

DISTRICT MENTAL HEALTH CARE PLAN, PRIME INDIA

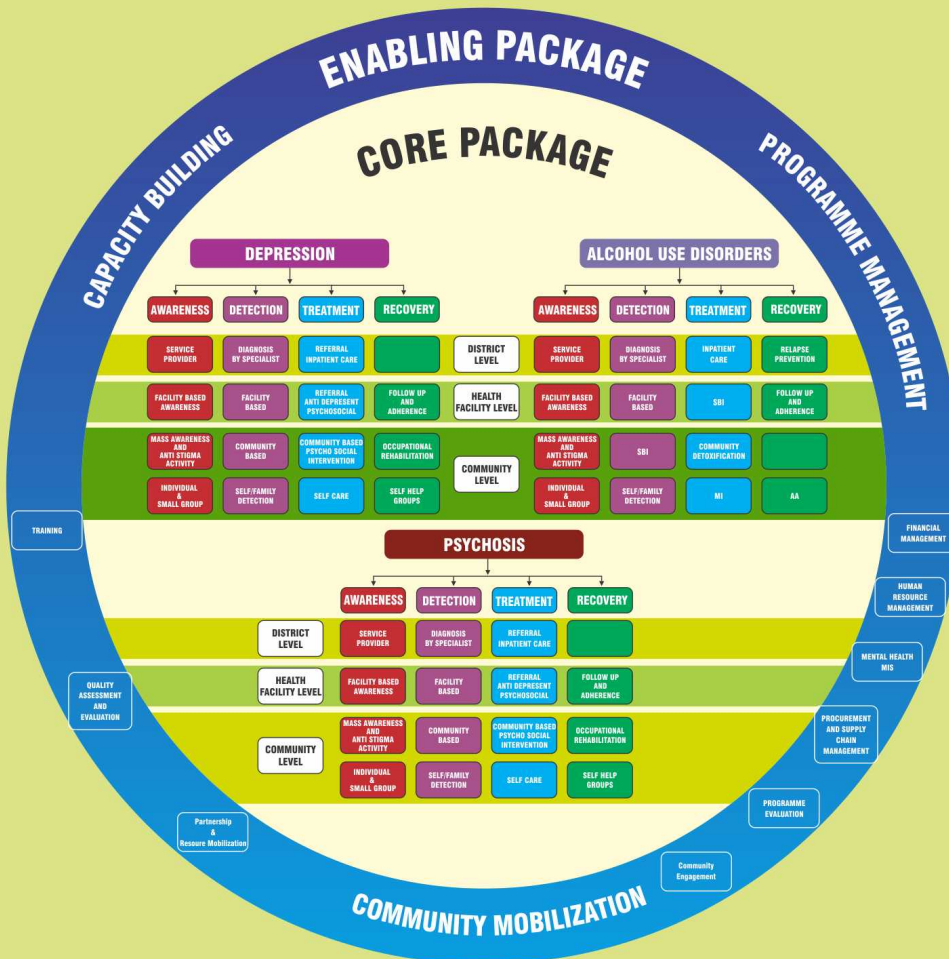


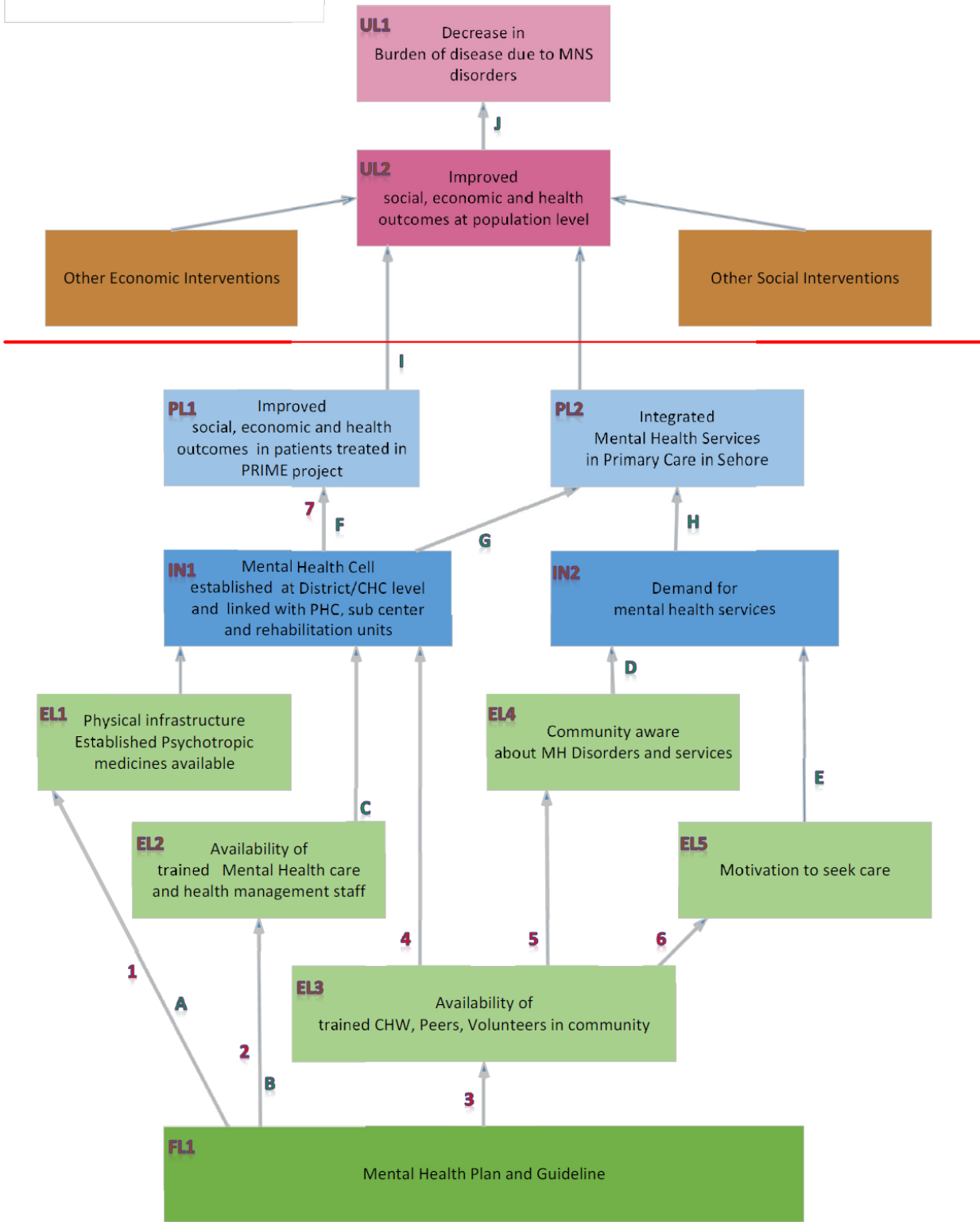
Table 1: Mental Health Care Plan: Enabling Packages

| Package | Component | Implementation Steps | Human Resource |
|-------------------------------|---|--|--|
| Program Management | Procurement and Supply Chain Management | <ul style="list-style-type: none"> Timely approval of the requests from facilities | District Level Administration/Chief Medical and Health Officer |
| | | <ul style="list-style-type: none"> Request for procurement of psychotropic drugs generated from CHC/District Hospital Maintenance of buffer stock of psychotropic drugs | Facility Administration/ In-Charge Medical Officer and <i>PRIME District Coordinator</i> |
| | Mental Health Information Systems | <ul style="list-style-type: none"> Compilation of data on monthly basis done at the district level Feedback sent to the facilities (CHC) based on the indicators | District Level Administration/Health Management Information System Officer and <i>PRIME District Coordinator</i> |
| | | <ul style="list-style-type: none"> Information on key mental health service delivery indicators sent to the district on weekly basis | Facility Administration/ In-Charge Medical Officer |
| | Human Resource Management | <ul style="list-style-type: none"> Review of current human resource for mental health service delivery Engagement with potential human resource (existing/new) for mental health service delivery Administrative supervision and performance assessment of human resource | District Level Administration/Chief Medical and Health Officer |
| | Financial Management | <ul style="list-style-type: none"> Set up of financial management standards as per government guidelines Directives for prompt utilization of funds and ensure reporting Provide feedback and corrective action | District Level Administration/Chief Medical and Health Officer |
| | | <ul style="list-style-type: none"> Ensure timely utilization and reporting | Facility Administration/ In-Charge Medical Officer |
| Capacity Building | Curriculum Development | <ul style="list-style-type: none"> Design and contextualization of training materials | <i>PRIME Intervention Coordinator</i> |
| | Training and supervision | <ul style="list-style-type: none"> Conduction of training sessions for MOs and FLWs Supportive supervision sessions for medical officers and front line workers | District Mental Health Programme Team and <i>PRIME Intervention Coordinator</i> |
| Community Mobilization | Community Engagement | <ul style="list-style-type: none"> Engage with Community members and key stakeholders Formulate and ensure smooth functioning of user groups | <i>PRIME Intervention Coordinator and District Coordinator</i> |
| | Partnership building and resource mobilization | <ul style="list-style-type: none"> Identification and mapping of Governmental/non-governmental organizations interested in mental health programs Establishment of District Mental Health Consortium | <i>PRIME Intervention Coordinator and District Coordinator</i> |

Note: In the human resource column, plain text indicates individuals who were responsible to implement these packages during the design of MHCP while text in *italics* indicates individuals who need to play important role in implementation of these packages post pilot-implementation.

Theory of Change map

PRIME India TOC MAP



Interventions and Assumptions in Theory of Change map

| Interventions in TOC |
|--|
| 1. Procurement of Psychotropic medications and setting up a space for mental health interventions in the facilities |
| 2. Training of medical officers/mental health managers |
| 3. Recruitment and training of Front-line workers |
| 4. Identification of patients with priority mental disorders, provision of mental health first aid, follow-up of patients and provision of rehabilitation services |
| 5. Community based interventions to improve mental health literacy |
| 6. Community based interventions to reduce stigma and improve help-seeking behavior |
| 7. Pharmacological management of priority mental disorders and provision of psycho-social interventions |

| Assumptions in TOC |
|---|
| A. Budget provisions made and money is made available for setting up space and procurement of psychotropic medications |
| B. Political buy-in and support to endorse mental health guidelines and support its implementation |
| C. General health staff (MOs and FLWs) willing to provide mental health services at community and facility level |
| D. Improvement in mental health literacy would improve help-seeking behavior resulting in demand for services |
| E. Stigma reduction interventions would improve help-seeking behavior resulting in demand for services |
| F. Patients receive regular follow-up and are adherent to treatment and in these patients interventions lead to reduction in disease severity and disability severity |
| G. Mental Health Cell is accessible |
| H. Services offered in Mental Health Cell are acceptable and affordable |

Table 2: Mental Health Care Plan: Service delivery Packages

| Awareness | Detection | Treatment | Recovery | Human Resource |
|--|---|--|--|---|
| Specialist/ District Hospital | | | | |
| <ul style="list-style-type: none"> • Conduct small group meetings with individuals attending the hospital • Screen audio-visual interventions/films in the hospital • Display of posters in a designated space/corner in the hospital | <ul style="list-style-type: none"> • History taking, assessment and clinical diagnosis of priority disorders of individuals coming to the hospital/referred from facility | <ul style="list-style-type: none"> • Prescribe anti-depressants and psycho-social interventions to individuals with depression as per mhGAP guidelines • Management of psychosis as per mhGAP guidelines • Management of alcohol dependence • Provide psycho-education to families of individuals with depression, AUD and Psychosis • Facilitate referral of individuals with depression, AUD and Psychosis to higher centres for further management | <ul style="list-style-type: none"> • Link individuals with depression, AUD and Psychosis to CHC (if required) for further follow-up and community based rehabilitation | <p>District Mental Health Team (Psychiatrist and Psychologist)</p> <p><i>Mental Health Case Manager</i></p> |
| CHC/Sub-District Hospital | | | | |
| <ul style="list-style-type: none"> • Conduct small group meetings with individuals attending the Facility • Screen audio-visual interventions/films in the Facility • Display of posters in a designated space/corner in the Facility | <ul style="list-style-type: none"> • History taking and assessment of priority disorders based on mhGAP guidelines, of individuals coming to the facility/referred by FLWs | <ul style="list-style-type: none"> • Prescribe anti-depressants and psycho-social interventions to individuals with mild to moderate depression as per mhGAP guidelines • Manage acute episode of Psychosis as per mhGAP guidelines • Provide brief interventions to individuals with AUD as per mhGAP guidelines • Provide psycho-education to families of individuals with depression, AUD and Psychosis • Facilitate referral of individuals with depression, AUD and Psychosis to district level for further management | <ul style="list-style-type: none"> • Provide follow-up care including prescription of psycho-tropic medications and psycho-social interventions to individuals referred from the District Hospital after initial consultation • Link individuals with depression, AUD and Psychosis to FLWs for further follow-up and community based rehabilitation | <p>Medical Officers and Para-medical workers</p> <p><i>Mental Health Case Manager</i></p> |

**Table 2
(continued)**

Community

| | | | | |
|--|---|--|---|--|
| <ul style="list-style-type: none"> • Conduct small group meetings with community members • Screen audio-visual interventions/films in villages • Display of posters at community meeting places such as Village Government Offices (Gram Panchayat) and Village Health and Nutrition Centre (Anganwadi) | <ul style="list-style-type: none"> • Establish contact, interact and assess individuals based on symptoms/behavioral presentations | <ul style="list-style-type: none"> • Provide Mental Health First Aid with emphasis on self-care strategies especially for depression • Provide Psycho-education to families of individuals with Psychosis and encourage referral • Provide brief interventions to individuals with AUD • Conduct risk assessment for self-harm • Facilitate referral to facility by accompanying the individual if possible | <ul style="list-style-type: none"> • Regular follow-up visits and advice on adherence support to individuals who have been prescribed drugs in the facility/advised psycho-social interventions • Link individuals with psychosis (clinically stabilized) to rehabilitation agencies in the community • Link individuals with AUD to existing self-help groups such as Alcoholic Anonymous | <p>Front-line workers</p> <p><i>Mental Health Case Manager</i></p> |
|--|---|--|---|--|

Note: In the human resource column, plain text indicates individuals who were responsible to implement these packages during the design of MHCP while text in *italics* indicates individuals who need to play important role in implementation of these packages in the modified MHCP post pilot-implementation.