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Integrating mental health services in primary health care system in Sikkim

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Suicide rate in Sikkim has increased exponentially in the last 10 years ranging 29 to 45 per 1 lakh population, much higher than the national average of 11 per 1 lakh population [1, 2]. The WHO report revealed nearly 800000 people die from suicide every year [3]. In India, 135445 people committed suicide in 2012. Further, suicide is the commonest cause of death among 15-30 years age group [2]. Suicide per se is not a disease in itself but considered symptoms of other diseases. Mental illness, depression, alcoholism, substance dependence and personality traits/disorders are commonest causes of suicide in the World. The prevalent viewpoints with regard to causes of suicide are very different. People perceived minor failures in examination & relationship, marital discord, poverty, unemployment, job loss, and other problems pushes someone to take their own life. But if we reflect on our own lives, have we had not undergone through similar failures, pain and suffering ever. Therefore, the big question remains: why some people take their own life in the face of challenges/ problems while majority of us were able to cope with those problems/ stress effectively and move ahead in life.

The control and prevention of suicide is very difficult if we keep on advocating social and economical factors as a cause of suicide. Therefore, time has come to advocate medical model of suicide by educating and sensitizing policymakers, panchayats, local NGOs, health workers, students and general public about the diseases that leads to suicide. Further there is a need to develop suicide preventive measures at the State & National level.

There are only 6 psychiatrists in Govt Sector (Sikkim) and most of them are serving in State Hospital & 3 District Hospitals [4]. There are lack of clinical psychologist, Psychiatry social workers & BSC mental health nurse leaving a huge deficiency in mental health human resource in the State.

Under District Mental Health initiative (DMHP), the Dept. of Health, Govt of Sikkim initiated training of primary care health workers (Medical officers, ANM, Multipurpose Health Workers, Accredited Social Health activist), & teachers to make mental health service provision at the community.

Though Psychiatrists are trained in DMHP during their PG curriculum (3 months community posting), the services of psychiatrists was utilized specially to develop State specific IEC materials, capacity/ skills building of human resources (Govt/ NGOs), planning of Suicide prevention strategy and developing protocol & quality care services for the PHC/ community workers, support & monitoring of PHC mental health activities .

Under DMHP, training/ sensitization/ orientation to 93 medical officers, 435 Health workers (Nurse, MPHW, Health educators, Paramedics), 666 Accredited Social Health Activist (ASHA) & 120 panchayats were undertaken in all the 4 District Further, approx. 698 teachers including pre-service teachers undergoing Diploma in Elementary education at DIET were imparted training on mental health, suicide prevention, childhood mental disorders, adolescents mental health & substance abuse.

The Primary Health care workers including ASHAs have been sensitized on Mental Health, tobacco, alcohol & substance abuse in all the Districts. They have been trained to identify people with mental health problems, suicidal feelings & substance abuse including alcoholism at the community and refer them to PHC/ DH for proper medical treatment. Health workers / ASHA are also directed to share crisis helpline number (18003453225) with the community and offer to patients suffering with mental health problems, emotional crisis situations, tensions, failures, domestic violence, acute stress, suicidal behavior, depression, alcoholism & substance dependence.

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In 2014-15, approx 71 Outreach community mental health camps in rural areas, 205 VHSNC sensitization (Village, Health & Nutrition Committees), and 142 School/ college mental Health Programs were conducted in all the 4 Districts.

Crisis/ Suicide Helpline service (18003453225) outsourced to Drisya NGO have been started to make provision of 24 X 7 counselling services and support system for people with suicidal urges in need of help.

The Primary Health Centres (PHC) was strengthened with training, information, knowledge & skills to make treatment provision for minor mental illness, depression & suicidal behavior, impart training to sub-ordinate health workers and conduct mass awareness campaign (School Health, Community Mental Health Camp, targeted intervention for special groups/ high risk population), initiate dialogue about taboo subject (Mental Health) in VHSNC/ RKS committees, availability of antidepressant at PHC, and develop their own area specific mental health plan of action so that mental health services are made available at the doorsteps of population in each/ every block & PHC.

Old concept stills prevails that only psychiatrists can conduct mental health programmes among health workers, general public and significant others. But the PHC Medical officers/ Health workers/ IEC Staffs of Sikkim have shown that they can also play an instrumental role in awareness activities, orientation/ sensitization of local committees, school mental programmes, and treatment of minor mental disorders (early identification, brief counselling, initiating anti-depressants, and follow-up care) at PHC (Community).

We have achieved remarkable progress so-far in last 2 years with regard to DMHP in the State, and anyone can appreciate our collective efforts depicted on Facebook page called “Maansick Rog”

Suicide Prevention and control is not achievable in a year but needs a long term vision with specific goals/ activities at the level of village, community, PHSC, PHC and District Hospitals.

Therefore, time has come to rely primarily on Medical Officers and Primary Care health workers to fights against stigma, correct wrong notions & locally prevalent beliefs about mental illness, educate community MENTAL HEALTH / ILLNESS.

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