Mental Health

1. National Mental Health Program (NMHP)-

- Launched in 1982 by Government of India.
- Based on recommendations of the Bhore Committee (1946) and expert group of DGHS. (1981).
- Aims to integrate mental health with primary health care.

Objectives →

i. To ensure availability and accessibility of minimum mental health care to all.

ii. To encourage application of mental health knowledge in general health care and social development.

iii. To promote community participation in mental health service development.

iv. To integrate mental health services into general health services at all levels.

Strategies →

- Integration of mental health care with primary healthcare.
- Eradication of stigmatization of mentally ill persons.
- Training of health workers in basic mental health care.
- Provision of tertiary care institutions for treatment of difficult cases.
- Promotion of inter-sectoral collaboration (education, social welfare, judiciary, NGOs).

District Mental Health Programme (DMHP) →

- Started in 1996 under NHMP to operationalize services at district level.
- It involves early detection & treatment of mentally ill, training of PHC doctors and nurses, public awareness & community participation.. etc.

Recent Initiatives →

- Manpower development (psychiatrists, psychologists, psychiatric nurses, social workers).
- Upgradation of psychiatric departments in medical colleges.
- Modernization of mental hospitals.
- Convergence with National Health Mission.
- Focus on suicide prevention, de-addiction, child & adolescent mental health.

2. Community mental health problems-

i. Psychoses – Schizoprenia, manic-depressive psychosis.
ii. Neuroses – Anxiety disorders, phobias, OCD, depression.
iii. Mental Retardation / Intellectual disability.
iv. Epilepsy
v. Alcohol and Substance Abuse
vi. Psychosomatic disorders – Peptic ulcer, HTN, Asthma.
vii. Childhood Psychiatric Disorders – Autism, ADHD, Behavioral problems, learning disabilities.
viii. Old age psychiatric disorders – Dementia, Alzheimer's disease.

ix. Suicide

3. Warning signs of poor mental health-

- Persistent sadness, irritability, anxiety, mood swings.
- Feeling of emptiness or hopelessness.
- Social withdrawal or lack of intrest in usual activities.
- Decreased academic performance.
- Aggressive or risk-taking behaviour.
- Cognitive impairment
- Insomnia, excessive sleep
- Changes in appetite and weight.
- Strained family or peer relationships.
- Frequent conflicts, inability to maintain social contacts.
- Inability to carry out daily tasks.
- Talking about self harm or suicide.

4. Role of mental health in current world-

i. Integral part of health – Mental health is a vital dimension of health along with physical and social well being.

ii. High global burden – Depression, anxiety and substance use disorders contribute significantly to disability and disease burden.

iii. Suicide risk – Suicide is among the leading causes of death in young adults worldwide.

iv. Link with physical health – Poor mental health increases risk of NCDs like DM, HTN and Heart disease.

v. **Economic impact** – Causes absenteeism, unemployment, reduced productivity.

vi. **Stigma and neglect** – Stigma leads to delay in seeking care and under treatment of mental illness.

vii. **Vulnerable groups** – Children, adolescents, elderly, women, disaster victims, and marginalized groups are at higher risk.

viii. **Global initiatives** – WHO Comphrensive Mental Health Action Plan 2013-2030; SDG-3 includes mental health promotion.

ix. **Future need** – Integration with primary health care, awareness generation, stigma reduction & investment in prevention & promotion.

x. **Policy response** – National Mental Health Programme (1982). District Mental Health Programme and Mental Healthcare Act (2017) in India.

5. Drug dependence -

– Drug dependence is described as a state, resulting from the interaction b/w living organism & a drug, chavacterized by a response that always makes a compulsion to take the drug continously or periodically, to experience its psychic effects & often to avoid the discomfort of its absence.

– Drug dependence can occur for more than one drug.

– Drug dependence are of two kinds

a) Physical

b) Psychological

a) Physical dependence –

- This state occurs when the user's body becomes accustomed to the particular drug and he/she requires the drug, in increasing doses over a time, for normal functioning or to obtain the same results as earlier.
- This dependence is because of the development of "tolerance" to the drug.
- Abrupt stopping of the drug results in "Withdrawl symptoms".

b) Psychological dependence –

- This state occurs when a drug is so central to a person's thoughts, emotions and activities, that is extremely difficult to stop using it or even stop thinking about it.
- Psychological dependence is marked by an intense craving for the drug.

Prevention of Drug Dependance –

A) Individual level for the Addict –

- Identification of drug addicts and medical care.
- Postdetoxification counselling & follow up.
- Deaddiction procedure consists following steps :
  - Identification of drug addicts
  - Motivation for detoxification.
  - Hospitalization, provide fear therapy, psychotherapy, counselling.

Scanned with OKEN Scanner

- Medical treatment
- Change of the environment
- Postdetoxification counselling to prevent relapse.
- Rehabilitation.

B) Family level –

• Parents are educated about the need to shower love & affection on their children and to be neither too strict nor too lenient with them.

• They should tell their children that they disapprove the drugs.

C) Community level –

• IEC compaigns to create awareness and reduce stigma.

• Peer influence – training peer leaders in schools & colleges.

• Family therapy & parental counselling.

• Involment of NGOs, youth clubs, religious & cultural organizations.

• Self-Help Groups : Support through Alcoholics Anonymous, Narcotics anonymous, and Community-based rehabilitation centres.

• Integration with Primary Health Care – Ensuring drug de-addiction services at PHC & CHC levels under NMHP.

D) Legal Approach –

• Legislation and Regulation :

- The Narcotic Drugs and Psychotrophic substances (NDPS) Act,

1985 regulates production, possession, sale & trafficking.

- Ban on advertisement of alcohol and tobacco.
- Minimum legal age for purchase & consumption.

- Law enforcement : strict measures agnst drug trafficking, smuggling and illegal cultivation.
- International Collaboration – India is a signatory to UN conventions for narcotic control.
- Policy initiatives : National Drug De-addiction Programme (MoHFW), supply reduction strategies & demand reduction programs.

6. Drug Addiction-

– Drug addiction is a condition in which any person beleive that sense of well being is acheived only through drug taken.

– Drug addiction is a complex neurobiological disease that requires integrated treatment of the mind, body and spirit.

Causes of Drug addiction –

- Family factors
- Social environment
- Genetic factors
- Peer pressure
- Mental Health Disorder

Symptoms –

- Loss of appetite and body weight.
- Slurring of speech.

- Unsteady gait, clumpsy movements, tremors.
- Reddening and puffiness of eyes, unclear vision
- Nausea, vomiting, body pains
- Drowsiness, lethargy & passivity.
- Acute anxiety, depression, profuse sweating.

Treatment —

- Detoxification – substitution therapy, supervised withdrawl.
- Medical care
- Psychological therapy
- Social rehabilitation
- Support groups – Alcoholics Anonymous,
  Narcotics Anonymous
- After-care & relapse prevention.