Channel V

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Policy Action Brief[1]

On

Mental Health Services In Public Health

Vardaan Foundation

Developed by

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This policy action brief is prepared to develop Mental Health Services in Gujarat. The idea behind such initiative is to promote mental health services with wider reach to the community residing at the grassroot level. It provides key elements for understanding current policies targeting rural and urban population for not only psychiatric services but also for the rehabilitation to resettlement process. It highlights greater urgency to integrate the mental health services to public health system of our country.

The Problem: The growing recognition in Mental Health Mission Report (IIMA 2003) that a large proportion of persons with mental illness and mood disorders experience a poor quality of the life with long-term disability, persisting symptoms, or a relapsing course of illness has given birth to the field of psychiatric rehabilitations in the state of Gujarat. The right of rehabilitation to the mental health patients becomes more acute in Gujarat because the mission report suggests that nearly 20% to 25% of the treated mental health patients are not accepted by their families and thus also in the society. Early interventions and effective treatment of acute episode of symptoms exacerbations are important for minimizing long-term disability.

On the other hand, workers in psychiatric rehabilitation emphasize continuous, comprehensive, coordinated and indefinite treatment of life long mental disorders to maintain symptoms control, prevent or reduce relapse, and optimize psychological performance. Thus today the goal of psychiatric rehabilitation *is to teach skills and provide community support so that individuals with mental disabilities can function in social, vocational, educational, and familial roles with the least amount of supervision from helping professions*2. Looking the inter phase of law in mental health, non of the mental health act makes provision for rehabilitation and social re-integration, and does not address the plight of recovered patients housed in mental hospitals because they had nowhere else to go. The report points out NGOs are seen as important partners in this process, and options were expressed for grating statutory recognition for them.

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[1] Based on field experience; literature survey; research and individual observation, the Policy Action Brief is developed and presented in four pages with suggestions for concrete actions so as to sensitize policy makers, programme managers, and public administration for swift action to the problem. It also intended to share the depth of this problem within the funding agencies and civil society for future action.

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Current Status

One of the very important recommendations of the WHO has been to develop community mental healthcare, appropriate both from the point of view of human rights of the mentally ill (in UN declaration of 1991) as well as for developing countries that do not have a very big infrastructure for rehabilitation activities in the mental health hospital. Tracing the history of rehabilitation activities, such as in US making de-institutionalization (to move patient to the community) failed because of the negligence long-term chronic patients who had been discarded at every front in the society. The real advantage of these community facilities was frequently fiscal. They were cheaper for state government, but quality of care at dispersed population could not be done at all level. So populations are more widely dispersed, and their care is more difficult to monitor than in the past. The brighter side of the movement also as the reduced utilization of hospital, that has encouraged more innovative range from good residential care setting to a wide arrangement of out patient services emphasizing care management aggressively. Unfortunately, many jurisdictions cannot afford to provide a comprehensive competent system of care. Thus the person with serious illness become homeless or lives inappropriate setting causing major annoyance to the community and their relatives and friends in the society.

In India, the National Human Right Commission one of its judgment showed concern for the up growing management of the chronic population and stress to establish rehabilitation in all hospital. The Supreme Court has also directed to involve the NGOs in rehabilitation process in the hospital. The fact remains that we don't have rehabilitation model unit in the hospitals. The banyan tree model of NIMHANS is the best example for the community rehabilitation for it's out reach rehabilitation service in our country. However, they have also faced problems at two fronts. The stigma and economic burden of mental illness are the main reasons why it is so poorly treated. Many community based rehabilitation model had come up all over India and Banglore is considered hub of rehabilitation center for mental illness. This was also very well pointed out by Mental Health Mission report that NGOs as an important partners in the process of community rehabilitation and opinion were also expressed for grating statutory recognition for them.

Barriers of Mental Health Programme in Public Health in Gujarat:

1. **Lack of Human Resources Development (Psychiatrist; Psychologist, Nursing staff & Ward staff)**
2. **Poor inter-Sectorial coordination**
3. **Inadequate training and lack of continuing education to upgrade knowledge**
4. **Unable to cope up the stigma from the community due to lack of IEC programme**
5. **No clear cut role as a care taker leads to high human right violations**
6. **Poor infrastructure and no efforts for rehabilitation activities in the community**
7. **No clear understanding about mental illness and mental disability convergence (for e.g. like in Tamil Nadu).**
8. **Lack of advocacy for ethical, legal and other interface for law in Mental Health**
9. **Less developed and have no clear cut policy for psychiatry among diversified groups (Child; Geriatric; Adolescent; Community; Substance abuse; gender & Mental Trauma)**
10. **Absence of psychosocial data and lack of proper Management Information System**
11. **Poor response of mental health research and other related epidemiological data**

A Way Out:

Today, with the advancement of the psychiatric drugs, there is a paradigm shift more towards community based rehabilitation center. However, emphasis has also been given to institutional (Hospital) based rehabilitation center in Public Health system of our country. Thus apart from treatment, now emphasis is on community psychiatry

Treatment and rehabilitation are interconnected seamlessly, as are the full range of bio-psychological services in continuous and comprehensive efforts to reduce impairment, disability, and handicap among the mentally disabled. In addition, a major goal of psychiatric rehabilitation is enabling the mentally disabled person and family members to be actively involved in treatment decisions and achieve the highest feasible quality of life in the community. An enormous population of mentally disabled persons needs psychiatric rehabilitation to improve their quality of life. For example the National Mental Health Program of our country used the triad of diagnosis, disability, and duration to identify persons who suffer from persistent or recurrent organic, schizophrenic, mood, anxiety and other disorders that becomes chronic and erode or prevent the development of their functional capacities in relation to three or more primary aspects of daily life.

These functional areas of daily life include personal hygiene and self-care, self directed, interpersonal relationship, social transaction, learning, recreation, and economic self-sufficiency. The inadequate resources and poor organization of service delivery for target population, which results in thousands of homeless, mentally ill persons in urban centers of our country have amplified the challenge to psychiatric rehabilitation. The trans-institutional of the seriously mentally ill patients from civil hospital to jails, custodial board-and day-care home, and hospital of mental health located in urban center is a condemnation of our society's human values. Our failure to provide high-quality, continuous psychiatric treatment is made more tragic by the availability of new rehabilitative technology that, when systematically organized and delivered, have the potential to reduce morbidity, Impairments[1], disability[2], and handicaps[3], among serious and chronic mentally ill persons. The entire model is pictorial represented below.

An Appeal

Vardaan Foundation has taken these burning issues and is quite interested to explore the problem through action cum research project. We seek joint collaboration in exploring the financial resource and implementing the programme at the desired level of institutions. We look forward joint collaboration with international donors; government bodies and other experts and individuals to make the programme viable and sustainable. Thus we will be highly obliged in becoming partner organization and seek organizational supports for facilitating resource mobilization and development of the people organization; delivering services at very low cost; reaching to the vulnerable and underprivileged adolescent groups residing in both urban and rural areas of our country.

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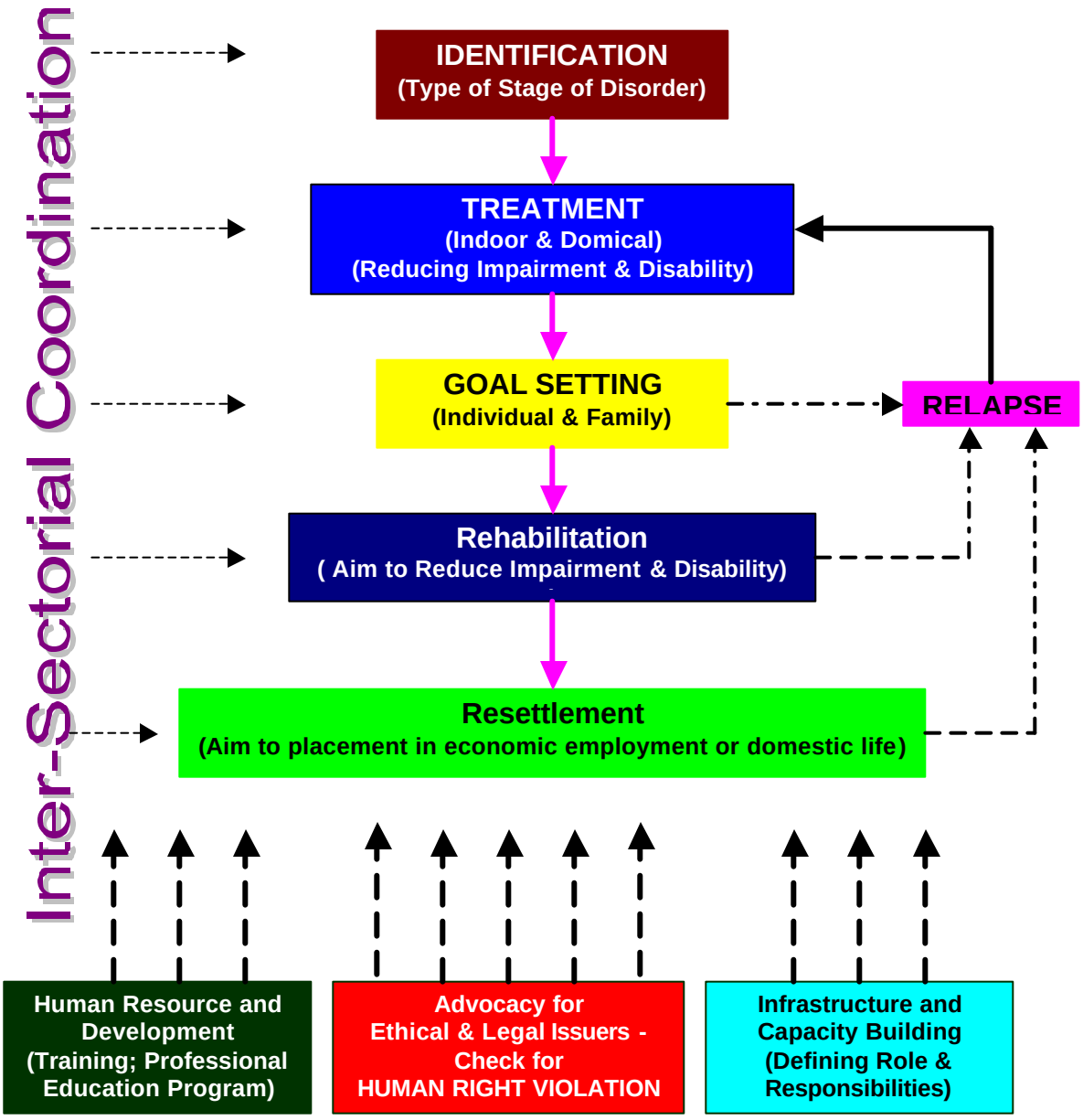
[1] The characteristic positive and negative symptoms and associated cognitive and affective abnormalities of disorders such as schizophrenia; autistic disorder, and bipolar disorder

[2] The restrictions impairments impose on such functional life domains are personal hygiene, medication self management, recreation for leisure, and family and social relationships

[3] The disadvantage experienced by an individual with impairments and disabilities that limits or prevents the fulfillment of normal roles, such as workers, student, friend, citizen and family members. (Kaplam &Sadock, 1999)

Delivering Mental Health Services in Public Health (Vardaan Model)



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