



Mental Health Awareness

For Service Providers 2014

Tamil Nadu



NATIONAL HEALTH MISSION

State Health Society - TN

DMS Complex, Chennai



Circular No.2 / 2014

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"Sadness, disappointment, and severe challenge are events in life, not life itself"

- **Richard G. Scoot**

Sub: District Mental Health Programme (DMHP) – Principles – Instructions in
Organizing DMHP and DMHT – Field operations – Reg

Ref: 1. Pilot District Trichy – Model

2. 12th Five Year Plan – Document - District Mental Health

Programme

National mental health program was initiated in Tamil Nadu during the year 1986. Following the successful performance of the state unit of the National Mental Health Program, the state of Tamil Nadu was selected to implement the District Mental Health Program (DMHP) under the National Mental Health Program with 100% financial assistance from Govt. of India.

How to organize District Mental Health Program (DMHP)?

District Mental Health program envisages implementing the aims and objectives of the National Mental Health Program. The program is based on the district mental health program of NIMHANS Bangalore in Bellary district of Karnataka with suitable modifications. This pilot program of five years duration sponsored by Ministry of Health & Family Welfare, Government of India has commenced from the year 1997. Institute of Mental Health is the nodal agency identified by the Government of India for implementing the program.



National Mental Health Programme (NMHP) is with the following objectives:

1. To ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population;
2. To encourage the application of mental health knowledge in general healthcare and in social development; and
3. To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

The District Mental Health Program (DMHP) was launched under NMHP in the year 1996 (in IX Five Year Plan). The DMHP was based on 'Bellary Model' with the following components:

1. Early detection & treatment.
2. Training: imparting short term training to general physicians for diagnosis and treatment of common mental illnesses with limited number of drugs under guidance of specialist. The Health workers are being trained in identifying mentally ill persons.
3. IEC: Public awareness generation.
4. Monitoring: the purpose is for simple Record Keeping.

Trichy District is one among the first 4 selected to implement DMHP. The meticulous planning and execution made GOI to expand the program to other districts.

Can Trichy District Program as Model be replicated in your district?

The health care delivery of the districts and villages were administered by Director of Medical and Rural Health Services (DMS). Hence, the Institute of Mental Health has submitted a joint proposal with DMS to Govt. of Tamilnadu under the guidance of Director of Medical Education. The services and guidance of Director of Public Health and Preventive Medicine were utilised for the implementation of the program



Government and Non-Governmental agencies provide health care needs of Trichirapalli. District Government Hospital, Taluk Hospitals, panchayats Dispensaries and Primary Health Centres are the government agencies involved in the health care delivery system. There is one District Head Quarters Hospital, 6 Taluk hospitals, 4 dispensaries, 1 Tamilnadu special police hospital and 50 Primary Health centres including 2 upgraded primary health centres in 1997 when the first pilot district program was launched.

Government Annal Gandhi Memorial Hospital, which has recently been affiliated to K.A.P.V Medical College, at Trichirapalli, has 603 beds with 12 speciality departments **including Psychiatry**. 76 Asst surgeons including **one psychiatrist**, 107 nurses, one extension educator and one social worker are posted to the Headquarters hospital. Total number of bed strength of six Taluk hospitals is 378. In addition Trichirapalli district has central Govt. hospitals like Railway hospital, Ordinance factory hospital, and BHEL hospital, which also cater the health needs of the industrial population. Private practitioners of medicine including Psychiatrists and private hospitals are the non-governmental agencies involved in the health care delivery system of Trichirapalli.

The Mental Health Care Delivery under the DMHP has been planned taking into consideration the Governmental and Non Governmental agencies into account. Govt. Annal Gandhi Memorial Hospital, Trichirapalli will be the head office and administrative centre for the district mental health program. **Psychiatrist attached to this hospital will be called DMHP psychiatrist and the psychiatrist recruited for the District Mental Health Team will be DMHT Psychiatrist.** The Joint Director, Medical Services will be in charge of the whole program at district level and all the communications.

The DMHP psychiatrist with the help of District Mental Health Team (DMHT) psychiatrist will carry out liaison activities. In addition to his routine duties the DMHP psychiatrist will guide the district mental health team, attend the inpatients and conduct review meetings to monitor the program. Whenever possible he will also take part in IEC activities of the district mental health program.

District Mental Health Team is a **multidisciplinary team** exclusively recruited for Mental Health Care Delivery of the DMHP. It consists of one psychiatrist, one clinical



psychologist, one psychiatric social worker, 4 nurses, and one male nursing attendant and a driver. The Psychiatrist recruited for the District Mental Health Team will be called as DMHT psychiatrist and he will lead the Mental Health Team under the guidance of DMHP psychiatrist. For the purpose of mental health care the district is divided into six units belonging to six Taluks of the district. Six to eight primary health centres has been allotted to each Taluk. The existing psychiatric ward at the Annal Gandhi Hospital Trichy has been strengthened with additional 10 beds and equipment with the funds from DMHP. **The DMHP psychiatrist will be in charge of the psychiatric ward.** Cases requiring admission in the ward may be referred by DMHT psychiatrist from Taluk and villages to the psychiatric Out Patient room at Annal Gandhi Hospital, Trichy.

District mental health team with one psychiatrist, one nurse, one psychiatric social worker, and one male nursing attendant **will visit satellite Psychiatric clinics** at one Taluk hospital a day for six days a week. Medical officers and paramedical staff of Taluk hospitals will collect cases to be shown to the DMHT on prescribed days. Other than these cases, PHC medical officers and health workers of the respective Taluk will bring the cases to be treated by mental health team.

The follow-up of cases treated at **The Satellite Clinic** will be done at the primary care level. Whenever necessary mental health team will also make **visits to villages** to deliver mental health care subject to feasibility of the visit. In addition to mental health care the team will also engage in IEC activities with the help of the local health workers and community leaders.

Following is schedule of Taluk level satellite Psychiatric Clinics - (Model)

Monday	:	Srirangam	10 am to 1 pm
Tuesday	:	Manapparai	10 am to 1 pm
Wednesday	:	Thuraiyur	10 am to 1 pm
Thursday	:	Musiri	10 am to 1 pm
Friday	:	Lalgudi	10 am to 1 pm
Saturday	:	Manachanallur	10 am to 1 pm



The satellite mental health clinics were started during the month of June 1998, From June 1998 to March 1999, 783 new cases and 2950 old cases were treated at satellite mental health clinics. And during the current year 986 new cases and 12326 old cases were treated at satellite mental health clinics. Totally 13312 patients were treated.

Do the training consisted of the following components?

♦ Pre-training Evaluation

- Lecture classes on causes, symptoms and classification of mental illnesses
- Identification and treatment of mental illnesses in the community
- Case demonstration
- Case presentation by the trainees and discussion
- Demonstration of case record and referral
- Field visit to Primary Health Centre to demonstrate IEC activities and community intervention
- Field visit to a temple by name 'Gunaseelam', which is about 35 kilometres from Trichy, where mentally ill are given magico-religious treatment.
- Field visits are organised to demonstrate the misconceptions about the mental illnesses and to highlight the plight of mentally ill in the community.
- Post training evaluation and feed back from the trainees about the training program

Medical officers were trained for two weeks and para medical personnel had undergone one week training. All the training programs for medical and para medical were conducted at KAPV medical college, Trichy. Faculty members of Institute of Mental Health, DMHT psychiatrist, DMHP Psychiatrist and psychiatrist of Dept. of Psychiatry, KAPV Medical College are the resource persons.



What drugs you require to treat common mental illness?

Following Medicines were supplied to Taluk hospitals and Primary Health Centres under DMHP: This list is in addition to the drugs supplied to the district head quarters hospital / Taluk Hospitals / PHCs.

List of Drugs with the quantity supplied:

No	Name of the drug	Strength
Tablets		
1.	Tab. Chlorpromazine	25 mgs / 100mgs
2.	Tab. Haloperidol	1.5 mgs / 5 mgs
3.	Tab. Trihexyphenidyl	2 mgs
4.	Tab. Trifluoperazine	5 mgs
5.	Tab. Phenytoin Sodium	100 mgs
6.	Tab. Sodium Valproate	200 mgs
7.	Tab. Carbamazepine	200 mgs
8.	Tab. Imipramine	25 mgs
9.	Tab. Amitryptaline	25 mgs
10.	Tab. Diazepam	5 mgs
Injections:		
1.	Inj. Diazepam	10 mgs
2.	Inj. Promethazine	50 mgs
3.	Inj. Haloperidol	10 mgs
4.	Inj. Chlorpromazine	50 mgs
5.	Inj. B1, B6 and B12	
6.	Inj. B-Complex	

IEC:

The Information, Education and Communication (IEC) activities were planned according to the needs of the community. Following methods were used to create awareness about mental health and District Mental Health Program.

- To create awareness among fellow psychiatrist about the DMHP, a meeting of local Govt. and private psychiatrists was held at Trichy



- The DMHT Psychiatrist had delivered a talk in All India Radio about mental health
- 500 Flip Charts depicting signs and symptoms of various mental illnesses were printed with colourful illustrations and messages in Tamil. Flip charts were distributed to the Village Health Nurses who have close contact with the community.
- 5000 copies of 16 pages booklet on mental health were printed for general public
- Following books on mental health one in English for medical officers and the other two in Tamil for para medical personnel and general public were printed.
 - Mental Health Manual for Primary Care Doctors
 - Mental Health Manual for Para Medical Personnel
 - Mental Health Manual for General Public
- Mental health **awareness meeting** for school children and teachers were conducted



at four schools at Trichi

- 500 copies of quarterly bilingual (Tamil and English) News Letter titled "MENTAL HEALTH" containing mental health messages and DMHP news were printed and circulated.
- **Mental Health Festivals:** Mental Health Festival is a unique concept, which incorporates a popular village program with mental health awareness program. In the villages of Tamil Nadu it is customary to arrange fairs and music programs during festivals. Usually during these festivals popular cine music troupes will



play devotional and cinema songs. These programs are very popular and people come in large number to attend these programs. Hence it was planned to conduct similar programs at villages and deliver mental health messages. The programs were named “Mental Health Festivals” to make it more attractive.

During these mental health festivals popular cine music troupe was hired for musical program. Carefully selected cinema songs having mental health messages were played by the music troupe. A **drama troupe** was hired to five skits on the following themes were scripted:

- Depression
- Paranoid Disorder
- Alcohol Dependence
- Anxiety Disorder
- Obsessive Compulsive Disorder

The mental health delivery system is streamlined and more number of patients are attending the satellite clinics. Most of the referrals to the satellite clinics are from old patients of satellite clinics, which show the quality and popularity of the satellite clinics. **Psychiatric medicines are issued to the patients for 14 days**, which eliminates the frequent visits to the clinic and reduces the expenditure involved in travelling. The network for mental health care has been established at the Taluk level and the next logical step in mental health care under DMHP will be to extend the service to Primary Health Centres.

As far as training is concerned fairly good number of medical and para medical personnel had been trained in basic mental health care. Village Health Nurses and Health Inspectors and Medical Officers had been trained. Services of trained personnel are to be utilized to extend the service to PHC and Sub-centre level. **Short refresher** courses is planned to maintain the mental health skills of the trained personnel.



Referral:

The Institute of Mental Health at Chennai is the major hospital in the entire Tamilnadu offering all mental health related services. On an average not less than 350 out patients (both new as well as old patients) are visiting this Institute. Similarly on an average more than 1200 patients are taking in-patient treatment in this institute which has the capacity of 1800 beds. There are separate de-addiction ward to treat alcoholic patients.

What are the new emerging concepts in mental health?

Global Burden of Disease Neuropsychiatric conditions account for 14% of the global burden of disease. The most important causes of disability due to health-related conditions worldwide include Unipolar Depression, Alcoholism, Schizophrenia, Bipolar depression and Dementia. In low and middle-income countries, these conditions represent a total of 19.1% of all disability related to health conditions. It is estimated that **one in four people** in the world will be affected by mental or neurological disorders at some point in their lives. The first aid is given until appropriate professional treatment is received or until the crisis resolves. **Mental health first aid** is an extension of the concept of first aid which is familiar with physical health crises to cover mental health. Mental health first aid is very important now to reduce the Psychiatric morbidity.

Mental illnesses are **Psycho socio biologically-based disorders** which interfere with an individual's ability to think, feel, Act, and relate within the standard norms of society.

MENTAL HEALTH POLICY – IN TAMIL NADU STATE

INTRODUCTION:-

According to WHO, through out the world, 1% of population suffers from Severe mental disorders, 15% suffer from common mental disorders and Alcohol and substance mis use constitute 3 to 5% of the population. Nearly 4% of Geriatric population, above the age of 60 suffer from Dementia and other psychiatric illness. Among children &



adolescents, 1% suffer from some degree of general intellectual functioning or learning disorders. About 5% of children suffer from Emotional & behavior disorders.

While applying above statistics, considering the population of **Tamilnadu**, approximately 7 lakhs people suffer from **severe** mental illnesses, 70 lakhs persons suffer from **common mental disorders**, 23 thousand persons above the age of 60 suffer from **geriatric psychiatric disorders** like Dementia / Depression, 2 lakhs children suffer from subnormal intelligence and learning disorders, 11 lakhs children suffer from other **childhood psychiatric problems** and 15 lakhs people suffer from Alcohol abuse and Substance misuse related problems.

While looking into the present scenario of human life, it has become more and more complex and competitive. The no of stressors are on increase and the ability to cope with the stressors and tolerance are on decline. This in turn, leads to increase in proneness and precipitation of psychiatric problems in vulnerable individuals.

Social stigma is common, pertaining to Mental illnesses, especially in rural areas. In addition, Ignorance, fear, misconception and faulty attitudes regarding mental illness are highly prevalent in rural and semirural areas. Superstitious beliefs that mental illnesses are caused by Ghosts, Evil spirits, Black magic, Witch crafts are existing even today. Due to these reasons, the persons with Mental illnesses are brought to psychiatrist, after seeking help from Faith healers, Mantra vadis and magicians.

Persons with mental illness constitute a vulnerable section of society and are subject to discrimination in our society.

Family member of persons with mental illness face more hurdles on financial, emotional and social areas, while providing treatment & care.

While the magnitude of problems in relation to psychiatry illness is enormous, the mental health care facilities in Tamil Nadu is not adequate, not evenly distributed with more facilities available in urban areas than in rural areas.

So, to resolve the above issues, Mental Health Policy for Tamil nadu state has been evolved.



Aims and objectives of Mental Health Policy - 12th Five Year Plan

1. Mental Health care facilities have to be made available in all parts of Tamil nadu state even in most rural areas, and are to be distributed evenly both in rural and urban areas.
2. Mental Health care professionals have to be increased in their number (psychiatrists, psychiatric social workers, clinical psychologists and psychiatric nurses).
3. Mental health care has to be integrated into all levels of general health care.
4. Rehabilitation services for persons with Chronic Mental illness, have to be expanded so that their maximum potential can be developed and their integration into community life can be facilitated.
5. Since many persons with mental illness do not require hospitalization, community based psychiatric facilities have to be made available and strengthened.
6. while providing health care to Mentally ill persons in the community / institutions, their rights and dignity should to be protected and promoted, by adhering to rules and regulations of Mental Health Care Act.
7. Mental Health care facility provided by government should go hand in hand with those provided by NGOs so that maximum quality care can be provided to wider sections of the society.
8. To improve quality of service pertaining to Mental Health Service, all stake holders should be encouraged to actively participate in decision making.



Basic principles to be adopted to realize the objectives

Any health care programme, including mental health care scheme, to be successful need four areas to be taken into account

- A. Availability
- B. Accessibility
- C. Effective utilization and implementation
- D. Provision of quality of care

Are we following the TN rules to run Psychiatric Unit?

RULES:

TamilNadu State Health Rules, 2013 have since been notified in the TamilNadu Government Gazette on 23rd October 2013 and same could be viewed / downloaded.

TamilNadu State Health Rules, 2013

LICENCE - GUIDELINES:

It has been decided to license all the psychiatric hospitals and psychiatric nursing homes. The notification regarding licensing process has already been published. Following are procedures for applying for license.

Licensing Authority:-

The Director, Institute of Mental Health Chennai shall be the licensing authority for the purpose of Mental Health Act 1987.

Application and fee structure for licence:-

Every application for Nursing Home shall be made to the licensing authority in Form IV accompanied by a fee at the rate given below, in the form of a bank draft drawn in favour of "The Director, Institute of Mental Health, Chennai".



(i)	Application Fee	: Rs. 1000/-
(ii)	Fee for Licence:-	
	Less than 50 beds	: Rs. 10,000/-
	50 to 100 beds	: Rs. 15,000/-
	More than 100 beds	: Rs. 20,000/-

Grant of Licence:-

If the licensing authority is satisfied that the applicant fulfills the conditions laid down in clauses (a), (b) and (c) of section 8 of the Act and it shall grant the licence in Form – V.

Refusal of Licence :-

1. If the licensing authority is satisfied that the applicant does not fulfil the conditions laid down in section 8 of the Act, it may, after giving the applicant a reasonable opportunity of being heard against the proposed refusal of licence, by order setting out the reasons therein, refuse to grant the licence.
2. Every order refusing to grant a licence under section 8, shall be communicated to the applicant by registered post to the address of the applicant.
3. A copy of the order shall also be conspicuously displayed in the notice of the office of the licensing authority.

Application and fee structure for renewal of Licence: -

Every application for renewal of a licence shall be

1. made not less than one year before the date on which the period of validity of the licence is due to expire to the licensing authority in Form VI; and
2. accompanied by a fee, at the rate given below, in the form of a bank draft drawn in favour of the licensing authority namely "The Director, Institute of Mental Health, Chennai".



- (i) Application Fee for renewal of license : Rs. 1000/-
- (ii) Fee for Renewal of Licence :
 - Less than 50 beds : Rs. 10,000/-
 - 50 to 100 beds : Rs. 15,000/-
 - More than 100 beds : Rs. 20,000/-

Refusal of renewal of license:-

1. If the licensing authority is satisfied that the conditions mentioned in the proviso to sub-section (5) of section 9 of the Act are not attracted, it shall renew the licence.
2. If the licensing authority is of the opinion that the conditions mentioned in the proviso to sub-section-(5) of section 9 of the Act are attracted, it may, after giving the applicant a reasonable opportunity of being heard against the proposed refusal of renewal of the licence, by order setting out the reasons therein, refuse to renew the licence.
3. Every order refusing to renew the licence shall be communicated to the applicant by registered post to the address of the applicant.

Manner and conditions of maintaining psychiatric hospitals or psychiatric nursing homes:-

Every psychiatric hospital or nursing home shall,

- a. be located only in an area approved by the local authority;
- b. be located in a building constructed with the approval of the local authority;
- c. have sufficient ventilation and is free from any pollution which may be detrimental to the patients admitted therein;
- d. have sufficient beds to accommodate the patients;



- e. have qualified and competent nurses and other staff to handle the work assigned to them;
- f. have a Psychiatrist as a supervising officer-in-charge.

Revocation of licence.-

1. Where the licensing authority is satisfied that the licence of any psychiatric hospital or nursing home, is required to be revoked in pursuance of clauses (a) or (b) of sub-section of section 11 of the Act, it may, after giving the licensee, a reasonable opportunity of being heard against the proposed revocation, by order, revoke the license and such shall set out there in the grounds for the revocation of the licence.
2. Every order revoking the license under sub-rule (1) shall be communicated to the licensee by registered post.
3. A copy of the order shall also be conspicuously displayed in the notice board of the office of the licensing authority and in the website.

Time for appeal:-

1. Any person aggrieved by the order of the licensing authority refusing to grant or renew a licence or revoking a licence, may prefer an appeal to the State Government within sixty days from the date of receipt of that order.
2. The appeal shall be in Form VII and shall be sent through registered post or presented by appearing in person to the Secretary to Government, Health and family welfare Department or any other Officer authorised by him in this behalf.
3. Every appeal shall be accompanied with the fee of Rs.500/-.
4. The State Government on receipt of appeal shall appoint a committee with not less than three members of whom two shall be experts in the field of mental health to inspect the psychiatric Hospital or psychiatric nursing home of the appellant and submit a report. The State Government shall on consideration of the report of the committee and other relevant aspects, dispose of the appeal.



OTHER MENTAL HEALTH FACILITIES IN TAMILNADU

The Institute of Mental Health at Chennai is the major hospital in the **entire Tamilnadu offering all mental health related services**. To cater the needs of Children below 12 years, affected with mental disorders, the Institute of Child Health (**ICH**), Egmore, Chennai is doing a laudable service.

Besides this mental health treatment facilities are available in all the following medical college hospitals and in District Headquarters hospitals, where both **in-patient and out-patient treatment** are provided for the mentally ill patients.

1. M.M.C & Rajiv Gandhi Govt.Hospital,Chennai-3
2. Stanly Medical College & Hospital,Chennai-1
3. Chengalpattu Medical college
4. Coimbatore Medical college
5. Dharmapuri Medical college
6. Government Mohan Kumaramangalam medical college, Salem
7. Government villupuram Medical college
8. Govt. Vellore medical college
9. K.A.P. Viswanathan Government Hospital, Trichy
10. Kilpauk Medical college,Chennai
11. Kanyakumari Medical college
12. Madurai Medical collge
13. Thoothukudi Medical college Hospital
14. Tirunelveli Medical college
15. Theni Medical college
16. Thanjavur Medical college Hospital



17. Tiruvarur Medical college
18. Sivagangai Medical College

Similarly mental health treatment facilities are available in all the Districts at the following District headquarters hospitals, to serve the need of rural population.

1. District Headquarters Hospital, Kancheepuram
2. District Headquarters Hospital, Nagapattinam
3. District Headquarters Hospital, Dindigul
4. District Headquarters Hospital, Tiruppur
5. District Headquarters Hospital, Erode
6. District Headquarters Hospital, Cuddalore
7. District Headquarters Hospital, Ramanathapuram
8. District Headquarters Hospital, Dharmapuri
9. District Headquarters Hospital, Virudhunagar
10. District Headquarters Hospital, Sivaganga
11. District Headquarters Hospital, Kumbakonam
12. District Headquarters Hospital, Karur
13. District Headquarters Hospital, Villupuram
14. District Headquarters Hospital, Thiruvavur
15. District Headquarters Hospital, Mettur Dam
16. District Headquarters Hospital, Namakkal
17. District Headquarters Hospital, Usulampatti



18. District Headquarters Hospital, Krishnakiri
19. District Headquarters Hospital, Tiruchy
20. District Headquarters Hospital, Peramballur
21. District Headquarters Hospital, Pudukottai
22. District Headquarters Hospital, Coimbatore
23. District Headquarters Hospital, Thoothukudi
24. District Headquarters Hospital, Tirunelveli
25. District Headquarters Hospital, Tiruvannamalai
26. District Headquarters Hospital, Thiruvallore
27. District Headquarters Hospital, Vellore
28. District Headquarters Hospital, Ariyalur
29. District Headquarters Hospital, Theni
30. District Headquarters Hospital, Nilgiris
31. District Headquarters Hospital, Nagercoil

Thanks to the implementation of District Mental Health Programme in 16+ to start 9 new districts, a great deal of awareness among the general public and the society is now prevalent. The high degree of awareness created by the District Mental Health Programme (DMHP) has resulted in more number of patients seeking medical care than resorting to non-medical procedures. Now it is time for stock taking.

1. District Mental Health Programme (DMHP)
2. Modernization of State Run Mental Hospitals
3. Up gradation of Psychiatric Wings of Medical Colleges/General Hospitals



4. Manpower Development Scheme
5. Drugs
6. IEC Activities
7. Preventive & Promotive Services
8. MHIS
9. Monitoring, Evaluation and Research
10. Community Participation

The funds allocated and expenditure incurred during the 11th five year plan for TN was given in the GO cited in the circular 1.

Now it is to plan and use these facilities for the people in that area. There are 3 units formed in our state – State Nodal Unit where the Director Institute of Mental Health is the key person in the implementation of manpower development and overseeing medical college institutions. State Nodal Officer for DMHP functioning from Madurai where retired professor of psychiatry is in charge and to coordinate with DMRHS for planning and implanting DMHP. State Mental Health Authority is functioning from Kilpauk Medical College where the professor of KMC is in charge in guiding the TN state Govt advisory body for implementation of Mental Health Act and Rules. The nodal officers are to take part in the review meeting.

Further since all the District are implementing Mental Health Program all the concerned who are implementing the national mental health program shall attend the sensitization review meeting on 26.05.14 at State Health Society, Conference Hall in 5th Floor at 11.00 am with power point presentation.

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 & Prevention 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.