#### F.No.V.15011/6/2007-PH –I (Vol 2) Government of India Ministry of Health & Family Welfare (Deptt. of Health & Family Welfare)

Nirman Bhawan, New Delhi – 110108 Dated 28<sup>th</sup> November, 2011

To.

#### All Health Secretaries of States/ UTs

Subject: Implementation of the National Mental Health Programme during the Eleventh Five Year Plan – Approval of District Mental Health Programme, IEC activities, Research & Training, Monitoring & Evaluation etc.

#### Sir/Madam,

In continuation and partial modification to the guidelines for Implementation of the National Mental Health Programme during the Eleventh Five Year Plan issued vide this Ministry's letter no. V.15011/6/2007-PH(Pt 2) dated 24<sup>th</sup> April, 2009, I am directed to convey the approval of the competent authority for implementing District Mental Health Programme, IEC activities, Research & Training, Monitoring & Evaluation etc. there under with an outlay of Rs. 149.99 crores. The details of the schemes are enclosed herewith.

2. The breakup of allocation for various schemes under the Programme apart from those mentioned in the above mentioned letter is as under:

			(Rs. In crores)
Schemes	2010-11	2011-12	Total
DMHP with added components	53.32	57.17	110.49
IEC activities	10.00	10.00	20.00
Monitoring & Evaluation	4.00	4.00	8.00
CMHA/ SMHA Support	2.50	2.50	5.00
Research & Training	3.00	3.50	6.50
Total	72.82	77.17	149.99

1. The above allocation is over and above the allocation communicated vide this Ministry's letter no. V.15011/6/2007-PH(Pt 2) dated 24<sup>th</sup> April, 2009 which was as under:

	(Rs. In crores)		
(i) Manpower Development	(a)	Establishment of Centres of Excellence in	338.121
		the field of Mental Health	
	(b)	Scheme for manpower development in	69.890
		Mental Health	
(ii) Spill over activities of the 10 <sup>th</sup>	58.030		
Medical Colleges/ General Hos			

Schemes	(Rs. In crores)
Hospitals), as per existing norms.	
(iii) Continuation of existing District Mental Health Programmes (DMHPs) under	6.900
implementation on existing norms	
Total	472.941

2. This issues with the concurrence of Integrated Finance Division vide Dy. No. C-1713 dated 15.11.2011

Yours faithfully,

21 (S. K. Gupta)

Under Secretary to the Govt. of India Tel: 011-23062426

Encl: Scheme of NMHP.

- Copy to : 1. All Nodal Officers of NMHP of States/ UTs.
  - 2. All State Health Societies.

# National Mental Health Programme XI<sup>th</sup> Five Year Plan Part – II

The following components, have already been approved by the CCEA in March 2009 at a cost of Rs 473.445 crores:

- i. Man Power Development: Rs. 408.011 crores
- Establishment of Centers of Excellence in Mental Health
- Support for starting/increasing training posts to institutions
- ii. Spill Over Activities of X plan: Rs. 64.93 crores
- Upgradation of Psychiatric Wings of Government Medical Colleges /General Hospitals,
- Modernisation of State run Mental Hospitals
- Existing District Mental Health Programme (DMHP) on existing pattern.
- iii. Evaluation of the programme : 0.504 crores

The EFC, in its meeting held on 8<sup>th</sup> March, 2010 recommended the following:

- (a) An additional outlay of Rs. 150 crores for National Mental Health Programme (in addition to Rs. 473 crores already approved by CCEA for the Human Resource Development Component).
- (b) The number of districts under NMHP to be restricted to 123 (the current number) in the 11<sup>th</sup> Plan. Such restriction is necessitated by non-availability of trained manpower apart from constraint of funds.

The National Mental Health Programme now also includes the following:

i. **District Mental Health Programme:** There are 123 ongoing DMHPs in the country. As recommended by EFC, the number is to be restricted to 123 districts. Future expansion will be undertaken in the 12<sup>th</sup> plan period once the existing DMHPs are consolidated with newer components proposed in the current plan and more skilled manpower is available in the country as a result of proactive measures by the NMHP to increase the PG training capacity in mental health related specialties.

Additional activities, that is, promotive and preventive activities, have been proposed in the existing DMHPs in addition to ongoing components of early identification and treatment. These include Life Skills Education and Counselling in Schools, College Counselling Services, Work Place Stress Management The unit costs have also been changed. The details of DMHP Budget are at Annexure – I.

- ii. **IEC Activities:** Innovative IEC strategies involving Electronic/ Print/local media at Central level to reduce stigma attached to mental illness and increase awareness regarding available treatment and health care facilities. Increased awareness regarding provisions under Mental Health Act 1987
- iii. **Monitoring & Evaluation:** At Centre & State level to support for monitoring, implementation, evaluation etc.
- iv. **Training & Research:** To address shortage of manpower in mental health in short term basis for DMHP teams. To support CME, Distance Learning, E-Mode learning, addressing specialty training areas such as Child Psychiatry, Geriatric Psychiatry etc. & Operational Research related to NMHP.
- v. **Support for Central/ State Mental Health Authority: To assist in r**egulation development, direction and coordination with respect to Mental Health services Support proposed for Establishment & maintenance of a small technical secretariat during the plan period.

The details of budget for additional components apart from DMHP are at Annexure – II.

Matrix of all activities of various health facilities under Revised National Mental Health Programme (NMHP) is enclosed at Annexure - III.

## District Mental Health Programme (DMHP)

1. The existing and additional components for the DMHP is as follows:

EXISTING ACTIVITIES OF 123 DMHPS	ADDITIONAL ACTIVITIES OF 123 DMHPS FOR 11 <sup>TH</sup> PLAN PERIOD				
Early Identification and Treatment of Mental Illness near patients doorsteps	Life Skills Education and Counselling in Schools, College Counselling Services, Work Place Stress Management				
Training of Health and Community Workers for 3 years only	Training of Health and Community Workers for all years				
IEC activities at district level	Dedicated Monitoring team, Essential participation of Community based organisations, more effective Integration of DMHP in the district health system				
6 member DMHP team for 10 <sup>th</sup> plan districts, 11 member DMHP team for 9 <sup>th</sup> plan districts	Revised to seven member team for implementing DMHP.				

## 2. REVISED UNIT COSTS FOR DMHP:

Rs. In lakhs

Activity	Allocation	per district
	1 <sup>st</sup> year	2 <sup>nd</sup> year
<ol> <li>(Non Recurring)</li> <li>Infrastructure for District DMHP Centre, Counselling centre under psychology dept. in a selected college including crisis helpline: Setting up the centre, furniture, computer facilities, telephone etc.</li> <li>Preparatory phase Recruitment of DMHP staff and development of district plan</li> </ol>	2.00	0
<ul> <li>Staff Salary</li> <li>Programme Officer, Cl. Psychologist, Psychiatric Social worker, Psychiatric Nurse, Community Nurse, Case Registry Assistant, Record Keeper</li> </ul>	13.62	18.459
<ul> <li>3A. Training</li> <li>PHC Medical officers, nurses, paramedical workers &amp; other heath staff</li> <li>3B. IEC and community mobilisation activities</li> </ul>	3.25	3.25
<ul> <li>Procuring /translation of IEC material and distribution</li> <li>Awareness generation activities in the community, schools, workplaces with community involvement</li> </ul>	6	6
4. Targeted interventions at community level Activities & interventions targeted at schools, colleges, workplaces, out of school adolescents, urban slums, and suicide prevention. (Rs. 3 lakhs for district counselling center (DCC) and crisis helpline outsourced to psychology department/NGO per year, Rs. 1000 per high school for counselling sessions per year, training of master trainers & school teachers in life skills, training of college teachers in counselling skills/orientation of psychology teachers in counselling Hiring the services of psychiatrists, psychologists from private sector).	12	12
5. Drugs	4	4.5
6. Operational expenses of the district centre: rent, telephone expenses, website etc.	1	1
7. Miscellaneous/ Travel/ Contingency	4.5	4.5
Total in lakhs	46.37	49.709

## Details of the staff $\ensuremath{\mathfrak{E}}$ the funding pattern for DMHP in a district

Staff	Number	Salary (p.m.)	Total annual cost in Rs. (5% will increase annually)
Programme officer (P.O.)	1(Psychiatrist/	Rs.50,000/- for Psychiatrist and Rs.	
	Medical Officer on	30,000/- in case of trained medical	(It is assumed that with competitive salary about
	deputation or on	officer.	70% districts would be able to engage
	contract)		psychiatrists)
Psychiatric Social worker/	1 (on contract)	Rs. 30000/- for Psychiatric social	2,52,000/-
Social worker		worker (MPhil-PSW) and	(Calculated on the basis of 25 % districts able to
		Rs.18,000/- in case of trained	engage Psychiatric Social Workers)
		medical social worker.	
Clinical Psychologist/	1(on contract)	Rs. 30000/- for Clinical Psychologist	
Psychologist		(MPhil-Cl.Psychology) and	(Calculated on the basis of 25 % districts able to
		Rs.18,000/- in case of trained	engage Clinical Psychologists)
		Psychologist (MA Psychology)	
Psychiatric Nurse/ Trained	1(on contract)	Rs. 25,000/- Psychiatric Nurse	2,10,000/-
General Nurse		(MScPsych.Nursing or DPN) and	•
		Rs.15,000/- in case of General	engage Psychiatric Nurses)
		Nurse.	
Record Keeper	1(on contract)	Rs. 10,000/- (Graduate) with	1,20,000/-
		suitable experience	
Community Nurse (Case	1 (on contract) for	Rs. 25,000/- (Trained General Nurse	3,00,000/-
Manager)	keeping a record of	with administrative experience)	
	all severe mentally ill.		
Case Registry Assistant	1 (on contract) for	Rs. 8,000/- (12 <sup>th</sup> + proficiency in	96,000/-
	assisting the	computers and office work)	
	programme manager		
Total	5 member technical te	am +2 member administrative team	13,62,000/-

Salary	1 <sup>st</sup> year	2 <sup>nd</sup> year (including annual increment of 5%)
Psychiatrist	528000	554400
Clinical Psychologist	252000	264600
Psychiatric Social Worker	252000	264600
Psychiatric Nurse	210000	220500
Record keeper	120000	126000
Community Nurse (Case Manager)	300000	315000
Case Registry Assistant	96000	100800
Total	1362000	1845900

Year-wise break up of funding pattern (in Rs.) for staff support for one district

Proposed DMHP Budget for continuing old districts initiated in 9<sup>th</sup> and 10<sup>th</sup> plan & 2007-08 for balance part of five installments on new pattern during 2010-2012 (in Rs. crore).

VEAD	2010-11	2011-12	ΤΟΤΑΙ
YEAR	(123 Districts)	(123 Districts)	TOTAL
TOTAL	53.32	57.17	110.49

Total : Rs. 110.49 crore

### NATIONAL AND STATE COMPONENTS FOR NMHP

Year-wise expenditure of Remaining components of NMHP (Rs. crore)

Schemes	2010-11	2011-12	Total
IEC Activities	10.0	10.0	20.0
State & Central Teams under NRHM & Evaluation	4.0	4.0	8.0
CMHA/SMHA Support	2.5	2.5	5.0
Research & Training	3.0	3.5	6.5
Total	19.5	20.0	39.5

- Total for remaining components for NMHP for 2010-12 : Rs. 39.5 crores.
- Total for DMHP and remaining components for 2010-12 : Rs. 149.99 crores.
- Total number of districts to be restricted to 123 districts in the 11<sup>th</sup> Five Year Plan and unit costs to be restricted as given above.

## Matrix of all activities at various Health Facilities under National Mental Health Programme (NMHP) : Rs. 150 crore

S.No.	Health Facility/ Geographical area/ Catering Population	Proposed Activities	Identified Staff/ Staff to be placed (Manpower Support)	Equipment	Medicines	Training	Miscellaneous/ Travel/ Contingency/ Targeted Interventions/ Local IEC/ Remarks
1	Village	<ul><li>Activities</li><li>1. IEC Activities</li><li>2. Referral to PHC</li></ul>	ASHA Budget : NIL	NIL	NIL	By PHC Doctor in identification of common mental illness Budget : NIL	Mental Illness Training to be integrated in ASHA training module. <b>Budget : NIL</b>
2	Sub Centre/ 5000 population 20 SC under 1 CHC	Estimated Case Load : 300 (60 per 1000 population) Activities 1. IEC Activities 2. Referral to PHC	ANM/ MPW (Existing Staff) Budget : NIL	No Support Budget (Non Recurring): NIL	NIL Budget (Recurring): NIL	Recurring : 2 day training each year budgeted under DMHP Budget (Non Recurring): NIL	Mental Illness Training to be integrated in Health Workers training courses. <b>Budget : NIL</b>
3	PHC/ 30000 population 66 PHC under 1 District (Avg. population 20 lac) CHC/ 100000 population 20 CHC under 1 District (Avg. population 20 lac)	Estimated Case Load : 120000 (60 per 1000 population) in a district. Activities 1. Early Identification & Treatment 2. Referral to DH 3. IEC Activities 4. Training of school teachers by master trainers for LSE	Existing PHC/ CHC doctor & Health Staff <b>Budget : NIL</b>	NIL	Medicines budgeted and supplied at district level	6 days training each year for doctors at district level under DMHP for early identification and management of common mental disorders 2 days training each year for health workers of PHC budgeted under DMHP at district level Budget (Recurring) Rs. 3.25 lac per year Non Recurring : NIL Included at district level	Mental Illness training to be integrated in Health Workers training courses. Psychiatry curriculum to be strengthened in MBBS curriculum Training of Master Trainers will be coordinated at the district level by DMHP team/ NGO Budget for IEC : Recurring at District Level
4	District Hospital Level/ 20 lakh	Estimated Case Load: 20000 (1 SMD per 1000 population)	Psychiatrist/ Trained Medical Officer – 1 @ Rs. 50,000/ Rs.	Computer, telephone,	As per list attached	Training of doctors and health staff by	Operational Expenses (Website etc.)

S.No.	Health Facility/ Geographical area/ Catering Population	Proposed Activities	Identified Staff/ Staff to be placed (Manpower Support)	Equipment	Medicines	Training	Miscellaneous/ Travel/ Contingency/ Targeted Interventions/ Local IEC/ Remarks
	population		30,000 per month. Cost in 1 <sup>st</sup>	office		DMHP team for	
		DMHP: In 123 Districts	year Rs. 5.28 lakh considering	furniture for	Budget	early identification,	Budget (Recurring) : Rs. 1
	Covers 123 districts	1. Brief survey for situation	70% districts engaging	DMHP	(Recurring)	treatment and	lakh per district per year.
	in 29 States/ UTs	analysis, identification of	psychiatrist and rest a trained	Center in	Rs. 25 lakh	referral.	
		partners and planning a	medical officer.	District	for 5 year in		Total for 123 districts for
		road map.		Hospital and	5	Budget	1 <sup>st</sup> year : Rs. 1.15 crore
		2. Engagement of DMHP	Clinical Psychologist/ Trained	Counselling	installments.	(Recurring): Rs.	
		Team.	Psychologist – 1@ Rs. 30,000/	Center	Cost for two	3.25 lakhs per year	Total for 123 districts for
		3. Training of DMHP Team.	Rs. 18,000 per month. Cost in		years : Rs.	per district.	2 <sup>nd</sup> year : Rs. 1.15 crore
		4. Early detection and	1 <sup>st</sup> year Rs. 2.52 lakh	Budget	9.5 lakhs/		Total for 2 years = Rs. 2.3
		treatment of Severe	considering 25% districts	(Non	district.	Cost for 123	crore
		Mental Disorders (SMD)	engaging Cl. Psychologist and	Recurring) :		districts for 1 <sup>st</sup> year	
		5. Referral support for PHC/	rest a trained psychologist.	Rs. 2 lakh		: Rs. 3.7375 crore	IEC Activities in DMHP:
		CHC in managing mental		per district.	districts for		
		disorders.	Psychiatric Social Worker/		1 <sup>st</sup> year : Rs.	Cost for 123	Budget (Recurring) : Rs. 6
		6. Training of doctors and	Trained Social Worker – 1 @	Cost for 123	4.6 crore	districts for 1 <sup>st</sup> year	lakh per year per district.
		health staff of PHC/ CHC	Rs. 30,000/ Rs. 18,000 per	districts Rs.		: Rs. 3.7375 crore	
		7. IEC activities and	month. Cost in 1 <sup>st</sup> year Rs.	2.30 crore	Cost for 123		Total for 123 districts for
		screening camps.	2.52 lakh considering 25%		districts for	Total cost of	1 <sup>st</sup> year : Rs. 6.90 crore
		8. Training of Master	districts engaging PSW and		2 <sup>nd</sup> year : Rs.	training for 123	
		Trainers for LSE in	rest a trained Social Worker		5.175 crore	districts for 2 years	Total for 123 districts for
		schools.				: Rs. 7.4750 crore	2 <sup>nd</sup> year : Rs. 6.90 crore
		9. Training of teachers for	Psychiatric Nurse/ Trained		Total cost of		
		college counseling	General Nurse – 1 @ Rs.		drugs for		Total for 2 years = Rs.
		services.	25,000/ Rs. 15,000 per month.		123 districts		13.80 crore
		10. Outsourcing and	Cost in 1 <sup>st</sup> year Rs. 2.1 lakh		for 2 years :		
		supervising District	considering 25% districts		Rs. 9.775		Targeted Interventions:
		counseling centre and	engaging psychiatric nurse		crore		(includes LSE in schools,
		suicide prevention	and rest a trained general				College counseling
		helpline	nurse.				services, suicide
		11. Workplace Stress	Decend Keener 1 0 D				prevention, workplace
		Management workshops.	<b>Record Keeper – 1</b> @ Rs.				stress management)
		12. Maintenance of website.	10,000 per month. Cost in 1 <sup>st</sup>				Budget (Begunning) + De
		13. Referral of complicated	year Rs. 1.2 lakh				Budget (Recurring) : Rs.
		cases to tertiary centers. 14. Monitoring &	Community Numer (Case				12 lakh per year per
		5	Community Nurse (Case				district.
		Implementation of DMHP	Manager) – 1 @ Rs. 25,000				Total for 123 districts for
		15. Record Keeping	per month for keeping record				TOTALIOL 125 UISTICLS IOF

S.No.	Health Facility/ Geographical area/ Catering Population	Proposed Activities	Identified Staff/ Staff to be placed (Manpower Support)	Equipment	Medicines	Training	Miscellaneous/ Travel/ Contingency/ Targeted Interventions/ Local IEC/ Remarks
		16. Liaisoning with stakeholders and relevant departments and programmes for inclusion of mental health in health and social development.	of all severe mentally ill. Cost in 1 <sup>st</sup> year Rs. 3 lakh <b>Case Registry Assistant – 1</b> @ Rs. 8,000 per month for assisting the Case Manager. Cost in 1 <sup>st</sup> year Rs. 0.96 lakh <b>Cost for 1<sup>st</sup> year (Recurring) :</b> Rs. 13.62 lakh per district. <b>Cost for 2<sup>nd</sup> year (Recurring)</b> Rs. 18.46 lakh per district including an annual increment of 5%. <b>Cost for 123 districts in 1<sup>st</sup></b> year : Rs. 15.663 crore <b>Cost for 123 districts in 2<sup>nd</sup></b> year : Rs. 21.2279 crore <b>Total Busget for 2 years for</b> 123 districts (Recurring) Rs. 36.8909 crore				<ul> <li>1<sup>st</sup> year : Rs. 13.80 crore</li> <li>Total for 123 districts for 2<sup>nd</sup> year : Rs. 13.80 crore</li> <li>Total for 2 years = Rs. 27.60 crore</li> <li><u>Miscellaneous/Travel/</u> <u>Contingency:</u></li> <li>Budget (Recurring) : Rs. 4.5 lakh per year per district.</li> <li>Total for 123 districts for 1<sup>st</sup> year : Rs. 5.175 crore</li> <li>Total for 123 districts for 2<sup>nd</sup> year : Rs. 5.175 crore</li> <li>Total for 123 districts for 2<sup>nd</sup> year : Rs. 5.175 crore</li> <li>Total for 2 years = Rs. 10.35 crore</li> <li>Total for Miscellaneous for two years (recurring): Rs. 54.05 crore.</li> </ul>

## District Mental Health Programme (DMHP) District Support

Manpower Cost	Manpower Cost : Rs. 36.8909 crore		
Equipment	: Rs. 2.3 crore	Total Rs. 110.49 crore for two years (Non Recurring Rs. 2.3	
Medicines	: Rs. 9.775 crore	crore, Recurring Rs. 108.19 crore)	
Training	: Rs. 7.475 crore		
Miscellaneous	: Rs. 54.05 crore		

#### SUPPORT FOR CENTRAL & STATE MENTAL HEALTH AUTHORITIES (CMHA/ SMHA)

S.No.	Components	Proposed Activities	Establishment support for CMHA/ SMHA (Miscellaneous) (Recurring)	Infrastructure Support (Equipment) (Non - recurring)
5	CMHA at Centre	<ul> <li>Be in charge of regulation, development, direction and co-ordination with respect to Mental Health Services under the Central Government and all other matters which, under the Mental Health Act, 1987, are the concern of the Central Government or any officer or authority subordinate to the Central Government.</li> </ul>	Office/ Admn./ Professional expenses @ Rs. 50,000 p.m. (Rs. 6 lakh per year) Towards Travel @ Rs. 50,000 per year	Grant for computer, photocopier, telephone, fax, office furniture @ Rs. 2 lakh. Cost for CMHA(Non Recurring) in two years Rs. 2 lakh.
		<ul> <li>Supervise the psychiatric hospitals and psychiatric nursing homes and other Mental Health Service Agencies (including places in which mentally ill persons may be kept or detained) under the control of the Government.</li> <li>Advise the Central Government on all matters relating to mental health.</li> </ul>	Cost for Establishment support for CMHA in 1 <sup>st</sup> year : Rs. 7 lakh Cost for Establishment support for CMHA in 2 <sup>nd</sup>	
		<ul> <li>Advocate for integration of mental health in general health care and in all social development sector.</li> </ul>	Total Budget for two years for CMHS (Recurring) = Rs. 14 lakhs.	
6	SMHA in each State/ UT (35 States/ Uts)	<ul> <li>Be in charge of regulation, development, direction and co-ordination with respect to Mental Health Services under the State Government and all other matters which, under the Mental Health Act, 1987, are the concern of the State Government or any officer or authority subordinate to the State Government.</li> </ul>	50,000 p.m. (Rs. 6 lakh per year) Towards Travel @ Rs. 50,000 per year	Grant for computer, photocopier, telephone, fax, office furniture @ Rs. 2 lakh. Cost for 35 States/ Uts (Non Recurring) in two years Rs. 70 lakh.
		<ul> <li>Supervise the psychiatric hospitals and psychiatric nursing homes and other Mental Health Service Agencies (including places in which mentally ill persons may be kept or detained) under the control of the State Government.</li> </ul>	Cost for Establishment support for 35 States/ UTs in 1 <sup>st</sup> year (recurring): Rs. 2.43 crore Cost for Establishment support for 35 States/ UTs in 2 <sup>nd</sup> year (recurring): Rs. 2.43 crore	
		<ul> <li>Advise the State Government on all matters relating to mental health.</li> </ul>	Total cost for Establishment support for 35 States/ UTs in 2 years (recurring): Rs. 4.86	
		<ul> <li>Advocate for integration of mental health in general health care and in all social development sector.</li> </ul>	crore	
		<ul> <li>Development of a state mental health strategy/ programme</li> </ul>		

## Support for CMHA/ SMHA

Office/ Administrative/ Professional Support: Rs. 5 crore (recurring) Infrastructure (Equipment) : Rs. 72 lakh (Non Recurring) Total : Rs. 5.72 crore for two years (Recurring: Rs. 5 Crore, Non Recurring : Rs. 72

lakh)

### Other Components : Rs. 33.79 crore

- 1. IEC (Central) : Rs. 20 crore (Rs. 10 crore in 1<sup>st</sup> year and Rs. 10 crore in 2<sup>nd</sup> year)
- 2. Operational Research & Training (Central) : Rs. 13.79 crore (Rs. 7 crore in 1<sup>st</sup> year and Rs. 6.79 crore in 2<sup>nd</sup> year)

### Grant Total of all components of NMHP

Total Rs. 150 crore (Recurring Rs. 113.19 crore, Non Rec. : Rs. 36.81 crore)

- Manpower Support : Rs. 36.8909 crore (Recurring)
- Equipment : Rs. 2.3 crore + Rs. 72 lakh = Rs. 3.02 crore (Non Recurring)
- Medicines : Rs. 9.775 crore (Recurring)
- Training : Rs. 7.475 crore (Recurring)
- Miscellaneous : Rs. 54.05 crore + Rs. 5 crore = Rs. 59.05 crore (Recurring)
- Other Components : Total Rs. 33.79 crore (Non Recurring)

## **List of Medicines**

SL. NO.	Name of the drug that should be available in PHC/ PHU/ CHC/ Sub-divisional /District Hospital		
1	Tab. Chlorpromazine 100mgs		
2.	Tab. Risperidone 2mgs		
3	Inj. Promethazine 50 mg		
4	Tab Imipramine 75mgs		
5.	Inj. Fluphenazine 25 mgs		
6	Tab.Trihexyphenidyl 2mgs		
7	Tab. Diazepam 5mgs		
8	Tab Phenobarbitone 30 mgs and 60mgs		
9	Tab. Diphenylhydantoin 100mgs		

SL. NO.	Name of the drug that should be available in District Hospital if a Psychiatrist is available.	
1	Tab. Chlorpromazine 100mgs	
2.	Tab. Risperidone 2mgs	
3	Inj. Promethazine 50 mg	
4.	Tab. Imipramine 75mgs	
5.	Inj. Fluphenazine	
6.	Tab.Trihexyphenidyl 2mgs	
7.	Tab. Lorazepam 2mgs	
8.	Tab. Phenobarbitone 30 mgs and 60mgs	
9.	Tab. Diphenylhydantoin 100mgs	
10.	Tab. Lithium Carbonate 300mgs	
11	Tab. Carbamazepine 200mgs	
12	Inj. Haloperidol 10mgs	
13.	Cap. Fluoxetine 20mgs	
14.	Tab Olanzapine 5 mgs	

This is an indicative list. Other drugs for mentally ill could also be procured at the discretion of Sate Health Society if deemed essential. The drug purchase is to be done through the drug logistic society rate contract to get economical and competitive rates. It is expected that basic psychotropic drugs would be included in the essential drug list of states once trained manpower to prescribe it is available in the districts.