VOL- VIII ISSUE- V MAY 2021 PEER REVIEW e-JOURNAL IMPACT FACTOR 7.149 ISSN 2349-638x

A Study on Community Mental Health Care Programmes in Karnataka

Dr. Usharani B.
Guest Faculty,
Department of PG Studies and Research in Social Work,
Mangalore University, Mangalagangothri, Konaje
Mangalore, Dakshina Kannada
Karnataka, India
Email: drusharanimsw@gmail.com

Abstract

Mental health refers to cognitive, behavioural, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term "mental health" to mean the absence of a mental disorder. The WHO stress that mental health is "more than just the absence of mental disorders or disabilities." Peak mental health is about not only avoiding active conditions but also looking after ongoing wellness and happiness. They also emphasize that preserving and restoring mental health is crucial on an individual basis, as well as throughout different communities and societies the world over. In recent years, there has been increasing acknowledgement of the important role mental health plays in achieving global development goals, as illustrated by the inclusion of mental health in the Sustainable Development Goals. Depression is one of the leading causes of disability. Suicide is the second leading cause of death among 15-29-year-olds. People with severe mental health conditions die prematurely – as much as two decades early – due to preventable physical conditions. Community services can play a crucial role in promoting mental health awareness, reducing stigma and discrimination, supporting recovery and social inclusion, and preventing mental disorders. On October 10, 2014, the Government of Karnataka launched 'Manochaitanya *programme (MCP)'. It is a unique public health programme dedicated exclusively for the integration of mental health care at primary care institutions throughout the State under the term 'Super-Tuesday'. This paper discusses the present situation of community mental health care programmes in Karnataka, its importance and highlights certain problems related to its interventions & awareness in particular to rural areas. Further, it highlights the improvements that make the rural mental healthcare system most effective.*

Keywords: community; mental health; rural healthcare; disorders & disabilities; manochaithanya programme

Introduction

Community Mental Health Care Programs imply that all mental health and well-being needs of the community are met in the community, using community resources and the primary health care (PHC) system. It goes much beyond only treatment and includes: Promotion of well-being and mental health promotion, stigma removal, psychosocial support, rehabilitation of those in need, prevention of harm from alcohol and substance use and treatment of the ill using the PHC system. The World Health Organization states that community mental health services are more accessible and effective to lessen social exclusion and are likely to have less possibility for the neglect and violations of human rights that were often encountered in mental hospitals.

The World Psychiatric Association's (WPA) guidance on community mental health care characterizes community-oriented care as having a population and public health focus, community-based case finding, services available within half a day's travel, participatory decision making, self-help and peer support for service users, treatment initiation in primary care facilities and communities, stepped care, specialist supervision, collaboration with non-governmental organizations (NGOs), and networks across services, communities, and

traditional and religious healersMental Health Programme In Karnataka

On October 10, 2014, the Government of Karnataka launched 'Manochaitanya programme (MCP)'. Manochaitanya (Super Tuesday clinic) it is a unique public health programme dedicated exclusively for the integration of mental health care at primary care institutions throughout the State under the term 'Super-Tuesday'. Programme is a unique initiative of Govt. of Karnataka. Under this programme, on selected Tuesdays Psychiatrist from DMHP/DH/Medical college/Private, provide specialist Services to the mentally ill at the Taluka level hospitals. Currently these are functional in 146 Taluks of the State. Karnataka is the first State of India to launch this innovative MCP, a public mental health programme with exclusive aim to integrate mental health in primary care. Focus on CMDs, exclusion of epilepsy, innovative training programme for primary care professionals, dedicated budget, adoption model to nearby medical colleges, etc., are essential for its successful implementation. There is a need to define the outcome measures at primary health centres for successful monitoring.

District Mental Health Programme under NHM

One of the strategies to address the treatment gap and to facilitate training of all health staff starting from PHC level, for early identification and treatment of mentally ill, is District Mental Health Programme (DMHP) under National Mental Health Programme. District Mental Health Programme (DMHP) is implemented in **all the 30 districts and BBMP in Karnataka.**

Community Mental Health Day Care Centers (Manasadhara Centers)

Community Mental Health Day care Programme, funded by the Govt. of Karnataka. One for each District. **Day Care Centre / Rehabilitation centre** for the recovered mentally ill persons by recognized NGO's was inaugurated on 09.10.2014. These centers are functional in 15 districts (Bangalore Urban, Bangalore Rural, Dakshina Kannada, Kodagu, Udupi, Tumkur, Hassan, Dharwad, Gadag, Mandya, Chitradurga, Haveri, Kolar, Chickkaballapura and Belagum). Efforts are continued to start these centres in all the districts.

Objectives

It is essential to work out the skills with concern for quality work. The present study has been undertaken in the context of the following objectives;

- To study the concept of Mental health
- To study the present situation of community mental health care programmes in Karnataka
- To examine the various factors affecting to its interventions & awareness in particular to rural areas

Materials And Methods

The present study was based on secondary data. With a view to identify the community mental healthcare system, the researcher has made an in-depth review of the previous studies undertaken related to the topic of the present study. The secondary data were collected from the published as well as unpublished reports, handbooks, action plans and pamphlets from the office of the Director of Industries and Commerce, various books, journals, magazines, websites, etc. The collected data were analyzed properly by using simple percentage and average wherever appropriate.

Results And Discussion

The large burden of mental disorders in India severely outnumbers its mental health workforce with less than 2 mental health workers for every 100,000 people. In order to combat this ever-increasing mental health crisis, National Mental Health Programme (NMHP) and subsequently, the District Mental Health Programme (DMHP) were implemented. In Karnataka, DMHP is now implemented in all 30 districts.

In 2018-19, a total of 1,001,717 people sought mental healthcare in public health institutions across Karnataka. Common mental disorders constituted 34% of the cases. Severe mental disorders and alcohol/substance abuse constituted 18.4% and 11.2% of the cases, respectively. Majority of the cases were reported in Raichur district (12.1%), followed by Bidar (8.9%) and Chikkaballapur (7.9%) districts. Chikamaglur (0.9%), Bijapur (0.98%) and Davanagere (0.99%) reported the lowest number of cases. Number of cases reported in Bengaluru Urban district (5.2%)

was more than twice that of Bengaluru Rural district (2.4%).

In 2018-19, more than 1 million people sought mental healthcare in public health institutions across Karnataka. Of these, common mental disorders like depression, general anxiety disorders constituted 34% of the cases whereas severe mental disorders (schizophrenia, bipolar disorder) and alcohol and substance abuse constituted 18.4% and 11.2% of the cases, respectively. According to WHO, the mental disease burden in India is approximately 2,443 DALYs (Disability Adjusted Life Years) per 100,000 population and age-adjusted suicide rate per 100,000 population is 16.5. The economic loss due to mental disorders between 2012 and 2030 would account to approximately 1.03 trillion USD. India's National Mental Health Programme (NMHP) has been implemented since 1982. Additionally, Indian government has constituted a National Mental Health [2] Policy in 2011 which is currently in line with the proceedings of the 65th World Health Assembly in 2013 and the global targets of WHO Mental Health Action Plan [3] 2013-2020.

"**Manasadhara**" (Day Care) Centers was announced in the budget in the year 2013-14. Manasadhara is a Community Mental Health Day care programme, funded by the state government. Presently, these centers are functional in 15 districts (Bangalore Rural, Bangalore Urban, Dakshina Kannada, Kodagu, Udupi, Tumkur, Hassan, Dharwad, Gadag, Mandya, Chitradurga, Chamarajnagar, Haveri, Chikkaballapur and Belgaum). Efforts to initiate these centers in all the districts (1 for each district) are in progress. Enhancing mental health of adolescents is a component under Rashtriya Kishor Swasthya Karyakram (RKSK) and included as an activity under Manasadhara Programme. "**Manochaitanya**" (Super Tuesday clinic) is a unique initiative by Government of Karnataka, under which a psychiatrist from DMHP/Medical College/District or Private Hospital provides specialist services to the mentally ill at Taluka level hospitals, community health centres, and primary health centres on selected Tuesdays. In addition, commonly used psychotropic medicines are provided free of charge at these clinics. Currently, these are functional in 146 talukas of the state.

The state has also constituted a Karnataka State Mental Health Authority for registration, supervision and improving quality of all mental health establishments and mental healthcare workers in the state. Through Karnataka State Mental Health Authority, 'Monochinthana' awareness programmes are broadcasted on radio on selected days (FM Vividabharathi, Akashvani Bangalore).

Suggestions And Conclusion

Mental health is a growing concern. An estimated 1% of the total country's population (approx. 10 million) suffers from some form of mental illness. In Karnataka, over 50 lakh people with mental illness (PWMI) and mental retardation are supported by less than 700 healthcare professionals, doctors and social workers. Lack of awareness and limited access to mental health care coupled with social stigma makes reaching out to people with mental illness a tougher task. In economically backward social groups, both urban and rural, people with mental illness are subject to neglect, isolation, abuse and traditional forms of treatment – all of which have a negative impact on them.

College counselling services: Can be started in colleges where adolescent-specific issues could be handled, namely coping skills, interpersonal skills, conflict resolution skills, anger management techniques, and skills to be away from illicit drugs and stress management. Life skills education in schools, particularly in primary and high schools.

The involvement of the development sector in provision of health services includes a broad range of activities by various non-state actors such as Non-Governmental Organizations (NGOs), service clubs and religious institutions. NGOs have increasingly established itself as alternative health care providers to the state by pursuing the same targets as the government but with less hindrance from resource constraints and red-tapism. Mental health should be given higher priority in the developmental agenda of India. By strengthening and broadening the scope of NMHP, mental health can be prioritized and integrated in all national health policies and programmes. Regular monitoring of NMHP is also

crucial in tracking the national progress towards identifying, treating and preventing mental diseases.

Capacity building programs for all doctors, nurses, psychologists, social workers, medical students and other mental health programme officers need to be developed, especially at the community level.

References

1) Chowdhury AN, Chakraborty AK, Weiss MG. (2001). Community mental health and concepts of mental illness in the Sundarban Delta of West Bengal, India. Anthropology and Medicine. 8: 109-129. 10.1080/13648470120063924.
2) Frankel, S., & Doggett, M.-A. (1992). The community health worker: Effective programmes for developing countries (p. 291). Oxford: Oxford University Press.
3) Kallivayalil, E. A. (2018). Prioritizing rural and community mental health in India. Indian Journal of Social Psychiatry, 34(4), 285.
4) Lipekho, S., Esther, R., Puni, K., Sally, T. (2015). Community health workers in rural India: analysing the opportunities and challenges Accredited Social Health Activists (ASHAs) face in realising their multiple roles. Human Resources for Health, 13(1).
5) World Health Organization. Comprehensive Mental Health Action Plan 2013-2020. Geneva: World Health Organization, 2013.Available at http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf.