



Mental Health Awareness

For Service Providers 2014

Tamil Nadu



NATIONAL HEALTH MISSION

State Health Society - TN

DMS Complex, Chennai



Circular No.1 / 2014

Roc No: 3543 / P5 / SHS / 2014

Date 12.05.2014





Circular No.1/2014

Roc No: 3543/P5/SHS/2014, Dated, 12.05.2014

"Anger and intolerance are the enemies of correct understanding"

- Mahatma Gandhi

Sub: District Mental Health Programme (DMHP) – Information on Mental Health – 16 Existing DMHP and 9 New DMHP - Setting Standards – Review Meeting – Reg

- Ref: 1. 12th Five Year Plan – Document – District Mental Health Programme
2. Indian Public Health Standards –
<http://mohfw.nic.in/NRHM/iphs.htm>
3. New 9 DMHP – F.No:V.15011/12/2013-PH-1H&FW GOI,
Dated 31.12.2013

I wish to point out that until 1983 India has not adopted a formal or official National Health Policy (NHP). Prior to that health activities of the state were formulated through the Five year Plans and recommendations of various Committees. For the Five Year Plans the health sector constituted schemes that had targets to be fulfilled. Each plan period had a number of schemes and every subsequent plan added more and dropped a few. In the fifties and sixties the entire focus of the health sector in India was to manage epidemics. Now the entire gamut of diseases is grouped as Communicable Diseases and Non Communicable Diseases. In 2013 Mental Health was listed in the non communicable diseases and brought under National Health Mission.

The National Health Mission seeks to provide effective health care to all the people throughout the country with quality health care equally to all. It should be accessible to poor and vulnerable population of the country. Our state has a large number of public health institutions in rural areas from sub-centres at the most peripheral level to the district hospitals at the district level.



The need of the people has been highlighted by several occasions over the past few years and to assess the felt need, the Ministry of Health and Family Welfare (MoHFW) in April 2011 appointed a Mental Health Policy Group to frame a national **Mental Health Policy** and Plan.

What do you understand by Mental Health? (Definition)

A mental health problem feels just as bad, or worse, than any other illness – only you cannot see it.

Mental health services has been closely linked to the development of the public sector health system, growth in medical education in the country, as well as to the expansion of knowledge regarding treatment and care options for mental illness.

Mental Illness is defined as a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.

According to World Health Organization (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others." WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community.

Mental health is a level of psychological well-being, or an absence of a mental disorder; it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment". A person struggling with his or her behavioral health may face stress, depression, anxiety, relationship problems, grief, addiction, Attention Deficit Hyperactive Disorders or learning disabilities, mood disorders, or other psychological concerns. ~~Mental Illness~~ Mental Disorder – Mental Health are the terms interlinked and are used with less differentiation.

Mental illness refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviours. Many people



have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function. A mental illness can make you miserable and can cause problems in your daily life, such as at work or in relationships. In most cases, symptoms can be managed with a combination of medications and counseling (psychotherapy).

Can the law be effective to tackle psychics and maniacs?

Mental Health Care Act, 2011

Section 3: Mental Illness

- i) 'Mental illness' for the purpose of this Act, means a disorder of mood, thought, perception, orientation and/or memory which causes significant distress to a person or impairs a person's behaviour, judgment and ability to recognize reality or impairs the person's ability to meet the demands of normal life and includes mental conditions associated with the abuse of alcohol and drugs, but excludes mental retardation.
- ii) Mental illness shall be determined in accordance with nationally and internationally accepted medical standards such as the latest edition of the International Classification of Disease of the World Health Organization and;
- iii) Mental Illness shall never be determined on the basis of political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status and;
- iv) Mental Illness shall never be determined on the basis of non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person's community and;
- v) A background of past treatment or hospitalization to a mental health establishment though relevant, shall not by itself justify any present or future determination of mental illness and;
- vi) No person or authority shall classify a person as having, or state that a person has a mental illness, except for purposes directly relating to the treatment of mental illness or in other matters related to the Act or as required by law and;
- vii) A determination of mental illness shall in no way imply or be taken to mean that the person lacks legal capacity or the capacity to make mental health care and/or treatment decisions.



What are the standards to be set for mental case identification?

The diagnosis and identification require special skill. Setting the standards in the diagnosis of mental disorder in various level is a dynamic process and is set in the Indian Public Health Standards (2012 Revised) keeping in view the changing protocols of existing National Health Programmes, introduction of new programmes especially for Non-Communicable Diseases and prevailing epidemiological situation in the country. The standards set in Indian Public Health Standards for the mental health program and activities are

What are the levels where in mental health can be diagnosed?

It is the duty of the community **in the village** to identify persons with disabilities, list and refer and call for counseling when needed. Identify and list senior citizens who need special care and support. Identify persons with mental health problems and Epilepsy; list and refer. In the **Health Sub Center (HSC)** it is the duty of the health worker to indentify and referral of common mental illnesses for treatment and follow them up in the community. They will also carry out IEC activities for prevention and early detection of mental disorders and ensure greater participation/role of Community for primary prevention of mental disorders.

Medical Officer of the Primary Health Center (PHC) job is

- a. Early identification (diagnosis) and treatment of mental illness in the community. Indian Public Health Standards (IPHS) Guidelines for Primary Health Centres;
- b. Basic Services: Diagnosis and treatment of common mental disorders such as psychosis, depression, anxiety disorders and epilepsy and referral;
- c. IEC activities for prevention, stigma removal, early detection of mental disorders and greater participation/ role of Community for primary prevention of mental disorders.

In the Community Health Centers (above 30 beds) Medical Officer is to identify mental disorders early, diagnosis and treatment of common mental disorders (anxiety, depression, psychosis, schizophrenia, Manic Depressive Psychosis) and will carry out



IEC activities for prevention, removal of stigma and early detection of mental disorders. He will ensure follow up care of detected cases who are on treatment. In PHC with limited facilities with short term trained, the medical officers will deliver basic mental health care using limited number of drugs and to provide referral service. This would result in early identification and treatment of common mental illnesses in the community.

Where specialists and facilities are available at District Head Quarters (DHQ) (Separate Psychiatry Department) the Psychiatrist will provide treatment and follow up for mental disorders with possible inpatient care and management for

1. Schizophrenia,
2. Affective/Bipolar disorders,
3. Obsessive compulsive disorders
4. Anxiety Disorders
5. Childhood Disorders including Mental Retardation
6. Somatoform and conversion disorders
7. Alcohol and Drug Abuse
8. Dementia etc. Further neuro medicine and neuro surgery, medical and other departments facilitates treatment for epilepsy and others.

How easy to diagnose mental condition?

Services in mental health are wide – new born to end of life depend on social, environmental factors with physical ability leading to the mental disorders. Causal agent for mental health is a skill full slow process as you cannot dump a person at the first instant.

Depression

Depression lowers your mood, and can make you feel hopeless, worthless, unmotivated and exhausted. It can affect self-esteem, sleep and appetite. It can also interfere with daily activities and, sometimes, your physical health. In its mildest form, depression can mean just being in low spirits. It doesn't stop you leading a normal life, but makes everything harder to do and seem less worthwhile. At its most severe, major depression (clinical depression) can be





life-threatening, and make you feel suicidal. Depression can be related to certain experiences. One form is postnatal depression, which can occur after childbirth. Anxiety often comes with depression.

Anxiety

Anxiety can mean constant and unrealistic worry about any aspect of daily life.



If you are feeling anxious, you may feel restless, experience sleeping problems and possibly physical symptoms; for example, an increased heart beat, an upset stomach, muscle tension or feeling shaky. If you are highly anxious, you may

also develop related problems, such as panic attacks, a phobia or obsessive-compulsive disorder (OCD).

Obsessive-compulsive disorder

Obsessive-compulsive disorder (OCD) has two main parts: obsessions and compulsions. Obsessions are unwelcome thoughts, ideas or urges that repeatedly appear in your mind; for example, thinking that you have been contaminated by dirt and germs, or worrying that you haven't turned off the oven. Compulsions are repetitive activities that you feel you have to do. This could be something like repeatedly checking a door to make sure it is locked or washing your hands a set number of times.

Phobias



A fear becomes a phobia when you have an exaggerated or unrealistic sense of danger about a situation (such as going outside) or object (such as buttons). You will often begin to organise your life around avoiding the thing that you fear. The symptoms of phobias are similar to anxiety, and in severe forms you might experience panic attacks.

Bipolar disorder (manic depression)

If you have bipolar disorder, you will experience extreme swings in mood from periods of overactive, excited behaviour, known as 'mania' or 'manic episodes' – to deep depression. Between these severe highs and lows, you may have stable times.



Schizophrenia



You may receive this diagnosis if you have symptoms such as confused thoughts, hearing voices or seeing and believing things that others don't. This diagnosis can be controversial as not all people who experience such things believe they have a mental health problem or that the term 'schizophrenia' is the best way to describe their experiences. It may be negative symptom or positive symptoms.

Negative symptoms-

"Negative" doesn't mean "bad." Negative symptoms are things that are "lost" from your personality or how you experience life. You may **Find little or no pleasure in life**. You may not enjoy things you once enjoyed and this is a common symptom of schizophrenia. **Feel like you have no emotions**. You may not smile or frown, make eye contact, or use other facial clues that show how you feel. **Have a hard time focusing or paying attention**. You may not understand how to use information well, so you may feel confused. You may not have complete thoughts. **Not be interested in succeeding or meeting goals**. Many people with schizophrenia don't do well at work or in school. **Not take care of yourself**. You may not bother to wash, do laundry, eat on a regular basis, or clean your living space.

Positive symptoms-

"Positive" doesn't mean "good." Positive symptoms are things "added" or "new" to your personality or how you experience life because of schizophrenia. You may: **Have hallucinations**. Most people with schizophrenia hear noises or voices that aren't there. Some people with the illness also may see, taste, touch, or smell things that aren't there. **Have delusions**, which are ideas that aren't true. For example, you may think that you are a powerful person or that the police or demons want to harm you or cause problems for you. **Act oddly**. You may become very excited or angry with other people. You may



have odd body movements, such as often rocking back and forth or making faces. **Show emotions that don't fit the situation.** For example, you may smile when talking about sad topics or laugh at the wrong time. **Not be able to keep your thoughts straight** and not make sense to others when you talk. For example, when someone asks you a question, you may give an answer that doesn't make sense, not be able to say much, or only give one-word answers.

Cognitive and other symptoms:

Cognitive symptoms. These symptoms affect how you think. They include memory loss and not being able to understand things well enough to make decisions. Cognitive symptoms often aren't obvious to you or others. **Specific behavior changes.** Different types of schizophrenia may cause different behaviors, such as being afraid with little reason, standing in awkward positions for a long time, or making up words.

Personality disorders

You may receive this diagnosis if you find it difficult to change patterns of thinking, feeling and behaving. You of emotions, attitudes and with everyday life. This might the people around you.

In addition to the more some symptoms, feelings and associated with mental health



may have a more limited range behaviours with which to cope make your life difficult or affect

formal diagnoses listed, there are behaviours which are strongly problems like Panic attacks,

Self-harm, Suicidal feelings etc; Experiencing mental health problems is often upsetting and frightening, particularly at first. However, mental health problems are a common human experience. They can happen to anyone, at any time. For most people, these experiences will only last for a short period.

Childhood Mental Disorders:

Mental disorders in children are quite common and sometimes severe. About one-fourth of children and teens experience some type of mental disorder in any given year, one-third at some time in their lives. The most common kind of mental disorders are anxiety disorders, like overanxious disorder of childhood or separation anxiety disorder. Other common types of mental illnesses in childhood include behavior disorders like Attention Deficit Hyperactivity Disorder (ADHD), mood disorders like depression, and



substance-use disorders like alcohol use disorders. Statistics indicate how relatively common these disorders occur. ADHD affects 8%-10% of school-aged children. Depression occurs at a rate of about 2% during childhood and from 4%-7% during adolescence, affecting up to about 20% of adolescents by the time they reach adulthood. In teens

more frequently than in younger children, addictions, bipolar disorder, and less often early onset schizophrenia may manifest.

Although not as commonly occurring, developmental disabilities like autism spectrum disorders can have a significant lifelong impact on the life of the child and his or her family. Autism spectrum disorder is a developmental disorder that is characterized by impaired development in communication, social interaction, and behavior. Statistics about autism include that it afflicts one out of every 88 children, a 78% increase in the past 10 years.

As is the case with most mental-health disorders at any age, such disorders in children do not have one single definitive cause. Rather, people with these illnesses tend to have a number of biological, psychological, and environmental risk factors that contribute to their development. Biologically, mental illnesses tend to be associated with abnormal levels of neurotransmitters, like serotonin or dopamine in the brain, a decrease in the size of some areas of the brain, as well as increased activity in other areas of the brain. Girls are more likely to be diagnosed with mood disorders like depression and anxiety compared to boys, while disorders like attention deficit hyperactivity disorder and autism spectrum disorders are more often assigned to boys.

Gender differences in mental illness are thought to be the result of, among other things, a combination of biological differences based on gender, as well as the differences in how girls are encouraged to interpret their environment and respond to it compared to boys. There is thought to be at least a partially genetic contribution to the fact that children and adolescents with a mentally ill parent are up to four times more likely to



develop such an illness themselves. Teens who develop a mental disorder are also more prone to having had other biological challenges, like low birth weight, trouble sleeping, and having a mother younger than 18 years old at the time of their birth.

Can we have blood tests for the diagnosis of mental disorders?

Various studies were reported in the Journal in search of biological markers and diagnostic tests in schizophrenia. Kondaiah *et al* found that plasma Creatine Phosphokinase (CPK) levels were higher in the patients suggesting a diagnostic value of CPK.

Ghosh *et al* found that patients with schizophrenia excreted greater amount of Vanilmandelic Acid (VMA) and lower amounts of steroid fractions as compared to controls. Significantly lower levels of CSF 5-hydroxy indole acetic acid (5 HIAA) were found in patients as compared to controls by Pandey *et al*. and Tiwari *et al* found increased levels of serum and cerebrospinal fluid immunoglobulins; whereas Narasimha Rao *et al* observed no significant differences in immunoglobulin levels between schizophrenia (paranoid and non-paranoid) patients and normal controls.



Platelet monoamine oxidase activity was studied in chronic schizophrenia patients and no differences were documented between the patients and normal subjects. Serum prolactin level was also studied in treatment naïve and medicated patients and no differences were found between un-medicated patients and control subjects, refuting the hypothesis that there is a generalized hyper dopaminergic state.

Chatterjee studied dopamine related hormones- prolactin, growth hormone and luteinizing hormone in 84 patients with acute schizophrenia. Electroencephalogram (EEG) patterns were studied by Gaur and Bhat who found left hemispheric laterality in seven out of 35 drug-free patients.

What will be the result if not diagnosed and not treated?

Emotional mental disorders are a leading cause of disabilities worldwide. Investigating the degree and severity of untreated emotional mental disorders throughout the world is a top priority of the World Mental Health (WMH) survey initiative, which was



created in 1998 by the World Health Organization (WHO). “Neuropsychiatric disorders are the leading causes of disability worldwide, accounting for 37% of all healthy life years lost through disease.

These disorders are most destructive to low and middle-income countries due to their inability to provide their citizens with proper aid. Despite modern treatment and rehabilitation for emotional mental health disorders, “even economically advantaged societies have competing priorities and budgetary constraints”.

Mental health was a much neglected field until recently. There is, however, increasing realization that conditions such as schizophrenia, mood disorders (bipolar, manic, depressive and persistent mood disorders) and mental retardation can impose a marked disease burden on Indians. This was confirmed by a study conducted for the National Center for Mental Health (NCMH) which stated that at least 6.5% of the Indian population had some form of serious mental disorder, with no discernible rural-urban differences; women had slightly higher rates of mental disorder than men. If one were to include some other ‘common’ mental disorders and alcohol and drug dependency, the estimates would be substantially higher. With the increasing size of the population, these numbers are expected to grow substantially by 2015; the population with serious disorders is expected to grow to more than 8 crore in that year, and even higher if the category of ‘common mental disorders’ in the population was included in the projections.

Responsibility of the district officers to carry out DMHP.

A first step is documentation of services being used and the extent and nature of unmet needs for treatment. A second step could be to do a district comparison of service use and unmet needs in our state with different mental health care systems available. Such comparisons can help to uncover optimum financing, national policies, and delivery systems for mental health care.

- ❖ Humanizing mental hospitals
- ❖ General hospital psychiatry units
- ❖ National Mental Health Programme
- ❖ Community-level services
- ❖ Family support programmes



- ❖ Use of traditional systems of care
- ❖ Legislation
- ❖ Public mental health education
- ❖ Private sector psychiatry
- ❖ Research – Special efforts

Tamil Nadu is having a good network of public health system but with inadequate mental health services. There are 16 District Mental Health units (DMHP) apart from the net work of districts with psychiatric units with the training support from renowned Mental Health Institute in Chennai. In this financial year 9 more districts are getting DMHP.

Districts with DMHP with year of starting

1. Trichy	(1997)
2. Ramnad	(2001 - 02)
3. Madurai	(2001 - 02)
4. Theni	(2004 - 05)
5. Kanyakumari	(2004 - 05)
6. Erode	(2005 - 06)
7. Nagapattinam	(2005 - 06)
8. Dharmapuri	(2005 - 06)
9. Kancheepuram	(2007 - 08)
10. Cuddalore	(2007 - 08)
11. Chennai	(2007 - 08)
12. Virudhunagar	(2007 - 08)
13. Tiruvarur	(2007 - 08)
14. Perambalur	(2007 - 08)
15. Tiruvallur	(2007 - 08)
16. Namakkal	(2007 - 08)

- As per Govt of TN instructions the mentors are specified. They should also attend the review meeting. If there is any change in mentoring leadership it can be informed to the SNO, Mental Health.



- **Dr.C.Ramasubramanian** Prof of Psychiatry is made as Nodal Officer for these 8 districts sanctioned in 2007-08 and Professor of Psychiatry - Chengelpet - for KPM & CUD;
- Prof of Psychiatry, SMC, Chennai for Thiruvallur; Prof of Psychiatry, TMC, Thanjavur for TVR; Prof of Psychiatry, MMC, Madurai for VRD;
- Prof of Psychiatry, KAP, Trichy for PBR; Prof of Psychiatry - Mohan Kumaramangalam Medical College, Salem - for Namakkal;
- Prof of Psychiatry - IMH, Chennai for Chennai - & Director IMH is made responsible for training and IEC activities.

Reference:

1. GO:MS No: 371, Health and Family Welfare Department, dated 29-07-97
2. GO:MS No: 210 Health and Family Welfare Department, dated 10-08-2001
3. GO:MS No: 369 Health and Family Welfare Department, dated 10-08-2004
4. GO:MS No: 164 Health and Family Welfare Department, dated 02-08-2005
5. GO:MS No: 114 Health and Family Welfare Department, dated 31-03-2008

New DMHP sanctioned during 2013-14 where staff sanction is in the process and the available person in charge of psychiatry and the concerned Joint Director will have to attend the review meeting.

1. Villupuram
2. Pudukottai
3. Tiruppur
4. Sivagangai
5. Thoothukudi
6. Karur
7. Dindigul
8. Thiruvannamalai and
9. Tirunelveli.



The concerned officers will prepare power point presentation on the performance of the DMHP and to present it with all relevant details. Administrative issues and gaps identified in the district may be brought for discussion.

It is proposed to have a sensitization review meeting of all these institutions on 26th May 2014 at State Health Society Conference Hall at 11.00 am.

Sd/ ...

Dr.C.N. Mahesvaran, I.A.S
Mission Director,
National Health Mission.

To

The All District Collectors

The Director of Medical Education

The Director of Medical & Rural Health Services

The Director of Public Health & Preventive Medicine

All Joint Directors in the District

All Deputy Director of Health Services

All professor's of Psychiatry

District Psychiatrist

Medical Superintendent of Taluk & District Hospitals & Non-Taluk Hospitals

All Primary Health Center Medical Officers

Programme Officers and HUD's of Vertical Programme

Copy Submitted to Secretary to Government

Health & Family Welfare Department,
Secretariat, Chennai.