

Minutes of the Mental Health Policy Group Meeting

The meeting of the policy group was held on 15th May, 2012 in Nirman Bhawan, New Delhi under the Chairmanship of Special Secretary (Health). The two agendas of meeting were to discuss the strategies of restructuring District Mental Health Program (DMHP) under 12th five year plan and framing a Mental Health Policy for the country.

The following policy group members were present in the meeting:

1. Sh. Keshav Desiraju
2. Dr. Soumitra Pathare
3. Dr. S K Deuri
4. Dr. Anirudh Kala
5. Dr. Alok Sarin
6. Dr. Thelma Narayan
7. Dr. Vikram Gupta
8. Dr. Sanjeev Jain
9. Dr. K V Kishore Kumar- Co-opted Member

Representing Dr Jagdish Prasad, DG, DGHS

1. Dr. S.K Singh, DDG, DGHS
2. Dr. Rajesh Sagar, Addl. Professor, Psychiatry, AIIMS

Following four members of the Policy Group could not attend the meeting:-

1. Dr. Vikram Patel
2. Dr. Vandana Gopikumar
3. Dr. Akileshwar Sahay
4. Dr. Nirmala Srinivasan

The meeting started with a welcome by Special Secretary (Health). He introduced the agenda of the meeting. It was decided that discussion on draft District Mental Health Program (DMHP) will be conducted in the forenoon followed by discussion on Policy during the afternoon session. He initiated the discussion with opening remarks on NMHP. It was informed that total financial outlay of 12th five year plan is not known to Ministry of Health & Family Welfare and it depends on the decision of Planning Commission. The financial budget for annual plan 2012-13 is Rs. 130 crore which will be adjusted towards the total amount of the five year plan.

He emphasised on the need of restructuring district mental health program in current plan to strengthen mental health services across the country covering 642 districts. The draft DMHP has to be finalised at the earliest for deciding the future course of action. He also said that work has to be hastened and the policy document be submitted within 6 months.

Programme Discussion

The draft DMHP document was circulated to all the members in the meeting for review and the forum was thrown open for discussion on draft DMHP. The details of the discussion are as follows:

1. Qualification/Remuneration/Numbers/TORs of Community Health Workers -

Dr. A. Kala referring to the provisions of proposed community health workers (CHWs) in the draft DMHP remarked that the qualifications should be less and they should be employed on honorarium basis rather than incentive based work. Dr. Thelma Narayan said that TORs of CSW include complex work including psychotherapeutic interventions therefore remuneration should not be less than Rs.10, 000. Dr. Sanjeev Jain added that qualifications of CSW should be post graduate degree in Psychology/Social work and remuneration. Dr. A. Kala added that higher qualifications will lead to higher remuneration and difficulty in recruiting man-power. Dr. S.K. Deuri said that definition of Clinical Psychologist and Psychiatric Social Worker should not be diluted by down grading their qualifications. Dr.K V Kishore Kumar said that there should be thorough training of people with MA/BA Psychology as they do not have any experience on clinical matters. Dr. Soumitra Pathare said that different cadre of people can be created depending upon qualifications and they can be appointed depending upon availability. Psychologist with clinical trainings may be appointed to carry out services.

Sri Keshav Desiraju said that at least 2- 4 CHWs should be available per PHC and flexible strategy may be adopted for deciding the criteria for selection of CHWs.

2. DMHP Model -

A detailed discussion was held on adopting the new model of District Mental Health Program (DMHP). The group felt that mental health needs of urban and rural areas differ in the country. Dr. Alok Sarin added that range of services under DMHP may differ depending upon the nature of the city.

Sri Desiraju asked for number of current urban DMHP model districts. According to Dr. Pathare there are about 10 districts among 123 operational DMHPs in urban areas. Dr. S.K. Deuri suggested that PHC could be nodal centre for rural model whereas district hospitals should be nodal for Urban model DMHP. Sri Keshav Desiraju suggested that mental health system in urban DMHP may be mapped for better understanding of functioning of Urban model DMHPs. Dr. Thelma Narayanan suggested that DMHP services may be divided into Urban and Rural DMHPs and links must be created between Community and District hospitals.

Dr. Vikram Gupta added that state governments may propose their model of service delivery according to their needs especially in case of where there are

some specific population living such as urban slums. Dr. Sanjeev Jain and Dr. Alok Sarin added that the National Mental Health Program is a temporary mechanism of service delivery for five years and therefore systems may be strengthened for long term. The ad-hoc system of care is futile and may be changed. Sri Desiraju added that National Schemes are usually continued by Govt. of India and are carried over to subsequent plan periods. Further, he also emphasized that a Community Mental Health Worker is needed in urban areas who would be given training. Uniformity in the delivery of Mental Health Care Services at rural level can be there but flexibility for the same should be given in case of urban areas. And the respective states should be made responsible to utilize this flexibility for delivering Mental Health Care Services in the urban areas.

3. Governance and Stewardship –

Dr. Soumitra Pathare remarked that DMHP has suffered setbacks in previous plans and in view of huge investment on mental health in coming times, DMHP has to be remodelled to provide better leadership. There should be dedicated team at centre and state for implementation of these services. He said that there should be dedicated staff for every major component of DMHP such as Monitoring and Evaluation, Financial Management, Drugs logistic and delivery, Designing and implementing training programs for health workers, and IEC. The group agreed on assigning the manpower at the central program unit and similarly at the state. Dr. Thelma said that Public Health professionals should be involved to make the program divisions functioning.

4. DMHP Clinical Team –

The discussion involved micro level planning which goes to the district level in the mental health program and ensures the availability of trained manpower and mental health services at the district program. Dr. Soumitra Pathare said private psychiatrists may be involved to run clinical services where a full time DMHP psychiatrist is not available. Dr. Sanjeev Jain said that each district hospital has psychiatry ward, private psychiatrist may be involved to treat admitted patients, emergency cases and out-reach services from the district hospital. Dr. Thelma Narayan said similar pattern may be adopted for other staff also. Dr. Sarin added to Dr. Thelma's comments and said that the DMHP staff shall be well trained for running the services and trainings may be provided at Centre of Excellence and Regional Medical Colleges with recognised Dept. of Psychiatry.

5. Trainings of Clinical and Non-Clinical Staff –

While discussing the issue of training, Dr. Soumitra Pathare opined that all staff should be adequately trained for proper discharge of duties. He said minimum 3-4 months training shall be provided to DMHP staff. PHC doctors shall also be trained in management of common mental disorders so that they can treat the patients with common mental health issues. The state government should take the responsibility for coordinating DMHP staff trainings and

Consultant (Training) at the Central Monitoring unit shall be responsible for trainings of all DMHP staff.

6. DMHP Continuing Care Services –

The group discussed about the Community Care Services for mentally ill patients, which will involve Day Care Centres, Residential Care Centres etc. Sri. Keshav Desiraju asked how these centres would be operationalized in absence of any previous experience and tested model of care. Dr. K. V. Kishore Kumar said there are quite a few numbers of such centres in southern part of the country and good results have been produced by NGOs in this field. It is therefore easier to operate these services through NGOs. Dr. Alok Sarin said there is always risk of financial anomalies and violation of the Rights of people with mental illness inside these long term rehabilitation/care homes. Thus the group suggested that a strong monitoring mechanism should be developed to avoid such problems in future.

Dr. Soumitra Pathare said monitoring will be done by central team and DMHP staff would regularly visit these centres to evaluate the services provided in these facilities. Dr. Anirudh Kala opined that in absence of prior experience, NGOs will not be able to operate these services; moreover lack of skilled manpower will also be a major hurdle. Dr. Sarin said that a trial must be given to initiate these services.

7. Availability of Drugs –

Sri. Keshav Desiraju said that drugs should be available free of cost for both APL and BPL patients irrespective of any discrimination on basis of boundaries. He said that agenda of Universal Health Coverage has been to provide medicines to all. He added besides having free drugs there should also be standard treatment guidelines and standard mechanism of procuring the drugs. Dr. K. V. Kishore Kumar said according to an analysis of DMHPs it was revealed that many districts spend allocated budget for purchase of essential drugs on buying newer and costlier branded medicines. According to him it has to be brought to the notice of State Governments that strictly only essential and generic medicines should be procured on government rates.

8. Preventive and Promotive Services –

Sri Desiraju sought suggestions from the group on prevention and promotion activities of DMHP. He asked who will provide these services and at what level? Dr. Sanjeev Jain said it is important to initiate such components in programme. However, he raised concerns on availability of qualified staff providing important advice to patients; he added that there should be standard operative procedures as well. He also questioned the scientific evidence on desirable outcome of these services. He said as such there are no long term evidence on effects of such interventions in reducing mental illness.

Dr. Thelma Narayan said that such interventions are important and there should be some activities for Violence against Women (VAW) and parenting skills. Sri Keshav Desiraju said that Alcohol and Drug Abuse is also an important intervention area and there should be rigorous activities against

addiction. Dr. Soumitra Pathare said that helplines may be required for preventive services but there should not be different helplines, common helpline may be located at each level.

9. Community Participation –

The members unanimously said that there must be greater involvement of community in the program and effective strategies should be formulated to ensure the community participation such as in other health programs (NRMH). Citizen charter should be placed in every facility. The committee shall monitor and help implement all activities under DMHP. The user groups may be involved in monitoring of activities. . The provision of “Jan Sunwais” as a method of monitoring was also discussed. It was stressed that “Jan Sunwais” can prove to be a good mechanism to reduce stigma related to mental illness in the community.

Dr. Rajesh Sagar said provision of “Jan Sunwais” in the draft is the provision to discuss patient problems in community which may be unethical and discussing patient’s problems may breach confidentiality of patients. He added that proper measures must be taken while discussing personal matters in community to ensure the confidentiality of the patients. Dr. Pathare replied that all grievances will be addressed on patient’s request and with consent of the family as well. Dr. Thelma Narayan opined that sharing information within closed group shall not raise issue of confidentiality breach.

10. Technical Support –

Dr. Soumitra Pathare said there should be central/state advisory committee for providing support to central cell on technical matters. He added authority may bring people from outside to pool in resources and provide technical advice; such team may also be required at state level. Sri Keshav Desiraju said there may be 4-5 members in this team at each level and numbers may vary depending upon requirement and availability. Dr. Alok Sarin said that State Mental Health Authorities (SMHAs) are available in each state and Central Mental Health Authority at central level and their role may be statutory; however SMHAs may be given additional responsibility of monitoring the progress of mental health activities in states and CMHS may facilitate the same from the centre. He also added that if Technical Support & Advisory Group (TSAG) is engaged at any level it has to be clearly mentioned their role is only advisory in nature to avoid any ambiguity in the implementation of the programme.

Dr. S. K. Deuri said the draft does not cover tools for data collection and evaluation of progress of program. He stressed on the need of standard monitoring tools for the purpose. He opined that there should be periodic analysis of achievements of program. Sri. Keshav Desiraju said that adequate operational flexibility should be provided at each level. Dr.. Thelma Narayan

said that there should be some provision of respite for care-givers of people with mental illness and people working for mental illness in States.

Major Decisions:-

1. Draft DMHP document should be submitted soon by the policy group.
2. The current draft shall be posted on policy group website for public comments.
3. The costing of various provisions of DMHP shall be done by CMO, DDG and Consultants.
4. The urban and rural models of DMHP will be worked out by Consultants.
5. There shall be adequate flexibility in program components
6. There shall be strict monitoring through various provisions of the programme.
7. There will be adequate community representation in monitoring of programme.
8. There shall be provision of Public private partnership.
9. Essential Drugs should be available at all levels for all for free.

The discussion on DMHP draft was concluded with vote of thanks to participants.

The discussion on mental health policy took place during second half of the meeting.

Sri Keshav Desiraju remarked on the slow progress of drafting of mental health policy. He said that the draft on mental health policy be prepared within 6 months by the policy group. He said policy document should be a higher level document compared to program document and would be used as reference and guidelines for a longer time as compared to programme document. He said ideally vision of programme should be part of broad vision of policy.

Policy Discussion

The post lunch session was chaired by the Shri Keshav Desiraju, Special Secretary (Health) to discuss the Mental Health Policy. He invited the participant's opinion on the structure of the proposed Mental Health Policy document.

Dr. Sanjeev Jain said policy document should contain mechanism of availability, accessibility to care; regulation and supervision of the mental health care facilities; and protection of Human Rights of persons with mental illness. He also added that the proposed document should also delineate on how to fulfil above mentioned aspects considering the change in the technology. Further, he elaborated that policy should have provisions to provide minimal standard of care, availability of services, integrate components of mental health act and integration and convergence with other program and non-program components. The Policy document should also address trainings, safeguards of rights of persons with mental illness, human resources. The policy should be made in accordance with disease burden. He added policy have much larger prospective and should be framed meticulously.

Dr. A. Kala said that the document can adopt therapeutic & preventive and promotional approach in designing document. The therapeutic & preventive

aspect will cover integration of mental health care services at various levels of health care delivery system, human resources, and others. While, promotional approach should include the mechanisms to influence policies of Govt. of India (like; excise, education) in order to promote mental health. The group should decide how to design framework for policy and how to fit policy in the system. He said there should be integration of mental health policy with other government policies like taxation, education, excise policies etc. Dr. Thelma Narayan said policy should create an enabling environment to achieve the goals of providing mental health services and holistic care, community integration and behavioural change strategies. The policy document shall be general and be designed keeping in view the public needs and interests; it must be usable to public and shall not be meant for use of Government of India only.

Dr. Thelma Narayan said integration of health policy with other policy framework is important and integration shall be made at all levels. The content, context and process should be decided to frame the policy document. She said policy is not linear prescription and should be on-going process because with change of society and its needs, the frame work of policy may change over time and before any document is decided it has to undergo extensive stakeholder consultations. Dr. Soumitra Pathare said policy documents are usually restricted to specific ministries and therefore shall be designed as per needs of government and more specifically to the needs of Ministry of Health & Family Welfare.

Dr. Alok Sarin and Dr. Sanjeev Jain said that it should be decided whether policy document be framed for overall mental health or more specifically for people with mental illness. Mr. Vikram Gupta said that the policy should be specific and address specific needs through specific components. He said including promotive aspects of mental health would require inclusion of social variables also which may cause dilution of objectives of policy. The policy should talk of therapeutic, rehabilitative and at maximum preventive aspects. This will help in framing clear guidelines and understandable document.

Dr. S.K. Deuri said policy document should have two parts. First part should have broad and precise goals which should be promotive and not restrictive in nature. The second part should have the mechanism of achieving these goals. A time frame must be decided to frame the document.

Dr. K.V. Kishore Kumar added that policy should be such that it creates accountability, the policy shall make state governments more accountable and every stakeholder must have defined responsibility. The output indicators of policy shall be able to evaluate amount of capital invested. Dr. Alok Sarin opined that the policy should be a guidance document for public and government therefore it has to be broad. The areas to be covered may be decided. Dr. S.K. Singh said to set the document in proper frame work . The first step should be to recognise the problem and its burden, spectrum of disease, identify target population, areas to be covered under policy and available areas for intervention. He said that there should be a task force on policy for periodic review of document and to bring in changes whenever and wherever required.

He said instead of setting target for completion it has to be quality document with diverse inputs.

Dr. Rajesh Sagar said policy should have proper vision and it should be more practical than ambitious. To improve approach there should be areas in intervention according to socio-demographic population like young, geriatric, women etc. he also said that mental health policy should be part of general health policy and should not be stand-alone document.

Dr. Soumitra Pathare said mental health policy should be guided by existing policy documents of several ministries and departments and it should be framed keeping in view the needs of government. However the document should be brief but not restrictive. It should include mental health and not only mental illnesses. All social determinants required for mental health be included in the document. Mr. Vikram Gupta said including social determinants like causes of suicide including social factors may dilute precision of policy and would not solve the core purpose of policy. He also said that there should be convergence of mental health policy into other relevant policy like education, housing etc. The conventions of UNCRPD must be taken into account while framing policy document. He also added that government's current limitations must also be defined in the policy document. The frame work should discuss mental health at large with focus on mental illnesses.

Dr. Soumitra Pathare said that Gujarat has a dedicated mental health policy and this policy document may be expanded on that. He added that Canada has recently developed a mental health policy which is worth reading and framework of policy in India may seek significant inputs from it. Dr. Sanjeev Jain said mental health policy document is not policy document for social reforms; therefore policy should discuss only about mental illness. He added that till date no country has talked of biological research in their policy and rather India shall take lead while extensively focusing on biological research in policy and bring radical change in removing disability related to mental health through this inclusion of research in policy.

Sri Keshav Desiraju said mental health policy is a comprehensive policy document and takes into consideration all dimensions of mental health; therefore social determinants of mental health must also be included. He said that policy document is blue print for future change and plan; program shall be determined by policy. Dr. Thelma Narayan added that document should be public oriented and meant for users. Government may play important role in promoting this document and help implementing policy at its level.

Sri Keshav Desiraju said policy document should be an aspirational document; it should be document for both public and government. Users shall be able to refer this document while using mental health services in public and private setups. The things which are not included in program document shall be included here like taxation strategies, Stigma, Research, Education and Disability. It should also help in integration with other ministries, employees, trade unions and insurance etc. He said policy should address institutionalisation/de-institutionalisation, suicide, personal laws etc. Policy

must focus on Rights of People living with mental illness. Dr. Alok Sarin said public consultations may help in this and scope may be widened. Dr. Thelma said that basic values, principles should be defined in the document and resources beyond this group may be included from outside to enable ownership of the document.

Dr. Soumitra Pathare said policy should also be able to define how and what cost services may be delivered at community level. Sri Keshav Desiraju said policy should also consider strengthening of mental health institutions in the country. Dr. Soumitra Pathare said that preventive and promotive services are different and should be dealt differently. Preventive services are important and shall be included in this document. Dr. Thelma Narayan said while framing policy document socio-political, economic aspects should be included in policy.

Mr. Vikram Gupta said that promotive activities should not be included in the policy. It will broaden the scope of policy but implementation of these issues in reality as per current circumstances would be difficult; this may downplay value of policy therefore practical issues must be kept in mind while writing this document. Therefore preventive services should be considered different from promotive services. Dr. Alok Sarin agreed to the point. Dr. Soumitra Pathare said document should largely cover promotive aspects also and remarks may be added regarding these services. Sri Keshav Desiraju said major remarks regarding social determinants related to mental health may be made and promotive activities of mental health should not be neglected.

Major Decisions:-

1. Policy document shall be submitted at earliest. Frame work shall be ready in one month's time.
2. Dr. Nirmala Srinivasan has prepared the draft policy Dr. Vikram Gupta and Sri Keshav Desiraju will go through the draft, other members may also read and submit their comments.
3. Document should be integrative and comprehensive and be prepared from user's perspective also.
4. Policy should cover all areas with convergence and integration in all sectors.

The meeting ended on vote of thanks by Sri Keshav Desiraju, Special Secretary (Health) to all the participants.