care needs to be addressed by making provisions for the same in general health facilities such as district hospitals, teaching hospitals attached to medical colleges and other general hospitals.

5.4.9 Build effective leadership and management systems.

5.4.10 Develop a comprehensive mental health information system for data collection and digitization of data.

5.4.11 The reform of mental hospitals should be continued to provide them with improved infrastructure and enhanced resources to provide quality services.

5.4.12 Institutionalize a culture of respect for rights of persons with mental illness and a culture of openness and integration with their local communities.

5.4.13 Financial support including monetary benefits and tax benefits to the primary care-giver needs to be addressed. These can be based on criteria which take into account age of the care-giver, family income, number of hours of caregiving, whether care is provided in hospital or at home and whether the care-givers had to give up their job to provide care.

5.4.14 A multidimensional, dynamic and well-being oriented approach is essential to address the needs of homeless persons with mental illness. While some homeless people with mental illness may require in-patient facilities, others need access to open shelters, community kitchens, adequate clothing, medical support and other social entitlements. These services may be coordinated between Local Self Government Institutions and Social Welfare/Disability Departments based on a National Policy on Homelessness. The Government Policy should formulate a response towards homeless person with mental health problems. This should include adequate attention to preventive measures and rehabilitative measures.

5.4.15 Assisted Living Services for persons with mental health problems is a type of domiciliary care for persons with chronic and long term illness. Those on recovery pathways can have integrated independent housing with some minimal support systems. Thereby the exit of family care givers does not become a critical setback in their recovery progress. However, the majority who live in their families face a sudden withdrawal of all forms of support once the care-givers are no more. The emerging contours of Indian families as urban prototypes worsen the situation. This policy recommends to explore ways and means of finding a solution to the question - "Who after me". A suitable mix of all three different models of care -

institutional, community and family- has to be identified to suit the needs of the orphaned persons. Extending assisted living in one's own home could be a viable option for various categories of families across the social strata. The question of the State monitoring such services has an element of legal obligation to ensure safety and protect dignity of the afflicted persons living alone on low or nil support.

5.5 Improve availability of adequately trained mental health human resources to address the mental health needs of the community

5.5.1 To reduce the gap between requirement and availability of trained mental health professionals (psychiatrists, psychiatric nurses, psychologists, counsellors, medical psychiatric social workers, etc.) higher number of such professionals should be trained. Persons affected by mental health problems and their care-givers are an important mental health human resource. At appropriate places, this group should be used to support recovery and disseminate information on mental health.

5.5.2 Integration of mental health in training programmes of other allied fields is necessary. Anyone with a mental health issue should have a seamless transition from a general practitioner / service to specialised care; such should be the role and responsibilities of each of the treating medical professionals. It is therefore imperative that a systems perspective be the driving value / strategy in the training of these professionals to ensure a collaborative and informed approach to treatment and referral. All health personnel – general or specialists should be trained on mental health to positively influence mental health of patient and care giver.

5.5.3 Shortage of mental health nurses has been observed in the country. Psychiatric nursing or mental health nursing courses such as Masters and Diploma courses should be started to increase supply of this trained cadre. Training in dealing with common as also severe mental disorders is of paramount importance. A clear defined role along with required skills should be outlined so that nursing services are used appropriately.

5.5.4 The large numbers of Auxiliary Nursing Midwives should be offered an opportunity for skill upgradation in mental health. This work force caters to mothers and children hence their involvement in child and adolescent mental health and mental health services for the mothers will be useful. This is also perhaps the largest women health work force in the country.

5.5.5 Similarly, appropriately trained lay and community based counsellors, psychiatric social workers, development workers, psychologists, occupational therapists, other mental health professionals and those trained in the social sciences should be encouraged to understand and advocate the importance of a healthy ecosystem and robust development programmes.

5.5.6 For specialised mental health services, the policy recommends that more jobs be envisaged in the government sector which will encourage youngsters to take such courses that lead them to jobs in the mental health sector. There should be a cadre of specialised mental health service providers in district hospitals.

5.5.7 Mental health should be recognised as everybody's business. Training programmes must acknowledge that while the bio-medical approach to understanding mental health problems is undoubtedly important, there are equally important psycho-social interventions which need to be incorporated into programmes across all disciplines that would help alleviate distress in small ways. This would also help broaden the scope and reach of mental health interventions and thus help decrease stigma and position mental health more positively.

5.6 Community participation for mental health and development

5.6.1 Remove legislative, policy and programmatic barriers to protect rights of persons with mental illness and promote the full participation of persons with mental illness in all areas of life including education, housing, employment/ livelihood and social welfare. In particular, there is a need to simplify procedures for disability certification of persons with mental illness and enhancing compensation for mental disability.

5.6.2 Increase availability of appropriate housing with necessary supports for homeless and other poorly resourced persons with mental illness living in poverty and deprivation.

5.6.3 Implement programmes to help persons with mental health problems to pursue education and vocational training schemes to help improve their chances of employment.

5.6.4 Include person(s) with mental health problems in all social welfare and disability benefit programmes and make suitable modifications to such schemes to take into account the unique requirements and contexts of persons with mental illness.

5.6.5 Co-ordinated actions between different government departments

and ministries, between government and civil society, private sector and any other stake-holder to ensure full participation of persons with mental illness.

5.6.6 Involve persons living with mental illness and care-givers in Village Health, Sanitation, Water and Nutrition Committees (Swasthya Gram Samiti) and in Rogi Kalyan Samiti (Patient Welfare Committees) so that they can participate in community planning and monitoring of the public health system and in community action for health.

5.6.7 Increase the space for voice of person(s) with mental illness and care-givers in planning and feedback of mental health services.

5.7. Research

5.7.1 Develop and implement a comprehensive research agenda for mental health incorporating epidemiological, clinical and health systems research together with sociological, ethnographic and other multi-disciplinary methods, with recognition of the role of diverse disciplines and methodologies including participatory research methods.

5.7.2 Commit equitable funds for promoting mental health research, with a target consistent with the burden of mental health problems in the country.

5.7.3 Invest in building research capacity in mental health, both through existing institutions and developing new institutions focused on niche areas, such as people who are homeless or children's mental health.

5.7.4 Foster partnerships between Centres of Excellence for Mental Health and Medical College Departments of Psychiatry with the District Mental Health Program and with appropriate NGOs and research institutions to implement priority mental health research.

5.7.5 Develop sites in different regions of the country, around such partnerships, which can monitor population mental health and evaluate mental health programs.

5.7.6 Conduct research to evaluate the potential of traditional knowledge, practices and alternative therapies to address mental health problems.

5.7.7 Develop and facilitate mechanisms for dissemination of research findings and for translating research findings into action at the service delivery level.