



# **SNS COLLEGE OF NURSING COIMBATORE-35**

**COURSE NAME : B.Sc., Nursing III Year**  
**SUBJECT : Mental Health Nursing II**  
**UNIT : VII**  
**TOPIC : National mental health policy**

**PREPARED BY : Sathiyapriya S**  
**Nursing tutor**





# INTRODUCTION

The attitude towards mental illness and the treatment of mentally ill have undergone considerable changes through the years where before Mentally ill were often beaten, starved, burned and tortured in order to make the body unsuitable place for demons.



## DEFINITION

- Mental health is a state of wellbeing in which an individual realize his/her own abilities can cope with the normal stresses of life, can work productively and is able to make a contribution to his/her community.
  - Mental Illness:- A mental illness is a medical condition that disrupts person's thinking, feeling, mood, ability, to release to others and daily functioning . mental illness are medical condition that often result in diminished capacity for coping with the ordinary demands of life





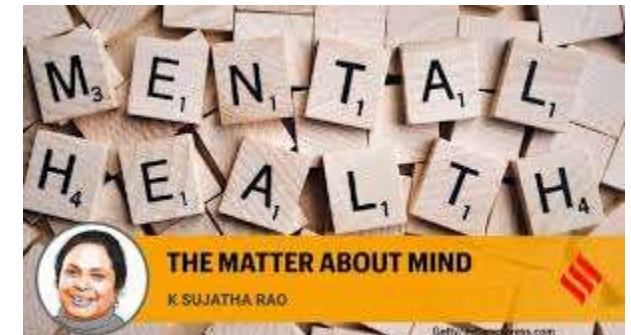
# NATIONAL MENTAL HEALTH POLICY



- A Mental Health Action Plan has been launched by our government backed by the mental health action plan 365, which highlights roles of Central and State governments, media and civil society organizations. The policy is an attempt to decrease the treatment gap, disease burden and extent of disability due to mental illness by integrating mental health with general health, inter- sectional coordination focusing on illness and disability, promotion of human rights, reforms in mental hospitals, response to the needs of vulnerable groups including women, children, homeless people and support for caregivers and family

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## MAJOR HIGHLIGHTS OF NMHP

- NMHP underwent major strategic revisions over its course, starting from setting a district as the unit for program planning and implementation under the District Mental Health Program (DMHP) to incorporating it with the National Rural Health Mission (NRHM) for effectively scaling up the program. ■ More emphasis on funding: The new policy emphasizes the need for more fund allocation in total health budget, including social welfare, school education and women and child development, so as to handle mental health appropriately for all. ■ Emphasis on care-givers: The policy aims to give family members access to information and guided access to special services



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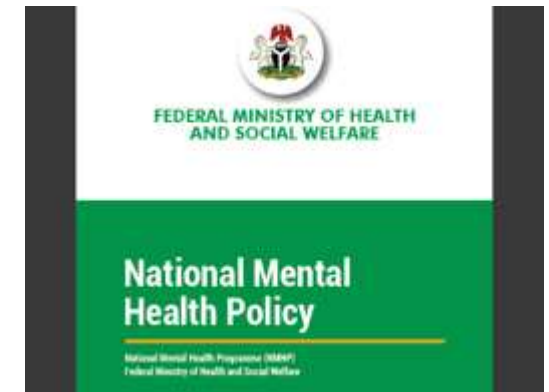
- **Identifying vulnerable** groups: The policy also emphasizes that there are certain sections of the population who are more vulnerable to mental health issues, like people suffering from mental health among the poor, the homeless, people in custodial institutions, orphans, children, and the elderly, including sex workers or victims of human trafficking.
- Promoting awareness on the problem of mental health: focuses on the need to create awareness among the people on this problem and how to prevent it.
- Policy aims to decriminalize suicide: aims to decriminalize attempted suicide, which is at present considered as a punishable offence in India





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# EVOLUTION OF THE NMHP IN INDIA



- 1970 community surveys of mental disorders carried out in different parts of the country had shown that all types of mental disorders were widely prevalent in India.
- Gross neglect of mental disorders in developing countries.
- Sigma, misconceptions
- Inadequate budgets for health care including mental health
- Acute shortage of trained mental health personnel
- In 1980, the Government of India felt the necessity of evolving a plan of action aimed at the mental health component of the NMHP



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**In Febraury** 1981, a drafting committee met in Lucknow and prepared the first draft of the NMHP. This was presented at a workshop at New Delhi on 20-21 July, 1981.

- In August 1982, the highest policy making body in the field of health in the country, the Central Council of Health and Family Welfare adopted and recommended for implementation of NMHP.
- The first draft of NMHP was prepared in late 2001 & came into existence in 2003



## VISION OF NMHP

**The vision of** the National Mental Health Policy is to promote mental health, prevent mental illness, enable recovery from mental illness, promote destigmatization and desegregation, and ensure socio-economic inclusion of persons affected by mental illness by providing accessible, affordable and quality health and social care to all persons through their life-span within a rights-based frame work.



## AIMS OF NMHP

- **Prevention and** treatment of mental and Neurological disorders and associated disabilities
- Use of Mental Health technologies to improve general health services
- Application of mental health principles in total national development to improve quality of life





# OBJECTIVES OF NMHP

objectives the following approaches were envisaged:

- Integration of the mental health care services with the existing general health services.
- Utilization of the existing health services infrastructure to deliver minimum mental health care services.
- Provision of appropriate task oriented training to the existing health staff.
- Linking of mental health services with the 17



## ADMINISTRATIVE LEVEL

- **ADMINISTRATIVE LEVELS OF** NMHP MINISTER OF HEALTH & FAMILY WELFARE GOVERNMENT OF INDIA DIRECTOR GENERAL OF HEALTH SERVICES JOINT DIRECTOR – MENTAL HEALTH (Central Monitoring Agency for DMHP) SECRETARY STATE MENTAL HEALTH AUTHORITY (State Monitoring Agency) [Jt. Director – Mental Health; Project Co-ordinator] DISTRICT PROJECT OFFICER (District Level) 18



# VALUES AND PRINCIPLES



- Equity
- Justice
- Integrated care
- Evidenced based care
- Quality
- Participatory approach
- Government delivery
- Teaching programme
- Holistic approach to mental health





## PRIMARY LEVEL

- Village and sub Centre level multiple health supervisor under the supervision of the medical officer to be trained for :
- Management of psychiatric emergencies
- Administration and supervision of maintenance treatment for chronic psychiatric disorder
- Diagnosis and management of epilepsy especially in children.
- With local school teacher and parents regarding mental retardation and behavioral problem children & Counseling problem related to alcohol and drug abuse 22



## SECONDARY LEVEL

- Supervision of multiple purpose worker performance
- Elementary diagnosis
- Treatment of functional psychosis
- Management of uncomplicated psychosocial problem
- Epidemiological surveillance of mental morbidity



## TERTIARY LEVEL

- It was recognized that there should be a psychiatrist attached to every district hospitals an integral part of the district health services.
- The district hospital would have 30 - 50 psychiatric bed
  - The psychiatric in a district hospital was to devote only a part of his time to clinical care and a greater part in training and supervision of non specialist health worker 24





# CONCLUSION

- emphasizes a holistic and integrated approach to mental well-being, including universal access to quality care, reduced stigma, increased funding and resources, and the identification of social and biological determinants of mental health issues.



# JOURNAL REFERENCE

- Models and roles in National Mental Health Programme  
AUTHOR - G Balamurugan, G Radhakrishnan, M Vijayarani
  - Indian Journal of Psychiatric Nursing
  - Year : 2019 | Volume : 16 | Issue : 1 | Page : 52-54
  - While implementing NMHP, a lot of hurdles were raised such as funding (Who has to fund the program? central or state government) and feasibility in implementing in larger population. The majority of the stakeholders stressed upon finding out a model to implement NMHP at district level. Hence, the NIMHANS developed a model (Bellary model) to deliver NHMP at Bellary district, Karnataka. 34