सत्यमेव जयते

Regional Workshops on National Mental Health Programme – A Report

2011 - 2012

राष्ट्रीय मानसिक स्वास्थ्य कार्यक्रम

Government of India

Ministry of Health & Family Welfare

Contents


INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES KASHMIR
REGIONAL WORKSHOP
ON
REVISION OF NATIONAL MENTAL HEALTH PROGRAMME
ON
22nd & 23rd JULY-2011
VENUE:CENTRAL INSTITUTE OF PSYCHIATRY(C.I.P.)RANCHI
National Institute of Mental Health and Neuroscience
Department of psychiatry, NIMHANS Bangalore- 560029
Third regional training and sensitization workshop on National Mental Health program to disseminate the revised pattern of the District mental health program and other approved components of NMHP at NIMHANS Bangalore
20th – 21st June 2011
Organized by the Ministry of Health and Family welfare Government of India

Summary of the Regional Workshops

Historically, mental hospitals were the mainstay of psychiatric treatment until the end of the 1960s. Two significant developments heralded the integration of mental health into primary care in India: the launch of the National Mental Health Programme (NMHP) in 1982, and the revision of the National Health Policy, which specified the inclusion of mental health in general health services, in 2002.

Government of India has launched different schemes under the NMHP to bring about change in the Mental Health scenario across the country. District Mental Health Programme (DMHP) was initiated under NMHP in 1996 to provide community based mental health services in the country at the Primary Health Center with the help of the Trained Medical Officer and referrals to the Psychiatrist for severe mental disorders. There are 123 ongoing DMHPs in the country. As recommended by EFC, the number is to be restricted to 123 districts.

Based upon the evaluation and feedback received from a series of consultations, it was decided by the Government of India that NMHP be revised. Subsequently, NMHP was revised. DMHP was consolidated on new pattern of assistance with additional activities that are promotive and preventive in nature, besides the ongoing activities of early identification and treatment in the 11th FYP. These include the Life Skills education and Counselling in Schools, College Counselling services, Work Place Stress Management and Suicide prevention. These components are in addition to the existing components of clinical services, training of general health care functionaries, and IEC activities in DMHP.

In order to disseminate the guidelines of revised National Mental Health Program, Mental Health Program Division of Ministry of Health and Family Welfare organized five regional workshops of 2 days each, across the country. The brief plan of regional workshop held in five regions is given as under:

S. No.	Organising Institutes	Participating States	Dates
1.	Institute of Psychiatry & Human Behaviour, Bambolin, Goa.	Daman & Diu, Goa, Gujarat, Maharashtra, Dadra & Nagar Haveli.	7th - 8th June 2011
2.	Psychiatric Disease Hospital- Govt. Medical College, Srinagar.	Chandigarh, Delhi, Uttar Pradesh, Rajasthan, Haryana, Uttrakhand, Himachal Pradesh, Jammu & Kashmir	14th - 15th June 2011
3.	NIMHANS, Bangalore	Tamilnadu, Kerala, Karnataka, Andhra Pradesh, Pondicherry, Lakshadweep, Andaman & Nicobar	20th - 21st June 2011
4.	LGBRIMH, Tezpur Assam	Sikkim, Tripura, Manipur, Meghalaya, Mizoram, Assam, Arunachal Pradesh, and Nagaland	6th - 7th July 2011
5.	CIP Ranchi,	Orissa, Madhya Pradesh, Bihar, Jharkhand, Chhattisgarh and West Bengal	22nd - 23rd July 2011

The Principal Secretaries, State Nodal Officers, Member Secretaries of the State Mental Health Authorities, and District Nodal officers of the DMHP from the states were invited to participate in the workshops. The agenda items for discussion in the regional workshops were following:

1. To discuss and disseminate revised DMHP guidelines and other added components of NMHP (as approved in the EFC meeting)
2. Role and responsibilities of the various stakeholders of NMHP in the states.
3. Issues of concerns and bottlenecks for the implementation of NMHP in the respective states.
4. To discuss the action plan for implementing the revised DMHP.
5. NMHP strategy for the 12th FYP.

These agenda items were uniformly used in all the workshops to maintain uniformity and avoid any ambiguity. To disseminate the Revised Operational Guidelines on NMHP a presentation on the same was prepared and presented before the participants during the workshop (Annexure - 1). The discussion on the implementation of NMHP was held in all the five workshops and the same has been compiled below.

1. **Multiplicity of the Administrative Bodies** - The discussion revealed that multiplicity of the administrative bodies (like Directorate of Medical Education and Directorate of Health Services) in the state health systems results in lack of accountability towards implementation of NMHP in the states.

2. **Shortage of man-power** – Almost all the DMHPs are facing lack of skilled mental health professionals for effective functioning. It was noted that few states have created posts of psychiatrist and other professionals in districts but due to non-availability of professionals these posts are vacant. The problem of retaining the trained manpower for providing the mental health services was also highlighted.

3. **Fund Flow through Nodal Institutions**- The main agenda voiced in the meeting was mechanism of fund flow, it was widely opined that there is usual delay in release of funds from nodal institutes to DMHP/State Health Societies. This is caused by poor coordination between the two, as a result of this it is noted that there is break in activities at ground level and prolonged delay in disbursement of salaries to staff.

4. **Poor communication between different levels** – The participants discussed that there had been communication gap at different levels of program i.e. between district-state, state-centre.

5. **Sluggish response from states for NMHP Schemes-** It has been found that the Nodal officers have not been able to respond to the demands and needs of NMHP. The nodal officers were facing problems in creating better coordination amongst medical care services and medical education departments. The subject 'mental health' is not accorded priority by the state governments, thus hampering the effective implementation of the programme

6. **Lack of Standardization for trainings, IEC etc. under NMHP**- The lack of standardization of activities under NMHP causes discrepancies in implementation of components of DMHP. Training materials are not available to follow homogenous pattern, similarly there have been no guidelines for

IEC. Few states have undertaken trainings of General Health Workers to impart the Mental Health Services in their states.

7. **Poor Pay Scales to professionals working under DMHP** - The poor salary structure has been strongly debated by state governments and justified as reason for wide spread pending vacancies under DMHP & NMHP.

8. **Inadequate understanding of roles, responsibilities and provisions under NMHP**- The 10th plan did not mention clear roles and responsibilities of DMHP/NMHP staff due to which there has been significant confusion on part of states to understand duties, roles and responsibilities of institution/ professionals and administrative staff working under DMHP.

9. **Insufficient funds for travel and drugs** - It was pointed out that under current plan the budget allocation for travel and drugs is inadequate to regularly run services at district level.

10. **Delay in submission of Utilization Certificates, Statement of Expenditure and Account Statement** - The delay in submission of Utilization Certificates, Statement of Expenditure and account statement the states to central government causes inevitable delay in release of funds.

11. **Reluctance by state governments to take over funding of DMHP** – As per the guidelines of DMHP respective State Governments shall take over the DMHP whose 5 year funding from Government of India has been completed. However, it was largely noted that state governments are reluctant to take over such DMHPs.

12. **Lack of monitoring mechanisms –**The participants attributed the slow progress of the program to the absence of monitoring mechanism at all levels i.e. district, state and central level. It was emphasized to decrease the gap between the state and centre and establish a strong monitoring mechanism.

13. **Lack of coordination between NMHP and SMHAs** – It was observed that in most of the states NMHP and SMHAs work in isolation. It is essential that both NMHP and SMHA work in conjunction with each other for the effective implementation of the program and better monitoring to achieve the set targets.

On the basis of above mentioned discussion points certain decisions were taken as given below.

1. It was decided that the NMHP program division will issue the new Revised Operational Guidelines to the states for facilitating the release of funds to the DMHPs and SMHAs on revised pattern of 11th Five year plan.

2. All the states will submit the Utilization Certificates and State of Expenditures to the Program Division of Mental Health at the completion of every financial year against the funds released for the various schemes of NMHP.

3. The administrative issues need to be resolved within the states. The role of State Nodal Officers as envisaged under NMHP is to establish coordination between different administrative bodies and to resolve the issues. However, if the issues are not solved, the concerned states may intimate Program Division in the Ministry for taking up the matter with appropriate authorities of the respective states.

4. As per the new operational guidelines, general health professional like; GDMOs, General Social Workers, Psychologist and General Nurse will be given training on common psychiatric disorders so as to build their capacity and enhancement of skills. This will largely help to overcome the shortage of skilled mental health Manpower in the states. The detailed training action plan will be prepared in mutual consultations among all stakeholders including State Nodal Officers, Member Secretaries and DMHP representatives. The regular feedback will be provided to the Central Program Division about the training activities undertaken in the respective states.

5. Training of trainers may be undertaken at the national institutes like LGBRIMH Tezpur, CIP Ranchi and NIMHANS Bangalore. Following these, trainings will be planned at below district level (PHC Medical Officers etc.).

6. Regarding IEC activities, the states were requested to share their IEC material among themselves.

An in-depth discussion was held in all the workshops concerning the implementation of the Revised Operational Guidelines on NMHP. Some practical suggestions came out in the discussion as listed below to make the implementation of DMHP more effective.

1. State must have full time Addl. Director for mental health with fully functional office.
2. Data base should be made for DMHP for the state and MIS may be established for effective monitoring.
3. Public Private Partnership model should be used for implementation of programme.
4. Instead of record keeper, nursing orderly posts should be incorporated in the team members of DMHP. As there is already a provision of Program Assistant to help Program Manager.
5. A provision to hire B.Sc. Nurses in case of non-availability of Psychiatric Nurses should be kept to have greater supply of nurses in the program.
6. Clear cut guidelines for IEC and training activities should be issued and separate budget should be defined for each activity.
7. Budget for travel should be made clear to facilitate the monitoring visits.
8. Districts in the states are at far off places where it is not possible for the State Nodal Officer to regularly monitor the activities of the districts. In view of this, it is essential to provide computer and peripheral devices with internet connection to every District Program Officer and State Nodal Officers for better connectivity and monitoring of the DMHP districts.

These suggestions may be taken into consideration wherever feasible and applicable.

Regional workshop – Goa

The first regional workshop of NMHP was held at Institute of Psychiatry and Human Behavior Bambolim Goa on 6th and 7th June, 2011. The participating states were Daman & Diu, Goa, Gujarat, Maharashtra and Dadra & Nagar Haveli. The workshop was attended by 38 participants including officers of the participating states and Ministry of Health & Family Welfare. The list of participants is enclosed at Annexure-3.

The workshop started with the welcome address by Prof V.N. Jindal Director, Institute of Psychiatry and Human Behavior, Bambolim Goa, following which Shri. Keshav Desiraju, Additional Secretary (Health) introduced the objectives of the workshop and expected outcomes to all the participants. After a brief overview of the National Mental Health Program given by Ms. Sujaya Krishnan, the then Director and now Joint Secretary, the first day of the workshop started with discussion about the current status of functioning of SMHA, roles and responsibilities of Member Secretaries and powers exercised by them in the state and difficulties faced in the implementation of NMHP. State Nodal Officers presented the current status of the various schemes of the NMHP in the states.

During Post lunch sessions of the day one, the revised operational guidelines were presented by Dr. Simmi, Consultant Public Health followed by the discussion. On day two of the workshop, Nodal Officers of participant DMHP and concerned state officials discussed the strategic action plan for implementing the revised DMHP components in their respective states. All the stakeholders also interacted regarding bottlenecks and constraints faced for effective implementation of NMHP in their concerned state as well as to discover the tangible solution for the same. The State-wise scheme – specific status is available at Annexure – 2.

Status of State Mental Authorities

Dr. Bramhanand Cuncoliencar Secretary(GSMHA), presented the Status of NMHP in Goa. Goa SMHA Member Secretary post is only part time. However the meetings of SMHA are held regularly every year. There is regular feedback to the Central Mental Health Authority. / Central Program Division. Mental Health Act, 1987 is in force since 1996. Licensing authority is Medical Superintendent, Institute of

Psychiatry & Human Behavior, Bambolin, Goa. One Board of Visitors with 10 Members is constituted. Regarding Status of Mental Health resources in the state, there is acute shortage of Clinical Psychologists and Psychiatric Social Workers in the state.

Dr. Ajay Chauhan presented the status of SMHA in Gujarat. The SMHA replaced the State Mental Health Council in 1993. SHMA meets regularly thrice in a year. Board of Visitors and Inspecting Officer has been appointed. A Draft State Mental Health Policy and State Mental Health Rules are is also prepared. SMH rules submitted to the DGHA for approval. State Mental Health authority is effectively coordinating the NMHP activities in the State. Some Innovative steps (pilot programs) towards improving the mental health scenario, as reported in the workshop in the state are given below.

- Mental Health Project for Adolescents
- Capacity Development for MH Interventions
- Mental Health Action for tribal population
- Enhancing Capacity of HMH in Rehabilitation Process
- Integration of people with Mental Disorders into CBR Model.
- Psychosocial Aspects of Domestic Violence and Marital Discord
- Rehabilitation of Street children having Mental & behavioral problems
- Exploring Effectiveness of TPAs In Managing MH Problems
- Rehabilitation of Schizophrenic Patients through Halfway Home
- Enabling Mental Health Environment in Gujarat
- MH Problems of Street Children
- Mental Health for the Unprivileged Tribal of Northern Gujarat
- Community Based Health Service and Referral
- Disaster Mental health & psycho-social rehabilitation
- DASH –Distress & Suicide Prevention help line for students
- Mental health Communication & IEC development
- Family reintegration of wandering & destitute mentally ill

Dr. S. R. Kumawat Member Secretary, SMHA, Maharashtra presented the status of SMHA Maharashtra. Maharashtra State Mental Health Authority was formed in the

year 1995-1996. Last meeting of authority held in 2006 and since then no meeting of SMHA took place.

Issues discussed

1. The discussion revealed that multiplicity of the administrative bodies (like Directorate of Medical Education and Directorate Health Services) in the state health systems results in lack of accountability towards implementation of NMHP in the states. None of the participant state has any senior health official fully dedicated to the implementation of National Mental Health Programme.

2. Almost all the DMHPs are facing lack of skilled mental health professionals for effective functioning. Few states have undertaken trainings of General Health Workers to impart the Mental Health Services in their states. But structured training schedule and standard modules for imparting training are not available. The need to retain the trained manpower absolutely for providing the mental health services was also highlighted.

3. All the participant states had prepared a tentative action plan for their concerned DMHPs and discussed the strategy for implementing the newer components based on operational guidelines for the revised DMHP.

On the basis of this discussion following **state specific issues** emerged out requiring urgent interventions for the effective implementation of the National Mental Health Programme in the respective states. The following is the list of state – specific issues.

State	Issues
Goa	1. There is no designated state nodal officer for the state of Goa. 2. Non-availability of Psychiatric SW, Cl. Psychologist and Psychiatric Nurse in DMHP. 3. Shortage of essential psychotropic drugs at the district level.
Gujarat	1. Poor topography and transportation facilities and large distance across the talukas. 2. Poor support from Public health systems for Training of MOs and other health staff. 3. Non-availability of Psychiatric Social Workers, Clinical Psychologists and Psychiatric Nurses in DMHP.

Decision points

1. It was decided that the Mental Health Program Division will issue the new operational guidelines to all the states.
2. All the states will be submitting timely UCs/SOEs to the Program Division against the funds released for the various schemes of NMHP.
3. The administrative issues relating to the states need to be resolved within the states. The role of State Nodal Officers as envisaged under NMHP is to establish coordination between different administrative bodies and to resolve the issues. However, if the issues are not solved, the concerned state may intimate Program Division in the Ministry for taking up the matter with appropriate authorities of the respective states.
4. As per the new operational guidelines, general health professional like(GDMOs, General Social Workers, Psychologist and General Nurse will be given training on the common psychiatric disorders so as to build their capacities and enhance their skills. This will largely help to overcome the shortage of skilled mental health Manpower in the states. The detailed training action plan will be prepared in mutual consultations among all stakeholders such as State Nodal Officers, Member Secretaries and DMHP Nodal Officers. The regular feedback will be provided to the Central Program Division about the training activities undertaken in the respective states.
5. Training of trainers may be undertaken at the national institutes like LGBRIMH Tezpur, CIP Ranchi and NIMHANS Bangalore. Following this, trainings will be planned at below district level (PHC Medical Officers etc).

Regarding IEC activities, the states were requested to share their IEC material among themselves. The workshop ended with vote of thanks to the chairpersons and all the participants.

Regional workshop – Srinagar

The second regional workshop was organized by Psychiatric Diseases Hospital, Srinagar on 14-15th June 2011. A total of 8 states (Chandigarh, Delhi, Uttar Pradesh, Rajasthan, Haryana, Uttrakhand, Himachal Pradesh, and Jammu & Kashmir) participated in the workshop. The workshop was attended by 24 officers from participating states and Ministry of Health & Family Welfare, Govt. of India. The list of participants is annexed at Annexure – 3.

The workshop was started with the welcome address by Dr. Mushtaq Margoob, Professor & Head, Department of Psychiatry, Psychiatric Diseases Hospital, Srinagar. Following this a round of introduction was carried out. Subsequent upon this, Ms. Sujaya Krishnan, the then Director and now Joint Secretary, National Mental Health Programme explained the objectives of organizing the workshop following which Shri Keshav Desiraju, Additional Secretary (Health) explained the rationale of organizing this workshop to all the participants. Addl. Secretary (Health) asked the participants to discuss the problems being faced by them in the implementation of NMHP and give suggestions to improve the situation.

Mr. Keshav Desiraju, Addl. Secretary (H) addressing the participants.

With this the session to discuss the status of different schemes of NMHP being implemented in the participating states was opened. The Addl. Secretary (Health) presided over the whole proceedings while the state officials presented the status of NMHP in their respective states. The State – wise scheme specific status of National Mental Health Programme is available at Annexure – 2.

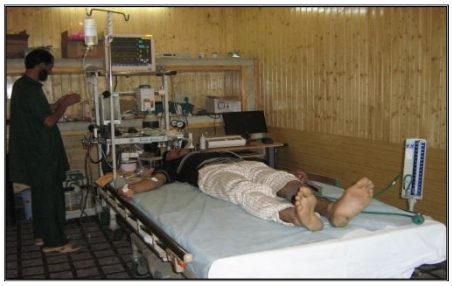
Additional Secretary (Health) and the then Director and now Special Secretary also visited the Psychiatry Diseases Hospital, funded under Centre of Excellence of Manpower Development Scheme of NMHP to see the progress made by the hospital. It's a 100 bedded hospital with 24 hours emergency. Separate in-patient

facility for males and females is also available in the hospital. There has been substantial progress with respect to the infrastructure, services and initiation of courses. A few photographs depicting the progress are given below.

Visiting officials at the Psychiatric Diseases Hospital, Srinagar

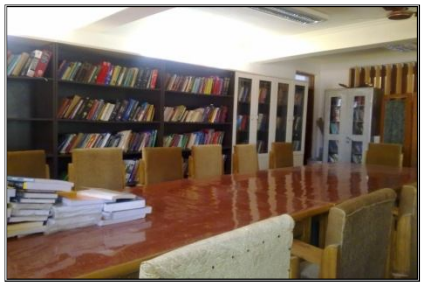
Patients waiting area

Doctors in the in-patient facility of the hospital



Modified ECT unit

Newly constructed residential facility for trainees



Library of the hospital

A patient being seen by a psychiatrist in the OPD.

Outdoor recreational activities

Indoor recreational activities

With regard to the course initiation, it was reported that under the Centre of Excellence MCI has recognized 1 seat for MD Psychiatry in 2010. 3 more seats will be increased once faculty is engaged. M.Phil course in Clinical Psychology has been started recently and 4 students were selected for the current session i.e. 2011 – 12.

Ms. Sujaya Krishnan, the then Director and now Joint Secretary, NMHP presided over the post lunch sessions of day one. During post lunch sessions the revised operational guidelines were presented by Dr. Simmi Rupana, consultant (Public

Health) followed by a discussion on the same. The presentation included the revised pattern of assistance to DMHPs, inclusion of additional activities such as;

- Life skills education and counselling in schools, College Counselling services, Work Place Stress Management and Suicide prevention.
- Dedicated monitoring team, essential participation of community based organizations, more effective integration of DMHP in the district health system.

Ms. Sujaya Krishnan, the then Director, NMHP presiding over the session on Revised Operational Guidelines

- Apart from DMHP, strengthening of State Mental Health Authorities was also highlighted.

Issues discussed

1. The participants attributed the slow progress of the program to the absence of monitoring mechanism at all levels i.e. district, state and central level. It was emphasized to decrease the gap between the state and centre and establish a strong monitoring mechanism.

2. NMHP and SMHAs work in isolation. It is essential that both NMHP and SMHA work in conjunction with each other for the effective implementation of the program and better monitoring to achieve the set targets.

3. It has been noted that most States Governments are reluctant to take over entire funding process wherever DMHP terms have ended. At places it is taken over, there are not adequate funds to follow community based approach. The services have shrunk, and only provide OPD based care.

4. The poor salary structure has been strongly debated by state governments and justified as reason for wide spread pending vacancies under DMHP & NMHP.

5. The retention of human resources in DMHP due to uncertainty of future in terms of professional growth was also discussed.

State Specific Issues

A few issues surfaced during the discussion on the implementation of National Mental Health Program in the participating states as given below. These issues need to be resolved on priority basis to improve the status of mental health in India.

State	Issues
Chandigarh	1. Delay in creation of faculty posts without which it is not possible to get faculty on contract basis under the scheme of Centres of Excellence of NMHP. 2. Delay in construction of building of Centre of Excellence.
Uttar Pradesh	1. Delay in creation of posts by the State Government under Manpower Development Scheme (Scheme B) of NMHP. 2. Delay in release of funds for DMHPs (Faizabad & Raibareli) from the State Health Department.
Punjab	1. The process of recruitment of DMHP team is slow 2. 5 years of funding to Muktsar districts from Government of India has been completed. As per the rules after the completion of 5 years the DMHP has to be taken over by the State Government. Notification of Muktsar district being taken over by state government is pending with state government.
Jammu & Kashmir	1. Long pending issue of engagement of faculty and technical/support staff to run the program as envisaged.
Haryana	1. Tender floating for construction work under Center of Excellence scheme is unnecessarily delayed, though the drawings and rough expenditure is ready. 2. DMHP staff of Gurgaon has not received salary for the last one year. Extension not given to the staff.

Decisions taken

1. It was decided that the Mental Health Program Division will issue the new operational guidelines to all the states.

2. All the states will be submitting timely UCs/SOEs to the Program Division against the funds released for the various schemes of NMHP.

3. The administrative issues relating to the states need to be resolved within the states. The role of State Nodal Officers as envisaged under NMHP is to establish coordination between different administrative bodies and to resolve the issues. However, if the issues are not solved, the concerned state may intimate Program Division in the Ministry for taking up the matter with appropriate authorities of the respective states.

4. Training of trainers may be undertaken at the national institutes like LGBRIMH Tezpur, CIP Ranchi and NIMHANS Bangalore. Following these trainings will be planned at below district level (PHC Medical Officers etc).

5. It was decided that the Govt. of India will write to respective State Governments to resolve their state specific issues for the effective implementation of the National Mental Health Program. (such letters have already been issued)

The workshop ended with a vote of thanks to the chairperson, participants and the organizing institute.

Regional workshop – Bangalore

The regional workshop for the southern states was held at NIMHANS, Bangalore on 20th and 21st June,2011. The workshop was conducted to review progress under various schemes of NMHP and status of community based mental health services. The Principal Secretaries (Health), State Nodal Officers, Member Secretaries of the State Mental Health Authorities and Program officers of the DMHP from the states were invited to participate in the workshops. The 4 participating states in this workshop were Karnataka, Tamil Naidu, Andhra Pradesh and Kerala. The workshop was attended by Principal Secretaries (Health) of Andhra Pradesh and Karnataka. The State Nodal Officers and Member Secretaries of all southern states also participated in these workshops along with programme officers of DMHP districts .In addition to this, few faculty members from NIMHANS, Bangalore including Director, NIMHANS also participated in the workshop.

The representatives from GOI were Sri. Keshav Desiraju (the then Addl. Secretary-Health), Dr. Jagdish Prasad (the then Addl. DGHS), Ms. Sujaya Krishnan (the then Director, Mental Health) and Dr. Himanshu Gupta (Consultant, Mental Health). Director, NIMHANS welcomed all the delegates. The meeting was inaugurated with the opening remarks by Shri. Keshav Desiraju, wherein he introduced the purpose of workshop and the agenda therein. Addl. DG (Dr.Jagdish Prasad) briefed the objectives of programme and situation of NMHP in India.

Shri Keshav Desiraju, the then Additional Secretary (Health) [Centre], Dr. Jagdish Prasad, the then Addl. DGGHS [Right] and Ms. Sujaya Krishnan, the then Director Mental Health [Right] at the Regional Workshop

The workshop was initiated with a presentation by Director (Mental Health) on NMHP. Dr. K.V Kishore (Sr. Psychiatrist, Dept. of community Psychiatry, NIMHANS) then handed over the dais to states for further presentations and discussion.

Andhra Pradesh – The discussion was started by Andhra Pradesh, the Principal Health Secretary made a brief presentation on state status and progress on mental health. He emphasized that the state government has been interested in up-grading mental health care facilities. It was mentioned that Government of Andhra Pradesh is taking adequate measures to shift treatment strategy from custodial care to open care therefore post of psychiatrist have been created in all district hospitals to provide community mental health care and professionals are working at these places. It was informed that all government colleges of Andhra Pradesh have PG (psychiatry) training courses however M. Phil. Courses for Clinical Psychology and Psychiatric Social Work are yet to be initiated. Dte.G.H.S. has separate cell for mental health. The state has done a mapping of the human resource of mental health. The state government has involved NGOs for providing comprehensive community based mental health care.

Principal Secretary (Health) of Andhra Pradesh presenting the status of National Mental Health Programme in the state

Principal Secretary (Health) raised the issue of existing administrative structure in the state; he mentioned that Directorate of Medical Education is responsible for implementing DMHP because State Nodal Officer is Professor of Psychiatry. The SNO has poor coordination with Directorate (Health) and hence there is a weakness in policy making. He also remarked that Centre of Excellence, Hyderabad is lagging behind in starting PG training courses and pace of work is very slow. He made the following suggestions:

1. DMHP should be implemented in all the districts.
2. State must have full time Addl. Director for mental health with fully functional office.
3. Mental health should be integrated into the public health system; it would help in early identification and management.
4. There should be better coordination between Health Secretariat and Medical Colleges.
5. Medical colleges should provide services at district Hospitals.

6. Prevention and Promotion services should also be focused along with curative services.
7. De-addiction services should be included in DMHP
8. Funds flow may be smoothened through release of funds directly to institutes rather than diverting through NRHM.

He was intimated that Programme officer of DMHP district has shown inability to operate DMHP and wanted to surrender funds released back to Govt. of India. Principal Secretary (Health) said he has no information on this matter and would like to take up this matter as soon he goes back. He assured that all DMHP will be functional and no funds will be allowed to be returned back. The presentation was closed with remarks of thanks to Principal Secretary (Health) for taking interest in participating in workshop.

Dr. K.V Kishore gave thanks to Principal Health Secretary for presentation and invited Dr. Pramod (SNO) for his detailed presentation on scenario of status of mental health. State Nodal Officer (Andhra Pradesh) introduced himself, besides being SNO he is also Prof. Psychiatry at Institute of Mental Health Hospital (Hyderabad) and member secretary, SMHA.

DMHP- Dist. Medak which was funded under DMHP in the previous plan period has completed all installment and is taken over by state government, the district performs out-reach clinics at PHC/CHC and has 10 bed in-patient facility for providing acute care. District conducts IEC activities also. Currently, DMHP is operational in 5 districts of state out of which 3 districts also have in-patient facility. Districts are performing clinical work along with out-reach satellite clinics at sub-centre. District Nalgonda and Mehboobnagar have recently been operationalised, however man-power shortage is major hurdle for opeartionalsing the services. Vijaynagaram and Mehaboobnagram doesnot have psychiatrist. He mentioned that IEC activities and training program for medical officers is continuous activity occurring in districts under DMHP.

Up-gradation of dept. of psychiatry scheme- 5 Psychiatry Wings of Medical College were funded, all the departments have utilized the amount in improvement of infra-structure and improving other facilities.

Modernisation of sate run mental hospital scheme - NMHP has funded 2 state run mental hospitals under the Programme. It was mentioned that Institute of Mental Health, Hyderabad which is currently supported under Scheme A was earlier also supported under this scheme. He mentioned that the expenditure has been incurred and both the hospitals have modernized the mental hospital as per modern infra-structure.

The presentation was followed by discussion, it was mentioned by Ms. Sujaya Krishnan, the then Director, Mental Health that no satisfactory expenditure and progress has been made by the COE till date. SNO was requested to take ahead the pending work of COE and submit utilization certificate at earliest. SNO suggested that IEC should be customized according to region specific needs for better penetration.

Karnataka- Dr. Rammana Reddy**,** Principal Health Secretary of Karnataka took over the dais for presentation. He was welcomed by Ms. Sujaya Krishnan, the then Director, Mental Health to the workshop and she thanked him for his presence. He opened his presentation with kind remarks acknowledging that mental health is important aspect of health. He emphasized that WHO definition of health includes mental health as an integral part and hence it is area of concern for state government.

Principal Secretary (Health) of Karnataka presenting the status of National Mental Health Programme in the state.

He acknowledged that man-power shortage of mental health professionals is an issue in Karnataka and perhaps everywhere. He acknowledged the fact that despite having NIMHANS in State, posts of mental health professionals are still vacant. He mentioned that all the 30 districts of Karnataka have posts of Psychiatrist, Clinical Psychologist and Psychiatric Social Worker. Psychiatrists are available in 28 districts. However, Bijapur and Bhagalkot districts do not have either trained medical officer or psychiatrist. Man power of other mental health professionals is barely available in

district public health services and Human Resource Mapping has not been done. Principal Secretary (Health) briefed about the Public health services and said community mental health services still focus on treatment services and community level interventions are not adequate. DMHP is operational in 4 districts of Karnataka, a survey was done of these districts to note the output and achievement of the programme. Following results were revealed from the study:

1. 23,600 patients have been detected and treated for mental disorders.
2. There were fairly good satisfaction rates among patients.
3. More districts also applied for DMHP.
4. Drug supply was regular at PHC and CHC.

He acknowledged NIMHANS for supporting the state in training man-power in mental health and mentioned that Dr. K.V Kishore has taken responsibility for state trainings. At the end he made following suggestions to GOI with respect to NMHP:

1. To overcome the manpower shortage, Public Private Partnership (PPP) mode may be effectively used. Contractual posts may be created for psychiatrist on following package Rs.10,000/ month (Retention fees) + consultation fees per patient, consultation fees should be payable by Government.
2. In order, to spread coverage of community mental health services all districts shall be covered under DMHP.

He invited State Nodal Officer, Dr. Karur to speak more about NMHP in state, Dr. Karur mentioned that community mental health services are operating well in state however there is still greater scope to elaborate these services.

DMHP - Dist. Hospital besides having posts for Psychiatrist also has posts for Clinical Psychologist, Psychiatric Social Worker in all districts. State government is supporting DMHP services at District other than centrally funded 4 DMHP. There is good de-centralisation of DMHP, most of the cases are seen at PHC/ CHC level and only difficult cases are referred to higher centers. Psychiatrist perform out-reach clinics and camps at rural areas and remote areas of Karnataka. Community health workers provide link between community and health care facility, they bring patient to

attention of MO at PHC/CHC. However, he mentioned state has been lagging behind in IEC activities and needs to improve in this area. Trainings of medical officers under DMHP could not be completed as trainees were not available. He mentioned that funds at DMHP are still un-utilized hence UC could not be submitted.

Up-gradation of Medical college Wings- 4 colleges were given funds for up-gradation, funds have been utilized completely and work is finished.

Modernisation of state run mental hospitals – 2 mental hospitals of Dharwad were funded under NMHP, work is in initial stages.

Scheme B – 3 medical colleges have applied to start courses under scheme B of NMHP and proposals are with GOI.

1. He briefed about future plans of state to strengthen DMHP services.
2. Collaboration with NGO for implementation.
3. Funds may be provided to SMHA for strengthening monitoring activities.
4. Involvement of ASHAs in mental health care for which incentive may be provided.
5. Long stay facilities may be opened for rehabilitation purpose.
6. Data base should be made for DMHP for the state and HMIS may be established
7. PPP mode for implementation of programme should be used
8. Budget allocated for drugs under the programme is less, drug supply procedures should be strengthened through PPP mode and each PHC should have basic psychotropic medicines.
9. 3 days of training for medical officers is less, should be increased to at least 5 days for each part of training
10. Involvement of PRI should be focused for better implementation.

The presentation was followed by discussion whereafter, the then Director and now Joint Secretary invited Kerela for presentation.

Kerala - Dr. Raju, Sate Nodal officer (SNO), Kerala introduced himself and his Programme officers of DMHP to the participants. The SNO began his presentation with introduction of Kerala, he mentioned that Kerala is state with highest literacy rates in country hence; the NMHP suffers from different sets of problems in state. There are 314 Psychiatrists in state including Private psychiatrist in Kerala which is good ratio/ proportion with respect to population but mental health services are not well integrated with general health services.

DMHP - DMHP is operational in 5 districts of Kerala.

1. Thiruvanatapuram - It was started in 1999 and last installment was given in 2008. It has been taken over by state government. It is operational and Psychiatrist is working but Clinical Psychologist and Psychiatric Social worker are not available at the district. 27 clinics are being conducted monthly. Medicines are supplied through state govt. and are regularly available. Training under DMHP- 218 medical officers, 18 nurses, 388 community health workers, 17 mass media officers, 26 jail wardens, 176 police personnel have been trained so far. Besides it, 10 NGO are involved for implementation and awareness generation.

2. Thrissur **-** Last installment was received in 2008, State government has taken over the program. There is no psychiatrist, clinics are being run through Medical Officer and 28 monthly clinics are conducted. Medicines are supplied through state government but often there is short supply. With respect to the training 151 doctors, 24 nurses and 206 community health workers have been trained. IEC activities are held continuously and 2 NGO are involved for community participation.

3. Kannur – DMHP was sanctioned in 2004 and 2 installment are received till date. Psychiatrist is available at the district. 21 monthly clinics are conducted but Clinical Psychologist is not available at the district. Programme Officer is Director of Khozikode. Medicines are in short supply and request was being made to state government. 82.07% of fund is utilizated till date. With respect

to the training 48 doctors, 55 nurses and 114 community health workers have been trained. IEC activities are in place and NGO are involved.

4. Idduki - DMHP was sanctioned in 2004, Total unspent balance is Rs.6,10,746/- with 20% fund utilization Psychiatrist and Clinical Psychologist are not available and Nodal officer of Kottayam is programme officer for the district. 18 monthly clinics are conducted. Medicines are in short supply and request has been made to state Government. 16 doctors have been trained so far and IEC is on- going activity.

5. Wayannad – DMHP was initiated in 2006. Psychiatrist is not available at the district. Nodal officer of Kozikode is programme officer in district. 14 monthly clinics are conducted. Total unspent balance is Rs.4,16,509/- 16 doctors have been trained so far. Palliative care volunteers have been trained. IEC activity is ongoing activity.

Up-Gradation of Medical College Wings – 5 medical college wings are supported under the scheme.

1. Govt. Medical College, Thiruvanathapuram – New de-addiction ward and Female block is being constructed with 150 Lakh and 100 Lakh of NMHP. Land and funds are handed over to PWD for Construction. There is delay but funds would be fully utilized.

2. Govt. Medical College, Thrissur - Construction of 20 bedded ward is completed. Steps initiated to re-tender for purchase of equipments to set up an anesthesia unit and purchase of furniture. Unspent balance is Rs. 8,94,117/- There is difficulty in utilizing new building due to shortage of staff.

3. Govt. Medical College, Kozhikode - Construction of building is complete. Constructed wards not in full use due to shortage of staff. Unspent balance is Rs.78,428 /- Utilizing the balance fund.

4. T.D. Medical College, Alapuzha - Steps taken to complete the construction work. Unspent balance is Rs.17.68 Lacs. Utilizing the balance fund.

5. Govt. Medical College, Kottayam - Civil work complete. Tender process is over for purchasing furniture & equipments. Supply order received. Unspent balance is Rs.16,62,305/-. Utilizing the balance amount.

Modernisation of state run Mental Hospital – 2 state run mental hospitals have been supported under the scheme, Mental hospital, Trissur and Khozikode. Construction work in both places is ongoing and funds are being utilized.

Centre of Excellence - IMHANS, Kozhikode was funded to become centre of excellence of the state. Construction not yet started and proposal for post creation pending with State Government.

Scheme B - Govt. Medical College, Trivandrum applied for starting PG courses under mental health for Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing. However, the progress is slow and neither construction nor courses have been started.

The presentation was followed with discussion. Discussion points are given below.

1. SNO recommended that there should be training institute for NCD in state where all medical officers should be compulsorily trained in subjects like mental health. Trainings should be standardized; Kerala has 7 days training schedule however Karnataka has only 3 days of training. Training should be continuous activity in state and should not be done in incoherent manner. People once trained must be given refresher trainings also. The trainings held through DMHP are not being utilized as trained Medical Officers is working for different programme or posted where drugs are not available. Therefore they have forgotten the subject. It was also mentioned by SNO that 7 days of training does not bring confidence in doctors and so they continue to refer their patients.
2. NMHP should be linked with NRHM for better communitisation.

3. There is poor salary package for mental health professionals therefore they do not join state services.
4. MO lacks motivation for any kind of trainings because of lack of short term and long term incentives
5. There is lack of coordination between department of health and medical education.
6. The problem of shortage of drugs is a major problem and should be sorted out by state governments.
7. The DMHP districts taken over by state are not well funded, there is difficulty running community based services. Dr. Kala remarked that DMHP is neither specialist nor community based service.
8. Programme Officers of Kerala added to the discussion, they opined that since public of Kerala is literate; patients of Kerala donot easily accept non-specialist and sub-standard form of treatment. MO of Primary care services are only trained for detection and referral services and could not confidently provide treatment services. Dr. Kishore added that DMHP is not specialist based services and management has to be provided through non-specilaist.
9. Programme officer added that there should be Programme Manager also at district level however psychiatrist should be team leader. They added that Medical Officers are not interested in providing support to DMHP and they must co-ordinate in better manner to run the programme.

The discussion was closed with thanks from Ms. Sujaya Krishnan the then Director, Mental Health. She requested all programme officers, SNO and Head of Institutions and Departments to submit utilization Certificates in timely manner.

Tamil Naidu – SNO of Tamil Naidu was invited by Dr. KV Kishore, SNO introduced himself Dr. Ramsubramanium, HoD, Department of Psychiatry, Madurai Medical College. He conveyed that Principal Health Secretary could not attend the workshop because of some important official work therefore he would brief about the status of NMHP in his state.

DMHP- Tamil Naidu has largest number of DMHPs in the country, 16 districts are funded under the programme. DMHP has filled up all the posts of Psychiatrist,

Psychologist and Psychiatric Social Worker in all the 16 DMHP implementing Districts. A mobile psychiatric team comprising of a Psychiatrist, Psychologist, Psychiatric Social Worker and Pharmacist is formed. The Team visits one Taluk centre each day and conduct Psychiatric OPD. The team covers six Taluk centres in a week. Medical officers are encouraged to tackle minor psychiatric problem in primary health centres. Difficult cases are referred to the mobile team. Un-manageable cases are referred to the District Head Quarter hospital. The budget for Basic Psychiatric Medicines of Rs. 3000/- are made available at all the PHCs. Additional and other and newer medicines are available at Govt. Head Quarters Hospital.

District Level Mental Health Society was formed and District Collector is periodically reviewing the progress of DMHP. Collaboration with NGO is an important aspect for community approach; partnership has been developed with NGO working in the field of Psychiatric Rehabilitation. Special importance is given to the Rehabilitation of the recovered mentally disabled persons. 8 districts (Ramnad, Theni, Thiruvallur, Kancheepuram, Nagapattinam, Cuddalore, Namakkal, and Thiruvarur) have collaborated with the VAZNDHU KAATUVOM Project - a poverty alleviation project promoting sustainable livelihood for the Persons with Mental Disabilities through Self Help Groups (supported by World Bank and implemented by Rural Development Department, Govt. of Tamil Nadu).The Family Federations have been formed in the DMHP implemented districts for the welfare of the Persons with Mental Disabilities. Suicidal Prevention Centre and School Mental Health Programme are also being run. IEC activities are carried out periodically. 3 months intensive training was provided to Psychologist, Psychiatric social workers at NIMHANS, Bangalore (Feb 2009 to April 2009).

Up-Gradation of Psychiatry Wing of Medical Colleges – 14 departments of psychiatry have been supported through NMHP in medical colleges. 13 wings have been upgraded and construction work is completed in most of them. The work is pending in 1 medical college only but funds will be utilized soon.

Modernisation of State run Mental Hospitals – 1 state run hospital, Mental Health Institute, Kilpauk was supported under NMHP. Rs. 26,900,000.00 has been granted

and money is fully utilized for renovations and new construction on modern pattern. 4 new buildings have been constructed. 318 patients are living in the new building with better living spaces, ventilation and toilets.

Scheme B - Institute of Mental Health, Chennai is supported for PG courses in Psychiatry & Psychiatric Nursing in 2010. Construction plan of Building for Department of Psychiatry and Department of Nursing for an amount of 65.46 Lakhs has been made and submitted to PWD. The work is still pending. The number of M.D. Psychiatry Post Graduate seats has been increased to 10 seat from the previous 5 seats from the academic year 2010-2011 and 5 Post Graduate students of M.D. Psychiatry have joined and undergoing training course. Psychiatry Nursing course have not been started yet.

Discussion points

1. SNO mentioned that Tamil Naidu has been doing satisfactorily so far and pending amount will be utilized soon.
2. SNO emphasized services should not be expanded unless adequate man-power is available for services.
3. There should be definitive policy decision for rehabilitation of people with mental illness.
4. Director, Mental Health requested SNO to submit Utilisation Certificates, she also emphasized that more intensive trainings should be undertaken and regional institutes may be effectively used to train medical officers and other staff under DMHP.
5. The trainings should be continuous process and IEC should be region specific.
6. Dr. Krishan Kumar, Director, IMHANS, Kerala included that DMHP is top-down model and does not serve community care.
7. Dr. Kala added that there should be data collection for every patient and linkages should be created between district and PHC level.
8. Dr. Srikala said that Prevention and promotion of mental health is important issue and School Health Programme must be propagated, she said schools teachers may be sensitized and trainings be carried out. This may be

achieved through integration of Dept. of Health and Education. She also said that Geriatric Mental Health Services is also an area of utmost importance and should be focused under DMHP services.

The discussion was closed with thanks to Dr. Subramanium and his programme Officers.

After the presentations and detailed discussions Dr. Himanshu Gupta, Consultant (Mental Health) presented “revised operational guidelines”. The comparison between new and old guidelines and introduction of new provisions under “preventive and promotive services” was made. He detailed the man-power addition in DMHP team made under revised guidelines and discussed specific roles and responsibilities during the presentation. The presentation was followed by clarifications and discussion by State Nodal Officers and Programme Officers of all the states on revised operational guidelines. The states welcomed the revised operational guidelines and provisions made therein. The Presentation on revised operational guidelines was followed by discussion on functioning on State Mental Health Authorities. Member Secretaries present in the meeting briefed the current status of SMHA.

Kerala – Member Secretary of Kerala intimated that Govt. has appointed a Psychiatrist as an inspector to inspect mental health facilities (hospital) and Rehabilitation Centre according to mental health act, therefore Govt. Officer is responsible for providing licenses in the state and hence SMHA has no role to play. He mentioned that SMHA is a statutory body and must be given legislative powers. He also added that Private facilities including De-addiction centres do not come under the purview of SMHA therefore SMHA is not empowered to inspect these places, it should be brought under cover of MHA 1987.

Tamilnadu – Dr. Rajarathinam the member secretary of SMHA, told that SMHA is functional in the state. The Govt. has formed board of inspectors to inspect facilities; inspectors include Professors of medical colleges. He requested that Govt. should provide financial support to run the services of SMHA and clear guidelines should be framed by GOI which could be circulated to states for better functioning. SMHA

should be able to inspect all places including religious places where mentally ill patients are kept or cared.

Andhra Pradesh – Dr. Pramod, Member Secretary of SMHA, told SMHA is functional and meetings are held every 6 months according to SMHA rules. He urged that SMHA should be functional with full –time office with staff.

Karnataka – Dr. Chandrashekar Member Secretary of SMHA, told that SMHA is functional in state and meetings are held regularly. The inspectors are nominated.

2nd day of workshop- A planning exercise was given to the programme officers. The purpose of planning exercise was to provide inputs on abilities to plan for mental health. They were asked to draw a brief mental health plan on bottom –Up approach with emphasis on planning community mental health services including Preventive and promotive services. All the participants were divided into state wise groups and they were given 45 min. of time to draw a rough but comprehensive plan. Consultant, Mental Health distributed the proformas and discussed the plan individually with every state. It was noted that the plans were inadequately written which did not include community based approach, there was minimal inclusion on "preventive and promotive services". Consultant briefly discussed with each groups methods for logical planning and methods of adopting community based approach in mental health. The workshop was closed with the planning exercise.

The closing remarks were made by Dr. Jagdish Prasad, Addl. DG and Ms. Sujaya Krishnan, Director, Mental Health. The Addl. DG mentioned that in order to overcome shortage of Man-Power every medical college should adopt 2-3 districts hospitals for service delivery. The department of Psychiatry should take leadership to provide community mental health services. He mentioned that Government is committed to improve services in mental health and in order to protect rights of mentally ill, the Mental Health Act-1987 is under revision and would be replaced by Mental Health Care Bill which would include Promotion of Rights of Mentally Ill. The then Director (Mental Health) Ms. Sujaya Krishnan and now Joint Secretary, thanked all participants from states on behalf of Govt. of India, she also thanked NIMHANS for arranging this workshop. She urged the states and mental health professionals to

work closely for success of the Programme, she said that while some progress has been made but there is still a long way to go.

Summary of Agenda of issues for NMHP implementation:

From the discussion held at workshop following are the highlights of the main agendas drawn as conclusion from the southern workshop **-**

- Fund Flow through Nodal Institutions- The main agenda voiced in the meeting was mechanism of fund flow, it was widely opined that there is usual delay in dispatch of funds from nodal institutes to DMHP. This is caused by poor coordination between two, as a result of this it is noted that there is break in activities at ground level and prolonged delay in distribution of salaries to staff. The fund flow through state health societies was also widely critisised by states, it was mentioned there is usual delay in release of funds from state health societies under NRHM to DMHP and institutes.
- Shortage of man-power – It was noted that few states have created posts of psychiatrist and other professionals in districts but due to unavailability of professionals these are unfilled, hence hampering service delivery at ground level.
- Poor communication between different levels – There have been poor communication between various levels within district or between district and state nodal officer, there have been poor communication between central and state level as a result there is poor monitoring of NMHP Schemes.
- Incomplete coverage of DMHP – The states demanded extension of DMHP to all the districts of states under 11th five year plan
- Lack of Standardisation for trainings under NMHP- The lack of standardization under NMHP causes discrepancies in implementation of components of DMHP. Training material/ institutes/durations are not available with states to follow homogenous pattern, similarly there have been no guidelines for IEC.
- Poor Pay Scales to professionals working under DMHP - The poor salary structure has been strongly debated by state governments and justified as reason for wide spread pending vacancies under DMHP & NMHP
- Inadequate understanding of roles, responsibilities and provisions under NMHP- The 11th plan guidelines did not mention clearly about roles and

responsibilities of DMHP/NMHP staff. This is leading to significant confusion on part of states to understand duties, roles and responsibilities of institution/ professionals and administrative staff working under DMHP

- Lack of funds for travel and drugs- It is pointed that under current plan the budget allocation for travel and drugs is inadequate to meet the needs of the programme. The travel and drug budget is inadequate to run regular services at district level, therefore it defeats purpose of community based approach for providing mental health care.
- Lack of knowledge and skills – The DMHP staff and medical officers could not provide widespread coverage because of lack of approach, knowledge and skills. The trainings covered under DMHP lacks techno-managerial skills for clinicians hence nodal officers are not well oriented to services and provisions of NMHP
- Delay in submission of relevant documents (Utilisation Certificates, Progress reports etc)- There is delay in timely submission of relevant documents by the states govt. to central government which causes inevitable delay in dispersal of funds from the centre.
- Reluctance by state governments to fully support / take over entire funding pattern of NMHP – It has been noted that in districts under DMHP where full installments are completed, states government are reluctant to take over entire funding pattern. At places where it is taken over, there are inadequate funds to follow community based approach. The services have shrunk to provide OPD based care.
- Sluggish response from state governments to apply for NMHP Schemes- The Nodal officers have not been able to respond to various demands and needs of NMHP, it was noted that nodal officers are facing problems in coordination within medical care services and medical education departments. Mental health has not been able to attract priority from state governments hampering effective implementation of programme.
- Inability to timely utilization of funds and produce results - It was noted that states could not make proper utilization of funds, this is attributed to technical problems within the states and even if funds are fully utilized, communication was not done or improperly done to central government for release of next installments.

Regional workshop – Tezpur

The fourth regional workshop of National Mental Health Program was held at Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam on 6th and 7th July, 2011. The participating states were Sikkim, Tripura, Manipur, Meghalaya, Mizoram, Assam, Arunachal Pradesh, and Nagaland. The workshop was attended by 25 participants including officials of states and Ministry of Health & Family Welfare. The list of participants is enclosed at Annexure-3.

The workshop started with the welcome address by Dr. S.K. Deuri, Director, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam, following which Ms. Sujaya Krishnan, the then Director (National Mental Health Program) introduced the objectives of the workshop and expected outcomes to all the participants. After a brief overview of the National Mental Health Program given by Ms. Sujaya Krishnan, the first day of the workshop started with discussion about the current status of functioning of District Mental health Program in states, functioning of State Mental Health Authorities, roles and responsibilities of Member Secretaries and powers exercised by them in the state and difficulties faced in the implementation of NMHP. State Nodal Officers presented the current status of the various schemes of the NMHP in the states.

Dr. S. K. Deuri, Director, LGBRIMH, Tezpur, Assam delivering the welcome address to all the participants

During Post lunch sessions of day one, the operational guidelines of the revised DMHP during 11th Plan were presented by Ms. Sujaya Krishnan, the then Director NMHP followed by the discussion. On day two of the workshop, Nodal Officers of participant DMHP and concerned state officials discussed the strategic action plan for implementing the revised DMHP components in their respective states. All the stakeholders also interacted regarding bottlenecks and constraints faced for effective

implementation of NMHP in their concerned state as well as to discover the tangible solution for the same.

Status of National Mental Health Program

Dr. Suresh Chakrobarty, presented the Status of NMHP in Assam. District Mental Health Program is operational in 6 districts namely Nagaon, Goalpara, Darrang, Morigaon, Nalbari and Tinsukia. Out of these six districts, two districts Nagaon and Goalpara have been taken over by the state government. The districts have been delivering trainings to the Doctors, Paramedical staff and general nurses in the districts. There have been awareness activities in districts which ranges from regular camps to other program media activities. State nodal officer discussed some of the issues such as non-receipt of installment from the central government and low salary structures which are making it difficult to operate the program. In response to non-receipt of installments, Section Officer from the Ministry of Health & Family Welfare clarified that release of installments depends on the submission of Utilization Certificate in the proper format. Most of the time states do not submit the Utilization Certificate in the prescribed format which leads to the delay in release of grant. Officials from the Ministry of Health & Family Welfare visited the campus of LGBRIMH Tezpur which was funded under Scheme B of MNHP. Ms. Sujaya Krishnan, the then Director, NMHP, monitored the progress achieved under the Scheme B of NMHP.

Dr. L.S. Sharma, presented the status of DMHP in the state of Manipur. He informed that the District Mental Health Program is operational in five districts in the state namely Imphal East, Imphal West, Thoubal, Churachandpur and Chandel. State Mental health Cell has been set up in the state since year 2008 which is looking after the coordination, resource mobilization and record keeping in the state. DMHP Imphal West and Imphal East have been taken over by the state government for salary component of the professionals working under DMHP. All 5 districts have taken their five installments from center and the state government has taken over the activities.

Dr. V. Negi, from Nagaland State presented the status of NMHP in his state. He informed that the District Mental Health Programme is operational in one district of

the state which is Phek. But the program is not running in the district since 2004, the then District Nodal Officer utilized the first installment and did not document the expenditure.

Dr. P. M. Pradhan, State Nodal Officer, Sikkim presented the status of Mental Health Program in his state. He informed that the District Mental Health Program is operational in one district of the state which is East Gangtok. Suicide among the adolescents and adults is one major problem in the state for which the state has been developing innovative measures such as suicide prevention help lines etc.

Dr. Ghosh, from Tripura discussed about implementation of DMHP in the state. The DMHP west Tripura has been delivering trainings at the district level. 67 doctors, 45 nurses out of 31 PHCs have been trained through DMHP west Tripura.

Participants discussing issues related to the implementation of the National Mental Health Programme

Dr. H. Payee, from Arunachal Pradesh presented the status of NMHP in the state. He informed that DMHP has been taken over by the state government since the year 2006-07. The state team has psychiatrists, psychiatric nurses and support staff. The team has been engaged in awareness generation activities at the district and state level through various means of awareness generation such as TV, Radio, and Print Media etc.

Issues discussed

1. The discussion revealed that multiplicity of the administrative bodies (like Directorate of Medical Education and Directorate Health Services) in the state health systems results in lack of accountability towards implementation of NMHP in the states. None of the participant state has any senior health official fully dedicated for the implementation of National Mental Health Programme. Only Assam has a structured coordination mechanism between the Medical Education and Health Departments.

2. Almost all the DMHPs are facing lack of skilled mental health professionals for effective functioning. Few states have undertaken trainings of General Health Workers to impart the Mental Health Services in their states. But structured training schedule and standard modules for imparting training are not available. The need to retain the trained manpower fully for providing the mental health services was also highlighted.

3. All the participant states had prepared a tentative action plan for their concerned DMHPs and discussed the strategy for implementing the newer components based on operational guidelines for the revised DMHP.

On the basis of this discussion following state specific issues emerged out requiring urgent interventions for the effective implementation of the National Mental Health Programme in the respective states. The following is the list of state – specific issues.

State	State Specific Issues
Assam	1. Psychiatry OPD should be extended to all district hospitals where psychiatrists are available. 2. One senior psychiatrist; above the rank of SDMO should be deputed in the DHS for monitoring Mental Health Services in the state. 3. Psychiatrists should be appointed to all districts headquarters (Civil Hospitals) 4. Regularization of services of DMHP staff
Arunachal Pradesh	1. Recruitment of Human Resources under DMHP. 2. Training of technicians for ECG, ECT etc. 3. Regional mental health institutes should be dedicated for training of DMHP staff more extensively.
Manipur	1. 3 districts i.e. Imphal West, Imphal East and Thoubal have taken over by the state govt. of Manipur on contractual basis for 1 year. Govt. is contributing salary part but not giving funds for other components of DMHP such as IEC, Medicine and other office expenses. So these three districts should be integrated in the District Health System.

Meghalaya	1. Non release of centrally sponsored funds by state govt. to DMHP districts making it difficult to implement the DMHP, especially regarding the manpower, training, procurement of machines, and IEC activities. 2. Immediate requirement of manpower to make the 10 bedded Psychiatry ward functional. Manpower includes Psychiatric Nurse, Nursing Orderlies, Cleaner, Cook etc. Also required is the office administration staff such as LDC, Office Peon, and Computer Operator etc.
Nagaland	1. Recruitment of District team under District Mental Health Programme.
Tripura	1. One mental health officer at the rank of Gr. III at DHS should be placed to look after the activities of DMHP. 2. Nodal Officer should have freedom to contact directly to the center during the situations of emergency.
Manipur	1. No meeting of SMHA held since its last meeting in year 2008. 2. SMHA is implementing the DMHP in two districts of the state. The officials in DMHP are not implementing the program. Dr. R.K. Kumarjit Singh is the Member Secretary who is implementing the program.
Mizoram	1. The funding to Aizol district under DMHP is coming to an end and State Govt. should now take up the program. 2. DMHP is only in Aizol and Lunglei districts of Mizoram. It should be extended to other districts of Mizoram as they also require the services. 3. Creation of permanent post under DMHP.

Decision points

1. It was decided that the Mental Health Program Division will issue the new operational guidelines to all the states.

2. All the states will be submitting timely UCs/SOEs to the Program Division against the funds released for the various schemes of NMHP.

3. The administrative issues relating to the states need to be resolved within the states. The role of State Nodal Officers as envisaged under NMHP is to establish coordination between different administrative bodies and to resolve the issues. However, if the issues are not solved, the concerned state may intimate Program Division in the Ministry for taking up the matter with appropriate authorities of the respective states.

4. As per the new operational guidelines, general health professional like(GDMOs, General Social Workers, Psychologist and General Nurse will be given training on the common psychiatric disorders so as to build their capacity and enhancing their skills. This will largely help to overcome the shortage of skilled mental health Manpower in the states. The detailed training action plan will be prepared in mutual consultations among the all stakeholders such as State Nodal Officers, Member Secretaries and DMHP Nodal Officers. The regular feedback will be provided to the Central Program Division about the training activities undertaken in the respective states.

5. Training of trainers may be undertaken at the national institutes like LGBRIMH Tezpur, CIP Ranchi and NIMHANS Bangalore. Following this, trainings will be planned at below district level (PHC Medical Officers etc).

6. Regarding IEC activities, the states were requested to share their IEC material within themselves.

The State – wise scheme specific status is available at **Annexure – 2.**

The workshop ended with the vote of thanks to all the participants, officials from state and Govt. of India and coordinating institute.

Regional workshop – Ranchi

The fifth Regional Workshop of the National Mental Health Program was held at Central Institute of Psychiatry (CIP), Kanke, Ranchi on 22nd and 23rd July 2011. The participating states were Orissa, Madhya Pradesh, Bihar, Jharkhand, Chhattisgarh and West Bengal. The workshop was attended by 25 participants including officials of states and Ministry of Health & Family Welfare. The list of participants is enclosed at Annexure – 3.

The workshop started with the welcome address by Dr. S. Haque Nizami, Director, Central Institute of Psychiatry, Ranchi following which Ms. Sujaya Krishnan, the then Director (National Mental Health Program) introduced the objectives of the workshop and expected outcomes to all the participants. Ms. Sujaya Krishnan informed the participants that the regional workshops of the National Mental Health Program were scheduled to discuss the revised guidelines of the Program and to provide a platform to the participating states, to discuss the issues and bottlenecks in implementing the program at the district level. Dr. D.C. Jain, Deputy Director General, MoHFW gave a brief overview of the program to the participants. He discussed about the schemes and components of the program and the achievements in the national mental health program over the years.

After finishing the introductory session, Ms. Sujaya Krishnan requested the participating states to present the progress and issues in their particular states. The first day of the workshop started with discussion about the current status of functioning of District Mental health Program in states, functioning of State Mental Health Authorities, roles and responsibilities of Member Secretaries and powers exercised by them in the state and difficulties faced in the implementation of NMHP. State Nodal Officers presented the current status of the various schemes of the NMHP in the states. During Post lunch sessions of day one, the operational guidelines of the revised DMHP during 11th Plan was presented by Mr. Fazlur Rahman Gulfam, Research Associate, NMHP followed by the discussion.

On day two of the workshop, Nodal Officers of participant states and concerned state officials discussed the strategic action plan for implementing the revised DMHP

components in their respective states. All the stakeholders also interacted regarding bottlenecks and constraints faced for effective implementation of NMHP in their concerned state as well as to discover the tangible solution for the same.

Status of National Mental Health Program

Prof. (Dr.) Amool Ranjan Singh, Director, Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Kanke, Ranchi discussed about the status of NMHP in the state of Jharkhand. The program is operational in 3 districts namely Dumka, Daltonganj and Gumla. In Dumka district DMHP is operational since year 2005-06 and in districts Daltonganj and Gumla it is operational since the year 2008-09. Dr. Amool Ranjan informed that the program is operational in the districts with its full manpower strength and has been conducting the activities such as awareness camps, IEC campaigns, Training of the Medical and Paramedical staffs etc. All the activities in the state have been conducted in collaboration with Non Governmental Organizations. He also informed that the State Government is starting one new DMHP in Jamshedpur District for which program implementation and support staff has been recruited by the state government and is expected to start soon.

Dr. R. N. Sahu, Secretary, SMHA, Madhya Pradesh discussed about implementation of National Mental Health Program in the state of Madhya Pradesh. He informed that under the 9th Five Year Plan 1 DMHP was sanctioned for Shivpuri district, during 10th Five Year Plan 4 more DMHPs were allotted to the State of M.P. These programs were sanctioned for Sehore, Dewas, Mandala & Satna Districts. DMHP in Shivpuri, Dewas & Mandala was discontinued. Department of Psychiatry, Rewa Medical College has not even started DMHP in Satna due to administrative hurdles. DMHP is functional only in Sehore district with support from Department of Psychiatry, Gandhi Medical College, Bhopal. DMHP

Ms. Sujaya Krishnan, Dr. D. C. Jain and Dr. S. Haque Nizamie listening to the issues raised by the states implementing National Mental Health Programme

Sehore is functioning with half of the program staff and providing services like OPD, Medicines, Awareness, Training to the Medical and Paramedical staff and IEC.

Dr. Assim Mullick, State Nodal Officer, West Bengal, discussed about the status of NMHP in the state through a presentation. He informed the group that the State Mental Health Authority in the state of West Bengal has been established. The authority conveyed two meetings in the year of 2010 dated on 16/06/2010 and 22.12.2010 and the meeting for the year 2011 will be scheduled very soon. While talking about the District Mental Health Program, he informed that the services of DMHP cover eleven Sub Division Hospitals in four districts namely Bankura, South 24 Parganas, Paschim Medinipur and Jalpaiguri. The state has submitted proposals for additional five districts namely Birbhum, Nadia, Howrah, North 24 Parganas and Uttar Dinajpur. Dr. Assim Mullick discussed about the activities of the DMHPs in the state Dr. Assim Mullick informed that the state is weak in training aspect and requires support from central institutes such as CIP for developing and training modules and guidelines for training of doctors, paramedical staff and nurses.

Discussion on Revised Operational Guidelines of National Mental Health Programme.

Issues discussed

1. The discussion with State Nodal Officers revealed that there is a need to integrate DMHP with State/District Health System. In some states the DMHP staff is not getting their salary since long time which makes it difficult for the staff to run the program.

2. Inclusion of mental health within the community was another issue of concern for the officers working at the district level. The discussion revealed that there is lack of coordination among the various services available to treat a mentally ill patient at the ground level. The services, administrative bodies and organizations working at the field level do not have an integrated approach and they all work in vacuum.

3. The officers suggested that there should be strategies and provisions to include the community in planning and delivering services for mentally ill patients to ensure the proper rehabilitation, care and prolonged existence of the interventions. The suggestions were to approach and include community leaders and influential people in the community to make services more accessible to the population, more effective and sustainable.

4. The State Nodal Officers discussed that there is lack of proper information and awareness at the grassroots as far as issue of mental health and services available at the district level are concerned. There should be provisions for extensive awareness generation in the community.

5. The monitoring of the program from the state administration was one issue which was discussed. The discussion revealed that no monitoring mechanism is available at the state health system level to monitor the mental health program at the district level. The integration of mental health program with primary health system can address the issue and make monitoring aspect strong.

6. Almost all the DMHPs are facing lack of skilled mental health professionals for effective functioning. Few states have undertaken trainings of General Health Workers to impart the Mental Health Services in their states. But structured training schedule and standard modules for imparting training are not available. The need to retain the trained manpower for providing the mental health services was also highlighted.

7. All the participant states had prepared a tentative action plan for their concerned DMHPs and discussed the strategy for implementing the newer components based on operational guidelines for the revised DMHP.

8. The discussion revealed that multiplicity of the administrative bodies (like Directorate of Medical Education and Directorate Health Services) in the state health systems results in lack of accountability towards implementation of

NMHP in the states. None of the participant state has any senior health official fully dedicated for the implementation of National Mental Health Programme.

State	State Specific Issues
West Bengal	1. Lack of Communication and coordination between state and nodal office. 2. CMOH (Jalpaiguri) should be asked to advise the district hospital Govt. Psychiatrists to keep liaison with the nodal office. 3. Lack of infrastructure in S.D. and district hospitals.
Orissa	1. Early contractual recruitment of faculties to start the courses under Centre of Excellence 2. Purchase of books and journals for CoE should be directly from the publishers.
Chhattisgarh	1. Services of already working Psychiatrists in District Hospital should be taken to run the DMHP in the state. 2. Funds have been given to 6 distircts viz. Raipur, Dhamtari, Bilaspur, Durg, Bastar and Raigarh to run DMHP. But programme was not initiated at any of the district. It needs to be urgently started.

Decision points

1. It was decided that the Mental Health Program Division will issue the new operational guidelines to all the states.

2. All the states will be submitting timely UCs/SOEs to the Program Division against the funds released for the various schemes of NMHP.

3. The administrative issues relating to the states need to be resolved within the states. The role of State Nodal Officers as envisaged under NMHP is to establish coordination between different administrative bodies and to resolve the issues. However, if the issues are not solved, the concerned state may intimate Program Division in the Ministry for taking up the matter with appropriate authorities of the respective states.

4. As per the new operational guidelines, general health professional like(GDMOs, General Social Workers, Psychologist and General Nurse will be given training on common psychiatric disorders so as to build their capacity

and enhance their skills. This will largely help to overcome the shortage of skilled mental health Manpower in the states. The detailed training action plan will be prepared after mutual consultations among the all stakeholders such as State Nodal Officers, Member Secretaries and DMHP Nodal Officers. Regular feedback will be provided to the Central Program Division about the training activities undertaken in the respective states.

5. Training of trainers may be undertaken at the national institutes like LGBRIMH Tezpur, CIP Ranchi and NIMHANS Bangalore. Following this, trainings will be planned at below district level (PHC Medical Officers etc).

6. Regarding IEC activities, the states were requested to share their IEC material among themselves.

The State – wise scheme specific details are available at **Annexure – 2.**

The workshop ended with the vote of thanks to all the participants, officials from state and Govt. of India and coordinating institute.