted suicide.
- Train community leaders to prevent it.

National Mental Health Policy 2014

Strategic Actions

4. Universal access to mental health services.

- All multispecialty govt. hospitals should provide family centric mental health services.
- Increase community based rehabilitation services like day care centers, short stay facilities etc.
- Caregivers should be given professional inputs and promoted for personal growth.
- Screening and early detection.

National Mental Health Policy 2014

Strategic Actions

4. Universal access to mental health services.

- Resolve shortage psychiatric beds in hospitals.
- Improve infrastructure.
- Improve monetary benefits and tax benefits to care givers.
- Provide assisted home living and also care homeless patients.

National Mental Health Policy 2014

Strategic Actions

5. Availability of Trained professionals

- Reduce the gap between requirement and availability of psychiatrists, nurses, psychologists etc.
- Improve number and quality of the training programmes.
- Training programmes must incorporate biomedical and psychosocial interventions in the interventions for the patients.

National Mental Health Policy 2014

Strategic Actions

6. Community participation for mental health and development.

- Simplify procedures for disability certification of persons with mental illness.
- Protect the rights of mentally ill and modify the legislations accordingly.
- Promote participation in life activities of mentally ill such as education, housing, employment and social welfare.
- Involve them in community programmes such as village health, sanitation, water etc and public activities.

National Mental Health Policy 2014

Strategic Actions

6. Community participation for mental health and development.

- Provide opportunity for mentally ill for feedback in mental health services.

National Mental Health Policy 2014

Strategic Actions

7. Research

- More investment and fund allocation in building research capacity for both new and existing organizations.
- Foster partnership between centers of excellence for mental health and medical colleges and district centers to promote research.
- Evaluate the potential of traditional, alternative therapies to address mental health problems.
- Facilitate dissemination of research findings and translate it into action.

National Health Policy

NHP formulated in 1983 and revised in 2002.

Objectives

- To achieve an acceptable standard of good health amongst the general population.
- Increase approach to decentralized public health system.
- Establish new infrastructure and update existing infrastructure.

National Health Policy

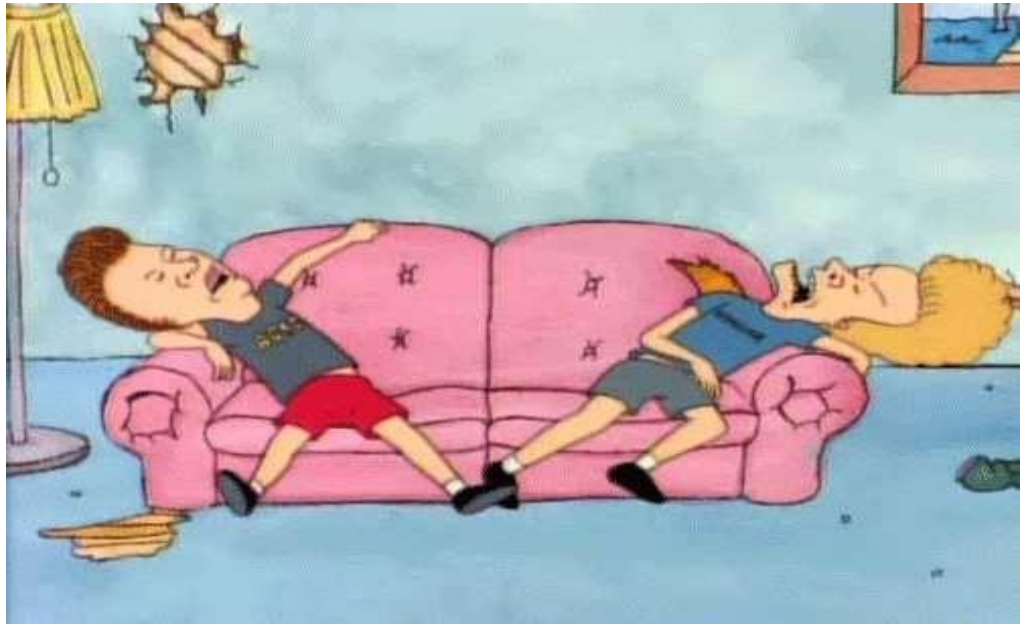
Specific Recommendations for Mental Health

- Upgrade infrastructure of institutions at central government expense to protect the rights of vulnerable group of the society.
- Promote decentralization of mental health services for more common categories of disorders.

MENTAL HEALTHACT

MENTAL HEALTH ACT:

The Indian Mental Health Act was drafted by the Parliament in 1987, but it came into effect in all states and union territories of India in April 1933.



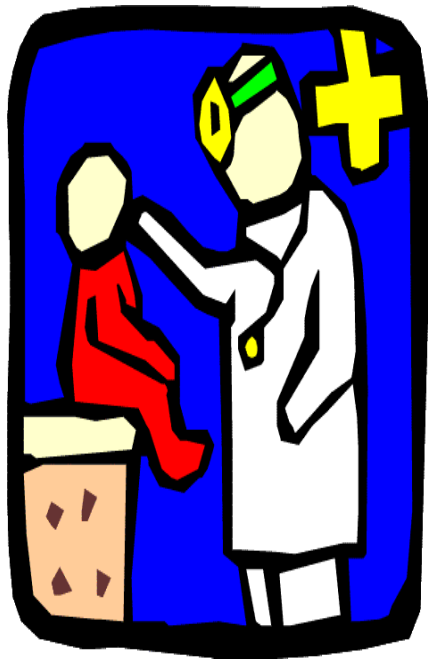
HISTORY:

In 1946, the Bhore committee submitted its recommendations.

The Indian psychiatric society, established in January 1947, was quick to react to the recommendations of Bhore committee.

In January 1949, an adhoc drafting committee was appointed which consisted of 3 distinguished psychiatrists, they prepared a draft bill called as the "Indian Mental Health Act", which was redrafted And finalized in January 1950 and forwarded to the Government of India.

After 37 years, the Mental Health Act 1987 was finally passed by the Lok Sabha on 19th March 1987. Later, the Government of India issued orders that the act came into force with effect from April 1, 1993 in all the states and union territories of India.



REASONS FOR ENACTMENT:

The attitude of the society towards the mentally ill has changed considerably and it is now realized that no stigma should be attached to such illness, as it is curable practically when diagnosed at an early stage. Thus the mentally ill individuals should be treated like any other sick persons and the environment around them made as normal as possible.

OBJECTIVES OF **MENTAL HEALTH ACT:**

- To regulate admission into psychiatric hospitals and psychiatric nursing homes.

-To protect society from the presence of mentally ill persons.

-To protect citizens from being detained in psychiatric hospitals / nursing homes without any sufficient cause.

-To provide facilities for establishing guardianship of mentally ill persons who are incapable of managing their own affair.

-To establish central and state authorities for mental health services.

SALIENT FEATURES OF THE ACT:

The act is divided into 10 chapters .

CHAPTER 1:

Some definitions included in this are:

-Psychiatric hospital/ Nursing home:

A hospital/ nursing home established or maintained by the government or any other person for the care of mentally ill person.

CONTI…

-***Mentally ill person:*** ***A person who is in need of treatment by reason of any mental disorder.***

-***Psychiatrist:*** ***A medical practitioner possessing a postgraduate degree or diploma in psychiatry recognized by the MCI.***

CHAPTER 2:

It deals with establishment of central and state authorities for regulation and coordination of mental health services.

CHAPTER3:

It provides guidelines for establishment and maintenance of psychiatric hospitals/ nursing homes.

CHAPTER 4:

It deals with the procedures for admission and detention in psychiatric hospitals/ nursing homes.

TYPES OF ADMISSION

1.Admission on voluntary basis .

2. Admission under special circumstances.

3. Admission in Emergencies .

4. Temporary treatment order.

5. Admission of Mentally ill prisoners.

CHAPTER 5:

It deals mainly with the procedure to be followed for the discharge of mentally ill persons from a mental hospital under different circumstances.

TYPES OF DISCHARGE

1. **Discharge of a patient admitted on voluntary basis.**
2. **Discharge of a patient admitted under special circumstances.**
3. **Discharge of a patient admitted by police.**

CONTI….

4. Discharge of a mentally ill prisoner

5. Leave of absence.

CHAPTER 6:

It deals with judicial enquiry regarding mentally ill persons possessing property, their custody and management of property.

Under section 54{1} a guardian may be appointed by the court of law on behalf of an alleged mentally ill person incapable of looking after self and property.

CHAPTER 7:

Under section 78 when a mentally ill patient is detained as an inpatient and does not have property to bear the cost of treatment , in such cases his expenses shall be borne by the Government of the state.

CHAPTER 8:

It is the latest addition to the act that contains a very novel and explicit provision for protection of human rights.

-No mentally ill person should be subjected during treatment to any indignity (physical, mental) or cruelty.

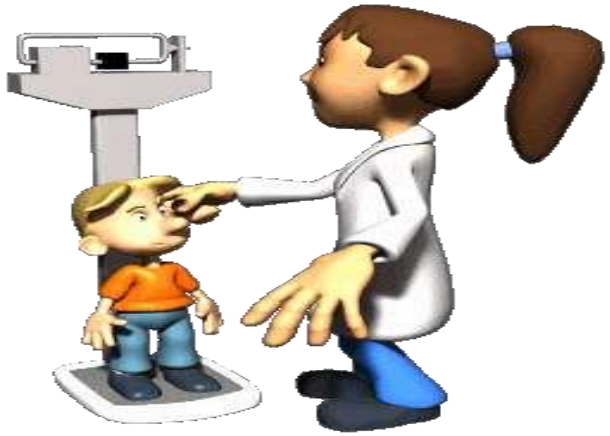
-No mentally ill person under treatment shall be used for purpose of research unless

Such research is of direct benefit to him.

-A consent has been obtained in writing from the person or from the guardian.

CHAPTER 9:

It deals with procedures to be followed for the establishment and maintenance of psychiatric hospitals/ nursing homes.



CHAPTER 10:

It deals with the clarification pertaining to certain procedures to be followed by the medical officer- in –charge of the psychiatric hospital/ nursing home.

National Mental Health Programme (NMHP)

- “Mental health is a state of wellbeing characterized by the absence of mental or behaviour disorder whereby the person has made a satisfactory adjustment as an individual, and to the community, in relation to emotional, personal, social and spiritual aspects of there life”

K. park

- According to WHO:

  Mental health has been defined as a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the realities of the self and that of other people and that of the environment

National Mental Health Programme (NMHP)—The Beginning

- As early as 1982, the highest policy making body in the field of health in the country, the Central Council of Health and Family Welfare (CCHFW) adopted and recommended for implementation, a National Mental Health Programme for India (NMHP)

Introduction:

- The national mental health program (NMHP, 1982) is run by the government of India for MEETING THE UNMET **NEEDS** of the mentally ill people

- One of the first countries in the developing world to formulate a national mental health program

Era of Mental Hospitals

- Establishment of mental hospitals
- In 1947- Fifteen mental hospitals with 10,000 beds for 400 million
- Bhore committee: For 2 beds/1000, 800,000 beds required!
- Quantitative Gap

Mental Hospitals

- Away from the community
- Dumping ground for the mentally ill
- Custodial rather than therapeutic
- Run by ‘wardens’ rather than ‘doctors’
- Later observations- Poor human rights record
- Qualitative Gaps

Integration: 1975-1982

- Efforts at integration of mental health with primary health care
- Realization that PHC system is the vehicle to take mental health to people
- Need to train non-professional staff
- Need to train GP's
- Need to train more psychiatrists

There are at least five important factors which contributed to the drafting of the national mental health programme for India during the early 1980s.

1. ***"The organization of mental health services in developing countries" – a set of recommendations by an expert committee of the World Health Organization.***

2. ***Starting of a specially designated "Community Mental Health Unit" at the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore – 1975*** [6]

3. ***World Health Organization (WHO) Multi-country project: "Strategies for extending mental health services into the community" (1976-1981)***

4. ***The "Declaration of Alma Ata"- to achieve "Health for All by 2000" by universal provision of primary health care (1978)***

5. ***Indian Council of Medical Research – Department of Science and Technology (ICMR-DST) Collaborative project on 'Severe Mental Morbidity'***

The organization of mental health services in developing countries" – a set of recommendations by an expert committee of the WHO

Expert Committee set up by the World Health Organization

- strongly endorsed strategy of integrating mental health into primary care services
- made recommendations about ways and means of delivering mental health services in developing countries which had acute shortage of trained mental health professionals

Starting of a specially designated "Community Mental Health Unit" at (NIMHANS), Bangalore – 1975

- Mental health needs assessment and situation analysis-Rural mental health centre at Sakalwara in Bangalore rural district covering a population of about 100,000
- Simple methods of identification and management of persons with mentally illness by primary care personnel.
- Pilot training programmes in basic mental health care for primary health care (PHC) personnel were conducted
- Draft manuals of instructions written & pilot tested.
- CMHU at NIMHANS developed a strategy for taking mental health care to the rural areas through the existing primary health care network

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 minimu mental health care for all in foreseeable future, particularly most vulnerable and underprivileged section of population

Objectives

2) Encourage application of mental health knowledge in general health care and social development

3) Promote community participation in mental health services development and stimulate efforts towards self-help in 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.

Specific Approaches

- Diffusion of mental health skills to the periphery of health services
- Appropriate appointment of tasks
- Equitable and balanced distribution of resources
- Integration of basic mental health care with general health services
- Linkage with community development

Goals of NMHP

- Within one year-

❖Each state will have adopted the plan

❖Govt of India will have appointed a focal point within the ministry of health specifically for MH action

❖National coordinating group will be formed comprising reps of each state, senior health adm, professionals from psychiatry, social welfare and education

Goals of NMHP

- ❖ Task force will have worked out outlines curriculum of mental health workers and for MO’s at PHC level
- Within 5 years-
- ❖ 5000 of target non-medical professionals will have undergone 2 weeks training in mental healthcare

Goals of NMHP

- Creation of a post of psychiatrist in at least 50% of districts
- Psychiatrist at the district level will visit all the PHC’s regularly at least once a month for supervision and education
- To be fully operational in at least half of all districts in some states and UT

Goals of NMHP

- ❖ Each state will appoint a program officer responsible for organization and supervision of mental health program
- ❖ Each state will provide additional support for incorporating common mental health components in teaching curricula
- Appropriate psychotropic drugs to be made essential drugs and available at PHC level

Goals of NMHP

- Psychiatric units with in-patient facility will be made available in all medical college hospitals in the country

Strengths:

- Proposed mutually synergistic integration of mental health care with primary health care
- Proposed to use PH machinery
- Integration of all aspects of teaching, research and therapeutics

Achievements in Initial Years:

- Workshops for mental health professionals, health directorate officials were held, sensitization to mental health issues
- Preparation of support materials in form of manuals, health records and health education materials with inputs from NIMHANS, CIP and PGIMER
- Training for teachers in psychiatry

Barriers to the Implementation of NMHP

- Limited undergraduate training in psychiatry
- Inadequate mental health human resources
- Lack of policy driven epidemiological data and research driven mental healthcare policies
- Limited number of models and their evaluation
- Uneven distribution of resources across states
- Non-implementation of the MHA, 1987
- Privatization of healthcare in the 1990s.

Weaknesses

- Emphasis on curative rather than promotive or preventive aspects of mental health
- Community resources like family was not given due importance
- No clear cut model for macro implementation

DMHP Objectives:

1. To Provide sustainable basic mental health services in community and integration of these with other services
2. Early detection and treatment in community itself
3. To ensure ease of care givers
4. To take pressure off mental hospitals
5. To reduce stigma
6. To rehabilitate patients within the community
7. To detect ,manage & refer cases of epilepsy

Components of DMHP

1. **Training** of medical, paramedical personnel and community leaders

2. Community Mental Health care through **existing infrastructure** of the health services

3. Information, Education and Communication **(IEC)** activities

DMHP—Key Features

1. The States will set in motion the process of finding suitable personnel for manning the DMHP teams.

2. They can take in service candidates who are willing to serve in this pilot project and provide them the necessary training in the identified institution

3. The patients will be from the district itself and the adjoining areas

4. District Mental Health Team will be expected to provide service to the needy mentally ill patients and their families, such as—daily out-patient service, ten bedded in-service facilities, referral service and liaison with

the primary health centres, follow up service, awareness programmes, and also community survey if feasible.

The DMHP Provide valuable data & experience at the level of community to the state & centre for future planning & improvement in service & research.

- The team of workers at the district under the program consists of a

✓ Psychiatrist,

✓ Clinical Psychologist,

✓ Psychiatric Social worker,

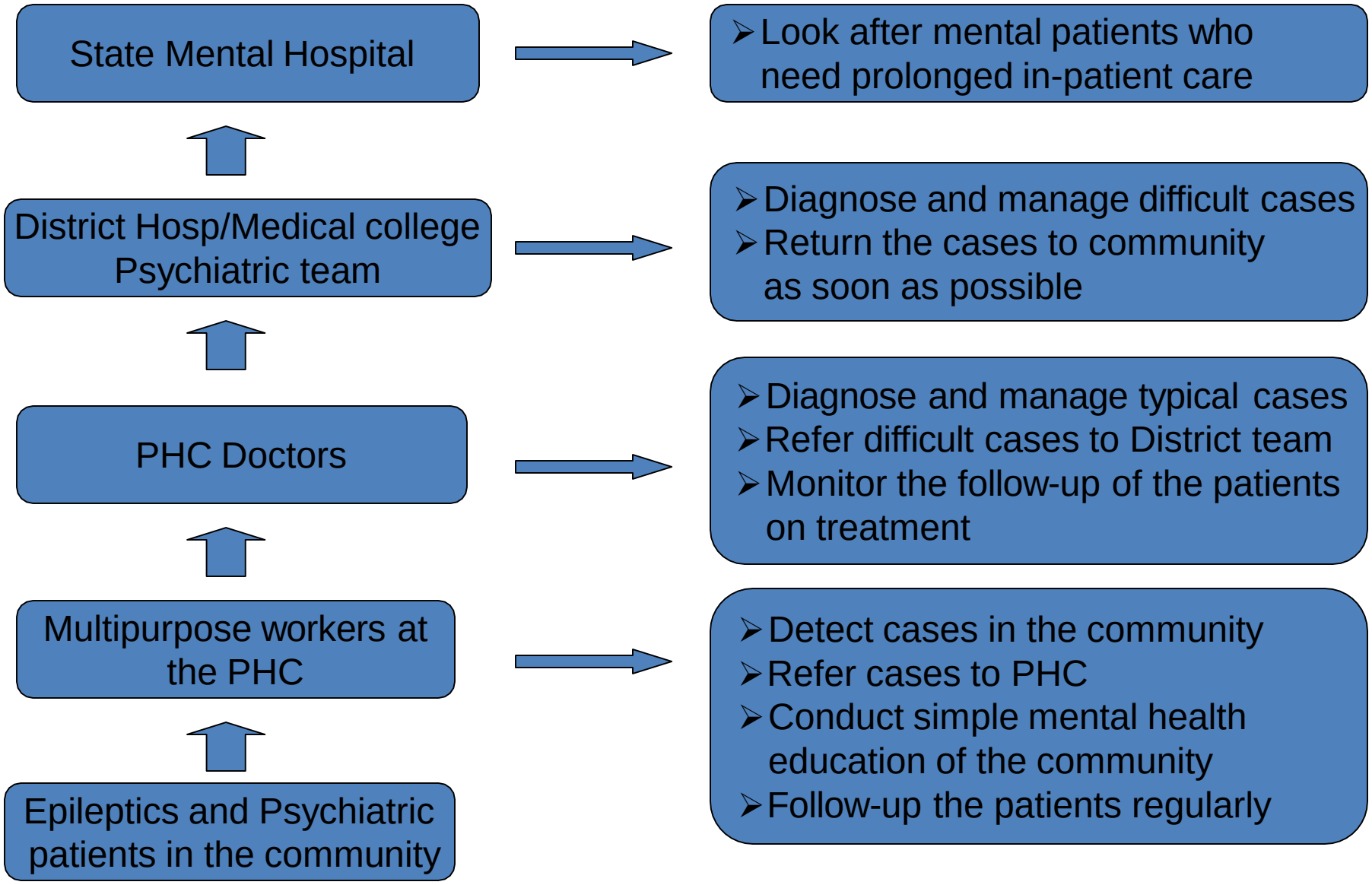
✓ Psychiatry/Community Nurse,

✓ Program Manager,

✓ Program/Case Registry Assistant and

✓ Record Keeper.

The top down-bottom up approach



School mental health program

- In 2010, this program has been sanctioned to be implemented in all DMHP districts in the country

Aims of the SMHP

- **Provide Class Teachers with Knowledge and Skills to Identify Emotional, Conduct Problems in their students**
- **Provide Class Teachers with a system of referral for students with psychological problems to the District Mental Health Team for inputs and treatment.**
- **Provide Class Teachers with Facilitative Skills to Promote Life Skills among their Students.**

- The life skills which need to be taught at the school level especially to adolescent as are

❖Critical thinking & creative thinking

❖Decision making & problem solving

❖Communication skills & interpersonal relations

❖Coping with emotion & stress

❖Self awareness & empathy

- Urban mental health care
  - Use of **existing public health care infrastructure** such as Municipality hospitals/ Corporation hospital/ other Specialty hospitals, Mental hospitals and Medical college hospitals
  - Volunteers and extensive **networking** with NGOs and other agencies
  - **Additional facilities** like community based detoxification centers; self help groups, halfway homes, day care centers, long stay facilities, respite care centers, crisis intervention centers and counseling services
  - Sate home for women, state home for person with mental handicap and the prisons

Involvement of ICDS system in NMHP

- Most effective in dissemination of knowledge on mental health, identification of clients at earliest stage of morbidity
- NIMHANS has rightly picked up the ICDS system to involve in NMHP, are imparted 5 days training programme at distt. level

Role of NGO in NMHP

- IEC activities
- Support for health promotion using life skill approach
- Support for follow up of severely mentally ill persons in community
- Support for mentally retarded children & their families
- Organization of mental health camps

- Networking with primary health care team
- Facilitation of disability welfare benefits for the mentally ill & mentally challenged
- Home care for severely mentally ill person

Legislations supporting Mental Health

- Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985
- Juvenile Justice Act, 1986
- Mental Health Act (MHA), 1987
- Persons with Disability Act, 1995
- National Trust Act, 1999
- Human rights of mentally ill persons, report of NHRC, 1999

Revised Goals for the Mental Health Programme

- Redesigning DMHP around a nodal institution
- Strengthening medical colleges to develop manpower, secondary facilities, encourage general hospital psychiatry
- Modernization of mental hospitals
- Strengthening of state mental health authorities
- Research and training on epidemiology, course/outcome, needs, cost effective intervention models

Revised Goals for the Mental Health Programme

- Strengthening families and communities for the care of persons suffering from mental disorders
- Organization of a wide range of mental health initiatives to support individuals and families
- Special focus on immediate delivery of the most essential services to the ones with the greatest needs

Priorities for future

- Approach of NMHP should be adapted to changing need with strategies such as openness, continuous evaluation, learning from the experiences
- The nature of mental health requires that actions and interventions be multidimensional, involving a number of sectors, professionals, approaches
- The wide variations across the states of India, plans should be developed for each of the states and union territories, besides the national plan and programme

Priorities for future

- All the Psychiatric care institutions should be upgraded with trained personnel, treatment and rehabilitation facilities, community outreach activities

- All the medical colleges should have independent Departments of Psychiatry to ensure UG & PG training in Psychiatry

- Setting up of District and Sub-district Mental Health Team for adequate surveillance and monitoring of activities

Priorities for future

- **Support from the government for the families of the mentally ill persons in terms of community based services, financial support for care, formation of self help groups, involvement in future planning**

- **Psychotropic drugs including 2nd generation antipsychotics and antidepressants to be made essential and freely available**

- **Enhanced involvement and aid to voluntary agencies to take more wide initiatives**

Priorities for future

- Involvement of private health care services and amendment of the Mental Health Act
- Planned mental health manpower development by increasing the centers of training and creating opportunities for employment
- Community mental health facilities such as day care centers, half way and long stay homes

Priorities for future

- Emphasis on public mental health education through all available traditional and modern media

- To understand the prevalence, nature, course, treatment response and the impact of social changes and developmental policies, researches at the National, regional and local level should be supported.

- National level institutions to evaluate the models of care, training of different categories of personnel and monitoring the mental health programmes

Priorities for future

- The advances in the understanding of human behavior and mental disorders justify the optimism of developing meaningful and realistic mental health programmes. It is mandatory to bring the fruits of science to the total population of India.

MULTIDISCIPLINARY MENTAL HEALTH TEAM

INTRODUCTION

- Team work is significant in any setting more so in a mental health setting.
- The milieu needed to care for patient depends up on the qualification, experience, skillful handling of the situation by all members of the team with similar approach.
- For promotion of a therapeutic environment members of the various discipline coordinate their activity.
- Four health care professionals constitute the core mental health disciplines : psychiatric nursing, psychiatry, clinical psychology, and psychiatric social work.

MEANING

- Teamwork is paramount for the success of any group.
- Teamwork means the combined, co-coordinated & dedicated effort of each & every member of the team toward achievement of the vested interest, target or goal of the team as an entity.
- Teamwork becomes more significant in a mental health setting where the contribution of all the members is extremely vital for the assessment, diagnosis, treatment, in-patient rehabilitation as well as community based rehabilitation of the mentally ill patient.
- Team work is one of the steps leading to exemplary care of the individual, his family & the community at large thus making the millennium concept of “Holistic Patient Care” a reality.

CONCEPT OF MULTI-DISCIPLINARY TEAM

- This multi-disciplinary team can also function as an Inter-disciplinary team in that the total care of the patient requires not only the total input of each members of this team but also the inter-disciplinary coordinated effort .
- One can compare this concept to an orchestra led by the music director.
- Each members of the orchestra has to give his input & simultaneously there should be coordination with other members as directed by the music director, so that the final effect is splendid.
- Similarly, multi-disciplinary input & inter-disciplinary coordination's as directed by the patient & his illness will lead to the splendid outcome of recovery of the patient to his maximum capability & capacity in the community.

MEMBERS OF THE MENTAL HEALTH TEAM


Psychiatry Patient
Register nurse in Psychiatric nurse in
Clinical psychologist
Psychiatric social workers
Psychiatric para professionals
Occupational therapist
Recreational Therapist
Diversional play therapist
Creative art therapist
Clergyman
Psychiatrist
Psychiatric nurse clinical specialist

1. Psychiatrist

- The psychiatrist is a doctor with post-graduation in psychiatry with 2-3 years of residence training.
- The psychiatrist is responsible for diagnosis, treatment & prevention of mental disorders, prescribe medicines & somatic therapy & function as a leader of the mental health team.

2. Psychiatric Nurse Clinical Specialist

- The psychiatric nurse clinical specialist should have a master degree in nursing, preferably with post –graduate research work.
- She participates actively in primary, secondary & tertiary prevention of mental disorder & provides individual, group & family psychotherapy in a hospital & community setting.
- She also takes up the responsibility of teaching, administration & research, bedsides publishing work in a mental health setting.
- She takes up the role of a leader & can practice independently.

3. Registered Nurse in a Psychiatric Unit

- The registered nurse undergoes a general nursing & midwifery program or B.Sc nursing / post-basic B.Sc nursing program with added qualification such as diploma in psychiatric nursing, diploma in nursing administration etc.
- This nurse is skilled in caring for the mentally ill, gives holistic care by assessing the patient's mental, social, physical, psychological & spiritual needs, making a nursing diagnosis, formulating, evaluating & rendering the appropriate nursing care.
- She/he co-ordinates with the clinical nurse specialist in a community mental health setting.
- She/he updates knowledge via continuing education, in-service education, workshops & courses conducted by open Universities.

4. Clinical Psychologist

- The clinical psychologist holds a doctoral degree in clinical psychology & is registered with the clinical psychologist's association.
- She/he conducts psychological, diagnosis tests, interprets & evaluates the finding of these tests & implements a program of behavior modification.

5. Psychiatric Social Worker

- The psychiatric social worker is a graduate in social work & post-graduate in psychiatric social work. She/he assesses the individual, the family & community support system, helps in discharge planning, counseling for job placement & is aware of the state laws & legal rights of the patient & protects these rights.
- She/he is skilled in interview techniques & group dynamics.

6. Psychiatric Para-Professionals

A. Psychiatric Nursing Aids/Attendants
B. ECT technicians
C. Auxiliary Personnel
D. Occupational Therapist
E. Recreational Therapist
F. Diversional Play Therapist
G. Creative Art Therapist
H. Clergyman

A. Psychiatric Nursing Aids/Attendants:

- They have high school training & are trained on the job.
- They aid maintaining the therapeutic environment & provide care under supervision.

B. ECT technicians:

- They undergo training for 6-9 months.
- Their function is to keep ready the ECT under the supervision of a psychiatrist or anesthetist.

C. Auxiliary Personnel:

- They are volunteer housekeeper or clerical staff & require in-service education to interact with the patient therapeutically.

D. Occupational Therapist:

- Occupational therapist goes through specialized training.
- He /she has a pivotal role to play by using manual & creative techniques to assess the interpersonal responses of the patient.
- Patients are helped to develop skill in the area of their choice & become economically independent.
- They are helped to work in sheltered workshop.

E. Recreational Therapist:

- The recreational therapist plans activities to stimulate the patient’s muscle co-ordination, interpersonal relationship & socialization.
- These approaches are need-based.

F. Diversional Play Therapist:

- Makes observation of a child / patient during his play.
- The behavior of the child while playing, the type of toys & his reaction toward the doll, beating, calling or throwing are the focus of attention.
- The therapist explores the behavior of the child & relates to conditions like phobia, child abuse, separation or any other condition.

G. Creative Art Therapist:

- He/she is an art graduate & encourages the patient to express his work freely with colors & analysis the use of various colours, drawing of various scenes etc.
- This therapy helps in diagnosis & also in bringing the repressed feelings of the patient to the conscious level.

H. Clergyman:

- These are religious persons who may be asked to come to the hospital unit once a week (depending on the patient’s religious faith) & have a spiritual talk with the patient.

Reference

- National health programs of India: J Kishore 11th ed
- Park's textbook of Preventive & Social Medicine: 22nd ed
- Mental health care & human rights: NHRC
- www.ncbi.nlm.nih.gov


Thank you