MR.PRAVEEN GEORGE JOSEPH

Development of community mental health in India

- 1912- Indian Lunacy Act came to force
- 1954- All India Institute of Mental Health (NIMHANS) was established
- 1955- the Joint Commission on Mental illness and Health was formed to study the problem of mental health delivery
- 1957- Dr Vidya Sagar, Spdnt of Amritsar Mental Hospital initiated community mental health services
- 1960- establishment of General Hospital Psychiatric Units (GHPO)

- 1963- Community Mental Health Centers (CMHC) act was passed
- 1974- Community mental health programme started at Sakkalwara of Bengaluru, and Raipur Rani block of Ambala dist, Haryana
- 1975- Community Psychiatry unit was initiated at NIMHANS\
- 1982- National Mental Health Programme was started.
- 1987- Indian Lunacy Act was replaced by Indian Mental Health Act

- 1975- Community Mental Health Construction Act was further expanded and included seven additional points

1. Follow up care
2. Transitional services
3. Services for children and adolescent
4. Services for the elderly
5. Screening services
6. Alcohol abuse services
7. Drug abuse services

- 1980- Community Mental Health Systems Act was passed
- 1980- DMHP was launched at Bellary district of Karnataka
- 1982- National Mental Health Program (NMHP) was launched in Maharashtra, for the first time in India.

Objectives of CMHN

- To promote and maintain mental health of family through preventive and promotive interventions
- To enhance the potentials of community people to use their strength to provide essential competence for positive mental health
- To educate the family members regarding identification of various stressors and coping mechanisms to deal with problems

- To help the family members to recognize that the social, cultural and situational aspects have an influence on behavior and how it can affect the individual person's behavior in the family
- To teach the community people to monitor their mental health and that of community.

Community mental health care includes

- Mental health promotion
- Stigma removal
- Psychosocial support
- Rehabilitatory services
- Prevention of harm from alcohol and substance use
- Treatment of the ill, using primary health care system

principles

- It is distinguished by unique conceptual framework, clinical process and intervention strategy
- It must consider social setting and conditions where family members experience stress, and it should be based on the potential and capabilities for the promotion of mental health and prevention of mental disorders

- It uses holistic approach
- It provides special kind of mental health services as the social and professional role of nurse converges to have better outcome of services
- It should have primary concern for targeted population, and social and community networks
- It should have focuses on interrelationship formed in group context as they interact in daily living activities

Issues in CMHS

- Limited manpower
- Uneven distribution of resources
- Low priority in national budget for mental health
- GPs are not comfortable to manage people with mental illness
- Lack of awareness in the community
- Poor access to care
- Poverty
- Poor availability of medications
- Traditional healing techniques.

Summary of phases of Community Mental Health Development in India

Phases	Development
I phase (after independence)	Establishment of lunatic asylums in different parts of country
II phase (1950s)	Establishment of mental hospitals at Bangalore (1954), Amritsar (1947), Hyderabad (1953). Srinagar (1958), Jamnagar (1960) and Delhi (1966)
III phase (mid 1960s)	Growth of general hospital psychiatry units
IV phase (1970s)	Extension of care to PHC and community
V phase (1990s)	Improvement of hospital conditions Growth of Pvt Psychiatric Hospitals Growth of Pvt Psy; Consultants

National Mental Health Programme

Govt of India integrated mental health with other health services at rural level. It is being implemented since 1982 and Maharashtra was the first state to implement NMHP.

Objectives

- Basic mental health care to all the needy especially the poor from rural, slum and tribal areas
- Application of mental health knowledge in general health care and in social development
- Promotion of community participation in mental health service development and increase of efforts towards self help in the community

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

Targets of NMHP

- WITH IN ONE YEAR

1. Each state of India will have adopted the present plan of action in the field of mental health
2. Government of India will have appointed a focal point within the Ministry of Health specifically for mental health action
3. A national coordinating group will be formed comprising representatives of all state senior health administrators and professionals from psychiatry, education, social welfare and related professionals

- A task force will have worked out the outlines of a curriculum of mental health for the health workers identified in the different states as most suitable to apply basic mental health skills and for medical officers working at PHC level

- WITH IN FIVE YEARS

1. At least 5000 of the target non medical professional will have undergone 2 week training in mental health care
2. At least 20% of all physicians working in PHC centers will have undergone 2 weeks training in mental health
3. Creation of the post of a psychiatrist in at least 50% of the districts

4. A psychiatrist at the district level will visit all PHC settings regularly and at least once in every month for supervision of the mental health program for continuing education
5. Each state will appoint a program officer responsible for organization and supervision of the mental health programme
6. Each state will provide additional support for creating or augmenting community mental health components in the teaching institutions

7. On the recommendation of a task force, appropriate psychotropic drugs to be used at PHC level, will be included in the list of essential drugs in India.
8. In psychiatric units with in patients, beds will be provided at medical college hospitals in the country

Various activities planned in NMHP

- Community mental health program at primary health care level
- Training of existing PHC personnel for mental health care delivery , with no additional staff
- Development of a state level Mental Health Advisory Committee and identification of a state level program officer
- Establishment of Regional Centers of community mental health

- Formation of National Advisory Group on Mental Health
- Development of a task force for mental hospitals
- Prevention of mental illness and promotion of mental health
- Task force for mental health education for under graduate medical students

- Voluntary agencies to be included in mental health care
- Priority areas identified as child mental health, public mental health education and drug dependence
- Mental health training for at least 1 doctor at every district hospital during the next 5 years
- Establishment of department of psychiatry in all medical colleges and strengthening the existing ones
- Provision of 3-4 essential psychotropic drugs at the PHC level

Re-strategized NMHP

- It is formally launched in 22nd Oct 2003 with the following features
- Redesigning DMHP around a nodal institution, which will be a zonal medical college
- Strengthening medical colleges to improve psychiatric treatment facilities with adequate man power
- Streamlining and modernization of mental hospitals

- Research and development in the field of community mental health
- Provision of comprehensive community based mental health services with a closely networked referral system
- Promoting intersectoral collaboration and linkage with other national health programmes
- Provision of essential psychotropic drugs, family support

- Developing self help groups and provision of funds for their activities
- Short term training courses for professionals and paraprofessionals
- Organizing public mental health education
- Involving private sectors and voluntary organizations in provision of mental health care services
- Services focus on high risk populations

District Mental Health Program (DMHP)

- DMHP is launched in 1996 under NMHP with the following objectives
- To provide sustainable basic mental health services to the community and top integrate these services with other health services
- Early detection and treatment of patients with in the community itself
- To see that patients and their relatives do not have to travel long distance to reach hospitals

- To take pressure of the mental hospitals
- To reduce the stigma attached towards mental illness through change of attitude and public education
- To treat and rehabilitate mental patients discharged from the mental hospital with in the community

Institutionalization Vs Deinstitutionalization

- Institutionalization is the process of committing a person to a facility where their freedom to leave will be restrained, usually mental hospital
- Deinstitutionalization is a long term trend wherein fewer people reside as patients in mental hospitals and fewer mental health treatments are delivered in public hospitals.

Essential components of a sound deinstitutionalization process

- Prevention of inappropriate mental hospital admissions through the provision of community facilities
- Discharge to the community of long term institutional patients who have received adequate preparation
- Establishment and maintenance of community support systems of non institutionalized patients

Positive effects of deinstitutionalization

- Integration of family and social system in care of patients
- Provision of better care to mentally ill, in their home communities
- Helps in returning sense of worth, ability and independence to those who had been dependent on others for their care

Negative effects of deinstitutionalization

- Failure of implementation effectively
- Revolving door syndrome
- Emergency department use by acutely disturbed individuals has increased
- Due to increased number of patients , general hospital psychiatric units are overwhelmed
- Patients who do not receive adequate care commit homicides
- State prisons are occupied by severely mentally ill patients.

Institutionalization

- **AIMS OF INSTITUTIONALIZATION**

1. Prevention of harm to self and others
2. Management of severe symptoms
3. Need for a rapid, multidisciplinary diagnostic evaluation that requires frequent observation by specially trained personnel.

- **TREATMENT OBJECTIVES**

1. Rapid evaluation and diagnosis
2. Decreasing behavior that is dangerous to self and others
3. Preparing the patient and significant care givers to manage the patient's care in a less restrictive setting
4. Arranging for effective aftercare to facilitate continued improvement in the patients condition and functional level.

Models of preventive psychiatry: levels of prevention

Role of nurse in primary prevention

1. Individual centered intervention
2. Interventions oriented to the child in the school
3. Family centered interventions to ensure harmonious relationship
4. Interventions oriented to keep families intact
5. Interventions for families in crisis
6. Mental health education
7. Society centered preventive measures

Role of nurse in Secondary prevention

- Early diagnosis and case finding
- Early reference
- Screening programmes
- Early and effective treatment for patient
- Training of health personnel
- Consultation services
- Crisis intervention

Role of nurse in tertiary prevention

- Making family members involvement in care
- Providing occupational and recreational activities
- Implementing community base programmes
- Bridging gap between institutionalized and deinstitutionalized care
- Collaborative mental health care services
- Training in Community Living (TCL)
- Avoiding stigma and fostering positive attitude of people

Mental health services available at primary secondary and tertiary level

- **PRIMARY LEVEL**
- Subcenters
- Primary health centers
- Community mental health centers
- Psychiatric hospitals/ nursing homes

- **SECONDARY LEVEL**
- General hospital psychiatric units
- Government and private psychiatric hospitals
- Voluntary organizations
- **TERTIARY LEVEL**
- Rehabilitation centers at Government and private psychiatric hospitals
- Voluntary organization
- NGOs

Mental health services available for patients

- **Partial hospitalization**

It is ideally suited to most of psychiatric syndromes, especially chronic psychotic disorders, neurotic conditions, PD, drug and alcohol dependence and MR.

Day care centers, day hospitals and day treatment programs are under partial hospitalization

- **Quarterway homes**

This is usually located within the hospital campus, but not having the regular services of a hospital. There may not be routine nursing staff or routine rounds, most of the activities are taken care by the patient themselves

- **Halfway home**

It is a transitory residential center for mentally ill patients who no longer need the full services of hospital, but are not yet ready for a completely independent living, it helps to develop and strengthen individual capacities

Objectives of halfway homes

- To ensure smooth transition from hospital to family
- To integrate the individual into the mainstream of life

Activities carried out

- Clinical assessment
- Social assessment
- Psychological assessment
- Vocational assessment
- Supportive interventions

Self help groups

- These are composed of people who are trying to cope with a specific problem or life in crisis and have improved the emotional health and well being of many people
- Members have homogeneity and they work together using their strengths to gain control over their lives
- They educate and support each other in solving the problems

- They make others feel that they are not alone in having a particular problem
- They emphasize cohesion, as they have similar problems and symptoms, they have a strong emotional bond
- The strategies used by group leaders are promotion of dialogue, self disclosure and encouragement among members
- Concepts used are psycho education, self disclosure and mutual support

Psychiatric Rehabilitation

- Rehabilitation is the process of enabling the individual to return to his highest possible level of functioning.

- Rehabilitation is "an attempt to provide the best possible community role which will enable the patient to achieve the maximum range of activity, interest and of which he is capable (Maxwell Jones- 1952)

Principles of rehabilitation

- Increasing dependence of patients
- Improvement of competence and capabilities
- Maximum use must be made of residual capacities
- Patient's active participation is very essential
- Skill development and therapeutic environment are fundamental interventions

Psychiatric rehabilitation services

- Workplace accommodations
- Supported employment or education
- Social firms
- Assertive community
- Medication management
- Housing
- Employment
- Family issues
- Coping skills
- Activities of daily living and social skills

Areas of work in psychiatric rehabilitation

1. Psychiatric symptom management
2. Social area includes relationships, family, boundaries, communications and community integration
3. Vocational and educational area including coping skills and motivation
4. Basic living skills
5. Financial area or budgeting
6. Community and legal resources
7. Health and medical to maintain consistency of care
8. Housing to provide safe environments

Characteristics

- Services are provided in maximum normalized environment as possible
- Emphasis is on the 'here and now' rather than problems of past
- Work is central to rehabilitation process
- Psychiatric rehabilitation services are collaborative, person directed and individualized
- Emphasis is on social, rather than medical model

- All people have underused skills and they can be equipped with skills
- Emphasis on client's strengths rather than on pathologies
- People have the right and responsibility for self determination
- Care is provided in an intimate environment with out professional, authoritative shields and barriers
- It is oriented toward empowerment, recovery and competency

Benefits of rehabilitation

- Helps in promoting recovery and minimizing disabilities
- Helps in full community integration and improved quality of life for persons with any serious mental health condition
- Provides assistance in accepting the client in family and community
- It assists the client in developing harmonious relationship among family members

- It helps in improving their ability to lead meaningful lives in the community
- Helps in developing skills and access resources needed to increase their capacity
- Helps in satisfying mentally ill client in the living , working, learning and social environments of their choice
- It provides assistance in vocational training and supervision

Rehabilitation team

- Psychiatrist
- Clinical psychologist
- Psychiatric social worker
- Mental health nurse
- Occupational therapist
- Recreational therapist
- Counselor
- Other supportive staff

Steps in psychiatric rehabilitation

1. Reduction of impairments
2. Remediation of disabilities through skill training
3. Remediating disabilities through supportive interventions
4. Remediation of handicaps

Domains of psychiatric rehabilitation services

- Skill training
- Peer support
- Vocational training
- Consumer - community resource development.

Role of nurse in rehabilitation

- Assessment of individual
- Assessment of family
- Assessment of community
- Individual intervention
- Inpatient rehabilitation
- Community rehabilitation
- Family interventions
- Community interventions

Interventions

- Develop a structured therapeutic community
- Educate family members regarding disease process and communication skills
- Teach problem solving skills
- Change attitude of public towards mentally ill
- Motivate client to be a part of self help groups
- Provide assistance in vocational rehabilitation
- Regularly visit family members to offer support

Mental health agencies

- There are 42 mental hospitals in the country with bed availability of 20,893 in the Government sector
- In private sector, there are 5096 beds

National agencies

Agencies	Area of work
The Eclat Society for the Welfare of Mentally Retarded	MR
Association for Social Health in India	Drug Deaddiction counseling centers
Association of National Brotherhood for Social Welfare	Drug Deaddiction, MR
Servants of the People Society	MR
Parents Association for the Welfare of Mentally Handicapped	MR
Youth and Masses	Drug Abuse
Society for Social Services	Day Care Center for Aged
Aasha Kiran	Mentally ill
Abhilasha Special Education Center	Mentally ill, Speech Disorder
Nav Jyothi Center	Mentally ill
National Institute for Mentally Handicapped	Mentally ill
Model School for Mentally Deficient Children	MR

International agencies

1. WHO
2. UNESCO
3. WFMH (World Federation for Mental Health - 1948)

Goals of WFMH

a) To promote mental health and optimal functioning
b) To prevent mental, neurological and psychosocial disorders
c) To heighten public awareness on mental health
d) To improve the care and treatment

4. ISMO (The Society for Mental Health Online – 1997)
5. NAMI (National Alliances for the Mentally Ill – 1979)

Voluntary/ NGO Mental health agencies

- They are strongly committed to innovation and change
- They fill gap between community needs and available community services
- They play an important role in suicide prevention and crisis support and many other essential mental health services

Lists of MHNGOs

- Alzheimer and Related Disorders Society of India (ARDSI- Kochi)
- Sangath Society (Goa)
- The Research Society (Mumbai)
- Samadhan (New Delhi)
- Schizophrenia Research Foundation (SCARF – Chennai)
- Medico – Pastoral Association (Bengaluru)
- T.T. Krishnamachari Foundation (Chennai)
- Total Response to Alcohol and Drug Abuse (TRADA- Kerala & Karnataka)

Activities of MHNGOs

1. Clinical care and rehabilitation
2. Community outreach programmes
3. Support groups
4. Training
5. Advocacy and building awareness
6. Research
7. Networking

Special Populations- Mental Health Issues

A. PROBLEMS OF ADOLESCENTS

1. Anxiety disorders
2. Conduct disorders
3. Mood disorders
4. Schizophrenia
5. Eating disorders
6. Deliberate self harm
7. Alcohol and substance abuse
8. Sexual problems

Nursing responsibility

- Assessment for high risk behavior
- Provide medical treatment as ordered
- Give support and behavioral therapies
- Establish a therapeutic relation with client
- Involve family members in planning and implementing therapies
- Plan for appropriate referral services
- Treat adolescent as individual client
- Educate family on communication pattern

B. Problems of Women

- Premenstrual syndrome
- Postpartum depression
- Puerperal psychosis
- Maternity blues
- menopause

1. Premenstrual syndrome

- Symptoms
- Breast swelling and tenderness
- Acne
- Food cravings
- Irritability
- Mood swings
- Cry spells, depression

Management

- Diuretics
- Analgesics
- OCPs
- Overian suppressors (danocrine)
- Anti depressants

General management

- Provide exercise
- Provide emotional support
- Provide enough sleep
- Adequate nutrition
- Avoid salt before menstrual period
- Avoid caffeine and alcohol

2. Postpartum depression

- Can occur during pregnancy or within one year of delivery
- Causes
- History of depression
- Positive family history of depression
- Anxiety about fetus
- Problems with previous pregnancy
- Young age of mother
- Low thyroid levels
- Stress from work or home
- Broken sleep patterns

Symptoms

- Feeling irritable
- Sadness, hopelessness
- Crying spells
- Avolition
- Eating too little or too much
- Withdrawal from friends and family
- Sleep disturbances
- Less interest in baby

3. Postpartum psychosis

- Usually begins within 1-3 months of delivery
- Symptoms
- Auditory / visual hallucinations
- Delusions
- Insomnia
- Sleep disturbances
- Obsessed thoughts of baby
- Agitation
- Anger
- Irrational guilt
- Mood swings

4. Maternity blue

- Occurs mostly on 4^{th} or 5^{th} day after delivery in 30-85 % women
- Causes
- Prenatal depression
- Low self esteem
- Child care stress
- Low social support
- Poor marital relationship
- Unplanned pregnancy

Symptoms

- Dysphoria
- Mood liability
- Irritability
- Hypochondriasis
- Anxiety
- Insomnia
- Impaired concentration
- Isolation
- headache

Management

- Antipsychotic drugs
- Mood stabilizers
- Supportive intervention
- CBT
- Reassurance
- Monitor and supervision
- Healthy diet
- Suicidal precautions

C. Problems of Elderly

- **Developmental tasks**

1. Establishing satisfactory living relationship
2. Adjusting to retirement income
3. Establishing comfortable routines
4. Maintaining love, sex, and marital relationship
5. Keeping active and involved
6. Staying in touch with other family members
7. Sustaining and maintaining physical and mental health
8. Finding meaning of life

Common mental health problems

1. Depression
2. Dementia
3. Delirium
4. Paranoid disorders

(Symptoms and management from previous topics)

D.Victims of violence

- **Forms of domestic violence**
- Physical aggression
- Threats
- Sexual abuse
- Emotional abuse
- Controlling or domineering
- Intimidation
- Neglect
- Financial deprivation

Effect of violence

- Physical, social, emotional effects
- Lowering self esteem
- Loss of confidence
- Avoidence
- Mutism
- Depression
- Suicidal ideation

- Prevention of violence
- Learn about type of violence that may occur
- Recognize early warning signs of violence
- Work on low self esteem issues
- Recognize obstacles to responding to violence
- Build support systems
- Open communication

E. Victims of Abuse

- **Types**

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Neglect

Causes

- Family violence
- Unsatisfactory schooling, housing and environment
- Parental factors
- Mental illness
- Marital disharmony
- Crime
- Chronic illness
- Poverty
- Poor interpersonal interactions

Clinical features

- Multiple bruising
- Burns
- Abrasions
- Bites
- Torn upper lip
- Subdural hemorrhage
- Fracture
- Genital bleeding
- Crying spells
- New sexual behaviors in child
- Depression, anxiety, nightmares
- Suicidal tendency
- Low self esteem
- Anger
- Guilt
- Fear
- Unwanted pregnancy
- STDs
- Self harm
- Social withdrawal

Management

- Reassurance
- Talk to parents regarding abuse
- Treat external injuries
- Help family to modify behavior
- Never blame parents
- Provide legal counseling to victim and family
- Counseling and guidance
- Provide reinforcement of healthy traits
- Treat if venereal diseases present

F. Handicapped

- They try to excel by compensation
- They usually are victims of teasing, bullying, casting, insulting remarks, and avoidance by others
- They experience, low self esteem and disturbed body image
- Only few cope with disability and ignore it

- Strategies to help
- Focus on what they can do at times
- Identify child's strength and capitalize them
- Keep expectations high, the child is capable of achieving
- Never accept rude or negative remarks towards these children
- Give compliment and positive encouragement for their achievements

- Make adjustments and accommodations when ever possible, for the child to participate in
- Never pity them
- Encourage independent activities
- Ensure safety measures for the child

G. HIV/ AIDS

- **Psychosocial issues related to the diagnosis**
- Behavioral
- Fear
- Loss
- Isolation
- Resentment
- Depression
- Anxiety
- Anger
- Suicidal thoughts
- Low self esteem

- **Psychiatric syndromes due to HIV/ AIDS**
- Depression
- Anxiety
- Paranoia
- Mania
- Irritability
- Psychosis
- Substance abuse
- Insomnia
- Suicidal ideation

Nursing management

- Multidisciplinary team approach
- Detailed neuropsychiatry assessment
- Help patient change risky behavior
- Provide counseling
- Clarify doubts if needed
- Explain window period
- Review patient's assessment for own risk
- Provide risk reduction information

- Build rapport
- Explore patients feelings
- Implement psychosocial interventions
- Provide safe sex information
- Advise for regular medical monitoring
- Teach about ART and nutritious diet
- Enable social support networks for patient

Thank you