The Journal of Medical Research

Research Article

JMR 2017; 3(3): 169-171
May- June
ISSN: 2395-7565

www.medicinearticle.com
Received: 15-03-2017
Accepted: 30-05-2017

Capacity building and community process in DMHP implementation in Gyalshing District, Sikkim: Two year report (13-14)

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Abstract

Abstract: District Mental Health Program (DMHP) is a community based mental health service initiated in 1996 under the National Mental Health Plan that covers 241 districts of India. In Sikkim, DMHP was implemented in all the 4 Districts in 2011. The West District initiated several campaigns in collaboration with 7 Primary health centers to promote mental health education in schools, colleges and community and fight stigma related to mental illness. The DMHP imparted training to 753 health workers, ASHA and teachers in the first phase (2014) of implementation of the programs. Booster training was provided to 333 health workers in 2015. Approximately 363 mental health activities was conducted between 2014 to 2015 to reach out to rural population. A total of 279 mentally ill clients were registered in the Department of Psychiatry, Gyalshing District Hospital with equal representation of male (50.5%) and female clients (49.5%) between Jan- Dec 2014. **Conclusion:** The Primary health system is the best infrastructure with adequate human resources. Considering high stigma attached to mental illnesses and paucity of mental health experts, it is imperative that the primary health system are utilize effectively to fight against stigma and connecting people with mental health problems to available mental health system at District Hospitals.

Keywords: DMHP, community, Gyalshing.

INTRODUCTION

In India, an estimated 6-7% of population suffers from mental health problems [1]. According to World Bank Report 1993, disability adjusted life year (DALY) loss due to neuropsychiatric disorder is higher than diarrhoea, malaria, worm infestations and tuberculosis. Mental disorders accounts for 12% of the global burden of disease (GBD) that is expected to increase to 15% by 2020 [2]. Annually, one million people die from suicide which roughly corresponds to one death every 40 seconds. These figures do not include suicide attempts which can be 10-20 times more frequent than suicide [2]. Suicide is one of the major public health problems in Sikkim and the State has been facing the dramatic rise in suicide cases. According to the National Crime Records Bureau (NCRB) report 2008 Sikkim had the highest suicide rate and in 2009, Sikkim (39.9) was recorded as second highest state in the country in terms of suicide [3]. Mental illnesses contribute to more than 90% of suicide globally. One in four families is likely to have atleast one member with behavioural or mental disorders (WHO 2001) [4]. Most of them remain untreated. Poor awareness about early signs and symptoms of mental illness, local prevalent myths related to it, lack of knowledge on the treatment availability & potential benefits of seeking treatment are important cause for high treatment gap. The present study was undertaken to assess the capacity of primary care health providers in provision of mental health service delivery and find out the pattern of mental disorders among the patients who attended the psychiatric OPD at Gyalshing District Hospital.

MATERIALS & METHODS

Existing data on District mental health activities & outpatient's records were analysed for the year 2014 & 2015 to assess program outcome and examine pattern of mental disorders among the patients who attended the psychiatric OPD at Gyalshing District Hospital, West Sikkim.

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RESULTS & DISCUSSION

The District Mental Health Program (DMHP) is a community based mental health service delivery program initiated in 1996 under the National Mental Health Plan and now active in 241 districts of India. In Sikkim, DMHP was implemented from the year 2002 in East District [5]. By 11th Five Year plan, DMHP was implemented in other 3 districts. The West Sikkim is a district of the Indian State of Sikkim with an estimated area of 1,166 square kilometres (450 Sq mi). The population of West District is 136,299 as per 2011 census and primarily inhabited by Nepali, Bhutia & Lepcha. Most widely spoken language is Nepali [6]. The District has 7 Primary Health Centres (PHC), 48 Peripheral health subcenters (PHSC) and 205 Village Health, Sanitation & Nutrition Committee (VHSNC). The District hospital is situated at Gyalshing that function as a first referral unit with specialist facilities in medicine, paediatric, gynaecology, anaesthesia, ENT, pathology, biochemistry, physiotherapy, dental unit and blood storage unit. The Psychiatry Department was established in 2013 with daily outpatient's service (OPD) and inpatients facility in general medical wards. The Dept. Of Psychiatry in collaboration with DMHP unit initiated several programs to address the stigma surrounding mental illness that prevents patients and family members from seeking psychiatric help at Gyalshing District Hospital. Another major gap in service delivery was lack of mental health professionals in the District because DMHP unit comprises of nodal officer (non-psychiatrist), nurse, program assistant and data entry operator without psychologists, social worker and community mental health nurse. Considering the limitations with regard to manpower and stigma, the Dept. Of Psychiatry formulated following strategy to integrate mental health services in Primary health care system focussing on capacity building of primary care health care personnel's to empower them with information, knowledge and skills for early identification of mental illness, provision of brief counselling skills and referral to District hospital for treatment. The medical officers were proactively involved in conducting mental health awareness programs in schools, and community independently. Grassroots level heath workers such as Accredited Social Health Activists (ASHA) and Anganwadi Workers (AWW) were also sensitized to overcome the barriers to mental health service acceptability for fighting against stigma, prevalent myths, lack of awareness regarding mental illness in the community. The Dept. of Psychiatry collaborated with Human Resource Development Department (HRDD) to sensitize pre-service teachers undergoing diploma in elementary education at DIET (District institute of Education & Training), permanent primary teachers, headmasters and principals of approximately 200 schools on child behavioural and emotional disorders, adolescents mental health issues, early threatening signs and symptoms of mental illnesses, suicidal behaviour, substance abuse including tobacco and alcohol abuse, & life skills education.

Table 1: Human Resource Development in West District (2014 & 2015)

S No.	Nature of HR	2014	2015
1.	Medical Officers	12	13
2.	Health workers (Nurses, Multipurpose health workers, counsellors, block program managers)	136	85
3.	Accredited Social Health Activist (ASHA)	205	205
4.	Anganwadi Workers (AWW)	Nil	30
5.	Teachers	400	Nil
	Total	753	333

The DMHP imparted training to 753 health workers, ASHA and teachers in the first phase (2014) of implementation of the programs. Booster training was provided to 333 health workers in 2015.

The Department of Psychiatry in collaboration with 7 Primary Health Centres (Dentam PHC, Mangalbarey PHC, Rinchenpong PHC, Soreng PHC, Sombaria PHC, Tashiding PHC & Yuksom PHC) of West District conducted 292 & 71 mental health programs in 2014 & 2015 respectively. The medical officers were provided with adequate resources for carrying widespread mental health promotion activities in their respective areas. Special campaign targeting 205 Village Health, Sanitation & Nutrition Committee (VHSNC) for sensitizing Panchayats and local stakeholders in the control and prevention of mental health problems, suicide and substance abuse was implemented by ASHA under the supervision of respective PHSC. Through the State Institute of Rural Development (SIRD), training of Panchayats was also initiated to address contemporary mental health problems prevalent in the State. Outreach community mental health campaign based on concept to take mental health service to the doorsteps of rural population was started in 2013. Further, Winning Ways to Well Being Campaign was launched targeting school and college students with objectives to promote mental wellbeing, life skills education and education on harmful effects of substance abuse.

Table 2: Mental Health activities conducted in West District (2014 – 2015)

S. No	Name of Program	2014	2015
1.	Community Mental Health Campaign	17	16
2.	School Mental Health Program	44	23
3.	College Mental Health program	03	Nil
4.	Sensitization of VHSNC	205	Nil
5.	Observation of World Suicide Prevention day & World mental Health day	02	16
6.	Observation of International Day Against Drug abuse & illicit trafficking	01	01
7.	Skit Play	20	Nil
8.	Sensitization Training of Panchayats & NGOs members by PHC & DH	Nil	08
9.	Orientation training of AWWs by PHC	Nil	07
	Total	292	71

A total of 279 mentally ill clients were registered in the Department of Psychiatry, Gyalshing District Hospital with equal representation of male (50.5%) and female clients (49.5%) between Jan- Dec 2014. Commonest psychiatric diagnosis recorded was anxiety disorders (30.4%) followed by substance use disorder (25.4%), somatoform disorder (14%) and MDD (7.5%). Out of 71 substance dependent clients, majority had alcohol dependence syndrome (83%) with 8 cases of nicotine dependence syndrome and 4 cases of prescription opioids dependence primarily spasmoproxyvon. Among anxiety disorder spectrum, most common psychiatric diagnosis was GAD (11.4%), panic disorder (10.3%) and anxiety NOS (6.4%). BPAD Mania and psychosis comprises of only 5.7% each. Majority of psychosis fulfilled criteria for schizophrenia with 4 cases of delusional disorder. There was 11 clients with childhood behavioural & emotional disorder (MR: 4, Dyslexia: 4, ADHD: 2 & Autism: 1).

After the implementation of DMHP at PHC level, capacity of medical officers and other health workers perception and attitudes regarding mental illness changed positively. Their capacity & skills to recognize mental health problems increased significantly which was reflected by increase in referral services to District Hospital after motivating and offering brief counselling to seek help. Even grassroots health workers including ASHA started sensitizing general public about mental illness emphasizing on consulting psychiatrist or mental health experts. The medical officers took the ownership of conducting mental health programs in schools, villages and community.

Table 3: Distribution of patients in outpatients services (Jan –Dec 2014)

Psychiatric Disorder	Total No of clients
Major Depressive Disorder (MDD)	21 (7.5%)
Psychosis	16 (5.7%)
Bipolar Affective Disorder,Mania (BPAD)	16(5.7%)
Generalized Anxiety Disorder (GAD)	32(11.4%)
Panic Disorder	29 (10.3%)
Other Anxiety Disorder (Social Phobia, OCD, Anxiety NOS	24 (8.6%)
Somatization Disorder	19(6.8%)
Conversion Disorder	20 ((7.1%)
Substance Dependence (Alcohol, Nicotine and prescription opioids)	71 (25.4%)
Childhood Mental Disorders (Mental Retardation, autism, ADHD, Learning disorder)	11 (3.9%)
Neuropsychiatric diseases (Migraine, headache, epilepsy, insomnia)	20 (7.1%)
Total	279

CONCLUSION

The District Mental Health Program should focus in integration of mental health services in National Heath mission structure. The Primary health system is the best infrastructure with adequate human resources. Considering high stigma attached to mental illnesses and paucity of mental health experts, it is imperative that the primary health system are utilize effectively to fight against stigma and connecting people with mental health problems to available mental health system at District Hospitals.

Conflict of Interest

The authors have no conflict of interest.

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