

Presentation on

**Strengthening Mental Health Systems in
Assam (India)**

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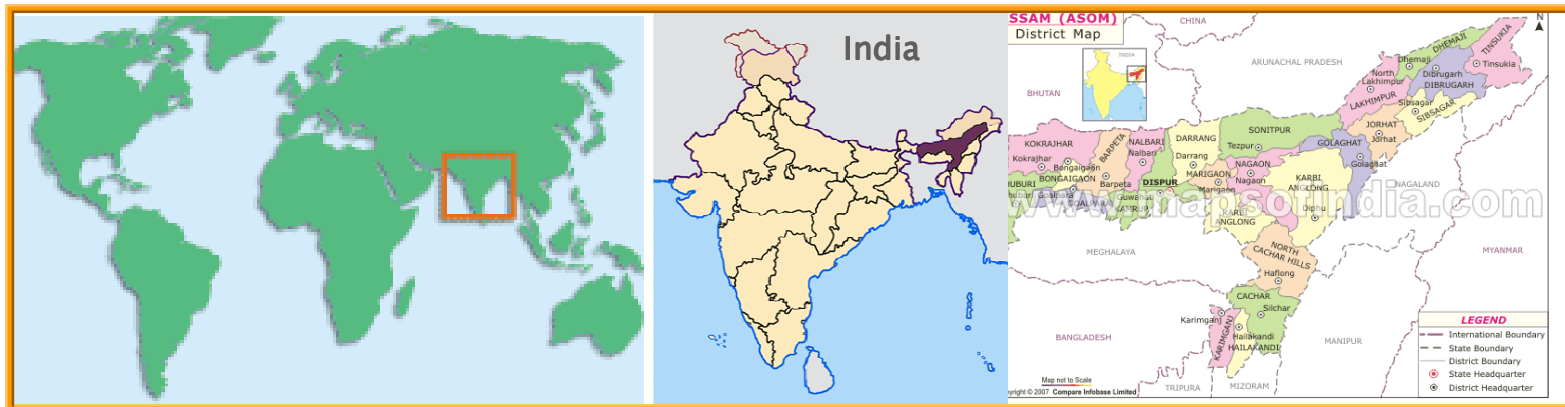
Agenda

- Country context
- Strengths & weaknesses of mental health system
- Rationale of the project proposal
- Short description of the project proposal

Country Context

Assam (India) – An Overview

Geographic Area (in Sq. Kms)	78438
Total population (Census 2001)	26.65 million
Population Rural	23216288 (87.09%)
Schedule Tribe Population	3308570 (12.41%)
Sex Ratio - Total	935/ 1000
Below Poverty Line population	36%
Per Capita Income at current price (2000-01)	10198 Rupees (204 USD)
Language spoken	Assamese, Boro, Bengali, Hindi, English

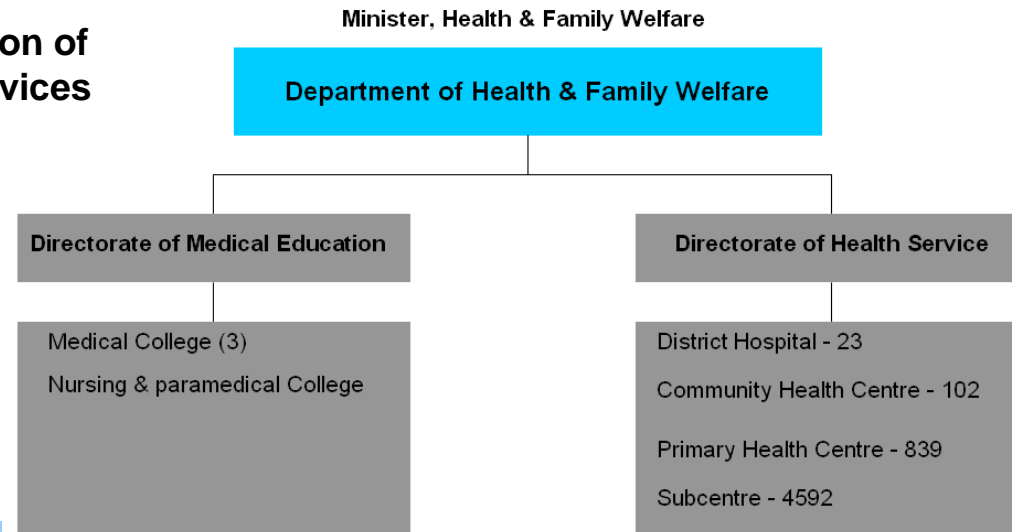


Country Context

Assam (India) – An Overview

Vital Statistics					
Birth rate (2004)	27				
Death Rate (2004)	8.8				
Infant Mortality Rate (2004)	66				
Maternal Mortality Ratio* (2001-03)	490				
Life expectancy at birth (2001-05)	<table border="0"> <tr> <td>Male</td> <td>58.3 years</td> </tr> <tr> <td>Female</td> <td>59.0 years</td> </tr> </table>	Male	58.3 years	Female	59.0 years
Male	58.3 years				
Female	59.0 years				

Organisation of Health Services



Country Context

Assam (India) – An Overview

Prevalence of Mental & Behavioural Disorders- India	
Disease burden dues to mental disorder	8.5% (26% of non-communicable disease burden)
Prevalence of major mental & behavioural disorders in India	65/1000
Prevalence of schizophrenia	3/1000
Prevalence of mood disorders	16/1000
Prevalence of child & adolescent mental health problem (1-16 years)	128/1000
Prevalence of geriatric mental health problem (above 60 years)	31/1000
Prevalence of epilepsy	9/1000
Prevalence of common mental disorders	20/1000

Source: Burden of disease in India, National Commission on Macroeconomics and health, MoHFW, Govt of India, 2005

Country Context

Assam (India) – An Overview

Mental Health Resources in Assam (India)		
Item	Availability	Remarks
Mental Health Policy	No	At country level National Health Policy 2002 incorporates provisions for mental health
Essential Drug List	Yes	Guided by National List of Essential Medicines - 2003
Mental Health Plan	No	
Mental Health Programme	Yes	District Mental Health Programme operational in 5 districts
Mental Health Legislation	Yes	The Mental Health Act 1987 & State Mental Health Rules 1990
Human Rights Policies/legislation	Yes	Protection of Human Rights Act 1993, National & State Human Rights Commission
Mental Health Financing	NA	At country level 1.35% of planned outlay for health during
Regional Mental Health Authority	Yes	State Mental Health Authority constituted but not functional

Country Context

Assam (India) – An Overview

Organisation of Services		Mental Health Facility	
		Outpatient	Inpatient
Tertiary Level	Mental Hospital	Yes	Yes
	Medical College Hospital	Yes	Yes
Secondary Level	District Hospital	Yes	Yes
Primary Level	Community Health Centre	No	No
	Primary Health Centre	No	No
	Subcentre	No	No

Country Context

Assam (India) – An Overview

Mental Health Infrastructure & Human Resources in Assam (India)	
No. of mental health outpatient facility	15
No. of day treatment facility	5
No. of Mental Hospital	2
No. of community based psychiatric inpatient units	4
Beds in mental hospitals per 100 000 population	1.36
Beds in community based psychiatric inpatient units per 100 000 population	0.47
Number of psychiatrists per 100 000 population	0.18
Number of psychiatric nurses per 100 000 population	0.11
Number of psychologists per 100 000 population	0.02
Number of social workers per 100 000 population	Negligible

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Strength & Weakness of Mental Health System

STRENGTH

- Adequate of legislations on mental health
- Legislative provision for protection of human rights
- Service availability at secondary & tertiary level facilities
- Integration of outpatient and inpatient facility at tertiary level
- No restriction on access to mental health facilities
- National mental health programme operational in 5 districts
- Availability of mental health training facility at medical colleges and mental hospital.

WEAKNESS

- Mechanism to implement legislative provision on mental health is inadequate
- State does not have mental health policy and plan
- Institutional focus of mental health services
- Lack of mental health facility at primary and community levels.
- Existing outpatient and inpatient facilities are inadequate to serve the population
- No separate service provision for population groups such as children and adolescents
- Lack of human resource, no provision for training primary healthcare staff
- Low priority to mental health by the state government leading to poor funding
- Lack of IEC programmes for removing misconceptions and generating awareness

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Rationale of the Project Proposal

Project Proposal:

Providing access to mental health services at primary healthcare level

RATIONALE

Three main weaknesses of mental health system in Assam are:

1. Lack of mental health policies and plan
2. Lack of mental health facilities at primary level
3. Lack of trained staff

Proposed Action

The state of Assam does not have a mental health policy or a plan. While the preparation of a policy and plan is imperative, the state intends to start the strengthening of mental health services. The most important step towards strengthening of mental health services would be integration of mental health with the existing primary healthcare services there by strengthening the community mental health services. This integration will be achieved through ensuring availability of trained staff and psychotropic medicine at primary level of healthcare delivery system.

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Short description of the project proposal

Project Proposal:

Providing access to mental health services at primary healthcare level

Objectives

1. To strengthen mental health system in the state through adequate provision of services at primary level and linkage with secondary and tertiary level.
2. To strengthen & enhance the capacity of primary healthcare personnel in identification, treatment, referral and rehabilitation of person with mental disorders.
3. To enhance access to mental health services at primary level.

Project Components

- Development of protocols for identification, treatment, referral and rehabilitation of mental health cases.
- Training of primary healthcare personnel in identification, treatment, referral and rehabilitation of person with mental disorders.
- Procurement & supply of essential psychotropic drugs to primary health centre.

Short description of the project proposal

Project Phases

- Phase I – Pilot Phase will cover 4 blocks of the pilot district
- Phase II – Replication Phase (to be taken up on completion of Pilot Phase)

Project Activities

1. **Development of protocols** - for identification, treatment, referral and rehabilitation of mental health cases.
2. **Procurement & supply** of essential psychotropic drugs to primary health centre.
3. **Training** of primary healthcare personnel in identification, treatment, referral and rehabilitation of person with mental disorders. This will be followed by **refresher training** after 3 and 6 months and later every year.

Staff Category	Batch size	Duration	Venue	Methodology
Doctor	4	6 Days	Medical College	Lecture, case presentation, clinical posting
Nurse	5	15 days	Medical college	Lecture, case presentation, clinical posting
Health worker	15	3 days	District Training Centre	Lecture, role play, case demonstration, field visit

Short description of the project proposal

Steps towards implementation of the project

STEPS	ACTIONS	Duration
Step 1	Develop treatment and referral protocol.	Month 1-2
Step 2	Development of training module	Month 3-4
Step 3	Purchase & supply psychotropic medicine.	Month 5-10
Step 4	Training of primary health care doctors, nurses and health workers in 1 block of the pilot district.	Month 5-6
Step 5	Evaluate progress in Block 1	Month 7
Step 6	Training in 3 additional blocks of the pilot district.	Month 8-10
Step 7	Evaluate progress & hold workshop to discuss results	Month 11

THANK YOU