



DISTRICT MENTAL HEALTH PROGRAMME

Presentation by Supriya Sahu
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Gov. of Tamil Nadu

National Workshop on Mental
Illness and Homelessness
Organised by The Banyan
Funded by the Sir Ratan Tata
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THE PROGRAMME

- ★ Based on the experiment in Bellary District in Karnataka
- ★ Trichy selected for the pilot project in 1997
- ★ Extended to Madurai , Ramanathapuram, Now Theni and Kaniyakumari
- ★ Institute of Mental Health Identified as the Nodal Agency
- ★ The district team is a multidisciplinary team exclusively recruited for the DMHP

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COMPOSITION OF THE TEAM

- ✱ One Psychiatrist- leader of the team
- ✱ One clinical psychologist
- ✱ One Psychiatric Social Worker
- ✱ Four Nurses
- ✱ One Male Nursing attendant
- ✱ Driver

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WORK SCHEDULE

- ✦ Visit satellite clinics at one taluk hospital a day for six days a week
- ✦ Follow up of the cases at PHC
- ✦ Conduct awareness campaigns
- ✦ Conduct training
- ✦ In trichy during the current year 986 new cases and 12,326 old cases were treated at the clinics

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TYPES OF ILLNESS

- ★ YEAR 2000-2001- OLD CASES - 16031
- ★ YEAR 2000-2001- NEW CASES - 715
- ★ Schizophrenia –105
- ★ Other Psychosis including Mania –50
- ★ Depression- 157
- ★ Mental retardation – 77
- ★ Epilepsy – 304
- ★ Alcoholism-11
- ★ Parkinsonism-11

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INFRASTRUCTURE

- ✦ Vehicle
- ✦ Office Furniture
- ✦ Ten Bedded wards at the Medical college
- ✦ Electro Convulsive therapy machines
- ✦ Refrigerator
- ✦ Computers
- ✦ Boyles Apparatus
- ✦ Stationary

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TRAINING AND IEC

- ✱ Medical Officers
- ✱ Para medical personnel
- ✱ Non Medical Persons
- ✱ Manuals for MO PHCs
- ✱ Manual for people
- ✱ Mental Health Festivals

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CHALLENGES

- ★ India with a population of a billion and very limited numbers of mental health facilities
- ★ Two persons seriously mentally ill per 1000 population
- ★ One bed per 40,000 population and 3 Psychiatrists per million population
- ★ Serious shortage of Psychiatrists in Tamil Nadu
- ★ Institute of Mental Health Overloaded
- ★ Lack of services at the doorstep of people
- ★ Absence of good NGOs in this particular field
- ★ Stigma and mental block still persisting

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FACING CHALLENGES

- ★ Training to be useful and interesting for the doctors paramedical and the non medical personnel
- ★ The programmed must have a community based rehabilitation approach rather than a centralised approach
- ★ Take the treatment and care to the doorstep of the people
- ★ Make medicines available even at the level of PHC- Pass books for the PHCs
- ★ Include Mental Health Care as a outreach activity

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CONTINUED

- ✦ The fund release should be simple and regular
- ✦ Flexibility and discretion to the programmed managers should be ensured
- ✦ Monitoring Committees should be strengthened
- ✦ Data Bank of all the trained personnel
- ✦ Proper Documentation of the activities

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CONTINUED

- ✦ Data Base of all the patients
- ✦ Treatment cards for patients
- ✦ Clear duties and responsibilities and proper coordination
- ✦ Programmed outcomes to be clearly defined

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THANK YOU

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