

Summary of the work of the Mental health policy group since inception till January 31, 2012

Vide a Government of India order dated April 15, 2011 a 13 member policy group to frame a mental health policy for the country was formulated. The additional secretary was the convenor and member secretary of the group.

First meeting of the group in New Delhi on May 3, 2011:

Agenda (source: email from Mr. Keshav Desiraju dt. April 25, 2011):

- Discussion on the Terms of Reference set out in the original Order with specific reference to the DMHP / NMHP review which needs to be done relatively quickly.
- Constitution of sub-groups, including, if necessary, other experts not part of the policy group.
- Any other matter.

In this meeting, following important work was undertaken:

- Formation of a sub group to look into DMHP;
- Formation of a sub group to collect mental health policies from other countries around the globe;
- Formation of a sub group to on drafting the norms and standards for mental health facilities for inclusion in the Rules section of the draft Mental Health Care Bill, 2010.
- Launching of a standalone website for MH policy (www.mhpolicy.org); this came into effect in May-11;
- An e-group (mhpolicygroup) was also created with an email id (mentalhealthpolicy@gmail.com).

It was informed that the ministry was holding regional (5 regions) review of the existing DMHP which members could attend with a view to discussions with State Government representatives on implementation issues, suggestions for DMHP restructuring and also to suggest better performance even within the current guidelines in this last year of the Plan period.

The minutes of the meeting were uploaded on the website mentioned above.

Material received by the group uploaded on the website: The policy group uploaded material that was received by it and was agreeable to be on the public domain by the authors of the material.

Emails received by the group were responded to by one of the group members (Dr. Soumitra Pathare) volunteered to act as the moderator for responding to emails received by the group. Comments by outsiders were also posted on the policy group website.

Inviting people from outside the policy group: During the month of May, discussions were held to invite stake holder opinion into the policy group either through emails to the group's email or direct representation during meetings. There was unanimity in inviting other experts or stake holders. A call to this effect was placed on the website. In addition, emails (~226 emails were sent) were sent out to email addresses that could be collected from different contacts.

Method of attending the regional review: Prior to attending the regional reviews, the group proposed that there would be a two-step process towards evaluation of the current

Summary of the work of the Mental health policy group since inception till January 31, 2012

DMHP to inform the development of the new DMHP. In the first step, we would seek to carry out to methods: first, a synthesis of the existing evaluations; and second, some form of systematic documentation during the five DMHP review meetings. Based on these, lessons learned and the gaps in the knowledge would be listed / identified. In addition, we could identify which are 'successful' and 'less successful' DMHP sites and carry out systematic on-site evaluations of a few of each type to identify the ingredients which make DMHP work or not.

The sum of these evaluations would guide towards addressing the key barriers and challenges in making the DMHP achieve its core objectives. For systematic documentation during regional reviews, the sub group on DMHP put together a format to capture data from the DMHP nodal officers.

This format was then sent by the ministry to all regions and data was collected and collated at NIMHANS and findings shared with the sub group.

Summary of the work of the Mental health policy group since inception till January 31, 2012

First Meeting of DMHP sub group and the standards sub group at NIMHANS, June 22, 2011

Agenda:

To review the DMHP progress or lack of it and in the light of the discussions among the group members, recommend to the government:-

- Any steps that may be taken even at this late stage to improve the performance of DMHP in the last 9 months of the DMHP under the 11th plan. This part of the task has to be completed by the sub-group at its Ranchi meeting.
- If the DMHP or a similar district based programme should continue to be the flagship programme during the 12th five year programme, and if so, what should be its contours?

First half of the day was the meeting of sub group on standards and norms. Quality council of India made a presentation on possible role of accreditation of mental health facilities and the processes involved. In addition, the group took cognisance of the Indian Public Health Standards for public facilities and the Clinical Establishment Act, 2010.

The second half of the day was the meeting of DMHP sub group wherein key tasks performed were an estimation of case loads of different mental illness based on available prevalence rates. Estimation of total case loads at each primary health care service delivery point.

Mapping of the needs of person with mental illness was done.

Resource person from outside the group were invited to the group.

Observations of the group members who attended the North, West and South regional DMHP review was shared with the group; major and common observations were:

- Lack of leadership;
- Vast variation in implementation
- Poor human resource base;
- Poor inter sectoral coordination
- Poor information system
- Service delivery restricted to outpatient service
- Outcome indicators not captured, etc.

The group felt that the needs of person with mental illness should be the focus point of the DMHP.

The group also discussed to expand the DMHP beyond mental illness and focus on mental health; disability due to mental illness and not treatment of mental illness should be the focus of DMHP, the idea of having rehabilitation services was shared amongst the group. It was emphasized that Mental health program should start building inter-sectoral coordination and not draw boundaries for the program between mental illness and disability; technical support should be provided for prolonged period to states to help them act. The guidelines of implementation however, should be general; the role of

Summary of the work of the Mental health policy group since inception till January 31, 2012

psychiatrist to be a trainer and specialist service provider with PHC doctors empowered via training to deliver services;

Recommendations by policy group to Dr. K S Jacob for representation at Planning Commission steering group on health:

The MH policy group sent a 10 point recommendation for the above matter.

These included:

- the need for continuing and increased investment in the mental health care system of the country;
 - the implementation of mental health programs needs recognition of the inter-sectoral nature of mental health issues across departments and ministries;
 - the need for addressing the socio-economic consequences of chronic mental illness;
 - the establishment of a continuing care platform which links hospitals, PHCs and communities;
 - the strengthening of mental health knowledge and skills across the health professionals;
 - the appointment of leaders to take stewardship for mental health programs at district, state and national levels;
 - the need for a concerted campaign to reduce the stigma of mental illness;
 - comprehensive inclusion of mental health through the general health care programs and initiatives, including the IDSP and the NRHM;
 - a reconsideration of the strict exclusion and inclusion criteria for the Below Poverty Line (BPL) group, to help the economically deprived and weaker sections of society, specifically, people with mental illness to access social disability benefit;
 - the need to build into these endeavours a monitoring and mentoring mechanism to allow for appropriate course correction as social realities change.
-

Second meeting of the DMHP sub group at CIP Ranchi on July 21-22, 2011

Agenda:

- Finalising recommendations for improving the DMHP performance for the last year of the current plan.
- Continuing discussions about "DMHP" for the 12th plan.

During the Ranchi meeting, important transactions were:

1. Presentation of a draft design document for DMHP which served as template for later modification;
 2. Presentation of a draft budget for the above.
-

Recommendation to the ministry of health for DMHP implementation in XI plan:

In addition vide its mail dated August 5, 2011, the group made recommendation to the government for current DMHP (XI plan). This is listed below:

- Strengthening the Evidence Base and Information Systems:
-
-

Summary of the work of the Mental health policy group since inception till January 31, 2012

- Strengthening data flow system: Contact a vendor (example TCS or any other software company) to do preparatory work for HMIS beginning with situation analysis, data flow, work on possible HMIS and field trial;
 - Synthesize the DMHP Evaluation Data And Other Evaluations/Reports Submitted To The Mental Health Policy Group
 - Increasing stake holder ownership and understanding of the NMHP:
 - To Organise regional / state level consultation where proposed framework of XII plan NMHP and major thematic issues / difference between the two plans could be discussed, debated and later modified;
 - Establish a secretariat for the NMHP program with dedicated technical as well as administrative mechanisms in the XI plan period itself;
 - To design a campaign to improve awareness and increase demand for mental health care using radio, TV and newspapers to be broadcast;
 - Arrange a National Conference on experiences and models for revamping community mental health to be scheduled around Feb 2012.
-

July, 2011:

The group was informed of the note sent by ministry to DG, Health for inclusion in the recommendations of the 12th Plan Working Group on NCDs. This was vetted earlier by the group and submitted by ministry in July, 2011.

Secretariate for tasks of Policy group:

In July, the group placed before the ministry a request to create a secretariate to help in the task of policy and program design with a tentative budget.

Version of the document after Ranchi meeting:

Another version of the DMHP design was shared with the group in July-August, 2011 post the Ranchi meeting.

Third meeting of the DMHP sub group in Delhi on September 4-5, 2011:

Agenda:

The agenda is to prepare design/designs for the 12th plan DMHP scheme, to be submitted to the ministry and the policy group at a later date.

It was suggested that prior to 4-5 days before the Delhi meeting, the sub-sub group as well as any other members who wish to contribute to the process should put up their set/sets of designs, which may be blue prints of the parts of scheme or the total scheme. These should reflect the priorities, points of emphasis and values that the group has been discussing in recent past. Ideally, these designs would have been discussed, in a preliminary manner on line, before the meeting.

In this meeting, the outline document (version post Ranchi) was used as basis for discussion by sub group members.

Prior to the meeting data collated by NIMHANS from the formats circulated to the nodal officers of DMHP at regional reviews was shared with the group. It was observed that volume of missing data was substantial and it was not amenable to any general conclusion.

A draft design for Urban DMHP was floated prior to the meeting for discussion during the meeting.

Summary of the work of the Mental health policy group since inception till January 31, 2012

The DMHP sub group was also presented with another design document prepared by few members of the sub group. There were now two documents on DMHP design and one on urban DMHP for the consideration of the sub group.

Another document on Research priorities was made available to the sub group.

Recommendation by the group for inclusion of mental illness in minister's discretionary fund:

In September-11, the group vide their email dated September 6, 2011 gave the following recommendation on request of the ministry on the above matter:

The group has come up with the following as the inclusion criteria for this scheme for mental illness

"Supervised specialist inpatient treatments for persons with chronic and enduring mental disorders eg. Treatment for resistant OCD and Schizophrenia & chronic psychoses"

There was considerable concern that this provision of financial support for treatment for mental illness should not get abused and the group also felt that if possible, it should be specified that above treatment should take place at government specialist mental health facilities.

Meeting of Policy Group in New Delhi on Sep 28-29, 2011

Agenda:

To discuss the draft DMHP design document shared with the full group post New Delhi meeting of the sub group.

For this meeting wherein the DMHP design draft was to be shared with the full group, a draft version with edits post New Delhi meeting was shared with the group over email. As a build up to the meeting and in view of several interactions with other stake holders, there was a feeling within the group that a process of consultation with other stake holders should be undertaken at this stage to inform the design of the DMHP.

Major discussions during this meeting were:

- Need for a wider stake holder consultation;
- The balance between granular details in the DMHP design v. guidelines;
- Should the program focus on mental illness and policy on mental health;
- Clear distinction of content to go in a program document and a separate policy document;
- Discussions on human resource available for mental health and the scenario where there is no specialised human resource;
- the challenge of addressing social determinants of mental health via the program;
- the details of mental health promotion and how to tackle them;

It was understood that the DMHP document should be one that is implementable.

Summary of the work of the Mental health policy group since inception till January 31, 2012

October – November, 2011

During this time some group members made field visits to see certain elements of primary health care system as well as work of existing DMHP. Travels were undertaken to Punjab, Tamil Nadu, Karnataka and Gujarat.

Meeting of a small group on November 29, 2011 at Nirman Bhawan to deliberate on findings of field visit:

At this meeting some designs for rehabilitation services were debated upon which were earlier proposed in the DMHP design. Further edits were made to the draft DMHP design post this meeting.

Policy group meeting in Chennai on January 8-9, 2012:

Agenda:

To comment on the draft of the DMHP design so that it can be worked upon further. Prior to this meeting the version of DMHP document was shared with the group. The full group deliberated on the document and remarked on it. Further changes were suggested and those were to be incorporated and shared with the group online in February so that it can be finalised and resubmitted to the ministry.

Annexure 1:

Schedule of regional reviews of DMHP (existing)

- June 7-8: Institute of Psychiatry & Human Behaviour, Bombolin, Goa
- June 14-15: Psychiatric Disease Hospital, Govt Medical College, Srinagar
- June 20-21: NIMHANS, Bangalore
- July 6-7: LGBRIMH, Tezpur
- July 22-23: Regional review at CIP, Ranchi