No.V-15011/03/2015-PH-I (ii)
Government of India
Ministry of Health and Family Welfare

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Nirman Bhawan, New Delhi
Dated the 24th June, 2015.

To

The Principal Secretary,
Department of Health and Family Welfare
(of all States and Union Territories).

Subject: Guidelines for implementing of District Level Activities under the National Mental Health Programme (NMHP) during the 12th Plan period.

Sir/Madam,

The undersigned is directed to refer to this Ministry's letter No. V.15011/08/2013-PH-I dated 15.5.2013 on the subject mentioned above and to state that the Empowered Programme Committee (EPC) of the National Rural Health Mission has approved implementation of activities upto district level under the National Mental Health Programme (NMHP)under the NRHM NCD Flexible pool, within the overall umbrella of the National Health Mission (NHM) from the year 2013-14. The outlay approved for each activity during the 12th Five Year Plan is as under:

(Rs. in crore)

S.No.	Component	Total
1	District Mental Health Programme	1265.2
2	Community Health Centres	73.08
3	Primary Health Centres	151.7
4	PPP Model @ Rs. 5 lakhs per NGO	8.00
5	Day Care Centre @ 50,000 per centre per month	24.00
6	Residential Continuing Care Centre @ 75,000 per centre per month	21.60
7	Long Term Residential Continuing Care Centre @ @ 75,000 per centre per month	14.40
8	Mental Health Services	18.35
9	Mental Health Helpline	1.12
	Total	1577.45

2. DISTRICT MENTAL HEALTH PROGRAMME (DMHP)

A) The Objectives of DMHP are:

a) To provide mental health services including prevention, promotion and long-term continuing care at different levels of district healthcare delivery system.
b) To augment institutional capacity in terms of infrastructure, equipment and human resource for mental healthcare.
c) To promote community awareness and participation in the delivery of mental health services.
d) To broad-base mental health into other related programs.

B) The components of DMHP will be:

a. **Service provision:** Management of cases of Mental Disorders and counseling at different levels of district health care delivery system.
b. **Capacity Building:** Manpower training and development for prevention, early identification and management of mental disorders. The training would be provided by Medical Officers posted at District Hospitals to Community Health Workers at grass root level.
c. **Awareness generation** through IEC activities: for early identification of Mental Disorders so that timely management of such cases is possible as well as for removal of stigma attached to Mental Illness.

C) Detailed guidelines for implementing the DMHP during the 12th Plan period are as under:

DMHP team

Keeping in view the scarcity of specialists in Mental Health in the public health delivery system, one Psychiatrist, one Clinical Psychologist, one Psychiatric Nurse, One Psychiatric Social Worker, one Community Nurse, one Monitoring and Evaluation officer, one Case Registry Assistant and one Ward assistant have been approved for providing services in a DMHP district.

Service provision

a. Provision of management of mental disorders through OPD and IPD services at district hospital by qualified/trained mental health professionals.
b. Provision of management/ referral services through OPD services at CHC and PHC.

c. Provision of out-reach services at CHC/PHC by DMHP team at fixed interval for providing support to the Medical Officer of CHC/PHC.

Training

a. Training of DMHP Team (Medical Officer, Psychologist, Nurse and Social Worker, if Psychiatrist, Clinical Psychologist, Psychiatric Nurse and Psychiatric Social Worker respectively are not available) at the nearest Medical College/Center of Excellence.
b. Training of Medical Officer of CHC/ Taluk Hospital, PHC at District Hospital for early detection, managing common mental disorders and referral services.
c. Sensitization training of Community Health Workers and elected representatives of community at District Hospital/CHC for awareness generation regarding early signs and community health seeking behavior for mental illnesses.

Community Awareness

a. The CMHO or District Program Officer will coordinate with State Program Officer for IEC activities in the district.
b. Awareness regarding the mental disorders and the availability of mental health services in the community will be generated by adopting various mass media, community education and interpersonal communication methods.
c. Interpersonal communication would be carried out through health care providers and grass root functionaries for which education material would be developed to facilitate IEC activities.

Strengthening/ Creation of inter-sectoral linkages

Inter-sectoral linkages will be developed with the Department of Human Resource Development:

i. For imparting Life skill education to the school students through trained School teachers in Life skills.
ii. Setting up of counseling service in colleges by providing training and support to the Psychology Department of the College.

Monitoring and Supervision

a. Reporting will be done by using formats prescribed by Central Mental Health Cell to report physical and financial progress made under the program by the State and the district at regular intervals. This will be

subsequently replaced by furnishing of information through Mental Health Information Management System.

b. In addition to this, Program Officers will visit the state and districts regularly for monitoring the activities under DMHP/NMHP

D) ACTIVITIES under DMHP:

Recruitment of DMHP Team

The Department of Health and Family Welfare of the respective State Governments will ensure that manpower, as given in the table below, are made available in each DMHP district for implementing the Programme.

Table-1. Details of staff approved for a DMHP district

Staff	Number
Psychiatrist	1
Clinical Psychologist	1
Psychiatric Nurse	1
Psychiatric Social Worker	1
Community Nurse (Case Manager)	1
Monitoring & Evaluation Officer	1
Case Registry Assistant	1
Ward Assistants/ Orderlies	1
Total	8

Table 2. Details of staff approved at CHC/Taluk level

Staff	Number
Medical Officer	1
Clinical Psychologist or Psychiatric Social Worker	1
Total	2

Table 3. Details of staff approved at PHC level

Staff	Number
Community Health Worker	2
Total	2

Note:

Appointments at the Taluk Hospital/CHC/PHC will be made subject to fully functional DMHP at District level. Until then, only outreach services will be available at the Taluk Hospital/CHC/PHC. *(Terms of Reference for contractual manpower under DMHP/CHC/PHC is at* Annexure 1)

State Governments may appoint the staff in every DMHP district as per State's policies/service conditions relating to contractual appointments. The States may, at their discretion, continue with the existing staff in the already existing DMHP districts or recruit new staff as per the details/qualifications specified in these guidelines. Health being a State subject, it is left to the discretion of the States to appoint the requisite staff either on contract basis or on deputation from Hospitals etc. NMHP is a Plan Programme and continuation of the Schemes and Programmes under NMHP in the next Plan period(s) will be subject to approval by the competent authority. It is expected that States would take full responsibility for the contractual appointments of the DMHP staff or their continuance of service in the DMHP districts.

E) SERVICE PROVISION:

i) At District Hospital level

OUTPATIENT SERVICES

Given the scarcity of the skilled manpower in mental health specialties in the country, the mental health /psychiatry services shall be provided by doctors who may be trained General Duty Medical Officers (GDMOs). However, in the districts where a trained Medical Officer is not available, the services of a private psychiatrist may be utilized at the rate of Rs. 2,500/- per day (4 hours a day) for 3 – 4 days in a week out of the funds earmarked for payment of monthly remuneration of a psychiatrist in the DMHP team. The expected patient load would determine the frequency of this psychiatry outpatient clinic; it may vary from daily (i.e. on all working days) to once/twice/thrice a week. The following services should be available in a district hospital at outpatient level:

REGISTRATION

All patients attending mental health services should be registered in a dedicated register and should receive a unique registration number. This service is linked to record maintenance and thus, patient's unique registration number should be reflected in all the records of the patient. While district hospitals are expected to have a central registration system, the psychiatry treatment services should be separate from the hospital registration as this would be important for monitoring and evaluation purpose.

ASSESSMENT

All patients should undergo clinical assessment (i.e. history taking and examination) by a trained and competent doctor. The assessment should be geared at making a clinical

diagnosis (as per the International Classification of Diseases -10 or Diagnostic Statistical Manual of Mental Disorder -IV guidelines) as well as formulating a treatment / intervention plan. For the purpose, adequate infrastructure should be available ensuring comfort and privacy for the patients.

COUNSELLING/PSYCHO-SOCIAL INTERVENTIONS/PSYCHO-EDUCATION

All patients (and their attendants, if available and only if the patients agree to involve them) assessed by the trained doctor, should receive counselling / psychosocial interventions / psycho-education, as per the clinical needs. For this purpose, it would be necessary to involve a trained medical social worker / counsellor / psychologist.

TREATMENT PRESCRIPTION

Every patient should receive a prescription of the treatment advised to him. If the procedure for dispensing involves a dispensing slip, that may also be provided to the patient.

The outpatient services should have provisions for both – the new patients as well as for the old patients on follow-up.

INPATIENT TREATMENT SERVICES

Patients of mental disorders, who require in-patient management, should be admitted in a dedicated ward which is exclusively meant for this purpose. Thus, each district hospital should have an exclusive, 10-bedded psychiatry ward. While the duration of the in-patient treatment may vary as per the individual needs of the patients, all efforts must be made to provide in-patient treatment for an adequate length of time. During the in-patient stay, following services should be made available to the patient:

1. Assessment by the doctor(s): At least once per day during the morning rounds.
2. Availability of nursing care: round the clock.
3. Availability of emergency care (on call doctor): round the clock.
4. Psychosocial interventions.
5. Medicines:
    a. For treatment of mental illness symptoms
    b. For management of associated conditions / symptoms
6. Food.
7. Facility to meet visitors during the specified visiting hours.
8. Recreation facilities: newspapers, television (if available), indoor games.

The in-patient treatment period should be used to formulate the plans for long-term treatment and rehabilitation and the same must be discussed with the patient. All admitted patients should be provided with a discharge summary with a detailed plan for further follow-up and treatment from the OPD.

AVAILABILITY AND PROVISION OF PSYCHOTROPIC DRUGS

Availability of all the essential drugs in every PHC, CHC/Taluk hospital and district hospital is must. The drugs should be procured from the drug logistic society/rate contract/ after discussion with district health society, if rate contract or drug logistic society is not functional in the state.

District Mental Health Program is a public health approach to mental health care. Person with mental illness is encouraged to use mental health services in the district. In keeping with the aim of providing mental health care in peripheral public health care delivery system, minimal mental health care means availability of anti-psychotic drugs for person with psychosis; anti depressant drugs for person with clinical depression; education, support and linkages with NGOs for person with mental retardation; counseling for persons with neurosis and outpatient detoxification and education for alcohol dependent individual; counseling for children with emotional problems and anti epileptic for persons with epilepsy.

List of drugs that should be available in PHC and CHC

1. Tab Chlorpromazine 100 mg
2. Tab Risperidone 2 mg
3. Inj Promethazine 50 mg
4. Tab Imipramine 75 mg
5. Inj Fluphenazine 25 mg
6. Tab Trihexyphenidyl 2 mg
7. Tab Lorazepam 1 mg
8. Tab Phenobarbitone 30 mg and 60 mg
9. Tab Diphenylhydantoin 100 mg

List of drugs that should be available in District hospital

1. Tab Chlorpromazine 100 mg
2. Tab Risperidone 2 mg
3. Inj Promethazine 50 mg
4. Tab Imipramine 75 mg
5. Inj Fluphenazine 25 mg
6. Tab Trihexyphenidyl 2 mg
7. Tab Lorazepam 1 mg
8. Tab Phenobarbitone 30 mg and 60 mg
9. Tab Diphenylhydantoin 100 mg

10. Tab Lithium carbonate 300 mg
11. Tab Carbamazepine 200 mg
12. Inj Haolperidol
13. Cap Fluoxetine 20 mg

These drugs should be procured every 6 months in required quantity. The program officer/ psychiatrist should ensure that drugs are available at all times in every PHC, CHC and District hospital of the district. The drugs should be procured through the established channels of the government drug logistic society/rate contract.

If there are delays in procuring the drugs through the drug logistic society/rate contract, the District Health society should be approached for special permission to procure the same directly from the rate contract supplier. The psychiatrist should review the drug position in the PHC, CHC and district hospital every month. He should review monthly reports and carry out random checks periodically during the field visits and report the same to District Programme officer. Purchase of drugs should be the only ones mentioned in the list.

The drugs of the district hospital should be available only if psychiatrist is posted at the district hospital. If the psychiatrist is not available, patient needing specialist care should be referred to the medical college/ hospital/ mental hospital or the private psychiatrist engaged under the DMHP.

Dispensing of drugs: Pharmacotherapy plays a key role in the treatment of mental disorders. All the patients seeking treatment from district mental Health /district psychiatry clinic should have access to the essential medications, free of cost, from the dispensary. In addition, the hospital/department should strive to also make available medicines listed as —Other medications, though these have not been put in the essential list.

The district hospital dispensary/pharmacy may be used for dispensing medicines. A system should be put in place, which allows for monitoring and auditing of the dispensing procedure. It must be remembered that some of the medicines used for treatment possess abuse liability and risk of diversion. Only authorized persons (such as a nurse / pharmacist) must be allowed to handle / dispense medicines. In a single visit, dispensing of take-home medicines for a period longer than two weeks should be avoided. SOPs for ensuring regular procurement, storage, and dispensing of medications must be in place.

Psychosocial Interventions

All district mental health centres/clinics should be equipped with facilities to provide psychosocial interventions at both the levels of care: Outpatient and In-patient and in both the settings: in group settings and in individual settings. Family members must also be involved in psychosocial interventions as much as possible. While the specialized psychotherapies may be out-of-scope for most of the centres, trained manpower and other facilities must be available for the following psychosocial services:

a. Basic psycho-education about the nature of illness and importance of treatment adherence;

b. Motivation enhancement;

c. Reduction of high-risk behaviour;

d. Brief Interventions;

e. Relapse Prevention; and

f. Counselling for occupational rehabilitation.

Referral / Consultation / Linkages

While a comprehensive treatment program should address multiple needs of the patient, no single centre alone can provide all the services a patient requires. Therefore, it is imperative for the district mental health centers/clinics to establish and maintain referral and consultation linkages with tertiary care facilities and other facilities and services.

F) Outreach Services

The psychiatrist at the district hospital, along with one nurse from the district hospital shall visit and conduct an outpatient clinic at each Taluk Hospital/CHC at regular intervals. The districts which have a fewer number of Taluk Hospitals/CHCs can arrange to conduct an outpatient clinic by the visiting psychiatrist at more frequent intervals (eg. Once a week). The districts may also consider using Tele-conferencing /Telemedicine facilities for linking up with Taluk Hospitals/CHC for providing support and supervision to general health staff in managing mental illness.

Services at CHC/Taluk Hospital

1. Provision of outpatient services for walk-in patients and patients referred by the PHC will be provided by the trained medical officer. In addition to this, inpatient services will also be provided for emergency psychiatry illnesses.
2. Counseling services shall be provided by the Clinical Psychologist/Trained Psychologist.
3. Continuing care and support to persons with Severe Mental Disorders (SMD): This includes referral to district hospital for SMD patients and follow up based on treatment plan drawn up by the Psychiatrist at the district hospital.

Services at PHC

1. Provision of Outpatient services for walk-in patients and patients referred by Community Health Workers.
2. Continuing care and support to persons with Severe Mental Disorders (SMD): This includes referral to district hospital (and to Taluk Hospital/CHC when services are

available) for SMD patients and follow up based on treatment plan drawn up by the Psychiatrist at the district hospital (Taluk Hospital/CHC when available).

3. Counseling services and help for accessing social care benefits : The Community Health Worker (CHW) at the PHC will help patients (with support from psychiatric social worker based at the district hospital) gain access to support groups, day care facilities, higher education, vocational skills and employment facilities, certification, reservations and other benefits. The CHWs are expected to make home visits for persons with Severe Mental Disorder (SMD) so that the home environment is examined, monitored and made conducive to the extent possible and to provide a range of community based rehabilitation interventions.

Provision of Drugs

All persons requiring long term medications, as prescribed by the Psychiatrist at the district hospital, should be able to get their medicines at regular intervals at PHC/CHC for duration as specified by the Psychiatrist on its prescription at the district hospital. This is convenient for patients and their care-givers, reduces opportunity costs in continuing medication and frees the psychiatrist at the district hospital from the task of writing routine repeat prescriptions. The State Implementation Team and the District Program Manager shall co-ordinate the drugs logistics and delivery to ensure that psychotropic medicines in the Essential Drug List are available at all PHCs/CHCs.

Ambulance Services

108 Ambulance services will be made available to transport mentally ill patients to the district hospital in an emergency. These can be requisitioned by the Psychiatrist at the district hospital or by the PHC/CHC Doctor in consultation with the Psychiatrist at the district hospital. The capital cost for the Ambulances is already paid through NRHM. Provision for operational costs based on certain number of trips per district will be made in the DMHP. The DMHP Team at the District shall provide training to Ambulance staff in managing persons with mental illnesses in an emergency.

Service	Number	Monthly Cost (Rs)	Cost per annum (Rs)
Ambulatory Service	1	20000	240000
Total			240000

Training

An important aspect of DMHP is the training of the DMHP, CHC and PHC personnel (Medical Officer, Psychologists, Social Workers, Community Health Workers, Nurses and other peripheral health workers) to offer basic mental health care by integration into existing general health services. The present activity will be carried out by training the members of DMHP team. The District mental health team will further conduct/organize training

programs for the health care personnel at the PHC and CHC to provide essential mental health care at primary level.

The medical and para-medical workers of the district health services will be trained in a short period of time so that early identification, referral, diagnosis and management of mental disorders are possible. The health workers/ paramedical workers will educate the mentally ill persons and their family members as well as conduct follow-up of the treated persons.

Name of personnel	Duration of training	Location of Training	Number of training programs
Medical Officer at District level for DMHP	6 months in two phases of 3 months each	Centre of Excellence/ Medical colleges	One for 1st 2 years
Psychologist	12 weeks	Centre of Excellence/ Medical colleges	1st Year
Social worker	12 weeks	Centre of Excellence/ Medical colleges	1st Year
Nurse	6 weeks	Centre of Excellence/ Medical colleges	1st Year
Medical Officer of CHC and PHC (30 per batch)	5 days	District Hospital	Two per year
Paramedical workers (50 per batch) of CHC/PHC	1 day	District/CHC/Taluk Hospital	Two per year
Sensitisation training program for selected representatives	Half a day	District/ CHC/Taluk Headquarter	Two per year

Training of Medical officers and Para-medical Workers of DMHP:

1. The Resource person for the training program may be State Nodal Officer/Head of Department of Psychiatry of medical college or Centre of Excellence
2. The Resource person will make a list of medical officers and para-medical workers working in the district hospital.
3. Trainings should be organized in consultations with nearest/attached Medical College/Centre of Excellence.
4. At least five Medical Officers/para-medical workers should be posted for every training program.
5. Intimation about the training should be posted well in advance.
6. Training program should be between 9 am in the morning till 5 pm in the evening.

7. Trainees who miss the training program should be included in the next batch.
8. The nearest medical college with the Department of Psychiatry may be the venue for the training programmes.
9. Arrangements should be made for the stay of the trainees in the Medical College/Hospital/Centre of Excellence to avoid delays in commuting.
10. The resource person should strictly adhere to the prescribed syllabus.
11. Honorarium should be paid to the Resource person as per NRHM financial guidelines.

Training of Medical officers and Para-medical Workers of CHC/PHC:

1. The resource person for the training program may be psychiatrist in the district/ psychiatrist in private practice in the local area.
2. The Resource person will make a list of medical officers and para-medical workers working in CHC/PHC.
3. At least 10 Medical Officers and 20 Para-Medical Workers should be included for every training program.
4. Intimation about the training should be posted well in advance.
5. Training program should be between 9 am in the morning till 5 pm in the evening.
6. Trainees who miss the training program should be included in the next batch.
7. The nearest medical college with the Department of Psychiatry may be the venue for the training programmes.
8. The resource person should strictly adhere to the prescribed syllabus.
9. Honorarium should be paid to the Resource person as per NRHM financial guidelines.

Training/Sensitization program for the elected representatives and NGOs in the Area:

i. Half a day sensitization of members of the Gram Panchayat, Taluk/Block Panchayat should be done by involving the CEO, Zila Parishad and elected representatives of the districts.
ii. NGOs representatives should be involved in the training program.

The DMHP team will provide support to the primary health care personnel by visiting the PHC/ CHC at regular intervals. This support includes onsite training, clarification and suggestions.

Community Awareness

IEC is an integral part of any Public Health program. The utilization of health-care services available in the district depend on the extent of awareness about the services in the community. DMHP envisages care for priority Neuro-psychiatry disorders such as Psychosis, Depression, Neurosis, Dementia, Mental Retardation, Autism, Epilepsy, Substance Abuse disorders and other mental health disorders in children. The IEC activities may be implemented using the NGOs resources in the area.

The community should be sensitized by the trained Community Health Workers about the features of mental disorder, availability of their management in the PHCs/CHCs/District

Hospital and benefits of treatment to the ill persons and the family through posters, flip charts, slide shows, group meetings and wall writings. In addition, the Psychiatrist and Program officer(who is also CMO/CDHO) should use All India Radio and FM stations to sensitize the local community of the existence of DMHP and its various activities.

Strengthening/ Creation Of Inter-Sectoral Linkages

Health promotion using Life skill approach in the schools: In a country where there is a scarcity of trained mental health professionals, it is pragmatic to involve and work with departments which have greater access to the targeted population and resources to implement the activity. Department of Human Resource Development/ School education is one such department which has an access to the children through school teachers in their formative years. The teachers are the personnel who are interacting with the school children/ adolescents closely. They could be trained to transfer required skills to the children/adolescents. This strategy ensures reproducibility of the program within the existing infrastructure of the school year after year at no extra cost. The teachers are more receptive to the problems of the children/adolescents and there will be an improvement in the relationship between teachers and the students who will be imparted life skill education. Training the teachers will have a wider coverage, continuity and cost-effectiveness. Required support in the form of syllabus, resource material and training to be able to promote life skill among the children/adolescents shall be provided. The children/adolescents can be encouraged to use these skills for specific issues of family relationships, development crisis, substance abuse, violence, bullying, sexuality and career choice etc.

A comprehensive approach should include increasing the resilience of all students to cope with various opportunities and challenges that they come across and provision of specific treatment services for students who are at risk to developing mental health disorders.

Objectives of imparting Life skill education:

- Provide class teachers with facilitative skill to promote life skill among their students
- To provide the class teachers with knowledge and skills to identify emotional conduct, scholastic and substance use problems in their students
- Provide class teachers with a system of referral for students with psychological problems to the District Mental Health Team for inputs and treatment
- Involve other stakeholders like parents, community leaders to enhance development of adolescents etc.

The DMHP will be primarily responsible for facilitation of training program for school teachers. The NGOs working in the field of child/adolescent mental health and having the know-how of imparting skill through life skill education can be encouraged to undertake this task where ever possible. Master trainers from each education block will be trained to impart further training in their block. About 100 teachers will be trained from each block

having about 25-30 schools. Master trainers will be trained for 6 days and school teachers will be trained for 3 days. The trained teachers will impart life skill education as part of school curriculum. They are also expected to identify emotional problems in school children and refer such children to the District Mental Health Center/Clinic.

Non-School Child/Adolescent Mental Health Programme: Counseling services will be organized for out of school children with mental health problems in both urban and rural districts as part of child mental health services. Out of school children have high mental health needs because of problems such as – disturbance in conduct, substance abuse and sexual abuse. The present plan envisages care for such children by involving NGOs and establishing linkages with organizations and departments working for the welfare of such children in the district. Counseling will be provided at the District Mental Health Center/Clinic to the children identified having mental health needs.

Setting up of Counseling Centres at Colleges

Counseling services are not available in most of the colleges in the country at present. The students with psycho-social problems and mental morbidity do not seek psychiatric treatment because (1) psychiatric services are not available in the affordable and approachable manner (2) Severe stigma is attached to mental disorders and psychiatric consultation, (3) Lack of awareness. Thus majority of students, who need help, remain unattended and uncared. A number of students in the colleges suffer from depression, anxiety, somatoform disorder, adjustment disorder, personality disorder and alcohol and drug abuse. In addition to this, many students suffer from sub-clinical symptoms and emotional disturbances. These contribute to the observable behavioral abnormalities.

College teachers will be trained to work as counselors in their own colleges. This training will be conducted at the district hospital. Psychiatrist/Clinical Psychologist mental health will organize the training in the district hospital. At least two teachers from each college will be trained. About 25-30 teachers will be trained in a batch. The teachers shall provide referral and support to those students who suffer from psychosocial problems and mental morbidity.

All the trained teachers from the district will attend half a day support group meeting every month at district hospital to discuss problems they encountered in their work in the past one month. The Psychiatrist and Clinical Psychologist at the district mental health center/clinic will provide support to the teachers.

Monitoring and Supervision

Reporting will be done by using formats prescribed by Central Mental Health Cell to report physical and financial progress made under the different components of the program by the state and the district at regular intervals. (Monitoring Proforma is at Annexure - II)

In addition to this program officers will visit the state and districts regularly for monitoring the activities under DMHP/NMHP.

G) Financial Guidelines

Financial Provision for State & District under DMHP : Financial Management Groups (FMG) of Program Management support units at state and district level, which are established under NRHM, will be responsible for maintenance of accounts, release of funds, expenditure reports, utilization certificates and audit arrangements.

Funds will be released to States/UTs through the State Health Society to carry out the activities at different levels as envisaged in the operational guidelines. Funds released from State to District Health Society would *inter alia* include funds for District Hospital, CHCs, and PHCs to cover the entire district.

DMHP would operate through Mental Health Cells constituted at State and District levels. A separate bank account in a nationalized bank should be opened for DMHP. The States are required to submit to this Ministry year-wise Audited Statements of Accounts and Utilization Certificates (UC) as per GFRs, 2005 at the end of every financial year for funds released for implementing DMHP.

Financial assistance under DMHP: The State Health Societies may release funds to Primary Health Centers (PHC), Community Health Centre (CHC) and district facilities through the state NRHM structure. The details are given as per unit cost at various levels. The total funds to be released to each state would be based on number of units to be taken up at different levels. Assistance to various facilities/units is summarized below:

Table 1. Assistance for Primary Health Centre

Component	Non Recurring	Recurring p.a.
Manpower/Salary	0	1,68,000
Training	0	4,00,000
Total	0	5,68,000

Table 2. Assistance to Community Health Centers

Component	Non Recurring	Recurring p.a.
Manpower/salary	0	14,40,000
Total	0	14,40,000

Table 3. Cost of 1 District Mental Health Programme

(in Rupees)

Activity	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total
Salary	3720000	3906000	4101312	4306404	4521780	20555496
1. (Non Recurring) a) Infrastructure for District DMHP Centre, Counselling Centre under psychology deptt. In a selected college including crisis helpline : setting up the centre, furniture, computer facilities, telephone etc. B) Preparatory phase : Recruitment of DMHP staff and development of district plan	300000	0	0	0	0	300000
2. Training of PHC Medical Officers, Nurses, Paramedical Workers & Other Health Staff working under the DMHP	400000	400000	400000	400000	400000	2000000
3. IEC and community mobilization activities a) Procuring/ translation of IEC material and distribution b) Awareness generation activities in the community, schools, workplaces with community involvement	400000	400000	400000	400000	400000	2000000
4. Targeted interventions at community level Activities & interventions targeted at schools, colleges, workplaces, out of school adolescents, urban slums and suicide prevention. (Rs. 3 lakhs for district counselling centre (DCC) and crisis helpline outsourced to psychology department/ NGO per year, Rs. 1000 per high school for counselling sessions per year, training of master trainers & school teachers in life skills, training of college teachers in counselling skills/ orientation of psychology teachers in counselling and hiring the services of psychiatrists, psychologists from private sector)	1200000	1200000	1200000	1200000	1200000	6000000
Drugs	1000000	1100000	1200000	1300000	1400000	6000000
Equipments	600000	100000	100000	100000	100000	1000000
Operational expenses of the district centre : rent, telephone expenses, website etc.	10000	10000	10000	10000	10000	50000
Ambulatory Services	240000	252000	264600	277836	291732	1326168
Miscellaneous/ Travel/ Contingency	450000	475000	500000	525000	550000	2500000
Total Rs.	8320000	7843000	8175912	8519240	8873512	41731664

H) Procedure for inclusion of DMHP proposal in the State PIPs.

- States will be required to submit a consolidated and detailed DMHP proposal in their NRHM/NHM state Project Implementation Plan (PIP) which includes the proposed budget for envisaged activities.
- The State PIPs will be processed in the Ministry of Health & Family Welfare, Govt. of India and comments will be sent to the States for revision of the proposal, if required. The revised proposal will be examined by the Screening committee under the DGHS and the recommended proposals will be sent to the NRHM division for inclusion in the final ROP/approval.
- The State PIPs are received in the month of February every year so that process of issuance of final approval gets over by the month of April. Hence, district health action plan needs to be prepared in the month of December so that the consolidation of State Health action plan (State PIP) may be prepared in the month of January and submitted to the Ministry of HFW in the month of February.
- State nodal officer for NMHP will represent the programme in the State Health Society and will release the grants to various District Health Societies as per the proposed activities in the District Health Action Plan drawn for DMHP as per the programme guidelines.
- At the district level the Programme Officer (preferably CMO/CDHO) will represent the Programme in the District Health Society and facilitate District Health Action Plan for DMHP. Psychiatrist at the district hospital will act as resource person for preparation of District Health Action Plan for DMHP.
- Proposals from the States having no or less representation in the DMHP scheme will be given preference in selection of new districts for implementation of DMHP.

I) Guidelines for DMHP Proposal to be submitted in the State PIP:

i. Name of District/District Headquarters in which DMHP is proposed for implementation.

ii. Name/ telephone No/ Fax / e-mail address of the:
   (a) Identified District Nodal Officer
   (b) Civil Surgeon/ chief Medical Officer/CDHO of the district.
   (c) Principal of the zonal medical college.
   (d) HOD Psychiatry/ senior psychiatrist/Psychiatrist.

iii. Detailed profile of the district, including essential demographic/ socio-economic/geographical /other relevant characteristics such as connectivity, communication network etc.

iv. Details of existing health infrastructure, including the current status of the district hospital (state of buildings, number of beds, departments, investigation/other facilities, equipments, staff etc), CHCs and PHCs

v. Current availability of mental health services (public/private sector) within and around the district, including the present channel of evaluation of mental patients for psychiatric treatment.

vi. Present status of implementation of DMHP in the existing districts.

vii. Activities proposed (as per the guidelines) to be implemented in the district under DMHP in the next financial year

viii. Time line of the proposed activities to be implemented in the district under DMHP

ix. Proposed budget for the DMHP for the said financial year

3. PUBLIC-PRIVATE-PARTNERSHIP (PPP) MODEL

Under this component, there is a provision for the state governments to execute activities related with mental health in partnership with Non-Government Organizations/ Agencies as per the guidelines of the NRHM in this regard. The levels and the areas of partnership of the state government with the Non-Government Organizations/ Agencies may be as follows:

LEVELS	AREAS OF PARTICIPATION
District	Local IEC, Day-care, Residential/Long-term Residential Continuing Care Centres, Supplementation or Innovative Mental Health Services, Training/Sensitization of health workers; Hiring of a private Psychiatrist/Clinical Psychologist/Psychiatric Social Worker/Psychiatric Nurse on contract. Psychiatrists @ Rs 2500/- per day (ten days a month + 4 days/ month for outreach activity/training); Clinical Psychologists/Psychiatric Social Worker @Rs 2000/- per day (ten days a month + 4 days/ month for outreach activity/training); Psychiatric Nurse @Rs 1000/- per day
State	Advocacy, Local IEC, Dedicated Mental Health Help-line, Training/Sensitization of health workers, Ambulance services.

Periodic monitoring will be carried out by State/District Program Officer, State Mental Health Authority (SMHA) and officials of Ministry of Health & Family Welfare in order to ensure proper functioning of the scheme and to suggest modifications in it, if necessary.

<u>Budget</u>

The budget under this component for the 12th FYP period is Rs. 8 crores and Rs. 5.00 lakhs is earmarked per NGO/Agency per year.

4. DAY CARE CENTRE FOR PERSONS WITH MENTAL ILLNESS

With the advent of modern medicine, most of the mental illnesses are curable like any other chronic disease. However, after the initial treatment with drug and psychotherapy by which a remission is achieved, there is a need to provide rehabilitation and recovery services to Persons with Mental Illness so that the initial intervention is followed up and relapse is prevented. This can be carried out through a "Day Care Centre for Persons with Mental Illness". It also provides relief to the caregivers and reduces their stress. The centre also provides opportunity for people recovering from mental illness to receive support for successful community living.

Objectives

a) Promote the acquisition of skills and build capacity (life skills) through group & individual opportunities.
b) Strengthen healthy peer and mentoring relationships.
c) Coordinate outreach to patients/subjects and families.
d) Respond to the needs of families for support and education.
e) Coordinate with other providers -family doctors, psychiatrist etc.
f) Disseminate information and education focused on mental health and illness.
g) Serve as a resource facility for community based services.

Scope of Work

The day care centre would provide a place where a Person with Mental Illness can come at his/her will and return freely and develop a meaningful relationship with other persons who come there. The center shall also help in enhancing the skills of the family/caregiver in providing better support care. The centre shall create an environment for informal peer support. The centre shall allow improved accessibility and staff responsiveness to support individuals with their needs in a timely manner through group activities, counseling, skill building, group therapy etc.

The State Government may partnership with non-profiting and socially-oriented Non Governmental organizations/Agencies involved in this sector for providing technical and operational support for the centre.

Premises

The centre will be run from furnished premises having a covered area of about 1500 sq. ft. exclusively for the purpose of running the Day Care Centre. It should have the following provisions:-

a. Counseling rooms
b. Meeting room-cum-Class Room
c. Large activity room for activities such as Yoga/Skill Building/Group Therapy etc.

d. Administration Room.
e. Staff room
f. Kitchen /Pantry.

Staff

The facility would run under the overall supervision of the designated Psychiatrist posted at District Hospital/ nearby Medical College/ Hospital. He/she would be provided a Counselor/ Social Worker by the state health department for his/her assistance for the project.

The Agency shall provide, in addition, a minimum staffing of one Programme Officer and One Counsellor at their own cost

Terms and conditions that may be laid down by the State Government before entering into a partnership with Non-Governmental organizations/Agencies

a) The Agency shall enter in a memorandum of understanding with the state government.
b) The tenure for project contract shall be for one year (which may be extended on yearly basis on satisfactory performance of the selected partner). The MOU can be terminated pre-maturely for reasons of non-performance.
c) The details of the patients/subjects/cases shall be confidential. The state government may review the details of the patients/subjects/cases as and when required for purposes of data, research etc.
d) The Government shall bear no Financial/ Legal responsibility for any act of the selected agency.
e) The Agency shall not charge any remuneration (cash/kind) from the persons under their treatment/care.
f) The selected Agency shall not use the above said premises for any other purpose except for which the same is provided in the document (MoU).
g) The scope of work and terms and condition of this document may be modified by the government at the time of signing of MOU.

Budget

The budget under this head for the 12th Five Year Plan is Rs. 24.00 crore and Rs. 6.00 lakhs is earmarked per centre per year.

Periodic monitoring of the scheme will be carried out by State/District Program Officer, State Mental Health Authority (SMHA) and officials of Ministry of Health & Family Welfare in order to ensure proper functioning of the scheme and to suggest modifications in it, if necessary.

5. RESIDENTIAL/LONG-TERM RESIDENTIAL CONTINUING CARE CENTRE

Mental disorders are severely disabling, burdensome and impair quality of life of people who suffer from it. Since mental health manpower resources and facilities are limited, a large number of people remain untreated in the community. Those families which mange to mobilize the resources take their ill relatives to the mental hospitals. Nearly 50% of the patients are stranded in the hospitals because family members of the patients are either not available or that the addresses of the family members are incorrect. As a consequence, patients are forced to stay in these facilities for long periods of time since there is no other alternative. It has been recognized that patients who continue to live in such facilities have enduring disability. They become dependent on the hospital system as many lack skills for independent living if they are discharged to live in the community.

It has been established that around two-thirds of people supported by Residential Continuing Care services progress to successful community living within five years, and around 10% achieve independent living within this period. Under the Continuing Care Centre schemes, chronically mentally ill individuals, who have not been able to return to their families and are currently residents of the mental hospitals, will be shifted to these centres in the vicinity of the above mentioned hospitals. The residential patients in these centers will go through a structured program over a period of 3-12 months and will be shifted subsequently to some other agency, if their family members are not located.

Needs assessment

Patients, who are residents of the mental hospitals, cannot be shifted without assessment of their needs from one location (psychiatric facility) to other location (Continuing Care centre) because the needs of these individuals are complex and varied. Unless an evaluation of their needs is undertaken to ascertain their current status, it is difficult to establish an appropriate intervention for them. The group of individuals stranded in the psychiatric facility may fall under any of the following categories:

1. Number of people who have recovered completely but stuck in the hospital because their families could not be located.
2. Number of people who are symptomatically stable but functionally disabled.
3. Number of people who have negative symptoms and have occupational, social, communicational and independent living skills deficit.
4. Number of people who continue to remain ill because of poor response to treatment.
5. Number of people who have employable skills but do not have the resources to be engaged in the same.

Based on the categorization of patients on the above mentioned domains, resources for their care should be organized systematically by networking with local resources available, such as those allocated in the District Mental Health Program in the 12th five year plan.

Methodology

30 patients consenting for a Residential Continuing Care Centre program lasting for 24- 52 weeks will be admitted in the facility, preferably in the vicinity of the mental psychiatric facility. The structured program will cover the following issues:

1. Education about the nature of illness- signs and symptoms, course and outcome, types of treatment, disability and its management, relapse prevention;
2. Social skills training;
3. Communication skills training;
4. Independent living skills;
5. Initiation of vocational training;
6. Networking with users of mental health services in the local area;
7. Working with the federation of people with mental health problems.

Process of care:

Persons with severe mental disorders who have achieved stability with respect to symptoms will be shifted to the Residential Continuing Care Centre. All such persons will undergo structured program every day from 9 am in the morning till 5 pm in the evening using therapeutic community approach for 3-12 months. TV and Games related activity will be accommodated in the evening for two hours. The admitted patients will be evaluated on symptoms, disability, side effects and work performance at intake and subsequently every month. A meeting will be held at the time of discharge about the care at home and subsequently support will be provided for the patients either online or telephonically.

The above activity will be executed with the help of multidisciplinary team consisting of psychologists, social workers or psychosocial rehabilitation professionals, nurses, occupational therapist, vocational trainers and support staff.

The State Government may partnership with non-profiting and socially-oriented Non-Governmental organizations/Agencies involved in this sector for providing technical and operational support for the centre.

Premises

The centre will be run from furnished premises having a covered area of about 2000 sq. ft. exclusively for the purpose of running the Day Care Centre. It should have the following provisions:-

a. Counselling rooms
b. Meeting room-cum-Class Room

c. Bed and dining rooms
d. Large activity room for activities such as Yoga/Skill Building/Group Therapy etc.

e. Administration Room.

f. Staff room

g. Kitchen /Pantry.

Staff & Equipment

The facility would run under the overall supervision of the designated Psychiatrist posted at District Hospital/nearby Medical College/Hospital. He/she would be provided a Counselor/Social Worker by the state health department for his/her assistance for the project.

The Agency shall provide all the necessary equipment and in addition, a minimum staffing of the following personnel at their cost:

a) Nurses (six)
b) Clinical Psychologist (one)
c) Psychiatry Social Workers (two)
d) Vocational trainers (two)
e) Occupational Therapist (one)
f) Yoga teacher (one)
g) Group D staff

Terms and conditions that may be laid down by the State Government before entering into a partnership with Non-Governmental organizations/Agencies

a) The Agency shall enter in a memorandum of understanding with the state government.

b) The tenure for project contract shall be for one year (which may be extended on yearly basis on satisfactory performance of the selected partner). The MOU can be terminated pre-maturely for reasons of non-performance.

c) The details of the patients/subjects/cases shall be confidential. The state government may review the details of the patients/subjects/cases as and when required for purposes of data, research etc.

d) The Government shall bear no Financial/ Legal responsibility for any act of the selected agency.

e) The Agency shall not charge any remuneration (cash/kind) from the persons under their treatment/care.

f) The selected Agency shall not use the above said premises for any other purpose except for which the same is provided in the document (MoU).

g) The scope of work and terms and condition of this document may be modified by the government at the time of signing of MOU.

After care

Persons with severe mental disorders who have achieved stability with respect to symptoms are taken into the Residential Continuing Care program for the purpose of facilitating skill development so that these individuals may be either reintegrated with their families, if they are available, or explore other possibilities of living in the community.

Budget

The budget under Residential Continuing Care Centre and Long-term Residential Continuing Care Centre schemes for the 12th Five Year Plan is Rs. 21.60 crore and Rs. 14.40 crore respectively and Rs. 9.00 lakhs is earmarked per centre per year under both the schemes.

Periodic monitoring of the scheme will be carried out by State/District Program Officer, State Mental Health Authority (SMHA) and officials of Ministry of Health & Family Welfare in order to ensure proper functioning of the scheme and to suggest modifications in it, if necessary.

6. MENTAL HEALTH SERVICES

The new component of mental health services are included to improve service delivery by providing flexibility of choice of service delivery components according to the needs of area, these services will be delivered through medical colleges departments preferably those who have already been supported earlier under up-gradation of medical college wings component of NMHP. Two types of service delivery packages are as under:-

- Basic Mental Health Services package- Medical colleges without mental health services will be supported to appoint mental health professionals and deliver basic mental health services on DMHP pattern.
- Advanced Basic Mental Health Services package – Medical colleges with PG departments will be supported in delivery of services to reach out tribal areas, Specific population groups, Jail screenings, disaster management program and insurgency ridden areas. The component will help providing extensive exposure of community mental health to under trainee PG students. The services will be provided under supervision of faculty members.

Mental Health services may be tailored and proposed through state PIPs according to reach and needs of district. The proposals will be invited from government medical colleges under the component. **Total Budget :Rs. 18.345 crore for 5 year period.**

7. MENTAL HEALTH HELP LINE

A country wide 24 hours dedicated help line for public to provide information on mental health resources, emergency situation and crisis management , information pertaining to destitute mentally ill patients, registration of complaints on Human Rights Violation of mentally ill and assistance on medico-legal issues. The helpline would provide enormous support in emergency situations and reduce treatment gap and generate awareness. This will also help in creating country wide data base. The helpline service will be provided in partnership with Private sector and remuneration will be done on number of case managed. **Total Budget : Rs. 1.116 crore for 5 year period.**

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Yours faithfully

(S.K.Gupta)
Under Secretary to the Government of India
TeleFax:23061342

(सुधीर कुमार गुप्ता)
(S. K. GUPTA)
अवर सचिव/Under Secretary
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & F.W
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

Copy to:

1. Director (N. HM) of all States/UTs
2. State Health Societies of all States/UTs
3. PSs to Secretary(HFW)/AS(H)/AS&MD(NRMH)/JS(AP),JS(MJ).
4. DDG(MH), Dte.GHS
5. IF Division, N HM Division

Annexure 1

Terms of Reference (TORs) for Staff to be appointed at PHC/CHC/District Hospital

A. TORs for staff at District Hospital under DMHP

1. Job title: Consultant Psychiatrist

Qualifications - Essential:
MD in Psychiatry or equivalent degree from institution recognized by Medical Council of India.

Desirable: 2 years experience of working as a specialist in a hospital.

Job requirements/responsibilities:

a. To examine and manage health care needs of the mentally Ill Patients.
b. To provide in-patient care to the mentally Ill Patients
c. To do periodic follow up of the mentally Ill Patients.
d. To do the outreach activity/ plan and manage psychiatry clinics in PHCs/CHCs and other sites periodically.
e. To refer complicated cases to tertiary level hospitals.
f. To impart training to the health personnel of Community Health Centre and Primary Health Center as per guidelines issued by National mental Health Cell.

2. Job title: Clinical Psychologist

Qualifications - Essential:
Post Graduate Degree in Psychology or Applied Psychology and a Master of Philosophy in medical and social psychology or Masters of Philosophy in mental health and social psychology obtained after completion of a full time course of two years which includes supervised clinical training, approved and recognized by the Rehabilitation Council of India.

Job requirements/responsibilities:

a. To examine and manage health care needs of the mentally Ill Patients.
b. To do periodic follow up of the mentally Ill Patients.
c. To do the outreach activity/ plan and clinical psychology clinics in PHCs/CHCs and other sites periodically.
d. To refer complicated cases to tertiary level hospitals.
e. To impart training to the health personnel of Community Health Centre and Primary Health Center as per guidelines issued by National mental Health Cell.

3. Job title: Psychiatric Nurse

Qualifications -Essential:
BSc in Nursing or equivalent degree from institution recognized by Nursing council of India and at least 2 years experience of working in psychiatry/mental health institution/Hospital.

Desirable: PG Diploma in Psychiatric Nursing from institution recognized by Nursing council of India.

Job requirements/responsibilities:

a. To examine and manage health care needs of the mentally Ill Patients.
b. To provide in-patient care to the mentally Ill Patients
c. To do the outreach activity/ plan and manage psychiatry clinics in PHCs/CHCs and other sites periodically.
d. To impart training to the health personnel of Community Health Centre and Primary Health Center as per guidelines issued by National mental Health Cell.

4. Job title: Psychiatric Social Worker

Qualifications - Essential:
Post Graduate Degree awarded after completion of course of study of minimum two years in mental health or psychiatric social work.

Job requirements/responsibilities:

a. To help patients gain access to support groups, day care facilities, higher education, vocational skills and employment facilities, certification, reservations and other benefits.
b. To make domiciliary visits for persons with Severe Mental Disorder (SMD) so that the home environment is examined, monitored and made conducive to the extent possible and to provide a range of community based rehabilitation interventions.
c. To facilitate Access to education for children in the family, old age pension for elders in the family etc. to reduce the overall burden of care and improve quality of life for patients and their families.
d. Any other job assigned by concerned officers.

5. Job title: Community Nurse

Qualifications - Essential:
BSc Nursing from an institution recognized by Nursing Council of India.
Desirable: 2 years' experience of working in a Hospital.

Job requirements/responsibilities:

1) To keep track of follow-up patients availing treatment at CHC and PHC
2) To do the outreach activity/ plan and manage psychiatry clinics in PHCs/CHCs and other sites periodically.
3) To impart training to the health personnel of Community Health Centre and Primary Health Center as per guidelines issued by National mental Health Cell.

6. Job title: Monitoring and Evaluation officer

Qualifications -Essential:
Graduation in any subject from a recognized university.
Knowledge of Windows-based packages/applications

Desirable: 2 years' experience of working in a health care institution.

Job requirements/responsibilities:

a) To provide coordination among CMO/CDHO, District Psychiatrist and other officials of District health department for implementation of various activities under DMHP
b) To facilitate the dissemination of Programme information/ Data from District to the State Programme cell/Officer.
c) Monitoring and Evaluation of different programme activities at district level under DMHP
d) To prepare the Statement of Accounts and facilitate the preparation of utilisation certificate and its submission to the State programme officer at regular interval.
e) Ensure regular entry of all relevant data in the computer pertaining to various aspects of DMHP in a systematic manner to facilitate its analysis.
f) Analyze data and compile reports.
g) Any other job assigned as per program need.

7. Job title: Case Registry Assistant

Qualifications - Essential:
Higher Secondary and Knowledge of Windows-based packages/applications

Desirable: 1 year experience of working in a health care institution.

Job requirements/responsibilities:

a) Ensure regular entry of all relevant data in the computer pertaining to patients in a systematic manner to facilitate their tracking and follow-up.

b) Analyze the data and compile reports at District level.
c) Any other job assigned as per program need.

8. Job title: Ward Assistant /Orderly

Qualifications - Essential:
Higher Secondary from a recognized Education Board or equivalent.

Desirable: 1 year experience of working in a health care institution.

Job requirements/responsibilities:

a) To provide support to the nurses in provision of in-patient care to the mentally ill Patients in psychiatry ward of District hospital
b) Helping the in-patients in carrying out their daily chores during their stay in the hospital

B. TORs for staff at CHC/Taluk hospital under DMHP

1. Job title: Medical Officer

Qualifications - Essential:
MBBS from an institution recognized by Medical Council of India.

Desirable: 2 years' experience of working in a mental hospital or Psychiatry department of a medical college/hospital.

Job requirements/responsibilities:

a. To examine and manage health care needs of the mentally ill patients visiting CHC.
b. To provide in-patient care to the acute/emergency mentally ill patients
c. To do periodic follow up of the mentally ill patients.
d. To do the outreach activity/ plan and manage psychiatry clinics in CHCs
e. To refer complicated cases to district hospital/DMHP.
f. To impart training to the health personnel at grass root level as per guidelines issued by National mental Health Cell.

2. Job title: Clinical Psychologist

Qualifications -Essential:
B.Sc. in Psychology or equivalent degree from a recognized institution and at least 2 years experience of working in psychiatry/mental health institution/Hospital.

Desirable:M.Sc. in Clinical Psychology or equivalent degree from a recognized institution.

Job requirements/responsibilities:

a. To examine and manage health care needs of the mentally Ill Patients.
b. To do periodic follow up of the mentally Ill Patients.
c. To do the outreach activity/ plan and clinical psychology clinics in PHCs/CHCs and other sites periodically.
d. To refer complicated cases to tertiary level hospitals.
e. To impart training to the health personnel of Community Health Centre and Primary Health Center as per guidelines issued by National mental Health Cell.

3. Job title: Psychiatric Social Worker

Qualifications - Essential:
PG degree in Social Work from a recognized institution and at least 2 years experience of working in psychiatry/mental health institution/Hospital.

Desirable: PG degree in Psychiatric Social Work from a recognized institution.

Job requirements/responsibilities:

a. To help patients gain access to support groups, day care facilities, higher education, vocational skills and employment facilities, certification, reservations and other benefits.
b. To make domiciliary visits for persons with Severe Mental Disorder (SMD) so that the home environment is examined, monitored and made conducive to the extent possible and to provide a range of community based rehabilitation interventions.
c. To facilitate Access to education for children in the family, old age pension for elders in the family etc. to reduce the overall burden of care and improve quality of life for patients and their families.
d. Any other job assigned by concerned officers.

C. TORs for staff at Primary Health Centre (PHC) under DMHP

Job title: Community mental Health worker - 2

Qualifications - Essential:
Intermediate from a recognized Education Board or equivalent.

Desirable: 1 year experience of working in a health care institution.

Job requirements/responsibilities:

a. To help patients (with support from psychiatric social workers based at the District and Taluk/CHC) gain access to support groups, day care facilities, higher education, vocational skills and employment facilities, certification, reservations and other benefits.
b. To make domiciliary visits for persons with Severe Mental Disorder (SMD) so that the home environment is examined, monitored and made conducive to the extent possible and to provide a range of community based rehabilitation interventions.
c. To facilitate Access to education for children in the family, old age pension for elders in the family etc. to reduce the overall burden of care and improve quality of life for patients and their families.
d. Any other job assigned by concerned officers.

Annexure-2

Quarterly Monitoring Proforma for District Mental Health Programme

1. Reporting quarter & year: 1st/2nd/3rd/4th quarter _____(Year)
2. Name of the District: State/UT:
3. **Contact details of the authorities concerned with implementation of NMHP in the state**

District Nodal Officer	Name & Address*	
	Telephone*	
	Mobile*	
	Fax*	
	Email id*	
	Date of joining	

1. **Status of availability of Mental Health Professionals under DMHP**

Designation/Positions	Existing	Recruited under DMHP
Psychiatrist/	Yes/No & Number	Yes/No
Clinical Psychologist/Psychologist	Yes/No & Number	Yes/No
Psychiatric Social Worker/ Social Worker	Yes/No & Number	Yes/No
Psychiatric Nurse/ Trained Nurse	Yes/No & Number	Yes/No
Community Nurse	Yes/No & Number	Yes/No
Monitoring & Evaluation Officer	Yes/No & Number	Yes/No
Case Registry Assistant	Yes/No & Number	Yes/No
Ward Assistant/ Orderly	Yes/No & Number	Yes/No

2. Status of trainings and capacity building of the health professionals in the DMHP district

S. No.	Health Professionals	Total no. in the district	Total no. of professionals trained		No. yet to be trained
			In the reporting quarter	Cumulative	
A.	Medical Officers at district hospital				
	Psychologist				
	Social worker				
	Nurse				
	Medical Officer of CHC and PHC (30 per batch)				
B.	Para medical staff/Health workers				
B1.	Pharmacists				
B2.	Nurses				
B3.	ANMs				
B4.	Others; if any, please specify				
C.	Other stakeholders of the community				
C1.	Panchayat leaders				
C2.	Community members				

3. Status of Mental Health Services available in DMHP district

A.	*Mental Health Services – Out Patient Department (OPD) and referral services* at District Health Care Level	
A 1.	Total no. of new patients seen in the OPD in the reported quarter	
A 2.	Total no. of follow – up cases seen in the OPD in the reported quarter	
A 3.	Total no. of cases referred to tertiary care hospital in the reported quarter	

B.	*Mental Health Services – In Patient Department (IPD)* at District Health Care Level		
B 1.	Availability of In-patient services (Yes/No)		
B 2.	No. of beds available		
B 3.	Total No of patients admitted in IPD		
B 4.	Average duration of stay (in days)		
B 5.	are there any linkages between DMHP and other institutions to provide discharged patients with continuing community care		
C.	**Mental Health Services – after treatment continuing care services at District Level**		
C 1.	No. of Day care Centers available/set up in the district		
C 2.	No. of Residential Continuing Care Centre(stay upto 6 mths) in the district		
C 3.	No. of Long Term Residential Continuing Care Centre (long stay) in the district		
		Quarter	Cumulative
C 4	Total No. of Patients availed services at Day care Centers		
C 5	Total No. of Patients availed services at Residential Continuing Care Centre		
C 6	Total No. of Patients availed services at Long Term Residential Continuing Care Centre (		
D.	**Mental Health Services – Out –reach services**		
	Approach used by DMHP to deliver mental health services (A=Outreach (camp) based, B=PHC based, C=Both (outreach and PHC based)	A B C (encircle anyone)	
	If outreach (Camp) based or both the approaches are used; please answer following		
		Quarter	Cumulative
D 1.	Total no. of outreach visits made by DMHP team in the quarter		
D 2.	Total no. of cases examined in the outreach camps		
D 3.	Total No. of cases referred at District level for management		
D 4.	Total no of cases referred for rehabilitation/counseling		

E.	*Mental Health Services – Availability and Dispensing of Essential Psychotropic Drugs*		
	Classification of Drugs	District Level	PHC Level
		Hint to fill the responses: (A=regularly available, B=irregularly available and NA=not available)	
E1.	Antidepressant		
E2.	Antipsychotic		

E3.	Anticonvulsant		
E4.	Anxiolytic/hypnotic		
F.	**Source of Essential Drugs**		
F1.	Source of essential drugs		State govt. / DMHP fund (mark whichever is applicable)

4. **Status of Awareness generation activities (Information, Education & Communication activities) in the district.** (Please attach photographs in support of the activities conducted)

Media	Type of Media used (activities)	No. of IEC activities undertaken	Level (District/PHC)
Mass Media	Broadcasting of video clips on local TV channels		
	Dissemination of messages through community radio		
	Showing films on mental health		
	Advertisement on mental health in local newspapers, magazines, etc.		
Outdoor media	Hoardings		
	Bus panels		
	Exhibitions		
	Wall paintings		
	Street plays		
Folk media	Puppets shows		
	Dance and song shows		
	Community meetings with general people		
Interpersonal communication (IPC)	Meetings with the family members of the patients		
	Interactive sessions on mental health in Haats		
	Specify activities		
Others if any;			

5. **Status of** Inter-sectoral linkages /partnership developed with the Department of Human Resource Development **DMHP district**

S. No.	Professionals	Total no. of professionals trained		No. yet to be trained
		In the reporting quarter	Cumulative	
A.	Number of school teachers /NGO representatives trained to impart Life skill education			
B.	Number of College teachers (Psychology) trained to provide counseling services in the colleges			

6.Financial status – as on .....

S. No.	Activity	Budget Received	Expenditure incurred	Balance	Remarks
1.	Staff				
2.	Equipment				
3.	Training				
4.	Medicines/Stationary /Contingency				
5.	IEC				
6.	Any other				
	Total				
Is there any difficulty in using the funds allocated to your district? If Yes, please explain.					

7. Communitisation of DMHP

9.1 No. of NGOs engaged for mental health activities.....

9.2 No. of Panchayati Raj Institutions engaged for mental health activities of DMHP.....

9.3 No. of User Groups/Family Associations in the district .....

8. **Any other relevant information:**

_____

_____

_____

_____

Signature of nodal officer of DMHP/ DMHP-Psychiatrist Date:.....

(Please send the filled in proforma to Dr. S.K. Singh, DDG (MH-IH), Nirman Bhawan, New Delhi-110108 on 5th day of every successive quarter. Simultaneously, a soft copy of the same may be sent at sujeet647@gmail.com Or alokmath29@gmail.com)

Quarterly Monitoring Proforma for PHC under District Mental Health Programme

1. Reporting quarter & year: 1st/2nd/3rd/4th quarter _____(Year)
2. Name of PHC, Block
3. Name of the District: State/UT:
4. **Contact details of the authorities concerned with implementation of NMHP in the state**

PHC Medical officer	Name & Address*	
	Telephone*	
	Mobile*	
	Fax*	
	Email id*	
	Date of joining	
	Date training under DMHP	

5. **Status of availability of Mental Health Professionals appointed under DMHP**

Designation/Positions	Existing	Recruited under DMHP
Community Health Worker	Yes/No & Number	Yes/No

6. **Status of Mental Health Services available in PHC under DMHP**

A.	*Mental Health Services – Out Patient Department (OPD) and referral services* at PHC level	Quarter	Cumulative
A 1.	Total no. of new patients seen in the OPD in the reported quarter		
A 2.	Total no. of follow – up cases seen in the OPD in the reported quarter		
A 3.	Total no. of cases referred to District Hospital in the reported quarter		
A. 4	Total Number of patients referred for counseling services		
A. 5	Total number of cases referred back from District level for follow-up treatment		

Quarterly Monitoring Proforma for CHC /taluk Hospital under District Mental Health Programme

1. Reporting quarter & year: 1st/2nd/3rd/4th quarter _____(Year)
2. Name of CHC/ Taluk Hospital
3. Name of the District: State/UT:
4. **Contact details of the authorities concerned with implementation of NMHP in the state**

CHC Medical officer	Name & Address*	
	Telephone*	
	Mobile*	
	Fax*	
	Email id*	
	Date of joining	
	Date of training under DMHP	

5. **Status of availability of Mental Health Professionals appointed under DMHP**

Designation/Positions	Existing	Recruited under DMHP
Medical Officer	Yes/No & Number	Yes/No
Clinical Psychologist or Psychiatric Social Worker	Yes/No & Number	Yes/No

6. **Status of Mental Health Services available in PHC under DMHP**

A.	*Mental Health Services – Out Patient Department (OPD) and referral services* at PHC level	Quarter	Cumulative
A 1.	Total no. of new patients seen in the OPD in the reported quarter		
A 2.	Total no. of follow – up cases seen in the OPD in the reported quarter		
A 3.	Total no. of cases referred to District Hospital in the reported quarter		
A. 4	Total Number of patients referred for counseling services		
A. 5	Total number of cases referred back from District level for follow-up treatment		

B.	*Mental Health Services – In Patient Department (IPD)* at District Health Care Level		
B 1.	Availability of In-patient services (Yes/No)		
B 2.	Total No of patients admitted in IPD		
B 3.	Average duration of stay (in days)		
B.4	Number of Out -reach visits made by the DMHP team		