WHO-AIMS

WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM IN GUJARAT

World Health Organization

MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF GUJARAT

WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM

IN GUJARAT, INDIA

A report of the assessment of the mental health system in Gujarat India using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS).

Gandhinagar, Gujarat, India

2006

World Health Organization

MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF GUJARAT

WHO, Regional Office for South-East Asia
WHO Department of Mental Health and Substance Abuse (MSD)

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The World Health Organization Assessment Instrument for Mental health Systems (WHO-AIMS) has been conceptualized and developed by the Mental Health Evidence and Research team (MER) of the Department of Mental Health and Substance Abuse (MSD), World Health Organization (WHO), Geneva, in collaboration with colleagues inside and outside of WHO.

Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of WHO-AIMS at the following website.
http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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The WHO-AIMS project is coordinated by Shekhar Saxena.

Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in the Indian State of Gujarat. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable the State of Gujarat to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

A mental health policy document has been prepared by the State of Gujarat and is awaiting approval from the government. However, the National Mental Health Program is being followed (i.e., 10th Five-year plan 2002-2007). Three percent of the health care expenditures by the government health department are devoted to mental health. Out of all the expenditures spent on mental health, 90% are devoted to mental hospitals. One-hundred percent of the population has free access to essential psychotropic medicines. A national human rights review body exists which has the authority to oversee regular inspection in mental health facilities, review involuntary admission and discharge procedures, and review the complaints and investigation processes.

A state mental health authority exists which advises the government on mental health policies and legislation, service planning, service management, coordination, monitoring and quality assessment of mental health services. There are 4 mental hospitals available in the state, which have a total of 1.34 beds per 100,000 population. At least one psychotropic medicine of each therapeutic class is fully available in all the mental hospitals.

All the primary health care centres in the state are physician based. One percent of the training for undergraduate medical doctors is devoted to mental health, in comparison to 7% of the undergraduate training for nurses.

The total number of human resources working in mental health facilities or private practice per 100,000 population is 1.43. Twenty-four percent of the psychiatrists work only for government administered mental health facilities, 66% work only for NGOs/for profit mental health facilities/private practice, while 10% work for both the sectors.

The data of users/consumers that are members of consumer associations is not known, however, there are 180 family members that are members of family associations. Government institutions do support family associations by providing premises for activity, training facilities, and motivation to attend the national level user/career group meetings. Consumer and family associations have been involved in the formulation or implementation of mental health policies, plans, or legislation in the past two years. There is a coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. Government agencies,

NGOs, professional associations, private trusts and foundations, and international agencies have promoted public education and awareness campaigns in the last five years.

Legislative and financial provisions for persons with mental disorders do exist. In addition to legislative and financial support, there are formal collaborations between the government department responsible for mental health and the departments/agencies responsible for: primary health care/ community health, child and adolescent health, substance abuse, education, welfare and other department agencies such as free legal aid, and the judicial academy. In terms of support for child and adolescent health, it is unknown whether primary and secondary schools have either a part-time or full-time mental health professional, however a few (1-20%) of the primary and secondary schools have school-based activities to promote mental health and prevent mental disorders. The percentage of prisoners with psychosis is less than 2%, while the corresponding percentage for mental retardation is not known. Regarding mental health activities in the criminal justice system, the percentage of prisons with at least one prisoner per month in treatment contact with a mental health professional is not known. In addition, a formally defined list of individual data items that ought to be collected by all government mental health facilities exists.

Introduction

The state is situated on the west coast of India between 20-6' N to 24-42' N north latitude and 68-10'E to 74-28'E east longitude. It is bounded by the Arabian Sea in the west, by the States of Rajasthan in the north and north-east, by Madhya Pradesh in the east and by Maharashtra in the south and south east.

The state has an international boundary and has a common border with Pakistan at the north-western fringe. The two deserts, one north of Kachchh and the other between Kachchh and mainland Gujarat are saline wastes.

The state has a long coast-line of about 1600 km, which is the longest among all the states of India. For the purpose of administration, Gujarat State at present comprises 25 districts, sub-divided into 170 blocks, 226 talukas, having 18618 villages and 242 towns. Gujarat has a geographical area of 1.96 lakh sq km and accounts for 6.19 percent of the total area of the country.

The state has a population of 50.67 million and a population density of 258 per sq. km. (as compared to the national average of 324 per sq. km). According to the provisional results of the 2001 population census, the population of Gujarat, as of 1 March 2001, stood at 5.06 crore, including the estimated population of earthquake affected areas. According to the provisional results of the 2001 population census, the total number of households were 96.44 lakh.

The decadal growth rate of the state is 22.66%, compared to 21.54% for the country, and the population of the state continues to grow at a much faster rate than the national rate.[1] The decadal growth rate for 1991-2001 increased in comparison to 1981-1991 from 21.19 percent to 22.48 percent. The life expectancy at birth of males is 61.2% and of females is 62.8%.

About 37.67% of the population of Gujarat resides in urban areas (excluding earthquake affected areas) and 62.33% of the population resides in rural areas. Out of the total population of 483.87 lakh in the state (excluding the earthquake affected areas), 203.7 lakh (42.10%) were workers and 280.2 lakh (57.90%) were non-workers.

About 44.8% of the total population in rural areas and 64.8 % in urban areas are literate. The effective literacy rate in Gujarat among males is 80.5% and among females is 58.6%, excluding the age group of 0-6 years. The literacy rate in the state, excluding children in the age group 0-6 years, increased from 61.29% in 1991 to 69.97% in 2001.

The main language of the state is Gujarati and the other main languages used in the state are English and Hindi, along with other regional languages. The main ethnic group is Hindu and other religious groups include Jains, Parsis, Muslims and Christians. There are many tribes in Gujarat, a few of them are: Bhils, Kolis, Rabaris and Gurjars. Gujarat is one of the top ranked states in India.

[1]Taken from mohfw.nic.in/NRHM/State%20files/Gujarat.htm

The Government of Gujarat spends less than one percent of its total health budget on mental health services. There are 143 hospital beds per 1 lakh population and 123 doctors. By the end of March 2005, the number of community health centres, primary health centres and sub-centres functioning in the state had increased to 272, 1070 and 7274 respectively up from 17, 251 and 2951 respectively in 1981-82. With regard to medical institutions, the state has 53 district and taluka hospitals, 4 mental hospitals, 2 specialized hospitals and 60 dispensaries having a total bed capacity of 6648.

Health statistics were collected in 2005 and are based on the year 2004.

Domain 1: Policy and Legislative Framework

Policy, Plans, and Legislation:

The state's mental health policy document has been prepared and is waiting for approval from the government. Although there is no separate national mental health policy in India, each state has the legal authority to make laws in relation to the establishment and maintenance of provincial health care systems and mental health services as long as the minimum standards outlined in the national policy are met. The essential medicines list is present in the state.

There is currently no mental health plan specific to the state of Gujarat, however, the National Mental Health Programme is being followed (i.e. 10th five-year plan 2002-2007). This plan contains the following components: (1) developing community mental health services, (2) reforming mental hospitals to provide more comprehensive care (3) developing a mental health component in primary health care (4) human resources (5) involvement of users and families (6) advocacy and promotion (7) human rights protection of users (8) equity of access to mental health services across different groups (9) financing (10) quality improvement and (11) a monitoring system. The last revision of the National Mental Health Plan was in 2002.

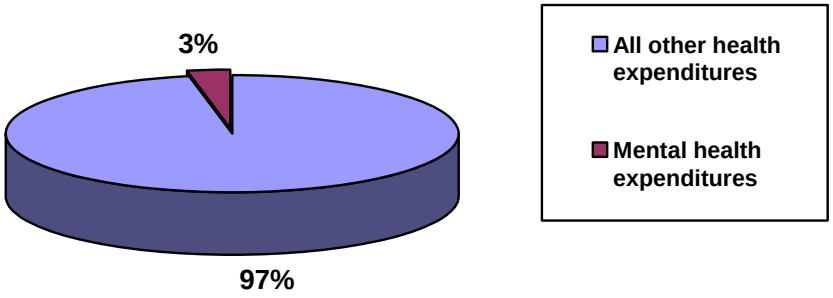
A specified budget of Rs 37 lacs was specified and sanctioned by the Government of Gujarat for the year 2006-07 for the implementation of the Mental Health Plan & Program. A hospital based emergency preparedness plan for mental health is available through the Hospitals for Mental Health & District Mental Health Program in Gujarat.

The last piece of mental health legislation was passed in 1987 but implementation was from 1 April 1993. The legislation focused on: access to mental health care including access to the least restrictive care; rights of mental health service consumers, family members, and other care givers in broad categories and not specific to each stakeholder; competency, capacity, and guardianship issues for people with mental illness; voluntary and involuntary treatment; accreditation of professionals and facilities with provision for regular inspection; law enforcement and other judicial system issues for people with mental illness; mechanisms to oversee involuntary admission and treatment practices; and mechanisms to implement the provisions of mental health legislation in a broader sense which needs to be simplified further. Standardized documentation and procedures for implementing mental health legislation exist in all or almost all components of the mental health legislation.

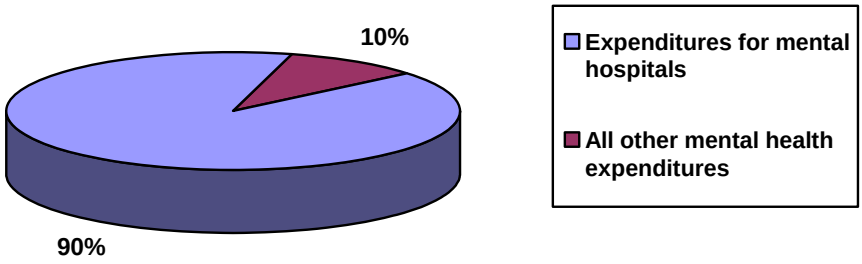
Financing of Mental Health Services

Three percent of health care expenditures by the government health department are directed towards mental health. Of all the expenditures spent on mental health, 90% of them are directed towards mental hospitals. This does not include psychiatric departments within medical colleges or psychiatric facilities within district general hospitals which are also the part of health expenditure. In terms of affordability of mental health services, the entire population has free access to essential psychotropic medicines. Rs 557.52 lacs has been proposed to the Government of India for the mental health sector development program for the Gujarat state. At the time of writing this report Rupees 20 million has been sanctioned.

GRAPH 1.1 HEALTH EXPENDITURE TOWARDS MENTAL HEALTH



GRAPH 1.2 MENTAL HEALTH EXPENDITURE TOWARDS MENTAL HOSPITALS



Human Rights Policies

A national human rights review body exists which has the authority to oversee inspections in mental health facilities and give directives to the state government to take appropriate actions on those facilities that violate patients' rights. One-hundred percent of mental hospitals in the state have at least one review/inspection of human rights protection of patients, while 0% of community-based psychiatric inpatient units and community residential facilities have such a review. None of the private psychiatric hospitals are reviewed for this purpose. Fifty percent of mental hospitals and 0% of inpatient psychiatric units and community residential facilities have had at least one day of training on human rights protection of patients in the last two years. However, the judiciary has been instructed to observe the Mental Health Day on 10 October in order to sensitize people to human rights issues. Mental health week is celebrated all over the state.

Domain 2: Mental Health Services

Organization of Mental Health Services

A state mental health authority exists which provides advice to the government on mental health policies and legislation. The mental health authority is also involved in service planning, service management and coordination, and monitoring and quality assessment of mental health services. Following mental health authority meetings, individual members of the mental health authority also work directly with mental health institutions to implement suggestions for improvement as discussed by the authority. However these assessments are not done in a scientific manner or based on any scientific recommendations but on members own judgments. Catchment areas/service areas exist as a way to organize mental health services to communities. Hospitals and psychiatry wings of medical colleges and 8 district general hospitals have received funding for up gradation/implementation of the NMHP in the 9th and 10th five year plan; other districts will be covered in the 11th five year plan in a phased process.

Mental health outpatient facilities

There are 212 outpatient mental health facilities available in the state, of which 1% are for children and adolescents only (2 private and 1 child guidance clinic). One hundred and fifty-five of these facilities are located in the for-profit sector. Mental health outpatient clinics treat approximately 37 users per 100,000 general population. [2]Of all users treated in mental health outpatient facilities, 34% are female and 15% are children or adolescents. The users treated in outpatient facilities are primarily diagnosed with schizophrenia (52%) and mood (affective) disorders (14%). The average number of contacts per user is 5.19. Outpatient facilities providing follow-up care in the community is not known, while none have mental health mobile teams. In terms of available interventions, 1–20% of users have received one or more psychosocial intervention in the past year. All the mental health outpatient facilities had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility or a near-by pharmacy all year round.

Day treatment facilities

There are 8 day treatment facilities available in the state, of which none are for children and adolescents. These facilities treat 1.26 users per 100,000 population. Twenty-five percent of users in day treatment facilities are female and the percentage of children or adolescent users is unknown. On an average, users spend 31.49 days in day treatment facilities.

Community-based psychiatric inpatient units

There are 16 community-based psychiatric inpatient units available in the State for a total of 0.43 beds per 100,000 population, excluding those in private general hospitals. Private psychiatrists also admit mentally ill patients to general hospitals; however their data is not available. The number of beds in community-based psychiatric inpatient units which are reserved only for children and adolescents is not known, neither are the percentages of females and children/adolescents who are admitted to community-based psychiatric inpatient units. In addition, although the number of patients admitted to community based psychiatric inpatient units is known, the diagnostic break up is not available. The reason this information is not known is

[2] The figure is wrong and in fact for four districts under DMHP 2007 total OP figures are 18,896.

because none of the facilities update their data. In order to address this issue the department of Health, Medical and Medical Education and Research has developed the Hospital Management and Information system (HMIS) for general hospitals, which is on trial. The diagnoses of admission to community-based psychiatric inpatient units, the average number of days patients spend per discharge, and the percentage of patients in community-based psychiatric inpatient units who received one or more psychosocial intervention in the last year is unknown. All of the 16 community based psychiatric inpatients units have at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility all year long.

Community Residential Facilities

There are 4 community residential facilities available in the state for a total of 0.165 beds/places per 100,000 population. The number of beds in community residential facilities reserved only for children and adolescents is not known. Fifty-one percent of users treated in community residential facilities are female. The percentage of children is not known. The number of users in community residential facilities is 0.16 per 100,000 population and the average number of days spent in community residential facilities is not known.

Mental Hospitals

There are 4 mental hospitals available in the state for a total of 1.34 beds per 100,000 population. All of these facilities are organizationally integrated with mental health outpatient facilities. There are no beds reserved only for children and adolescents in mental hospitals. The number of beds has neither increased nor decreased in the last five years. There are 4.81 patients per 100,000 general population in the mental hospitals. The patients admitted to mental hospitals belong primarily to the following two diagnostic groups, schizophrenia (61%) and mood (affective) disorders (26%). On average the patients spend 47.66 days in the mental hospitals. Sixty percent of the patients spend less than one year, 20% of them spend 1-4 years, 6% of them spend 5-10 years and 14% spend more than 10 years in the mental hospitals. A few (1-20%) of the patients in the mental hospitals received one or more psychosocial intervention in the last year. All of the mental hospitals had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) available in the facility all year long.

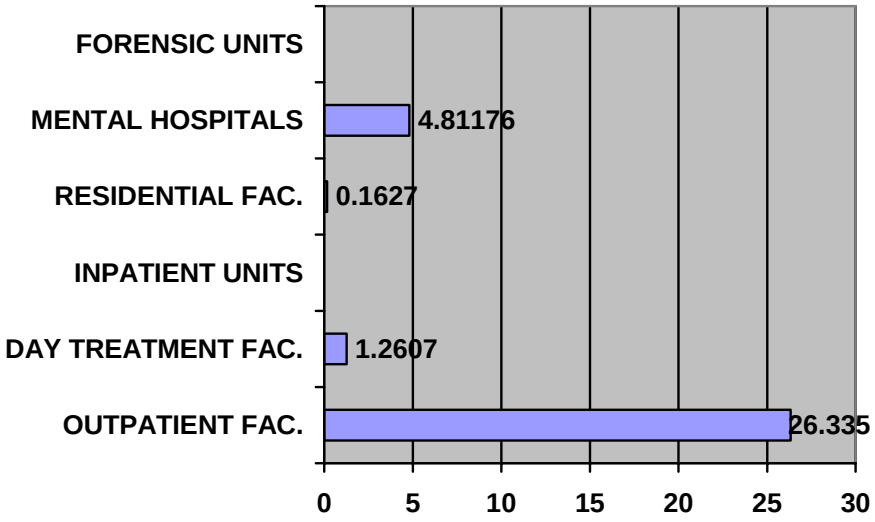
Forensic and other Residential Facilities

In addition to beds in the mental health facilities, there are no beds earmarked for persons with mental disorders in forensic inpatient units or in other residential facilities such as homes for persons with mental retardation, detoxification inpatient facilities, homes for the destitute, etc. However, the Jamnagar prison is the specified district prison for admitting patients who have been convicted for other offences and turned mentally ill. There are 25 such beds in this prison and they are examined by visiting psychiatrists. In addition, individuals at the central prison at Ahmedabad are also examined by visiting psychiatrists. In the rest of the prisons the patients are referred to psychiatric units of district and general hospitals. In forensic inpatient units the number of patients who spend less than one year, 1-4 years, 5-10 years, or more than 10 years in forensic and residential facilities is not known.

Human Rights and Equity

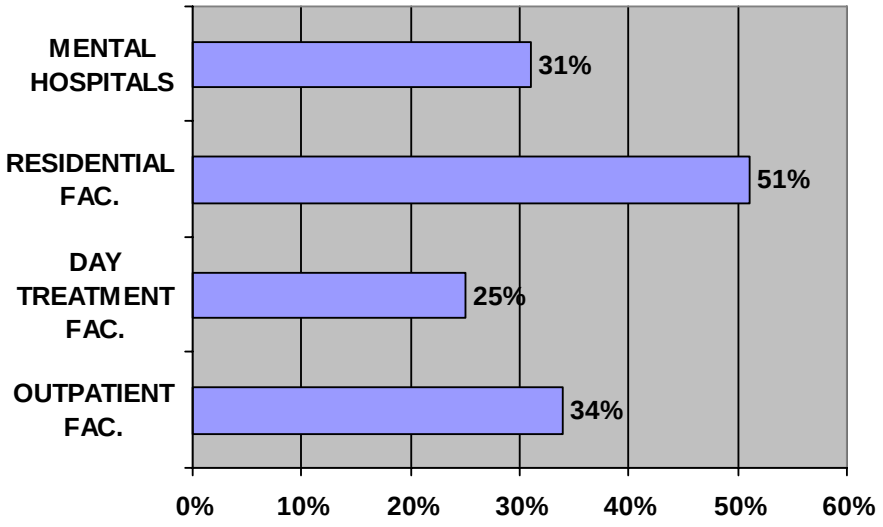
The percentage of involuntary admissions to community-based inpatient psychiatric units is not known, while 54% of the admissions to mental hospitals are involuntary. The percentage of patients who were restrained or secluded at least once within the last year in community-based psychiatric inpatient units is not known, in comparison to 2–5% of patients in the mental hospitals. The density of psychiatric beds in or around the largest city is 4.59 times greater than the density of beds in the entire country. Such a distribution of beds facilitates access for rural users. Inequity of access to mental health services for other minority users (e.g., linguistic, ethnic, religious minorities) is a moderate issue in the state. There is no such discrimination.

GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES (rate per 100.000 population)



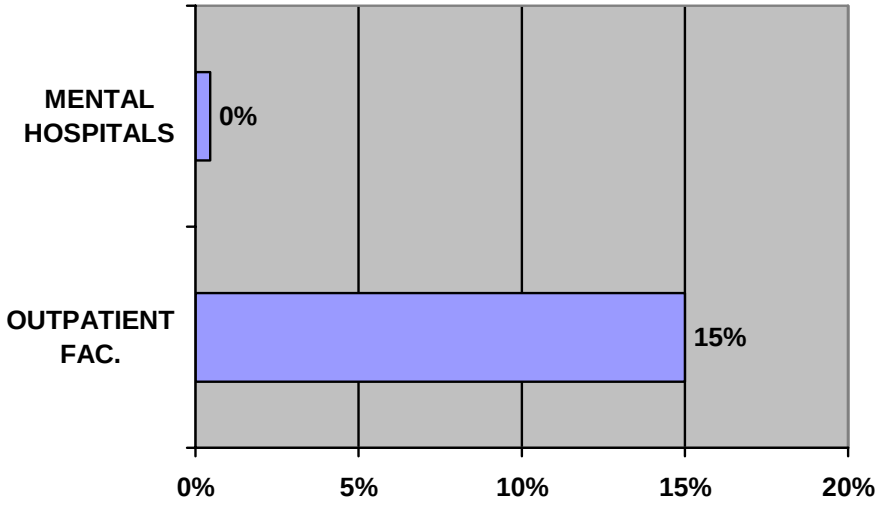
The majority of the users are treated in outpatient facilities and in mental hospitals, while the rate of users treated in residential facilities and day treatment facilities is lower.

GRAPH 2.3 - PERCENTAGES OF FEMALE USERS TREATED IN MENTAL HEALTH FACILITIES



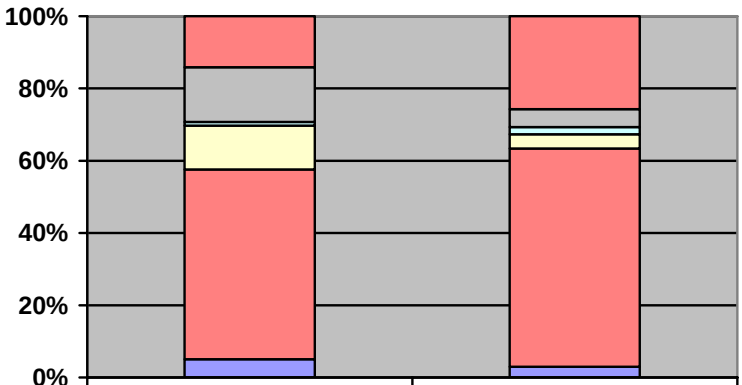
With the exception of inpatient units, for which the proportion of female users is unknown, female users make up at least 25% of the population in all other mental health facilities in the state. The proportion of female users is highest in residential facilities and outpatient facilities and lowest in day treatment facilities.

GRAPH 2.4 - PERCENTAGE OF CHILDREN AND ADOLESCENTS TREATED IN MENTAL HEALTH FACILITIES AMONG ALL USERS



The proportion of children users is highest in mental health outpatient facilities and lowest in mental hospitals. For residential facilities, community-based psychiatric inpatient units and day treatment facilities, the number of children and adolescents treated is unknown.

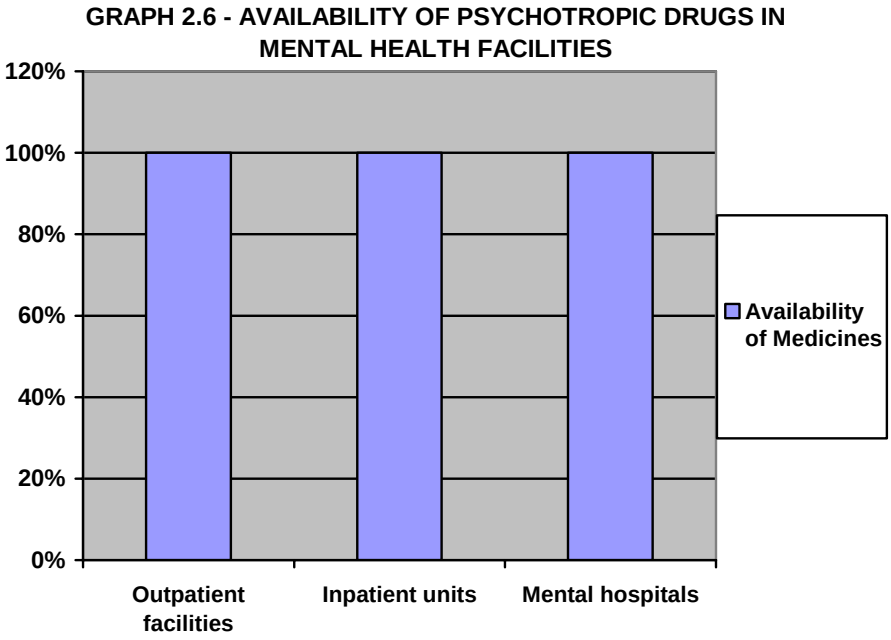
GRAPH 2.5 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES BY DIAGNOSIS



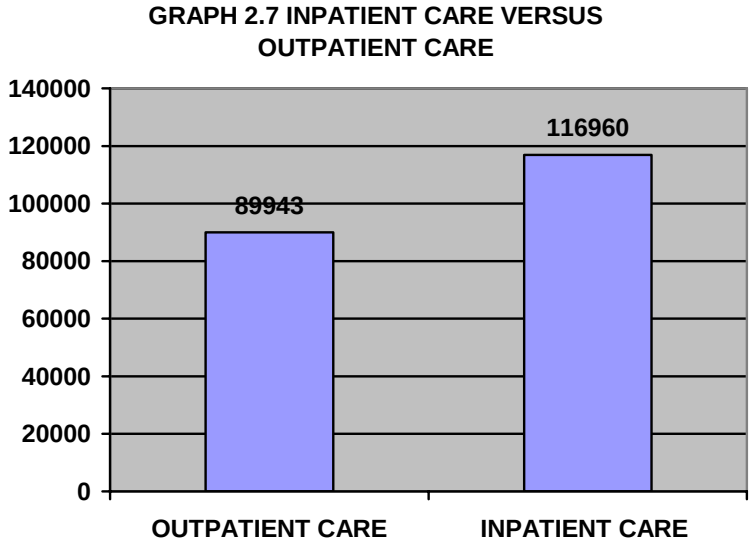
	OUTPATIENT FAC.	MENTAL HOSPITALS
MOOD DISORDERS	14%	26%
OTHERS	15%	5%
PERSONALITY DIS.	1%	2%
NEUROTIC DIS.	12%	4%
SCHIZOPHRENIA	52%	61%
SUBSTANCE ABUSE	5%	3%

In both outpatient facilities and mental hospitals schizophrenia and mood disorders are most prevalent. However, outpatient facilities treat a higher percentage of neurotic, stress related, somatoform and other disorders than mental hospitals. No data is available for inpatient units.

The average length of stay in community based psychiatric inpatient units is unknown, however, for mental hospitals, the average length of stay per year is 48 days.



All mental health facilities in the state have at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility all year long.



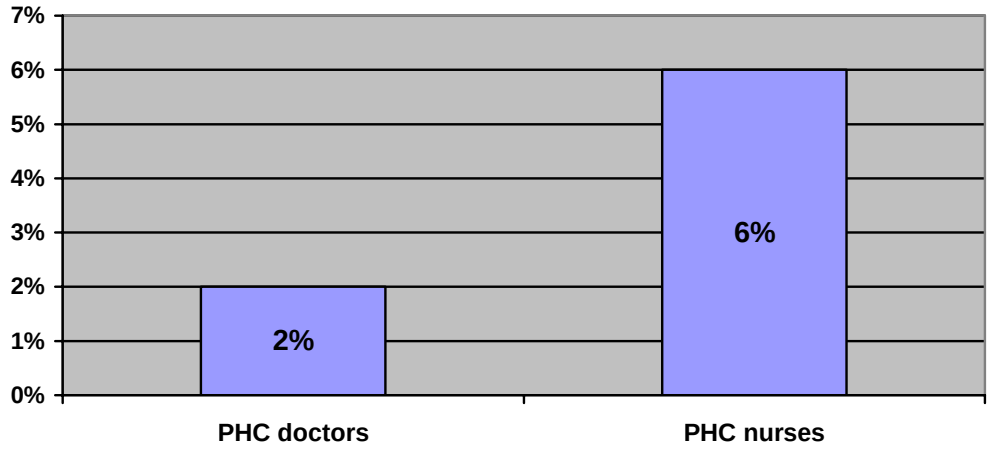
The ratio between outpatient/day care contacts and days spent in all the inpatient facilities (mental hospitals, residential facilities and general hospital units) is an indicator of the extent of community care: in this state the ratio is approximately 0.77 outpatient contacts for each inpatient day. However, much of the data regarding inpatient care are unknown.

Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

One percent of the training for undergraduate medical doctors is devoted to mental health, in comparison to 7% of the undergraduate training for nurses. Data on training for non-doctor/non-nurse primary health care workers is not known. In terms of refresher training, 2% of primary health care doctors have received at least two days of refresher training in mental health, while 6% of nurses have received such training. The percentage of non-doctor/non-nurse primary health care workers who have received such training is not known.

GRAPH 3.1 - % OF PRIMARY CARE PROFESSIONALS WITH AT LEAST 2 DAYS OF REFRESHER TRAINING IN MENTAL HEALTH IN THE LAST YEAR



Mental Health in primary health care clinics

Both physician based primary health care (PHC) and non-physician based PHC clinics are present in the state. In terms of physician-based primary health care clinics, a few (1-20%) have assessment and treatment protocols for key mental health conditions available. The availability of assessment and treatment protocols for key mental health conditions in non-physician-based primary health care clinics is not known. A few (1-20%) of physician-based primary health care doctors make on average at least one referral per month to a mental health professional. The number of full time primary care providers in non-physician based primary health care clinics who make a referral to a higher level of care is not known. In terms of professional interaction between primary health care staff and other care providers, a few (1-20%) of the primary care doctors have interacted with a mental health professional at least once in the last year. A few (1-20%) of the physician-based PHC facilities have had interactions with a complimentary/alternative/traditional practitioner, in comparison to the majority (51-89%) of mental health facilities. The number of non-physician based PHC clinics interacting with complimentary/alternative/traditional practitioners is not known.

Prescription in Primary Health Care

Primary health care nurses and non-doctor/non-nurse primary health care workers are not allowed to prescribe psychotropic medications in any circumstances. Primary health care doctors are allowed to prescribe psychotropic medications without restrictions. As for availability of psychotropic medicines, a few (1-20%) of physician-based PHC clinics have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) available all year long. while the availability of psychotropic medicines in non-physician-based primary health care clinics is not known.

Domain 4: Human Resources

Human Resources in Mental Health

The total number of human resources working in mental health facilities or private practice per 100,000 population is 1.44 The breakdown according to profession is as follows: 0.41 psychiatrists, 0.06 other medical doctors (not specialized in psychiatry), 0.44 nurses, 0.19 psychologists, 0.20 social workers, 0.02 occupational therapists, and 0.12 other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counselors) per 100,000 population.

Twenty-four percent of psychiatrists work only for the Government administered mental health facilities, 66% work only for NGOs/for profit mental health facilities/private practice, while 10% work for both the sectors.

Forty-one percent of psychologists, social workers, nurses and occupational therapists work only for the Government administered mental health facilities, 59% work only for NGOs/for profit mental health facilities/private practice, while 0% work for both the sectors.

Regarding the workplace, 210 psychiatrists work in outpatient facilities, 39 in community-based psychiatric inpatient units and 9 in mental hospitals. Thirty other medical doctors, not specialized in mental health, work in outpatient facilities, 11 in community-based psychiatric inpatient units and 17 in mental hospitals. As for nurses, 225 work in outpatient facilities, 88 in community-based psychiatric inpatient units and 80 in mental hospitals. Two-hundred and five psychosocial staff (psychologists, social workers and occupational therapists) work in outpatient facilities, 5 in community-based psychiatric inpatient units and 13 in mental hospitals. As regards to other health or mental health workers 62 work in outpatient facilities, and 2 work in mental hospitals. It is unknown how many other health or mental health workers work in outpatient facilities.

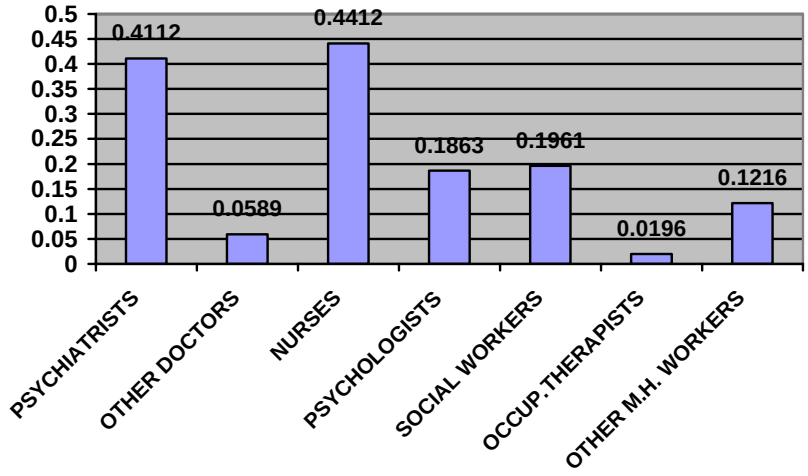
In terms of staffing in mental health facilities, there are 0.18 psychiatrists per bed in community-based psychiatric inpatient units, in comparison to 0.01 psychiatrists per bed in mental hospitals.

As for nurses, there are 0.40 nurses per bed in community-based psychiatric inpatient units, in comparison to 0.12 per bed in mental hospitals.

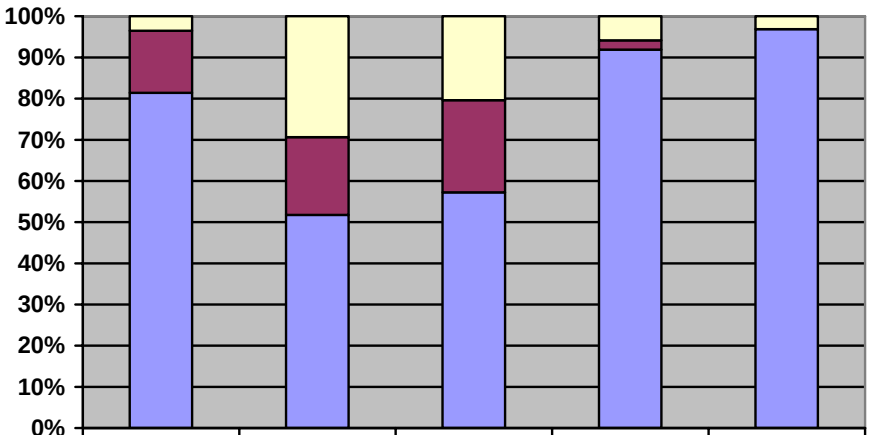
Finally, for other mental health care staff (e.g., psychologists, social workers, occupational therapists, other health or mental health workers), there are 0.02 per bed for community-based psychiatric inpatient units, and 0.02 per bed in mental hospitals.

The distribution of human resources between urban and rural areas is disproportionate. The density of psychiatrists in or around the largest city is 2.5 times greater than the density of psychiatrists in the entire State of Gujarat. . The density of nurses is 4.13 times greater in the largest city than the entire State of Gujarat.

GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH
(rate per 100.000 population)

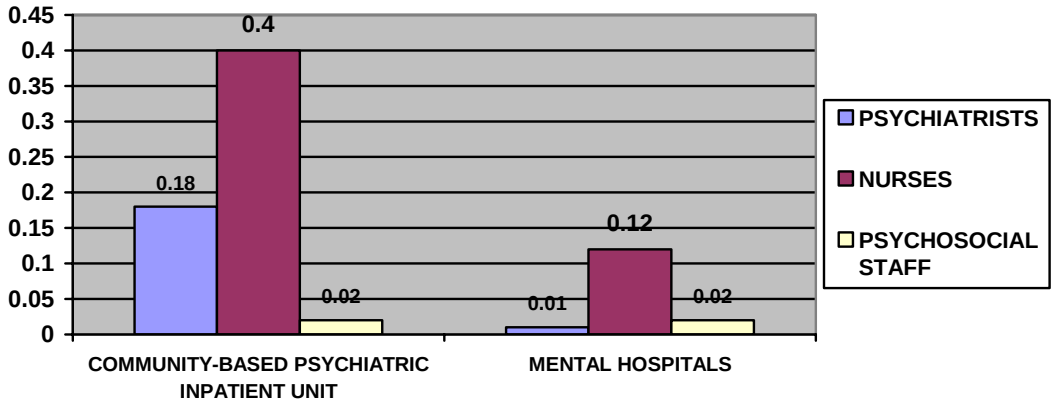


GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES
(percentage in the graph, number in the table)



	PSYCHIATRISTS	OTHER DOCTORS	NURSES	PSYCHOSOCIAL STAFF	OTHER M.H. WORKERS
MENTAL HOSPITALS	9	17	80	13	2
INPATIENT UNITS	39	11	88	5	Unknown
OUTPATIENT FAC.	210	30	225	205	62

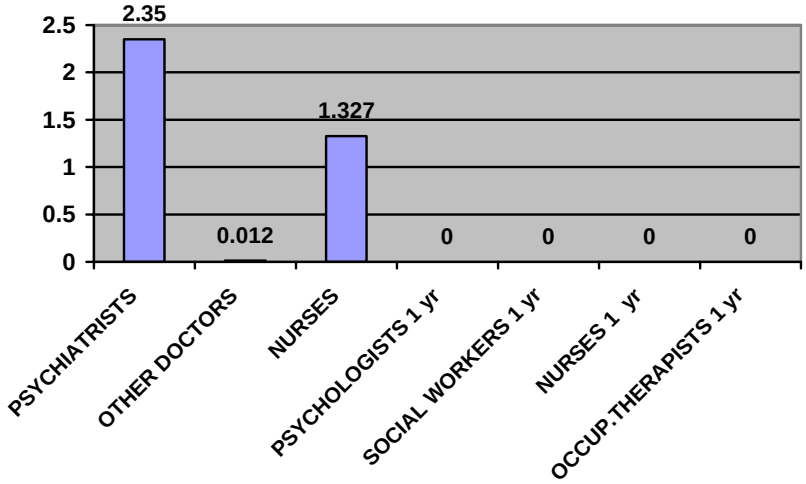
GRAPH 4.3 - AVERAGE NUMBER OF STAFF PER BED



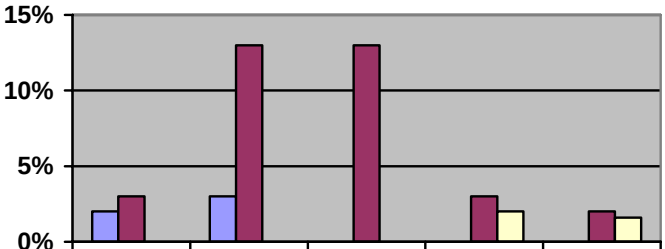
Training Professionals in Mental Health

The number of professionals graduated last year in academic and educational institutions per 100,000 is as follows: 2.35 medical doctors (not specialized in psychiatry), 1.33 nurses (not specialized in psychiatry), and 0.012 psychiatrists. No psychologists, nurses, social workers or occupational therapists with at least 1 year training in mental health care graduated last year. The best estimate is that a few (1-20%) of psychiatrists emigrate to other countries within 5 years of the completion of their training.

GRAPH 4.4 - PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)



GRAPH 4.5 - PERCENTAGE OF MENTAL HEALTH STAFF WITH TWO DAYS OF REFRESHER TRAINING IN THE PAST YEAR



	Psych.	MD	Nurses	Psychosocial	Other
Rational use of drugs	2%	3%	0%	NA	0%
Psychosocial interventions	3%	13%	13%	3%	2%
Child mental health issues	0%	0%	0%	2%	2%

Psych = psychiatrists; MD =other medical doctors not specialized in psychiatry; psychosocial staff = psychologists, social workers, and occupational therapists. Others = other health and mental health workers

Consumer and Family Associations

The number of users/consumers that are members of consumer associations is not known. However, there are 180 family members that are members of family associations. Government institutions do support family associations by providing premises for activity, training facilities, and motivation to attend the national level user/career group meetings. Consumer and family associations have been involved in the formulation or implementation of mental health policies, plans, or legislation in the past two years. A few (1-20%) mental health facilities have had interactions with family associations. In addition to consumer and family associations, it is unknown whether other NGOs are working for the benefit of special groups. The government of Gujarat helps to facilitate counselling and support groups for women and children.

Domain 5: Public education and links with other sectors

Public education and awareness campaigns on mental health

There is a coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. Government agencies, NGOs, professional associations, private trusts and foundations, and international agencies have promoted public education and awareness campaigns in the last five years. These campaigns have targeted the following groups: the general population, children, adolescents, women, trauma survivors, and other vulnerable or minority groups. It is unknown whether or not the campaigns have also targeted ethnic groups. In addition, there have been public education and awareness campaigns targeting professional groups including health care providers (conventional, modern, allopathic), complimentary/alternative/traditional sector, teachers, social services staff, leaders and politicians, and other professional groups linked to the health sector.

Legislative and financial provisions for persons with mental disorders

Legislative provisions concerning protection from discrimination at work (dismissal, lower wages) solely on account of mental disorder exists to provide support for users and is enforced. In addition the following provisions exist but are not enforced: (1) legislative or financial provisions concerning priority in state housing and in subsidized housing schemes for people with severe mental disorders, and (2) legislative or financial provisions concerning protection from discrimination in allocation of housing for people with severe mental disorders. At the present time, there is no legislative or financial support for provisions concerning a legal obligation for employers to hire a certain percentage of employees that are disabled.

Links with other sectors

In addition to legislative and financial support, there are formal collaborations between the government department responsible for mental health and the departments/agencies responsible for: primary health care/community health, child and adolescent health, substance abuse, education, welfare, and other department agencies such as free legal aid and the judicial academy. In terms of support for child and adolescent health, it is unknown whether primary and secondary schools have either a part-time or full-time mental health professional, however, a few (1-20%) of the primary and secondary schools have school-based activities to promote mental health and prevent mental disorders. The percentage of prisoners with psychosis is less than 2%, while the corresponding percentage for mental retardation is not known. Regarding mental health activities in the criminal justice system, the percentage of prisons with at least one prisoner per month in treatment contact with a mental health professional is not known. The government Department of Health has taken the initiative to interact with the agencies dealing with such issues. Jamnagar Prison is a specified jail for keeping mentally ill prisoners who have been convicted and prisoners are examined by a visiting psychiatrist. A visiting psychiatrist facility has also been specified for Central Prison, Ahmedabad. In the rest of the prisons, patients are referred to the district and general hospitals' psychiatry units.

As for training, a few (1-20%) of the police officers and all or almost all (81-100%) of the judges and lawyers have participated in educational activities on mental health in the last five years. In terms of financial support for users, a few (1-20%) mental health facilities have access to programs outside the mental health facility that provide outside employment for users with severe mental disorders. Finally, the people who receive social welfare benefits for mental disability are limited in numbers.

Domain 6: Monitoring and Research

Monitoring and Research

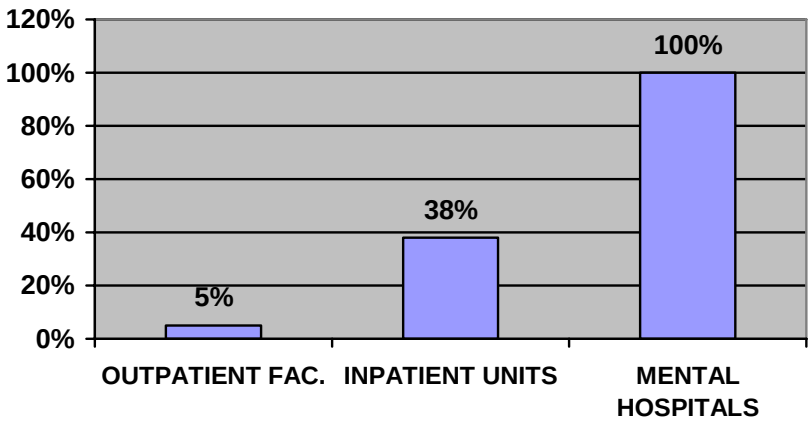
A formally defined list of individual data items that ought to be collected by all government mental health facilities exists. This list includes the number of beds, admissions, involuntary admissions, length of stay, and patient diagnoses. The government health department received data from 100% of the mental hospitals, 38% of community based psychiatric inpatient units, and 5% of the mental health outpatient facilities. The data is submitted to the state government and the

Government of India-Health Statistic Bureau on a regular basis without comments. Data is also collected by the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore and this information is used to develop strategies to offer mental health diagnostic and therapeutic facilities as well as establishing training facilities.The research that was carried out in the last 5 years focused on: (1) epidemiological studies in community samples, (2) epidemiological studies in clinical samples, (3) non-epidemiological clinical/questionnaires assessments of mental disorders, (4) services research, (5) biology and genetics, (6) policy, programmes, financing/economics, (7) psychosocial interventions/psychotherapeutic interventions and, (8) pharmacological, surgical and electroconvulsive interventions.

Table 6.1 - Percentage of mental health facilities collecting and compiling data by type of information

TYPE OF INFORMATION COMPILED	**MENTAL HOSPITALS**	**INPATIENT UNITS**	**OUTPATIENT FAC.**
N° of beds	100%	69%	NA
N° inpatient admissions/users treated in outpatient facilities	100%	69%	8%
N° of days spent/user contacts in outpatient facilities	100%	69%	0%
N° of involuntary admissions	100%	69%	NA
N° of users restrained	100%	69%	NA
Diagnoses	100%	69%	8%

GRAPH 6.1 - PERCENTAGES OF MENTAL HEALTH FACILITIES TRANSMITTING DATA TO HEALTH DEPARTMENT



Strengths and Weaknesses of the Mental Health System in the Indian State of Gujarat

The network of mental health facilities exists but is not fully functional and it is in an implementation stage. The balance between the mental health facilities and community mental health facilities are facilitated to tilt the balance towards the community mental health facilities and the balance between the inpatient and outpatient care is gradually shifting to outpatient care.

There are mechanisms to protect the human rights of patients through Mental Health Act, national legislation, inspection boards and review through the national human rights commission. Inequity of access to mental health services for linguistic, ethnic and religious minority groups is not an issue in the state, there is no discrimination.

Mental health resources are mostly spent on mental hospitals (90%). However as per recent development due to the state funding, many activities are being undertaken with other stakeholders. Though there is lack of human resource in the field, they are fully utilized through public/private partnership. Training has been provided to mental health and primary care staff and it is an ongoing process. Essential psychotropic medicines are available in all the facilities.

Family associations do exist; there are 180 members of family associations. Government institutions do support family associations by providing premises for activity, training facilities, and encouraging attendance at the national level group meetings. They have been involved either in the formulation or implementation of mental health policies, plans or legislation in the past two years. Mental health facilities do not interact with consumer associations as they do not exist but a few facilities have had interaction with family associations in the last year. The mental health sector has formal links with other relevant sectors and mental health providers do interact with primary care staff.

The mental health plan and legislation exist. District general hospital setups are being going to accredited through National accreditation board of hospitals in near future, thereby Hospital Management Information System (HMIS) will come into existence whereby the Mental health Information System will be available.

Next steps in strengthening the mental health system:

There are five steps taken by the state government to strengthen the mental health system which are:

- Enhance public-private partnerships
- Upgrading mental health facilities through the National Board of Hospital by accreditation
- Increasing the funding and finance for the mental health sector
- Integration of mental health in NRHM (National Rural Health Mission)
- Integration of mental health activities with primary activities of the NGOs

A mental health policy document has been prepared and is awaiting government approval. We are also in the process of strengthening the community based facilities.

Steps are also being taken to increase the mental health training to the primary care staff and the number of psychosocial staff is also being increased. The mental health system is being linked with the other key sectors and the State Government is in the process of developing an HMIS for all the general hospitals which would include an update on mental health.

References:

www.gujaratindia.com/state profile
mohfw.nic.in
Mission Report 2003
Census 2001

A State Mental Health Authority exists, which advises the State Government of Gujarat on mental health policies and legislation, service planning, service management, coordination, monitoring and quality assessment of mental health services. The mental health policy document has been prepared and is awaiting government approval.

There is a National Mental Health program that is being followed (the 10th 5 year plan 2002-2007), however. Three percent of the health care expenditures by the Government health department are devoted to mental health. Out of all the expenditures spent on mental health, ninety percent are devoted to mental hospitals. There are 4 mental hospitals available in the state. The entire population has free access to essential psychotropic medicines. A national human rights review body exists which has the authority to oversee regular inspection in mental health facilities, review involuntary admission and discharge procedures and review the complaints and investigation processes.

Legislative and financial provisions for persons with mental disorders do exist. In addition to legislative and financial support, there are formal collaborations between the Government department responsible for mental health and the departments/agencies responsible for: primary health care/community health, child and adolescent health, substance abuse.