

## EDITORIAL

### NATIONAL MENTAL HEALTH PROGRAMME IN INDIA (1982-1989) MID-POINT APPRAISAL

"In India we would like to go to homes instead of large numbers gravitating towards centralised hospitals. Services must begin where people are and where problem arise."

—Smt. Indira Gandhi  
World Health Assembly, May 1981.

The National Mental Health Programme (NMHP) for India (1982) was formulated by the mental health professionals in 1981 and 1982 and it was adopted in August 1982 by the Central Council of Health and Family Welfare. The NMHP envisaged that there would be periodical review and readjustment depending on the experiences of implementation as follows: "depending upon the difficulties and bottlenecks encountered by the various implementing agencies, corrective measures will be evolved/adopted for the smooth and result oriented functioning of the mental health programme."

At this point of time, with 7 years of experience, it is appropriate to consider the progress and plan for the future. There are four questions that can be considered at this point of time. These are: (i) **Why** a NMHP in 1982? (ii) **What** is NMHP? (iii) **How** has NMHP done in the 1982-1989 period? and (iv) the **future** of NMHP. Recently a comprehensive document has been brought out by the Ministry of Health and Family Welfare (GOI, 1989) outlining the progress of NMHP.

#### WHY NMHP IN 1982 ?

The decade of 1978-1988 has been a remarkable period in policy making in the service sector internationally and nationally. The decade began with the Alma Ata Declaration (AAD) (1978) identifying primary health care as the approach for universal coverage of health care in an accessible, acceptable, affordable manner with active community participation. This declaration by an international body, WHO, meant a major shift from the highly centralised, professionalised and institution oriented health care to community based health care. The AAD started a movement across the world, especially the developing countries. In the Indian context, notable was the acceptance of the NATIONAL HEALTH POLICY (1983) by the Indian Parliament. The National Health Policy marks a departure in recognising that the past 35 years of health planning as being defective and the new approach emphasised self-help, community care and decentralisation of services.

The decade in India also saw major other policy and legislative measures. The notable among them are: The National Education Policy (1986); The Narcotic and Psychotropic Substance Act (1985); The Mental Health Act (1987); The Child Labour Act (1988); The Juvenile Justice Act (1986) and the National Policy for Mental Handicap (1988). This period also was marked by the starting of a community based rehabilitation programme in India in the form of the DISTRICT REHABILITATION CENTRE SCHEME (1985) and massive expansion of the programme for preschool children, namely, the Integrated Child Development Scheme

(ICDS) to cover nearly one fifth of the country. Another development of relevance is the setting up of the National Institute for Mentally Handicapped in 1984 at Secunderabad.

This period also has been witness to unexpected developments in the mental hospitals. The much neglected mental hospitals are occupying front view for different reasons. At one extreme is the positive development of a modern 200 bed facility coming up at Tezpur. On the other hand are the tragic happenings at the Ranchi Manasika Arogyasala, Ranchi with patients escaping following staff strikes and coming to light of the inadequacies in the mental hospitals. During this period, public interest litigation has been directed at mental hospital at Ranchi, Trivandrum, Delhi and Pune. The observations has been 'patients seems to have been made to loose all sense of human dignity and are treated, no better than cattle or other animals. . . . . most patients sleep on the ground and they are not provided with cots. . . . . almost all toilets are not in order. . . . .'. These revelations have done harm to the profession but a happy and positive development is the court action that resulted in massive improvement. The changes in Trivandrum have been impressive and the hospitals at Ranchi, Delhi and Pune are, on the way to modernisation. In a way the demand for better services in the institutions is an important reflection of the growing awareness of the general public and the changed perception of these places as for treatment rather than simple custodial care.

These developments are important to be considered as part of a larger pattern of development in the country into which NMHP falls in line. I consider the shift or the direction of change as indicative of the recognition of the right for services for the majority of the population. This has necessarily meant developing innovative approaches appropriate to the needs of the country. Similar National Programme planning for mental health has been initiated in a number of developing countries namely, India (1982), Bangladesh (1982), Srilanka (1982), Pakistan (1986), Egypt (1986), North Yemen (1986), South Yemen (1986), Iran (1986), Nepal (1987), Afghanistan (1987), Iraq (1987) and Sudan (1987).

### **WHAT IS NMHP ?**

The NMHP objectives are :

1. To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and under-privileged sections of population.
2. To encourage application of mental health knowledge in general health care and in social development.
3. To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

The NMHP provides a broad framework for the development of mental health services in the country. The central point that emerges is the 'utilisation of the resources in the community for mental health care'. The NMHP in its current form has given a relatively greater emphasis on the health sector as an avenue for provision of mental health care in terms of identifying the roles of different health persons and mental health care at different levels of health facilities.

### **PROGRESS**

The formulation of NMHP came at the time when the 7th Five Year Plan proposals were under consideration. As an identified national level activity NMHP found a place in the 7th plan document with an allotment of Rs. 1 crore. The major administrative developments in

the last few years are : (i) the Government order about the pattern of assistance dated 22.9.1987, (ii) the formation of the National Mental Health Advisory Group (NMHAG) in August 1988, (iii) the two meetings of NMHAG with specific plans for utilising the NMHP funds and (iv) preparations for the 8th plan to implement the NMHP. A positive development has been the inclusion of the NMHP as an agenda item of the regular review of the health administrators and planners at Nirman Bhavan, New Delhi.

At the technical level, there have been a number of developments namely (i) the involvement of different groups of mental health professionals and (ii) development of support materials. The NMHP has been discussed as part of the Annual Conference of IPS at Jaipur and Varanasi. Separate workshops for psychiatrists, clinical psychologists, psychiatric social workers and nurses have been held periodically. The development of support materials include manuals of mental health for doctors from Bangalore, Chandigarh, Delhi and Ranchi; Manuals for health and development workers from Bangalore, Chandigarh and Hyderabad; Manuals for teachers from Bangalore; Manuals for parents of mentally handicapped from Chandigarh, Delhi and Hyderabad; case records for use by different health personnel; health education materials for public education; evaluation tools for training programmes and technical reports of evaluation. At the model development level, the district model at Bellary, Karnataka forms an important step. The current situation where a first phase mental health programme has been initiated in almost all the States/UTs is a significant development.

In addition to the major progress in the health sector, initial experiences of integrating mental health with the education sector, welfare sector and voluntary sector is in progress. These areas can provide further impetus to the intersectoral involvement for NMHP. The activities initiated in 1988-89 to develop model curriculum for undergraduate medical education in mental health and enhancing the skills of the staff of mental hospitals will broaden the scope of activities of NMHP.

It is appropriate to recognise the sources of delay and problems. These have been (i) delay in the formation of the NMHAG, (ii) limited amount of funds for 7th plan period, (iii) non-formation of the DGHS unit, (iv) lack of administrative mechanisms for monitoring the programme and (v) variable enthusiasm at the State/UT level to include mental health as part of primary health care level. As a result, the targets identified for the first 5 years of NMHP, remain unmet.

## **FUTURE**

The last 7 years have shown that NMHP can bring about a revolution in the way mentally ill are viewed, cared and the mental health issues become part of the larger development of the country. NMHP is in line with the larger developments in the country and the need for mental health care—promotive, preventive and curative has become well recognised. As outlined by the Hon. Union Health Secretary for the immediate present, Mr. R. Srinivasan, it is necessary 'we develop modest and viable programmes in each state rather than ambitious plan for a wider coverage which may not be feasible with our limited resources' (GOI, 1989).

It is hoped that the 8th plan would provide a greater thrust to the NMHP by higher monetary support. In addition to the funds, the future of NMHP would largely depend on (i) professional support to implement the programme and provide leadership in innovative programmes and support to non-professionals, (ii) advances in mental health know-how to enable routine care to occur with no major problems in care decisions, (iii) public support and education and (iv)

the political will to give due importance to mental health in the development of the country. NMHP is an important development in the history of mental health care in India and offers the scope for rapid development of a wide variety of activities for the promotion of mental health, prevention of mental disorders and care of the mentally ill individuals.

#### REFERENCES

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