

Faculty Development Program for IIHMR Group of Institutions

Community Mental Health

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Dr. Rupsa Banerjee has done her MBBS and MD in Community Medicine from Rajiv Gandhi University of Health Sciences, Karnataka, following which she completed DNB in Community Medicine. She also received PG Diploma in Mental Health from IGNOU and Diploma in Community Mental Health from NIMHANS.

Rupsa is a public health professional with over 7 years of diverse experience in the fields of medical education, clinical and patient care, public health research, health systems strengthening, providing technical support to public health programmes and capacity building. She has led multi-disciplinary teams in conducting outbreak investigations and community surveys. She has contributed to the operationalization of Ayushman Bharat Health & Wellness Centres (AB-HWCs) across the country. She has conducted over 10 national level training programmes for the delivery of Comprehensive Primary Health Care through AB-HWCs. She has also contributed to developing several policy documents, technical reports, programme operational guidelines and training modules for the Ministry of Health and Family Welfare. Rupsa has published 15 scientific papers in renowned national and international academic journals and authored chapters in medical textbooks. Her areas of interest are epidemiology, mental health, health systems strengthening and research.

Contents

Mental wellbeing and mental illness

Disease burden

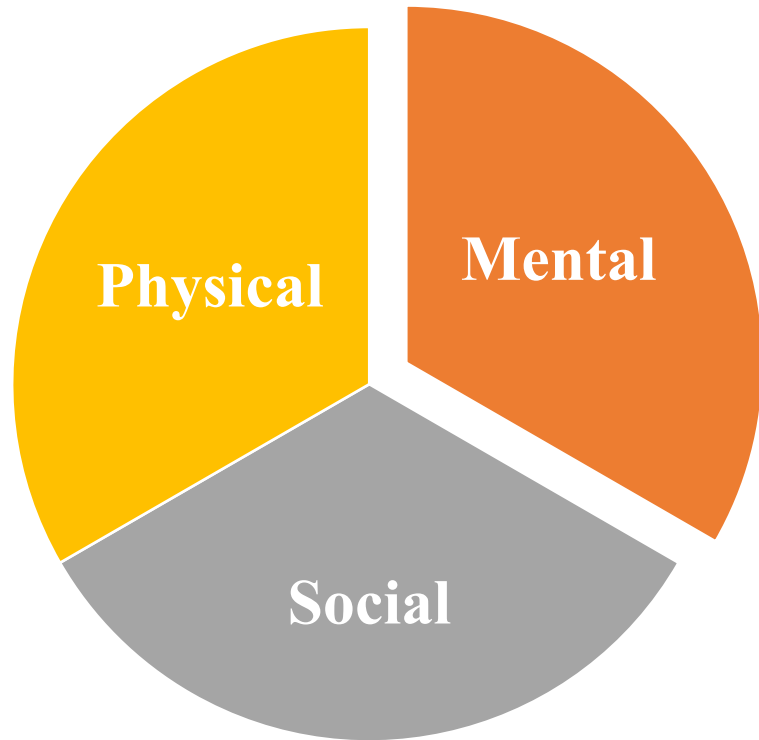
Classification of MNS disorders

NMHP and DMHP

Community mental health

Comprehensive mental health services in the community

Challenges and way forward



**‘There can be no
physical health
without mental
health’**

**World Health
Organisation**

Mental wellbeing

Mental well-being of an individual implies that an individual is able to:

- Realize his or her own potentials,
- Cope with the normal stresses of life,
- Work productively and fruitfully, and
- Make a contribution to her or his community.

BEYOND FIGHTING THE VIRUS

MENTAL HEALTH ISSUES BEING FACED

- > Fear, anger, panic, anxiety, depression, insomnia
- > Isolation, disconnectedness, loneliness
- > Uncertainty about the outcome
- > Fear of death
- > Accepting food, which may not be of their choice
- > Not accepting social confinement

GENERAL MEASURES

Home quarantine, if feasible

Provide internet connectivity

Entertainment facilities like TV, provision to listen to music, availability of books



MENTAL HEALTH INTERVENTIONS

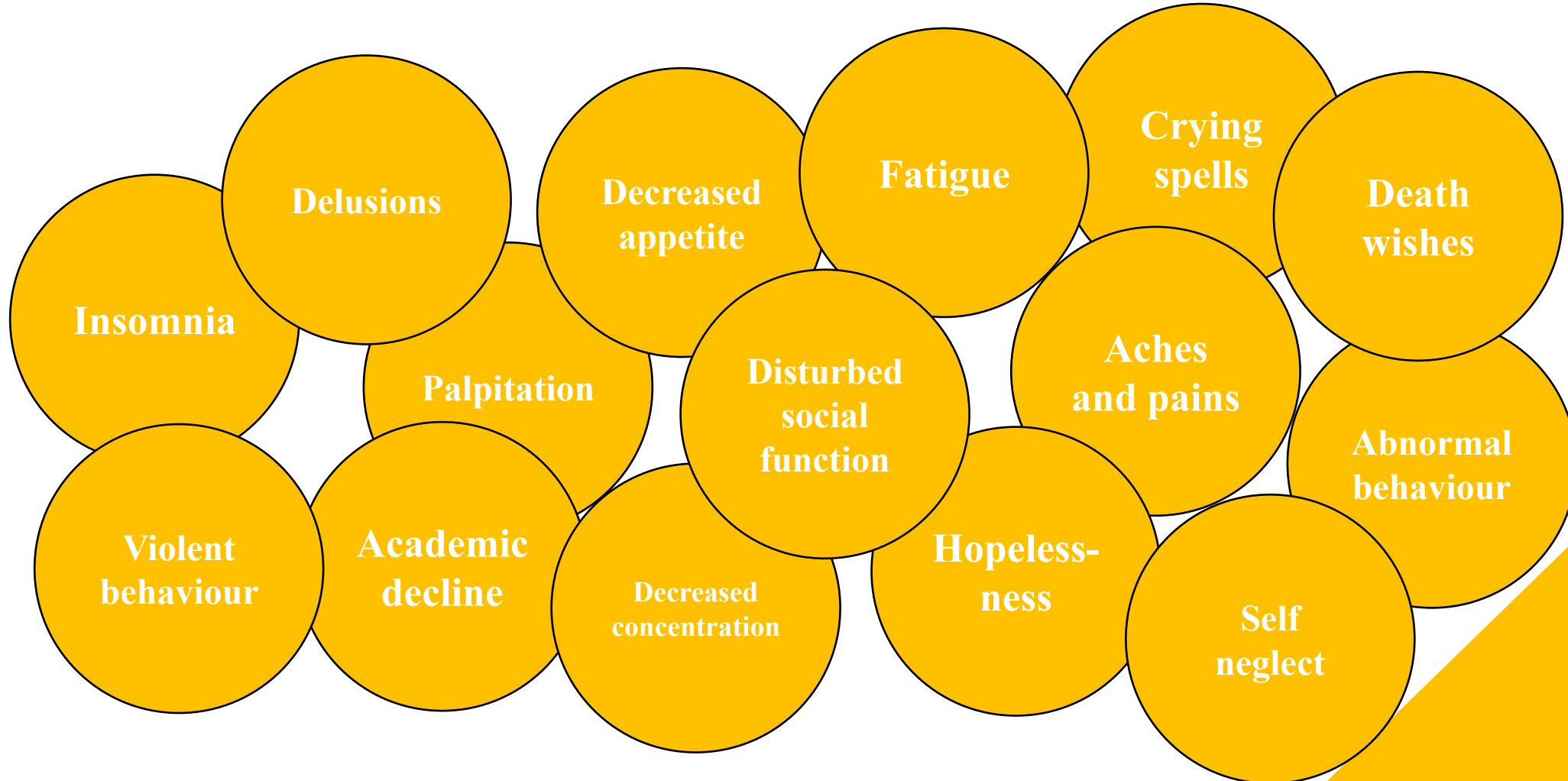
Screen for any psychiatric morbidity

Prepare the person for quarantine, listen to the concerns and address them

Encourage emotional connectedness with people by using phone or video calling

Mental illness

What does mental illness look like?



Symptoms of mental illness

1. Physical symptoms

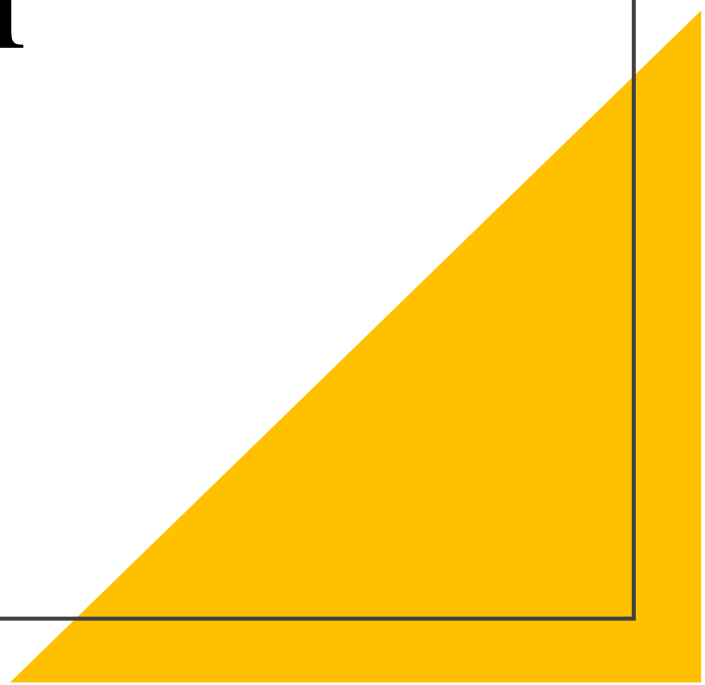
2. Psychological symptoms

3. Thinking symptoms

4. Behavioural symptoms

5. Imagining symptoms

Disease burden



Lifetime psychiatric morbidity 13.7%

Prevalence of mental disorders 10.6%

Severe mental disorders 0.8%


2.9 crore dependent on alcohol

25 lakh dependent on cannabis

16 deaths by suicide every hour

For every death by suicide, there are 20 attempted cases

Priority MNS disorders

1. Common Mental Disorders
 2. Severe Mental Disorders
 3. Child and Adolescent Mental Health Disorders
 4. Neurological Disorders
 5. Substance Use Disorder
 6. Suicide ideation/behaviours
- 
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Common Mental Disorders

Depressive disorders
Anxiety disorders
Somatoform disorders
Dissociative disorders

Severe Mental Disorders

Schizophrenia
Bipolar disorder
Major depressive disorder

Child and Adolescent Mental Health Disorders

Attention deficit hyperactive disorder
Oppositional defiant disorder
Conduct disorder
Intellectual developmental disorder

Neurological disorders

Epilepsy
Dementia

Substance Use Disorders

Tobacco
Alcohol
Psychoactive substances

Suicide ideation/behaviours

Suicide ideation
Attempted suicide
Completed suicide

Mental Health Programme

NATIONAL MENTAL HEALTH PROGRAMME

Integration of mental health with general health services
Utilization of existing infrastructure
Task oriented training to existing staff
Linkage with community development programmes



Challenges

Lack of skilled human resource
Lack of clarity regarding funding
Absence of M and E system
Rejection of the programme by psychiatrists
Not feasible in larger populations


DISTRICT MENTAL HEALTH PROGRAMME

District as unit of planning and implementation
Essential psychotropic drugs introduced at PHC/SC
District MH team, 10 beds for admission
Outreach services




Challenges

Varying functioning across districts
Predominantly pharmacologically driven
Need for services at sub-district level
Lack of leadership, training, M and E
Lack of community involvement



Need for mental health services closer to the community

- Treatment gap ranges between 70% and 86%
 - Invisible disease/ disability
 - Stigma and discrimination
 - Vulnerable population groups
 - Affects family members and impacts community at large
-



Need for mental health services closer to the community

Course of mental illness varies from person to person even with treatment

- 30-35% patients have one episode only
 - 30-35% patients have two or more episodes
 - 20-30% patients may continue to have the illness
 - 10% patients may not improve despite receiving best treatment
-

What is Community Mental Health?

Providing all mental health and well-being needs of the community within the community, using community resources and the primary health-care system.

- Comprehensive mental health services
- Mental health literacy
- Protection of the human rights of mentally ill persons
- Inclusion of psychosocial support available in the community
- Use of community platforms to deliver mental health services
- Developing linkages between primary health-care system, local bodies and NGOs

Community Mental Health models

Integration of mental health into primary health care

Community Outreach Clinics, Deaddiction Camps, Para-institutional care

Community Mental Health Development Project

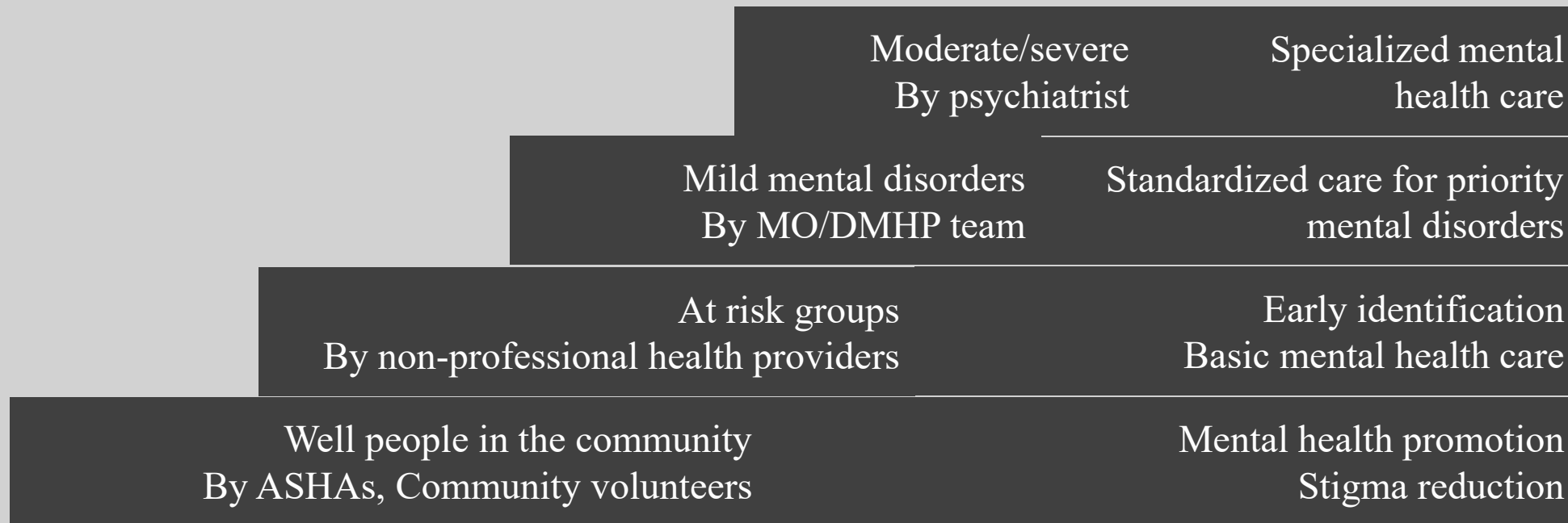
School Mental Health Programme

Mobile technology-based programmes

Tele mental health programmes

Comprehensive Mental Health Services in the Community

Stepped Care Approach



After care –
by CHWs

Comprehensive care of MNS disorders through Ayushman Bharat Health and Wellness Centres



**Referral centre:
Specialist**

**PHC-HWC: Medical
Officer**

**SHC-HWC: MLHP,
MPW(M/F)**

Community: ASHA

Comprehensive care of MNS disorders through Ayushman Bharat Health and Wellness Centres

Individual/ Family/ Community level (ASHA, MPW)

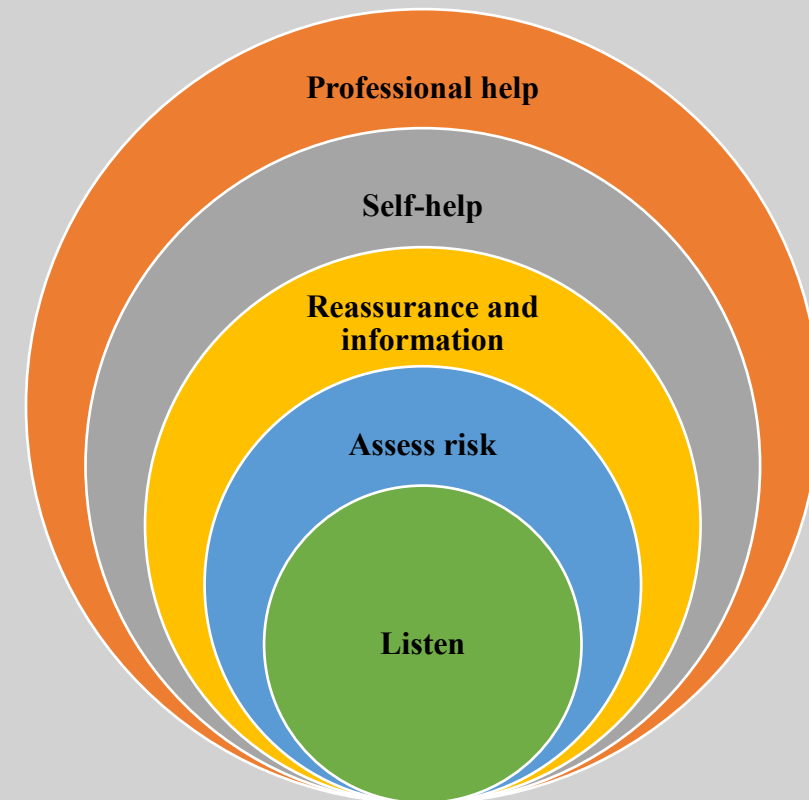
- ✓ Mental health promotion, mental health literacy
- ✓ Community mobilization
- ✓ Screening – CBAC, CIDT
- ✓ Psychological first aid
- ✓ Continuity of care
- ✓ Improve psychosocial competency at individual and family level

SHC-HWC level (MLHP, MPW)

- ✓ Mental health promotion activities
- ✓ Identification and referral
- ✓ Active monitoring
- ✓ Identification of red flags, re-referral
- ✓ Psychosocial interventions
- ✓ Support groups
- ✓ Linkages with other programmes, departments

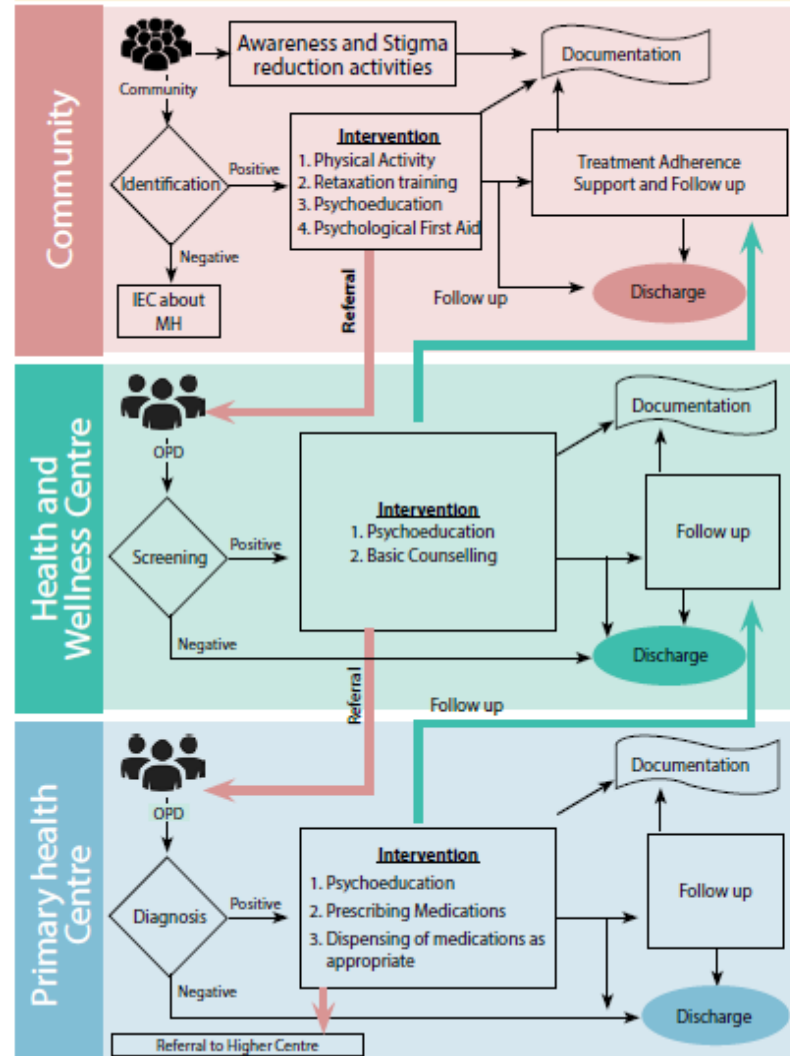
PHC/UPHC-HWC level (MO)

- ✓ Mental health promotion activities
- ✓ Diagnosis and pharmacological management
- ✓ Upward and downward referral
- ✓ Psychosocial interventions
- ✓ Linkages with other programmes, departments
- ✓ Emergency medical management





Service Delivery Processes for Common Mental Disorders



Challenges

Myths and
misconceptions

Child and
adolescent mental
health disorders

Mental health
issues in
vulnerable
population groups

Suicides

Lack of trained
manpower

Psychosocial
interventions

Funding of
mental health
programmes

Challenges in
pandemic time

Way forward

Mental health
literacy

Integration with
programmes

Inclusion of
vulnerable
populations

Strengthening of
community
platforms for
MNS care

Training and
augmentation of
manpower

Address social
determinants

Mental disorders
in health
insurance

Opportunity for
reform

Thank you

