

TAMIL NADU MENTAL HEALTH CARE ASSESSMENT: REVIEW OF DISTRICT MENTAL HEALTH PROGRAMME, 2013



**The Directorate of Medical and
Rural Health Services**
Teynampet, Chennai- 600 006

Centre for Public Health,
Department of Epidemiology,
NIMHANS, Bangalore – 560 029

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Hon'ble Chief Minister of Tamil Nadu Selvi J Jayalalithaa

FOREWORD



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Health is the state of complete physical, mental, social and spiritual well being. Hence, there is no health without mental health. Hon'ble Chief Minister of Tamil Nadu has been according highest priority to this sector and introduced several innovative schemes. Considering the importance of mental health, Government of Tamil Nadu has formed the State Mental Health Authority and a separate Nodal Office for District Mental Health Services and posted adequate mental health personnel in all the districts of Tamil Nadu.

The District Mental Health Programme, Tamil Nadu was first launched at Trichy in 1997 and was extended to 15 more districts in a phased manner. On the whole, the District Mental Health programme is being implemented in 16 districts. The government of India has recently sanctioned District Mental Health Programme in nine more districts of Tamil Nadu. With this, the District Mental Health Programme is going to be implemented in 25 districts in Tamil Nadu which is highest in the entire country.

The vision of Hon'ble Chief Minister is to bring the entire Tamil Nadu under this unique programme with which we can initiate the mental health care for the rural people. Keeping this trend, we are planning to start various special clinics such as Suicide Prevention Clinic, Child and Adolescent Clinic, Geriatric Clinic, De-Addiction Clinic in all the District Head Quarters Hospitals and the Health department is striving hard to translate the vision into actionable programmes and implementing them with vigour.

I am happy to know that Centre for Public Health and the Community Mental Health Unit at National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore in collaboration with State Nodal Office, Mental Health Programme, Tamil Nadu, undertook a base line assessment of the current status of mental health services in state in order to support Government of Tamil Nadu to expand, integrate and strengthen mental health care. This is the first time such a type of study has been undertaken by the National Institute of Mental Health and Neurosciences, Bangalore to assess the programme in the entire country.

Using a participatory approach along with the information gathering at the district level, the assessment reviewed the existing status of the mental health programme in Tamil Nadu and has identified several areas that need to be strengthened in the coming years. It gives a good insight about the programme and also a lot of technical support to enhance the efficacy of the programme.

This publication represents a timely review of developments in mental health care in Tamil Nadu since the inception of District Mental Health Programme from 1997 onwards. It will undoubtedly give us an opportunity to review the developments and examine the lacunae in mental health care in our state and the direction we will have to travel in the coming years. I hope this publication will prove useful to policy makers, administrators, mental health professionals, NGOs, and others.

A handwritten signature in black ink, appearing to be 'J. Radhakrishnan'.

Dr. J. Radhakrishnan, IAS

FOREWORD



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WHO predicts that by 2020 mental illness will move from the 20th to being the 2nd largest illness worldwide surpassing physical conditions like polio and tuberculosis. The mental health scenario in India indicates that 70 million people in a country of 1 billion population are affected with some form of mental illness.

Because of ignorance, beliefs, misconceptions, stigma, lack of information about modern methods of treatment, lack of resources and long distance to travel to psychiatric units, people tend to approach the traditional and faith healers rather than consulting the mental health professionals which resulted in the Erwadi tragedy in 2001.

After that tragedy, the Government of Tamil Nadu has emphasized strengthening the Mental Health services and has initiated the District Mental Health Programme with the support of Government of India with prime objective of reaching the unreached. Till now, in Tamil Nadu, the District Mental Health Programme is being implemented in sixteen districts.

Now, the Mental Health services are initiated at the grass root level itself in most of the districts and also the number of patients seeking treatment assistance is multi folded.

So far, there has been no systematic study to analyze the impact of District Mental Health Programme and I am happy to know that India's largest mental health service organization, the National Institute of Mental Health and Neurosciences- Bangalore has come forward to conduct a systematic evaluation on effectiveness of district mental health programme in our state.

The study has elaborately analyzed the programme and has given us the guidance to streamline the programme in a more effective way. This publication represents a timely review of developments in Mental Health care in Tamil Nadu.

I hope this will bring a comprehensive and effective mental health care system in Tamil Nadu.

Best Wishes,

A handwritten signature in black ink, appearing to read 'Dr. C.N. Mahesvaran'.

Dr. C.N. Mahesvaran, IAS

MESSAGE



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In Tamil Nadu, the district mental health programme was launched in 1997 at Trichy and presently this programme is being implemented in 16 districts of Tamil Nadu. Under this unique programme, we have conducted a series of awareness programme in order to bring out the attitudinal changes among the general public about the mental health services.

We have conducted mental health training for the medical officers, paramedical staff working in Government Hospitals and in Primary Health Centres and also non-medical workers of the respective districts. So far, we have trained '1223' medical officers, '2558' paramedical staff and '5296' Non-medical workers.

We have strengthened the manpower and established a ten bedded psychiatric ward at all the government head quarters hospital where the District Mental Health Programme is being implemented. We have posted psychiatrists in all the districts of Tamil Nadu to initiate the mental health care services for the rural public.

Recently, we have also initiated the 'Markkam' and 'Maruthuvam' project at Erwadi, Ramanathapuram, wherein we have incorporated spirituality into the Mental Health Care system. We have established a psychiatric clinic inside the Dargah premises with the active support of the Dargah committee members through which we are providing mental health care services. All this indicate a new era in the field of mental health care in our state.

I am happy to know that the National Institute of Mental Health and Neuro Sciences 'Institute of National Importance' has initiated this collaborative study with State Nodal Office, Mental Health programme, Tamil Nadu to assess the district mental health programme which has given us a good insight about the programme.

I wish such a kind of exercise should be done undertaken at least once in three years.

The object of this publication is a further commitment to the promotion of mental well being and providing treatment for mental disorders and it will be useful for all people concerned for evolving a comprehensive and effective mental health care system in Tamil Nadu.

With Warmth Greetings,

A handwritten signature in black ink, appearing to be 'A. Chandranathan', written in a cursive style.

Dr. A.Chandranathan, MD

FOREWORD



Dr. P. Satishchandra, MBBS, DM (Neuro), FAMS, FIAN, FRCP (Lon)
Director / Vice Chancellor,
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NIMHANS

The World Health Report, 2001, titled 'Mental Health: New Understanding and new Hope' introduced the need for a systems perspective for mental health care and declared that mental health issues are now to be classified as public health problems. The clarion call was to move away from large mental institutions and towards community health care, and integrate mental health care into primary health care and the general health care system. The key recommendations included providing treatment for mental disorders within primary care, making psychotropic medicines available, educating the public, involving communities, families and consumers in decision-making on policies and services, developing human resources, linking mental health with other social sectors and monitoring community mental health.

India made a beginning in this direction in 1982 by launching the National Mental Programme. During the 1990's the District Mental Health Programme (DMHP) was operationalised. The 11th five year plan incorporating the evaluations undertaken by the National Human Rights Commission: NIMHANS and the Ministry of Health and Family Welfare, Government of India gave a fresh impetus to expand the DMHP and during the 12th five-year plan, the target is to expand the DMHP to 300 districts. At the instance of Ministry of Health and Family Welfare, Government of India, recognising the intricate link between mental health and NCDs, World Health Organisation in 2012, included Mental Health and other neuro-psychiatric problems under the rubric of NCDs. The Government of India has constituted a Mental Health Policy group to prepare a National Mental Health Policy and Plan. A new Mental Health Care Bill is awaiting parliament assent. All these developments underscore the importance accorded to Mental Health within our country. Recent evaluations have shown that a big shortcoming in implementation of the programme was near absence of programme monitoring at different levels of service delivery.

I am extremely happy to know that the Centre for Public Health, and the Community Mental health Unit at NIMHANS jointly with the Directorate of Medical and Rural Health services, Government of Tamil Nadu along with the Nodal Office for District Mental Health Programme, Tamil Nadu, undertook a systematic and participatory initiative to identify opportunities to improve and enhance the functioning of the mental Health systems in the state of Tamil Nadu. The state of Tamil Nadu has been a pioneer in many aspects of health and has once again taken this lead initiative to bring a public health focus for scientifically implementing the mental health programme in the state. This baseline report is comprehensive and documents the wide array of components that are needed to successfully implement a public health programme. Apart from curative services, the report looks at preventive and promotive mental health activities, IEC activities, research, linkages with health-related sectors, etc. The District fact sheets summarise the situation for each district and also identifies the future areas of work that needs to be undertaken. I am glad that the monitoring format that was developed has also been successfully utilised.

This report is the first of its kind in our country. I am sure that this report will spur more activities for mental health not only in Tamil Nadu but also in other parts of the country. I am also hopeful that a similar activity will be undertaken in other Indian states to systematically document the progress of the mental health programme implementation in our country.



(Prof P Satish Chandra)

PREFACE

Mental, Neurological and Substance use disorders have emerged as leading public health problems in the 21st century. Mental disorders impose significant burden in terms of disability and poor quality of life among those affected. In recent years, several mental health conditions like depression, substance use disorders, epilepsy, child mental health problems and geriatric conditions have emerged as major public health issues. In order to address these problems, the Government of India, as early as 1982, launched the National Mental Health Programme and subsequently the District Mental Health programme with the broad aims of prevention and treatment of mental and neurological, substance use disorders and their associated disabilities, application of mental health principles to improve quality of life and to deliver organised services for those suffering from this group of disorders.

Since 1997, Tamil Nadu has strived to develop & deliver mental health programme(s) to its population. As per the report of the National Commission on Macro Economics and Health, nearly two million people are in need of mental health services in the State. Tamil Nadu also initiated the District Mental Health Programme as early as 1997 and at present 16 districts are covered under the programme with nine more to be added in 2014. Earlier evaluations have revealed that despite limitations of human and financial resources, Tamil Nadu has been performing adequately to deliver mental health care.

However, there are enormous opportunities to improve mental health services in the State through the District Mental Health Programme. It is essential that mental health programme encompasses wide range of activities that are delivered within and outside health

care institutions - at homes, in educational institutions, in work places and others. It also includes development of mental health policies and programmes, systematic work plans, necessary financial support, mental health legislation, intersectoral mechanisms, integration into existence public health programmes, facility based interventions, research, monitoring & evaluation and several others. To reach the entire population and those who are in need of services, a scientific and programmatic approach using public health principles and tools are required.

In order to support Government of Tamil Nadu to expand, integrate and strengthen mental health care, the Centre for Public Health and the Community Mental Health Unit at National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore, in collaboration with the State Mental Health Programme Office undertook a base line assessment of the current status of mental health services in the state.

Using participatory approach along with information gathering at the district level, the assessment reviewed the existing status and has identified several areas that need to be strengthened in the coming years. This requires moving from the traditional approach of treatment to include, integrate and expand mental health services in the State through a stakeholder's participatory approach along with a strong leadership. It is anticipated that the present activity will be expanded in the coming years with inclusion of new activity domains along with systematic monitoring and evaluation. In this direction, the present report would serve as baseline report to further expand the programme in the coming years.

Study Team

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LIST OF ABBREVIATIONS

ANM	Auxiliary Nurse Midwife	MBBS	Bachelor of Medicine and Bachelor of Surgery
AYUSH	Ayurveda Yoga Unani Siddha and Homeopathy	MNSUDs	Mental Neurological and Substance Use Disorders
BCC	Behaviour Change Communication	NIMHANS	National Institute of Mental Health and Neuro Sciences
CBO	Community Based Organization	NCDs	Non communicable diseases
CHC	Community Health Centre	NGO	Non-Governmental Organization
CPH	Centre for Public Health	NMHP	National Mental Health Programme
DHO	District Health Officer	NRHM	National Rural Health Mission
DMHP	District Mental Health Programme	OP/IP services	Outpatient/ Inpatient Services
DPN	Diploma in Psychiatric Nursing	PHC	Primary Health Centre
HIV –AIDS	Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome	PHU	Primary Health Unit
HDI	Human Development Index	PIP	Program Implementation Plan
ICPS	Integrated Child Protection Scheme	PSW	Psychiatric Social Worker
ICMR	Indian Council of Medical Research	SMHA	State Mental Health Authority
IEC	Information Education and Communication	SC/ST	Scheduled Caste/Scheduled Tribes
INR	Indian Rupee	SRS	Sample Registration System
IQ	Intelligence Quotient	WHO-AIMS	World Health Organization- Assessment Instrument for Mental Health Systems
LHV	Lady Health Visitor		

EXECUTIVE SUMMARY

Delivering high quality mental health care to defined populations based on equity, coverage, cost effectiveness and sustainability is a challenging task for policy makers, project managers and state administrators. The need for building effective mental health systems that are integrated with existing health systems has been felt for a long time. In India, despite three decades of the National Mental Health Programme, systems have not evolved nor got established with several reasons being attributed for the same. This has resulted in significant gaps in service delivery and programme delivery. What is glaring is the lack of a public health approach and / or strategy. In recent times, there have been concerted attempts to strengthen mental health care systems in the country primarily based on the understanding that mental health system, like any other system, is a set of interconnected and integrated activities that must function on a continuous basis to be effective.

The State of Tamil Nadu has made systematic efforts for developing the mental health programme since 1997. At the time of this report, the state has 16 District Mental Health Programmes (DMHP) and 9 more have been sanctioned in 2013-14 taking the total to 25. Even though mental health care is delivered by both public and private partners, they remain unintegrated. Despite few limitations, the mental health programme in Tamil Nadu is considered as one of the better ones in the country due to its ability to look forward and deliver mental health services to its needy population.

Delivery of good and quality mental health services is a process. Towards this, the state health administrators and program managers need to assess the current status of the mental health system, identify gaps, and then plan and implement improvements. This requires planning the whole process and also adopting a strategic

approach for implementation. Most often, existing programmes focus on curative aspects /treatment and sporadic public education activities. However, planning a comprehensive mental health system requires examining the policy / policies, plan(s) of action, programme, budgeting and financing issues, human resource development, service delivery activities, legislation, public education, possible integration into existing programmes, delineating emerging challenges along with monitoring and evaluation. This also requires integrating activities both within health sector and across many related sectors for effective implementation.

Towards this end and to assess the mental health system in the state of Tamil Nadu from a public health perspective, the Centre for Public Health at NIMHANS, Bangalore on the request of the Tamil Nadu state District Mental Health Programme undertook a comprehensive assessment of programme and related activities at both state and district level. The key objective was to review progress of DMHP in Tamil Nadu and strengthen public health components of the state mental health programme. Using the modified World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) tool, the assessment examined the various components of mental health systems which included mental health policy and plans, organizing services and rehabilitation of individuals with a long term and programmatic perspective, intersectoral approaches in prevention, care and rehabilitation of mentally ill, advocacy for mental health, mental health promotion in specific settings like schools and work places, legislation and protecting human rights in mental health, integrating mental health with non communicable disease and elderly health care and other national programmes, emerging mental health and public health issues viz suicide prevention, maternal mental health,

geriatric mental health, child mental health and disaster mental health services, financing, information systems for mental health, operational research, monitoring and evaluation.

An initial questionnaire was sent to all DMHP officers and Incharge programme officers with a request to complete the same. A two day workshop was held in Madurai during 17th and 18th June 2013 and all components were reviewed with the district teams. The district teams were requested once more to check for completeness of information for the second time, which was finally reviewed and approved by the state mental health programme officer. Apart from information, the workshop examined existing limitations, methods to strengthen mental health care and possible areas of strengthening. All district forms were compiled and processed at Centre for Public Health (CPH), NIMHANS and the draft report was prepared. This was reviewed by the State Programme officer in consultation with district teams. The revised version was reviewed by the team to identify strengths and limitations of the programme and areas for further improvement have been identified. As this activity is likely to be undertaken on an annual basis (or at least once in 2 years), the quality of data in forthcoming reports (of 2015) will be improved and the current report is a reflection of the baseline scenario.

The report examines the current status of implementation of mental health programme at the district level under the 10 major headings. The findings reveal that

- 1) The state currently has the highest number of districts (16) covered under the centrally sponsored District Mental Health Programme (DMHP) and 9 more are to be added in 2014.
- 2) Majority of the districts have a district Mental Health Activity Plan and a district level committee to oversee its functioning. Regular district committee meetings to review activities were held in few districts.
- 3) All districts have a dedicated budget head for mental health activities.
- 4) Outpatient services are reported to be universally available in all districts along with extension of services (mainly camps) and mental health referral services in majority of the districts.
- 5) Inpatient facility is available in each district head quarters hospital which also provides treatment for persons with addiction problems.
- 6) Basic psychotropic medicines are reported to be always available at district and taluk hospitals and PHCs.
- 7) While 9 districts report the presence of mental health NGOs, social assistance and welfare measures are undertaken on a programme based or need based approach.
- 8) Printed IEC materials in local language are available in majority of the districts.
- 9) Intersectoral activities are undertaken and are need based in defined areas.
- 10) External evaluation of the DMHPs has been undertaken in nearly 50% of districts during the past decade. The programme is reportedly reviewed regularly on a monthly basis at district level and quarterly at the state level.

To strengthen these components and to improve mental health systems, the following activities need to be undertaken in the state of Tamil Nadu and these are suggestive, not prescriptive.

1. The state mental health policy and DMHP needs to be strengthened with a clearly defined strategy that will overcome deficiencies and address new problems through innovative strategies and approaches based on current scenario.
2. Development of a detailed state work plan (action plan) that addresses emerging problems like suicides, common mental disorders, addiction problems, dementia,

child mental health, psychosocial rehabilitation and others needs to be developed. Approaches also need to be developed for integrating mental health with NCDs, Elderly Health, HIV/AIDS, rehabilitation programs and others.

3. A clearly defined action plan for each DMHP district outlining activities at the beginning of each year with mechanisms for implementation, budget, activity responsibilities and monitoring system needs to be developed. The key activities of each DMHP should be reviewed at the district level on a regular basis.
4. Increased financial allocation for mental health with defined budget for different activities like drugs and services, outreach activities, IEC activities, needs to be developed on an annual basis.
5. Capacity building of DMHP managers and senior program managers should be a regular activity on an annual basis. Simultaneously, human resource strengthening should be given importance in medical colleges, educational institutions and all other sectors involved in mental health care delivery in the state.
6. As private sector is a major partner in service delivery, mechanisms for integration of private sector needs to be explored in the areas of care, rehabilitation, promotion and advocacy by involvement and integrating activities at the state and district levels.
7. NGOs and medical colleges within the district should be involved in specific outreach activities/ rehabilitation and advocacy work in a defined manner through a defined calendar of activities.

In addition, empowerment of community through regular and continuous Information Education Communication/ Behavioral Change Communication (IEC/ BCC) activities is essential to improve coverage, quality, and continuity of care and stigma reduction and should be a regular activity undertaken at the district level.

8. All welfare schemes for mentally ill patients in the state and district should be reviewed once in 6 months to examine progress being made and to strengthen implementation.
9. Proper reporting systems for each district on – details and patterns of care along with institution based and community based activities that can be compiled at the district and state level each year should be implemented in the state. Systematic review of SMHA biannually, DMHP at state once in three months and district levels once a month by the district collector and feedback to all district programme officers is a necessity.
10. Strengthening operational research (eg., non utilization of services , barriers to care etc.,) in clearly defined areas that would identify gaps and strengthen programmes at district level should be undertaken in each district.

From an administrative point of view, the present location of state nodal office at Madurai medical college, Madurai is an ideal place since it is centrally located for most of the District Mental Health Programme implementing districts.

Unfortunately, it is functioning with the limited staff. As a first step and in view of expanding and strengthening the District Mental Health Programme, there should be a full-fledged office with all facilities (a full time office secretary and computer facilities) for the effective implementation of the programme.

To take these issues forward, the state health administration and the state mental health programme nodal office along with other stake holders should collectively examine these suggested measures and develop a plan of action for implementing the same. This activity should be repeated annually (or at least once in 2 – 3 years) to examine progress made and to identify required changes for implementing the same over time. It is hoped that this initiative of Tamil Nadu will not only help the state, but also help other states as well.

1.0 PREAMBLE

Tamil Nadu is the eleventh largest state by area, seventh most populous state (population share of about 6% of the country) and has 44% of the state's population living in urban areas. While the literacy rate is 73.5%, 21.5% of the total population are Scheduled Castes (SC) and 1.18% Scheduled tribes (ST). The state registered the lowest fertility rate (1.7) in India in 2005–06, lower than that required for population sustainability. The life expectancy at birth is 65.2 years for males and 67.6 years for females with a sex ratio of 987.

Table 1: Demographic and Health profile of Tamil Nadu State as compared to India figures

Indicator	Tamil Nadu	India
Total population (In crore) (Census 2011)	7.21	121.01
Decadal Growth (%) (Census 2011)	15.60	17.64
Infant Mortality rate (SRS 2011)	22	44
Maternal Mortality Rate (SRS 2007-09)	97	212
Total Fertility Rate (SRS 2011)	1.7	2.4
Crude Birth Rate (SRS 2011)	15.9	21.8
Crude Death Rate (SRS 2011)	7.4	7.1
Natural growth rate (SRS 2011)	8.5	14.7
Sex Ratio (Census 2011)	995	940
Child Sex Ratio (Census 2011)	946	914
Total Literacy Rate (%) (Census 2011)	80.33	74.04
Male Literacy Rate (%) (Census 2011)	86.81	82.14
Female Literacy Rate (%) (Census 2011)	73.86	65.46

There are 32 districts in Tamil Nadu and 10 municipal corporations. It is ranked the second largest state economy in India in 2012 and is ranked 6th (0.736) among states according to the Human Development Index (2011). The socio-demographic and health profile (Table 1) shows that the state of Tamil Nadu is better than the country average on several parameters.



Table 2: State level Health Human resources

Particulars	In position	%*
Health worker (Female)/ANM at Sub Centres & PHCs	9253	-6.8%
Health Worker (Male) at Sub Centres	1266	-85.5%
Health Assistant (Female)/LHV at PHCs	1027	-16.3%
Health Assistant (Male) at PHCs	2393	95.0%
Doctor at PHCs	2271	85.1%
Obstetricians & Gynecologists at CHCs	0	-100.0%
Pediatricians at CHCs	0	-100.0%
Total specialists at CHCs	0	-100.0%
Radiographers at CHCs	151	-60.8%
Pharmacist at PHCs & CHCs	1412	-12.4%
Laboratory Technicians at PHCs & CHCs	1073	-33.4%
Nursing Staff at PHCs & CHCs	7046	79.7%

* Shortage as against sanctioned

(Source: http://nrhm.gov.in/nrhm-in-state/state-wise-information/tamil-nadu.html#health_profile)

2.0 MENTAL HEALTH SYSTEMS IN TAMIL NADU

2.1 Introduction

A separate State Nodal Office for implementation District Mental Health Programme in Tamil Nadu (DMHP-TN) was established at Government Medical College, Madurai in June 2009 as it was easily accessible to all the other districts. Dr. C Ramasubramaniam was appointed as State Nodal Officer for Mental Health Programme, Tamil Nadu. The functions of State Nodal Officer is as follows:

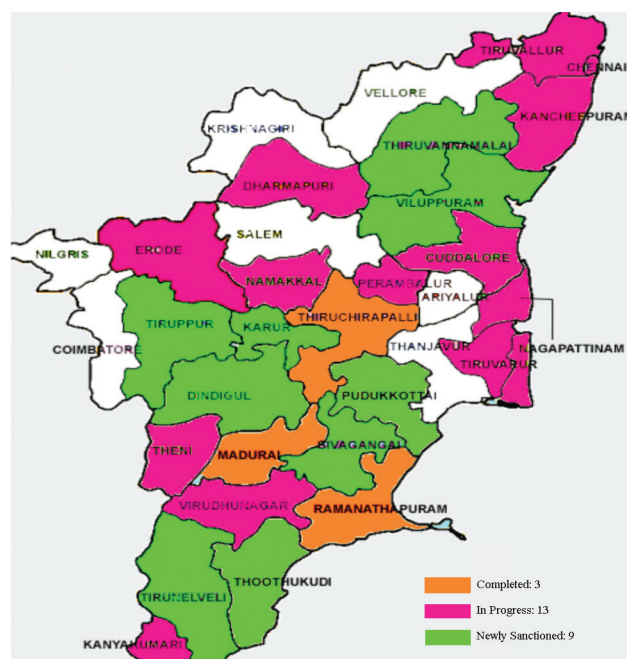
1. The State Nodal Officer is coordinating the DMHP-TN at different levels
 - a. Govt. Level: Coordinating with the Secretary and Ministry of Health and Family Welfare, Govt. of India.
 - b. State Level: Coordinating with three directorates such as the Directorate of Medical and Rural Health Services, the Directorate of Medical Education and the Directorate of Public Health and Preventive Medicines.
 - c. Field Level: Coordinating with the Joint Director of Health Services, Deputy Director of Public Health and Preventive Medicines, district psychiatrists and other mental health personnel.
 - d. District Level: Coordinating with the District Collector and other Stake Holders at District Level like District Revenue Officer, Dean, Medical College, District Social Welfare Officer, District Welfare Officer for Differently abled Person, District Employment Officer, Chief Employment Officer, Asst. Project Officer (A/c), District Rural Development Agency and reputed NGOs
2. Preparing the appropriate module for training the medical officers, para-medicals and non-medicals and other stake holders

on mental health, suicide prevention and school mental health.

3. Training the medical officers of PHC & taluk and district head quarter hospitals of Tamil Nadu.
4. Conducting periodical review meeting on the performance of the District Mental Health Programme team for its better implementation.

2.2 Mental Health Services in Tamil Nadu

The State Mental Health Authority Tamil Nadu (SMHA-TN) was formed in 1994 as a statutory body under section 4 of the Mental Health Act, 1987. It is functioning under the superintendence, direction and control of the Government of Tamil Nadu. Under the direction of the Government of India, an Office has been established in the campus of Institute of Mental Health, Kilpauk, Chennai.



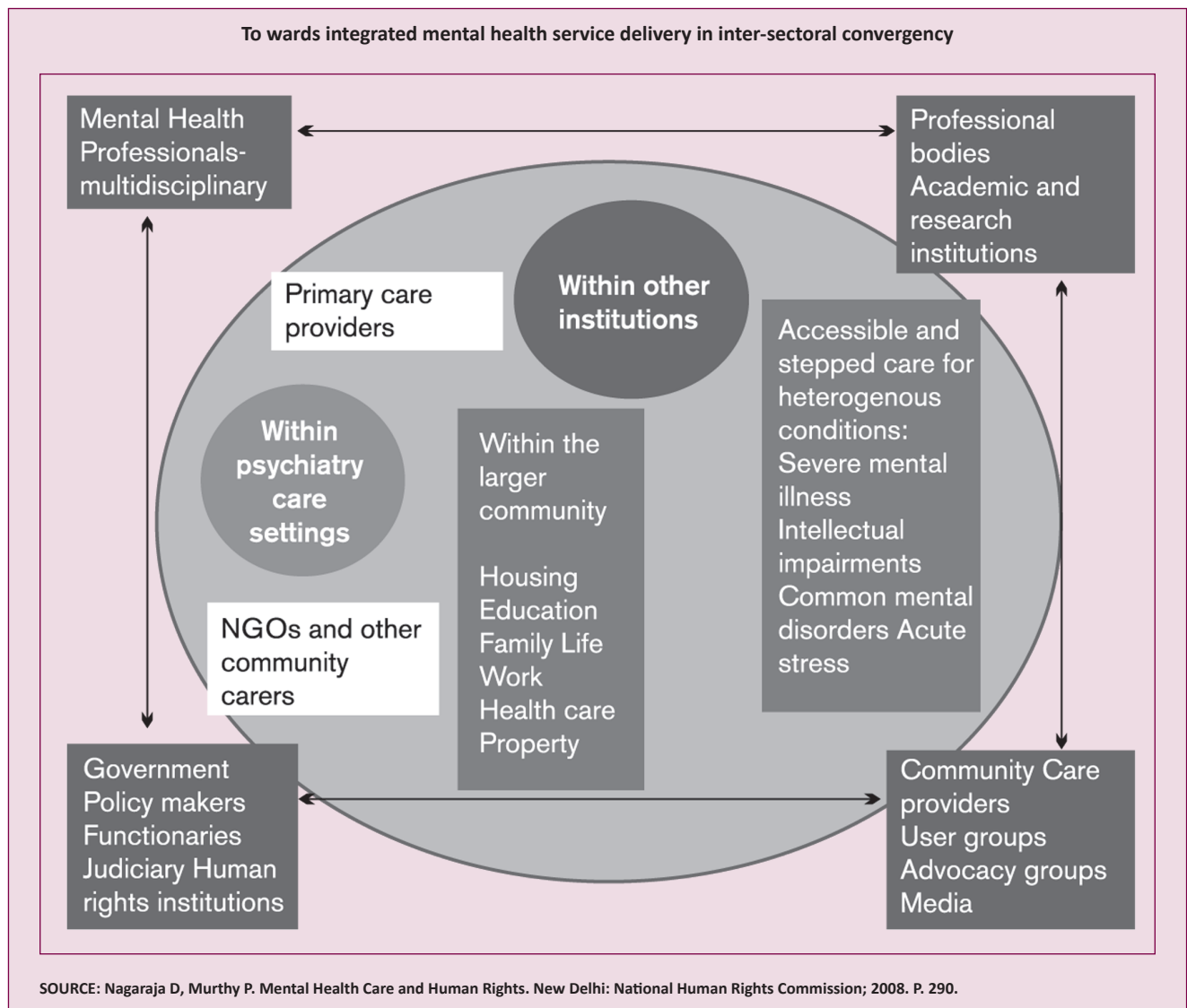
Besides Institute of Mental Health, Kilpauk, Chennai, there are 19 govt. medical colleges

and 16 private colleges which have a separate psychiatric wing and undertakes both In-patient and out-patient mental health services.

The District Mental Health Programme is being implemented in 16 districts, the highest number in the country. DMHP was first launched in 1997 in Trichy district and was extended to Madurai and Ramnathapuram in 2001. Subsequently, programme was extended to 13 other districts (2004: Theni and Kanyakumari, 2005: Erode, Dharmapuri and Nagapattinam, 2008: Chennai, Cuddalore,

Kancheepuram, Tiruvallur, Tiruvarur, Namakkal, Perumbalur and Virudhunagar) in a phased manner. In these districts, there is a ten-bedded psychiatric ward with adequate human resources (psychiatrists, psychologists and psychiatric social workers) along with a mobile psychiatric clinic. In addition to this 9 more districts are approved in PIP 2013-14 through NRHM.

In the remaining 15 districts, (as part of a state programme), all the psychiatrists post have been filled up.



3.0 OBJECTIVES

To develop a larger public health based District Mental Health Programme in the State, the Directorate of Medical and Rural Health Services, Directorate of Public Health and Preventive Medicine, Govt. of Tamil Nadu in consultation with the State Mental Health Programme Officer planned for a detailed deliberation as a collaborative endeavour with the Centre for Public Health, NIMHANS, Bangalore.

The objectives of this activity were to undertake an assessment of the state – district mental health care programme from a public health perspective, to identify current scenario and to develop a road map for future activities with a focus on District Mental Health Programme.

4.0 METHODS

All the District Mental Health Programme officers completed the proforma to assess their respective District Mental Health System. The proforma was developed by using WHO-AIMS instrument with modifications (details available on request) to suit local requirements. The completed forms were sent to CPH, NIMHANS for compilation and to develop the draft report.

A two day workshop was conducted in Madhurai for the state of Tamil Nadu on 17th and 18th June 2013 in Madurai. The participants included all state programme officers of mental health and I/c officers (35 of them) from non DMHP districts. The key objective was to review progress of DMHP in Tamil Nadu and strengthen public health components of the state mental health programme.

The various components discussed included - mental health policy and plans, Aims, scope, objectives and progress of National Mental Health Programme, organizing services and rehabilitation of individuals with Mental Neurological and Substance Use Disorders (MNSUDs) with a long term and programmatic perspective, intersectoral approaches in prevention, care and rehabilitation of mentally ill, advocacy for mental health, mental health promotion

in schools and work places, legislation and protecting human rights in mental health and epilepsy, integrating mental health with non communicable disease and elderly health care and other national programmes, emerging mental health and public health issues viz suicide prevention, maternal mental health, child mental health, geriatric mental health and disaster mental health services, Strengthening information systems and role of operational research, monitoring and evaluation of programmes and leadership in mental health. In addition, the workshop also had the goal of strengthening knowledge and skills of mental health programme officers in implementing and integrating mental health with public health activities in District Mental Health Programme and identified new areas of activities thus expanding mental health services and developing an action plan with strong monitoring and evaluation components.

The earlier data provided by participants was used for the 2 day training programme. Any incorrect or missing information was checked and rectified. Following the workshop, the compiled data was checked and final report developed. This was discussed with the state programme officer and the final areas for follow up are included in the current report.

Being the first base line report, some areas of data quality and coverage might have limitations and can be improved in a

significant way. It is envisaged that much more efforts will be put in to improve data quality in forthcoming reports.

5.0 RESULTS

The information provided by the District Programme Officers has been compiled and analyzed and is being presented as the state report. The individual district level report sheets have also been developed and are given along with. The mental health system assessment has been undertaken with respect to District Mental Health Programme and district mental health action plan / committee, facilities for mental health and other psychiatric services budget for mental health, mental health human resources, human resources development, management of mental health problems, intersectoral collaboration, IEC / BCC activities, health promotion, community participation and involvement of NGOs, social assistance, monitoring and evaluation, mental health research.

In order to track changes and improvements, a district mental health report sheet has been developed for each district. It is anticipated that this would serve as the baseline status, against which further changes can be compared within and across districts.

A limitation of this review at the time of compiling this report is the non availability of complete information from the private sector in the state involved in mental health care activities. Attempts are underway to bridge this gap in the subsequent reports.

5.1 District Mental Health Programme

Sixteen out of the 32 district have a District Mental Health Programme. During January 2014, Government of India has sanctioned 9 more districts taking the total number of districts with DMHP to 25.

5.2 District Mental Health Action Plan / Committee

While, 4 (25%) districts have a mental health action plan, only 1 district has modified the plan after its formulation.

Twelve (75%) of the districts have a district level mental health committee to oversee mental health activities within the district. In majority, the District Collector (9/16) heads this committee and in 7 districts the committee had met in the current year to review activities.

5.3 Facilities for Mental Health

All the DMHP districts have Out-patient facility at District and Taluk level. Inpatient facility is available often at the medical college hospital or the district hospital. In Nine districts in-patient services are provided by private and or NGO sector. De-addiction facility is available in 10 districts.

Table 3: Health facilities in the DMHP districts

Health facilities	Numbers	Health facilities	Number
Tertiary care centres	28	Taluka hospitals	102
Medical colleges	24	PHCs	823
District hospital	15	PHUs	51

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

5.4 District Budget for Mental Health

The districts have a dedicated budget head for mental health activities. From the inception of District Mental Health Programme-Tamil Nadu, the Govt. of India has released a sum of Rs.1270.59 out of its total sanctioned amount of Rs.1509.30 Lakhs in a phased manner. Out of the funds allocated to each district within the state for DMPH, re-allocation is made to the DMHP districts to run one or more components of the planned activities.

5.5 Health Human Resources for Mental Health

Table 4: Mental health professionals in the DMHP districts

	Numbers		Rate(per 10,000 population)	
	Govt	Private	Govt	Private
Psychiatrist	97	104	0.134	0.144
Psychologist	28	47	0.038	0.065
Psychiatric Social workers	31	87	0.042	0.120
Nurses (DPN)	40	22	0.055	0.030
Counsellors	89	41	0.123	0.056
Others	642	196	0.889	0.271

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 5: Trained personnel for mental health

Personnel Trained for Mental Health	Rate (10,000 population)	
	Govt	Private
Doctors	13.01	Information not available
Nurses	2.18	Information not available

Table 6: Health Human resources in the DMHP districts

	Number	Rate (per 100,000 population)
Specialist Doctors	2315	3.21
MBBS	3144	4.35
AYUSH	274	0.38
Others	9362	12.97

5.6 Management of Mental Health Problems

- 1) Case assessment protocols and treatment protocols are available with majority (14/16) of the district teams
- 2) It was reported that Psycho-tropic medicines are always available at the district and taluk hospitals, while it is available many times or sometimes at PHC / CHC.
- 3) Counseling services are available in the districts
- 4) 12 / 16 districts conducted weekly camps while one each did on a monthly and fortnightly basis. Amongst those districts conducting the camp, the frequency ranged between 1 and 6 camps per week.
- 5) Referral services for mental health are reported by 14 districts.

5.7 Intersectoral Collaboration

Four districts report Life skills education programme being conducted in educational institutions.

Workplace activities were undertaken in 9 districts and prison based activities in 3 districts. Three districts report involving the judges, police and or school teachers in formal mental health activities.

5.8 IEC / Health Promotion

IEC materials like pamphlets, brochure and leaflets in local language are reported to be available in 10 districts while videos are available in 2 districts. Eight districts report undertaking specific IEC activities in the last 12 months.

Across the district, health promotion activities were undertaken infrequently in schools and colleges.

5.9 Community Participation / NGOs

Nine districts report the presence of a mental health NGO and interactions in mental health activities.

5.10 Social Assistance /Welfare

While all districts issues disability certificates, the reported coverage varied between 20% and 100%.

5.11 Monitoring and Evaluation

Registers are maintained in districts and these include new case register, old case register, disability assessment register, mobile camp register, suicide prevention case register, IQ assessment register, certificate register, etc.,

Mental health activities within the district were reviewed monthly at district level and quarterly at the state level.

External Evaluation of the District Mental Health Programme has been undertaken by different agencies (NIMHANS, ICMR, Mental Health Policy group) in 8 districts in the immediate

past: 2006 – Ramnathapuram; 2010 – Perambalur, Thiruvarur, Thiruchirapalli and Virudhnagar; 2012– Erode and Madurai; 2013 Thiruvallur. In the 2012 evaluation, Madurai district was adjudged the best district in the country for patient satisfaction. These evaluations have identified strengths and limitations of the programme

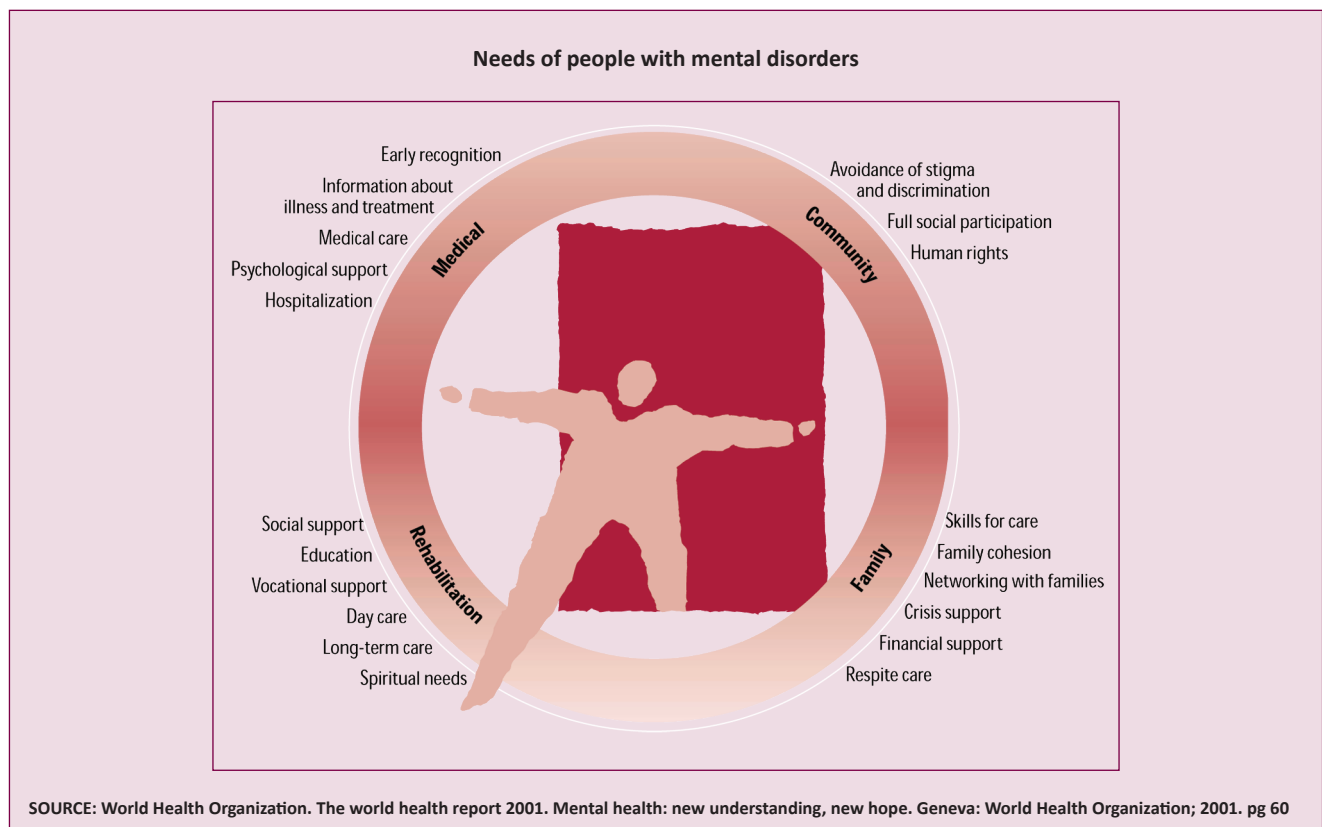
and suggested activities to be undertaken for strengthening DMHP in Tamil Nadu.

5.12 Mental Health Research

Research in mental health were reported to be carried out only in three districts

6.0 SUMMARY

- 1) The progressive state of Tamil Nadu has an impressive performance with respect to the general health services. The state has the highest number of districts (16) covered under the centrally sponsored district Mental Health Programme (DMHP).
- 2) Majority of the districts have a District Mental Health Action Plan and a district level committee to oversee its functioning.
- 3) While outpatient services are generally available, and Inpatient facility is available in each district. Basic psychotropic medicines are reported to be always available at district and taluk hospitals.
- 4) Printed IEC materials in local language are available in majority of the districts.
- 5) External evaluation of the DMHPs has been undertaken in nearly 50% of districts in the past decade. The programme is reportedly reviewed regularly monthly at district level and quarterly at the State level.



7.0 WAY FORWARD

The present assessment of the mental health systems adopting a public health approach has been able to identify critical areas for strengthening / improvement in the functioning

of the mental health systems in the state of Tamil Nadu. The assessment reveals that the ongoing activities can be further strengthened in the identified domains with specific activities.

DOMAIN	PROPOSED ACTIVITY
7.1 State mental Health Policy	Comprehensive state mental health policy to be developed for giving thrust and to lay a road map based on review of previous documents and in consultation with all stake holders; this should address not only traditional mental health problems, but also include emerging problems like suicides, Common mental disorders, Psychosocial rehabilitation, dementia, child mental health and others.
7.2 State mental health action plan	Develop a workable detailed plan that addresses different mental health activity components, roles and responsibilities of stake holders, time lines, budgetary provisions and monitoring mechanisms. Coordination mechanisms should be clearly spelt out in the work plan.
7.3 District Mental Health Programme	The present DMHP should be expanded to cover all districts and should include mental health promotion, rehabilitation of chronic mentally ill, implementing legislations, regular monitoring mechanisms in a coordinated manner to cover the entire district. Management of MNSUDs should be based on a continuous care approach.
7.4 Expand mental health programme activities to cover all districts in the state	Appoint district mental health team that includes Psychiatrist, psychologist, social workers and psychiatric nurses in all newly identified DMHP districts.
7.5 Budgetary outlay Improve financial allocation	A detailed budget for different mental health activities for the state with specific earmarking for different components on a yearly basis needs to be defined. In addition, coordination between centre and state to be improved for timely release of funds. With a defined work plan the utilization of funds will be complete and would be for defined activities.
7.6 Mental Health Human Resources Improve availability of health human resources for mental Health	Plan a training calendar for a continued and refresher training for all categories of mental health professionals in the state and within each district in collaboration with local medical college departments and other national agencies
	Incorporate training in mental health for other health professionals / service providers in health and health-related departments, especially in educational institutions.
	Annual capacity building of stake holders related to mental health should be given importance on a regular basis.
7.7 Service delivery to improve existing services	Develop Uniform and standardized case management and referral protocols for different levels of mental health care services across the state.
Integrate Mental Health with other health programmes and services	Develop approaches and strategies for integrating Mental health with programmes in the areas of NCDs, Elderly Health, HIV/AIDS, Integrated Child Protection Scheme (ICPS), rehabilitation programs and others

DOMAIN	PROPOSED ACTIVITY
7.8 Inter-sectoral activities Private sector	Explore mechanisms for involvement / integration with private sector especially the medical colleges and other health service providers in the areas of training, advocacy, outreach activities, referral networks and operational research.
Non Government and Community Based Organizations	Support Non Governmental organizations (NGOs) and Community Based Organizations (CBOs) and involve them to undertake community based activities for mental health promotion, advocacy and early diagnosis and rehabilitation.
7.9 Social assistance / welfare Strengthen implementation mechanisms	All welfare schemes applicable for mentally ill patients in the state should be streamlined , communicated to all stake holders, informed to the community and facilitated for implementation
7.10 Monitoring and Evaluation Monitor the progress periodically	Identify simple input, process and output indicators for monitoring mental Health programmes at district and in turn at state levels
	Develop routine reporting district level systems to monitor patient care (in institutions and at community level) and programme performance
	Develop annual and monthly district and state level reports for mental health activities
	Provide regular feedback to all district programme officers on a quarterly basis
Evaluation of the State Mental Health Programme	Undertake systematic review of SMHA biannually, and DMHP, at state once in three months and district levels once a month by the district collector and provide feedback to all district programme officers.
7.11 Research Strengthen operational research	Undertake research in clearly defined areas that would identify gaps and strengthen programmes at district level. eg., non utilization of services , barriers to care etc.,

Top 5 Grand Challenges in Mental Health

1. Integrate screening and core packages of services into routine primary health care
2. Reduce the cost and improve the supply of effective medications
3. Provide effective and affordable community-based care and rehabilitation
4. Improve children's access to evidence-based care by trained health providers in low- and middle-income countries
5. Strengthen the mental-health component in the training of all health-care personnel

Source: Collins P Y et al (2011). Grand challenges in global mental health. *Nature* 475, 27–30 doi:10.1038/475027a

8.0 NEXT STEPS

Mental health system assessment and strengthening is a systematic and continuous activity with strengthening of the programme in different areas. The present report has identified several areas for future work. To begin with the following 3 steps are being recommended

- a) To continuously monitor proposed / developed/ implemented activities under the programme that meets the overall goals and objectives of the district mental health programme, a programme monitoring format has been developed in consultation with experts that can be implemented at the district level (annexure 1).

Monitoring, in simple terms, is the systematic observation and documentation of activities to see whether activities are identified and implemented in a defined manner. Review of the programme based on performance and indicators will significantly strengthen District Mental Health Programme and

ensures that comprehensive promotive, curative and rehabilitation services are delivered to all sections of community within the existing mental health and public health systems of the state

- b) Strengthen and improve service delivery by identifying points of integration with existing national health programmes related to NCDs, elderly health care, youth health, maternal and child health.
- c) The present location of State Nodal Office at Madurai medical college, Madurai is an ideal place since it is centrally located for most of the District Mental Health Programme implementing districts. Unfortunately, it is functioning with limited staff. As a first step, in view of its role as a state coordinating agency for expanding the District Mental Health Programme, there should be a full-fledged office with all facilities for the effective implementation of the programme.

4.13.1.1. National Health Policy – 2002 envisages a network of decentralised mental health services for ameliorating the more common categories of disorders. The programme outline for such a disease would involve the diagnosis of common disorders, and the prescription of common therapeutic drugs, by general duty medical staff.

National Health Policy - 2002 Page 28 of 36 <http://mohfw.nic.in/np2002.htm> 2/9/2011

ANNEXURE-1

District Mental Health System Monthly Monitoring sheet

(District Name: _____) YEAR

		Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1.0 MANAGEMENT OF MENTAL HEALTH PROBLEMS													
1.1 New patients (number) registered during the month	Psychoactive substance use												
	Psychoses-Schizophrenia, schizotypal and delusional disorders												
	Mood (affective) disorders												
	Neurotic, stress-related and somatoform disorders												
	Epilepsy												
	Others*												
1.2 Old patients followed up (number) during the month	Psychoactive substance use												
	Psychoses-Schizophrenia, schizotypal and delusional disorders												
	Mood (affective) disorders												
	Neurotic, stress-related and somatoform disorders												
	Epilepsy												
	Others*												

		Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1.3 Number of patients referred to higher centres during the month	Psychoactive substance use												
	Psychoses: Schizophrenia, schizotypal and delusional disorders												
	Mood (affective) disorders												
	Neurotic, stress-related and somatoform disorders												
	Epilepsy												
	Others*												
* Others include- Disorders of adult personality and behaviour (F60-F69) and organic mental disorders, mental retardation, behavioural and emotional disorder with onset usually occurring in childhood and adolescence, disorders of psychological development, etc													
2.0 Out reach services conducted during the month	1. Number of camps conducted												
	2. Number of outreach services undertaken in schools												
	3. Number of outreach services undertaken in workplaces												
	4. Total number of persons screened												
	5. Total number of persons with mental illness treated												
	6. Total number of persons with mental illness referred												

		Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
3.0 Number of Training programmes conducted during the month for	1. Doctors												
	2. Nurses, ANMs, health workers												
	3. Other health staff trained												
4.0 Number of new disability certificates distributed during the month													
5.0 Number of mental health sensitization programmes conducted for	1. Judges and lawyers												
	2. Police												
	3. Teachers												
	4. Others (specify)												
6.0 Mental health educational materials in the local language distributed during the month (give numbers)	1. Poster												
	2. Pamphlet												
	3. Brochure												
	4. Video												
	5. Other-specify												

		Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
7.0 Number of mental health education activities undertaken during the month in	1. Schools												
	2. Colleges												
	3. Workplaces												
	4. Prisons												
	5. Others- specify												
8.0 Budget utilized for mental health activities during the month (in INR)													
9.0 Please give details of the district level mental health committee meeting during the month (Only major decisions in bullet points)													
10.0 NGOs / Community Participation	No. of activities conducted	No of NGOs / CBOs involved											
Indicate the MENTAL HEALTH RESEARCH activities undertaken during the month		OTHERS including details of any evaluation carried out by external agency during the month											

Name and Signature of the District Mental Health Programme Officer:

Date:

TAMIL NADU MENTAL HEALTH CARE ASSESSMENT: DISTRICT FACT SHEETS



DISTRICT MENTAL HEALTH SYSTEM FACT SHEET CHENNAI, Tamil Nadu

District details:

Population (Census 2011)	: 46, 46,732
Urban population	: 100%
Life expectancy at birth	: 84.8 yrs
Literacy rate	: 90.18%
Jansankhya Sthirata Kosh Rank	
within state	: 1
across all districts in the country	: 1

District Mental Health Programme

District Mental Health Programme was started in 2008.

District Mental Health Action Plan / Committee

The district does not have a mental health action plan.

Facilities for Mental Health

Out-patient facility is available at the 3 medical college hospitals, district hospital and in 5 primary health centers. Inpatient facility is available at the 3 medical college hospitals. De-addiction facility is also available in the district.

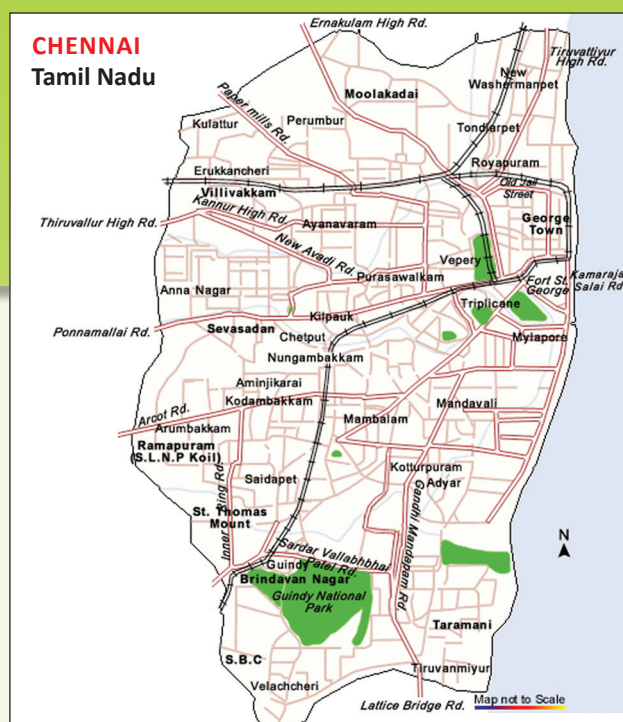
Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	Nil
Medical colleges	3	PHCs	Around 80 UPHCs
District hospital	Nil	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically.



Contact person: Dr. S Avudaiappan, Psychiatrist
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Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	40(0.09)	20(0.04)
Psychologist	7 (0.02)	20 (0.04)
Psychiatric workers	20(0.04)	50 (0.11)
Nurses (DPN)	25 (0.05)	20 (0.04)
Counsellors	Nil	Nil
Others	10 (0.2)	20 (0.04)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate(per 10,000 population)	
	Govt	Private
Doctors	0.11	Information not available
Nurses	0.09	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	500 (1.07)
MBBS	800 (1.72)
AYUSH	70 (0.15)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.

- 2) Basic Psychotropic medicine(s) are infrequently available at the PHCs while always available at the private pharmacies.
- 3) Counseling services are provided at the 3 medical college hospitals.
- 4) Weekly camps are regularly conducted and nearly 100 camps and 100 outreach activities were conducted in last year.
- 5) Referral services for mental health are not reported.

Intersectoral Collaboration

No intersectoral collaboration with other government sectors is reported

IEC / Health Promotion

IEC materials like pamphlets, brochure and posters in local language are reported to be available in the district while videos are not available in the district. There are no IEC activities undertaken in the past 1 year.

Community Participation / NGOs

SCARF (www.scarfindia.org) and Banyan (www.thebanyan.org) are the NGOs working in mental health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is more than 95%.

Monitoring and Evaluation

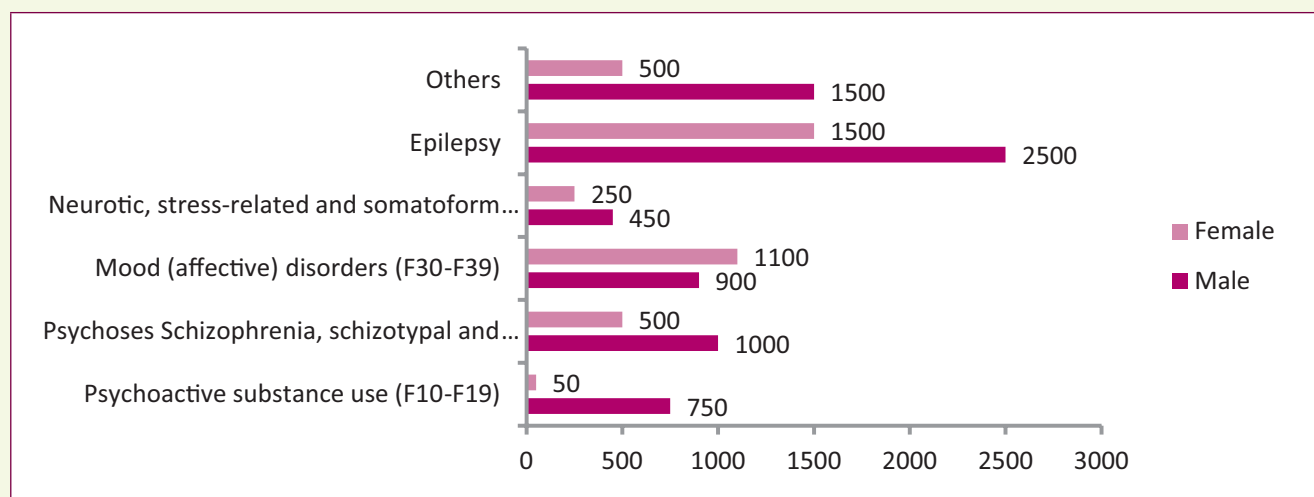
Mental health activities within the district are reviewed monthly at district level and state level.

External evaluation of the District Mental Health Programme has not been undertaken since its implementation.

Mental Health Research

Research activity related to mental health has been undertaken in the district in the last 5 years.

Mental Health Disorders/ Diseases within the District
(includes both old and new patients during the last year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET CUDDALORE, Tamil Nadu

District details:

Population (Census 2011)	: 26,05,914
Urban population	: 33.96%
Life expectancy at birth	: 71.8yrs
Literacy rate	: 79.04%
Jansankhya Sthirata KoshRank	
within state	: 21
across all districts in the country	: 76

District Mental Health Programme

District Mental Health Programme was started in 2008.

District Mental Health Action Plan / Committee

The district level committee responsible for implementing/ supervising mental health programme activities under the chairmanship of District Collector which met last in February 2013.

Facilities for Mental Health

Out-patient facility is available at medical college hospital, district head quarter hospital, taluk hospitals, and PHC. Inpatient facility is available at medical college hospital and district hospital. De-addiction facility is also available at 2 centers in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	7
Medical colleges	1	PHCs	61
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

CUDDALORE Tamil Nadu



Contact person: Dr. Sathyamoorthy, Asst Surgeon
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District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (rate per 10,000 population)	
	Govt	Private
Psychiatrist	3 (0.011)	2 (0.007)
Psychologist	3 (0.011)	2 (0.007)
Psychiatric Social workers	1 (0.004)	4 (0.015)
Nurses (DPN)	Nil	Nil
Counsellors	28 (0.1)	Nil
Others	67 (0.25)	15 (0.057)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	0.57	Information not available
Nurses	0.004	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	180 (0.69)
MBBS	141 (0.54)
AYUSH	44 (0.16)
Others	564 (2.16)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the district and taluk hospitals, while it is available infrequently at PHC / CHC.
- 3) Counseling services are provided at the district and taluk hospitals and medical college hospitals
- 4) Fortnightly camps are conducted and nearly 100 camps were conducted in last year.
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with other national health programs and government sectors including education, social welfare, and police department is reported

IEC / Health Promotion

IEC materials like pamphlets, brochure

and posters in local language are available in the district while videos are not available in the district.

Community Participation / NGOs

OASIS is the NGO working in Mental Health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 30%.

Monitoring and Evaluation

Registers include psychological assessment register (IQ), suicide prevention register, counseling/behavior therapy register etc.,

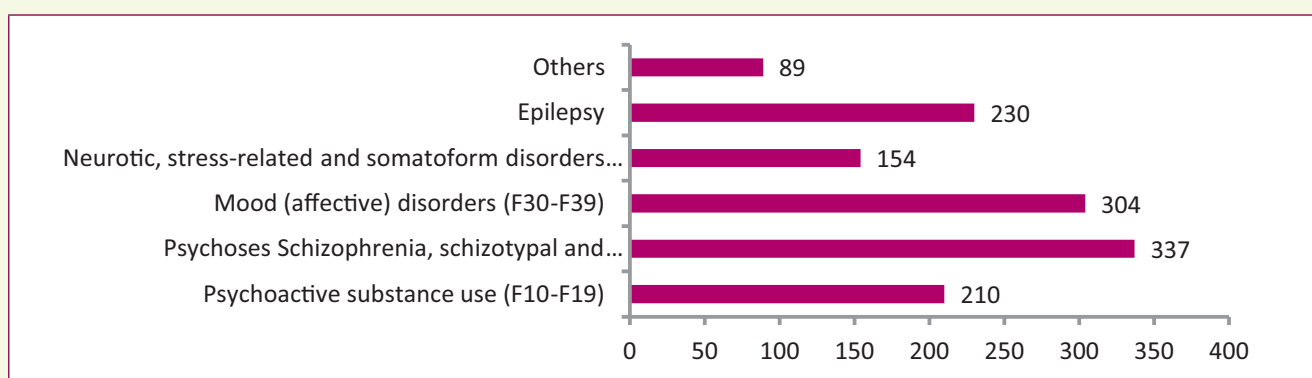
Mental Health activities within the district are reviewed monthly at district level and yearly at state level.

External evaluation of the District Mental Health Programme has been undertaken during the year 2010.

Mental Health Research

Research activity related to mental health has been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (New patients during January-December 2012)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET DHARMAPURI, Tamil Nadu

District details:

Population (Census 2011)	: 15,06,843
Urban population	: 17.31%
Life expectancy at birth	: 69.8 yrs
Literacy rate	: 68.54%
Jansankhya Sthirata Kosh Rank	
within state	: 30
across all districts in the country	: 147

District Mental Health Programme

District Mental Health Programme was started in 2005.

District Mental Health Action Plan / Committee

The district level committee responsible for implementing/ supervising mental health programme activities under the chairmanship of District collector which met last in 2010.

Facilities for Mental Health

Out-patient facility is available at medical college hospital, district hospital, taluka hospital, and PHC; also available at 3 nursing homes. Inpatient facility is available at medical college hospital and district hospital. De-addiction facility is also available at 1 center in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	3
Medical colleges	1	PHCs	33
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

DHARMAPURI

Tamil Nadu



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District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	6 (0.03)	-
Psychologist	-	-
Psychiatric Social workers	1 (0.006)	-
Nurses (DPN)	-	-
Counsellors	-	-
Others	2 (0.01)	25 (0.16)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	0.006	Information not available
Nurses	Information not available	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	6 (0.03)
MBBS	315 (2.01)
AYUSH	48 (0.31)
Others	1 (0.006)

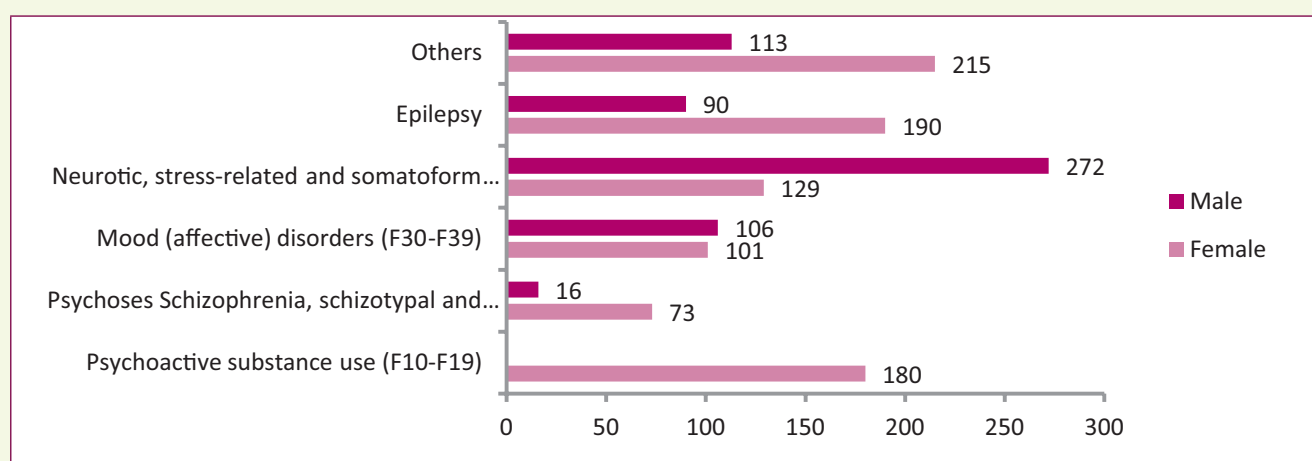
Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are not available.
- 2) Psychotropic medicines are always available at the district and taluk hospitals and at the PHC / CHC
- 3) Counseling services are provided at the medical college hospital, district hospital, taluk hospitals and at 3 nursing homes in the district
- 4) Weekly camps were conducted in last year.
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

No intersectoral collaboration with other government sectors is reported

Mental Health Disorders/ Diseases within the District (new patients during the last one year)



IEC / Health Promotion

IEC materials are not reported to be available in the district. Health promotional activities in schools and colleges are undertaken in the past 1 year.

Community Participation / NGOs

Two NGOs are working in mental health

Social Assistance /Welfare

The district has not reported the issue of disability certificates.

Monitoring and Evaluation

Mental health activities within the district are reviewed monthly at district level and quarterly at state level.

External evaluation of the District Mental Health Programme has not been undertaken.

Mental Health Research

No research activity related to mental health has been reported to be undertaken in the district in the last 5 years



DISTRICT MENTAL HEALTH SYSTEM FACT SHEET ERODE, Tamil Nadu

District details:

Population (Census 2011)	: 22,51,744
Urban population	: 51.43%
Life expectancy at birth	: 73.1 yrs
Literacy rate	: 72.96%
Jansankhya Sthirata Kosh Rank	
within state	: 5
across all districts in the country	: 24

District Mental Health Programme

There is a District Mental Health Programme in the district.

District Mental Health Action Plan / Committee

There is a mental health action plan for the district. The district level committee responsible for implementing/ supervising mental health programme activities is under the Joint Director; met last in May 2013.

Facilities for Mental Health

Out-patient facility is available at medical college hospital, district hospital, taluka hospital, PHC available at nursing homes and also available at NGO's. Inpatient facility is available at medical college hospital and district hospital. De-addiction facility is also available at 1 center in the district.

Table 1: Health facilities in the district

Tertiary care centres	10	Taluka hospitals	6
Medical colleges	1	PHCs	35
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

District Budget for Mental Health

The district has a dedicated budget head for

ERODE Tamil Nadu



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mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	3 (0.01)	6 (0.02)
Psychologist	1 (0.004)	Nil
Psychiatric Social workers	1 (0.004)	Nil
Nurses (DPN)	1 (0.004)	Nil
Counsellors	21 (0.09)	Nil
Others	146 (0.65)	Nil

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	0.75	Information not available
Nurses	Information not available	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	82 (0.36)
MBBS	221 (0.98)
AYUSH	Nil
Others	833 (3.69)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the private pharmacies, district and taluka hospitals, while it is infrequently available at the PHC / CHC
- 3) Counseling services are provided at the district and taluka hospitals and medical college hospitals
- 4) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with other government sectors is reported

IEC / Health Promotion

IEC materials like pamphlets, brochure and posters in local language are reported to be available in the district while videos are not available in the district. There are IEC activities undertaken in workplaces, schools, colleges, prisons and tribal areas in the past 1 year.

Community Participation / NGOs

Care (<http://www.careindia.org/>) is the NGO working in Mental Health.

Social Assistance /Welfare

The district issues disability certificates; coverage is not indicated

Monitoring and Evaluation

Registers include OPD register, nominal register, disability register, IQ assessment register, census register, suicidal register, dmhp register etc..

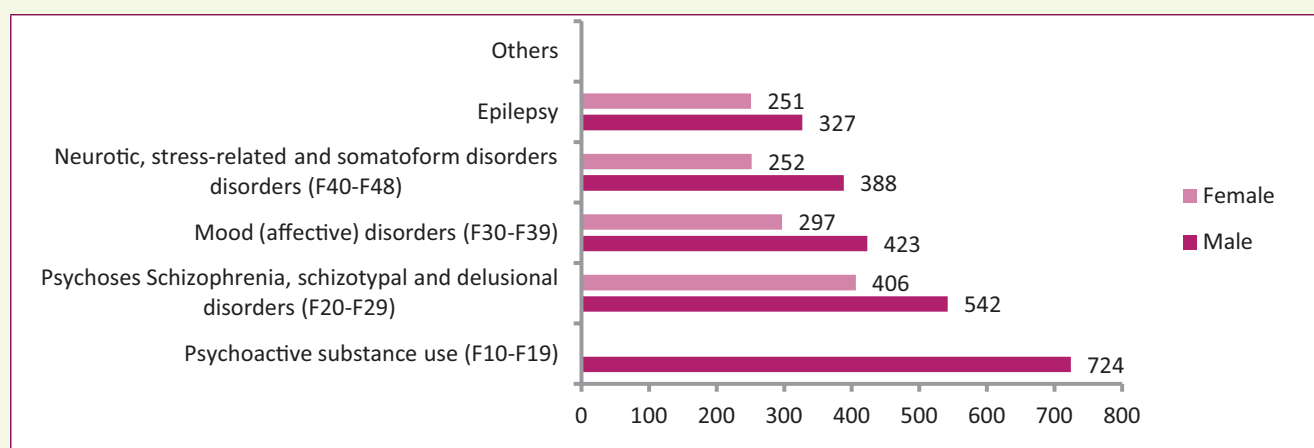
Mental health activities within the district are reviewed monthly at district level and yearly at state level.

External evaluation of the District Mental Health Programme was undertaken in October 2012

Mental Health Research

No research activity related to mental health has been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (new patients during the last one year):





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET KANCHIPURAM, Tamil Nadu

District details:

Population (Census 2011)	: 39, 90,897
Urban population	: 63.48%
Life expectancy at birth	: 76.5 yrs
Literacy rate	: 85.29 %
Jansankhya Sthirata Kosh Rank	
within state	: 4
across all districts in the country	: 23

District Mental Health Programme

District Mental Health Programme was started in 2008.

District Mental Health Action Plan / Committee

The district has a mental health action plan but there is no district level committee responsible for implementing/ supervising mental health programme activities

Facilities for Mental Health

Out-patient facility is available at medical college hospital, district hospital, taluka hospital, PHC and also provided by 2 NGOs. Inpatient facility is available at medical college hospital and district hospital and also available at 2 NGOs. De-addiction facility is not available in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	6
Medical colleges	5	PHCs	57
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically.

KANCHIPURAM Tamil Nadu



Contact person: Dr. Suresh, District Psychiatrist
Mobile: +91 72996 89594, Email: drlsureshas@gmail.com

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	2 (0.005)	Nil
Psychologist	1 (0.002)	7 (0.017)
Psychiatric Social workers	1 (0.002)	7 (0.017)
Nurses (DPN)	1 (0.002)	2 (0.005)
Counsellors	Nil	Nil
Others	Nil	Nil

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	0.28	Information not available
Nurses	0.24	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	49 (0.12)
MBBS	175 (0.43)
AYUSH	Nil
Others	534 (1.33)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the private pharmacies, district and taluk hospitals, while it is not available at PHC / CHC.
- 3) Counseling services are provided at the district and taluk hospitals, medical college hospitals and PHCs
- 4) Weekly camps are conducted and nearly 51 camps and 1 outreach activities were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with other government sectors is reported.

IEC / Health Promotion

IEC materials like pamphlets, posters, booklets and stickers in local language are

reported to be available in the district. There are no IEC activities undertaken in the past 1 year.

Community Participation / NGOs

No NGO is reported to be working in Mental Health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 75%.

Monitoring and Evaluation

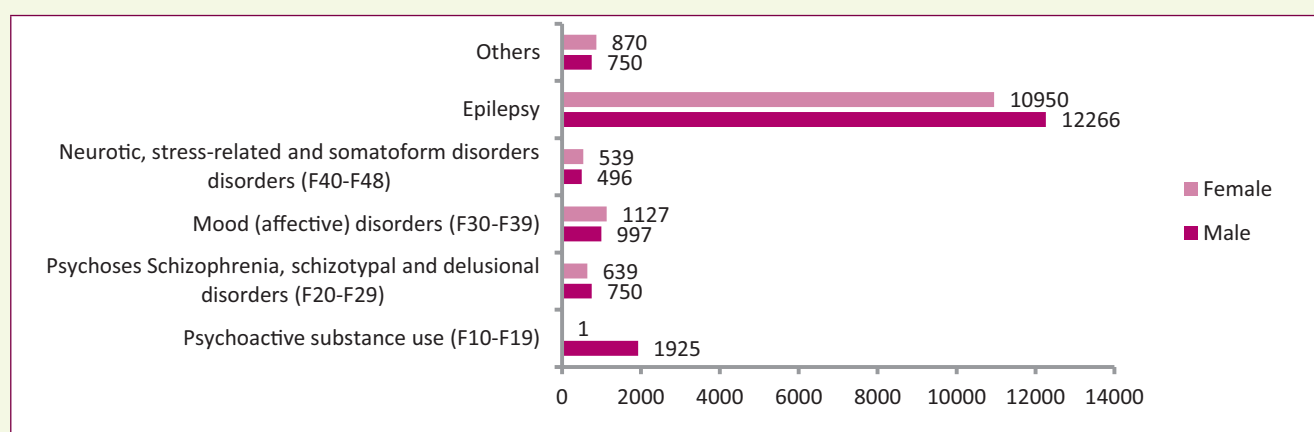
Mental health activities within the district are reviewed monthly at district level and quarterly at state level.

External evaluation of the District Mental Health Programme has not been undertaken.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years.

Mental Health Disorders/ Diseases within the District (includes both old and new patients seen during last year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET KANYAKUMARI, Tamil Nadu

District details:

Population (Census 2011)	: 18, 70,374
Urban population	: 82.32%
Life expectancy at birth	: 72.6 yrs
Literacy rate	: 91.75%
Jansankhya Sthirata Kosh Rank	
within state	: 2
across all districts in the country	: 12

District Mental Health Programme

District Mental Health Programme was started in 2004.

District Mental Health Action Plan / Committee

There is a mental health action plan for the district and the district level committee responsible for implementing/ supervising mental health programme activities is under the chairmanship of District Collector; met last in April 2013.

Facilities for Mental Health

Out-patient facility is available at 6 super specialty hospitals, 2 medical college hospitals, district hospital, taluka hospitals and 2 nursing homes. Inpatient facility is available at 6 super specialty hospitals, 2 medical college hospitals, district hospital, 2 nursing homes and 2 NGOs. De-addiction facility is also available which includes 18 day care centers and 2 long stay homes in the district.

Table 1: Health facilities in the district

Tertiary care centres	6	Taluka hospitals	6
Medical colleges	2	PHCs	36
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

KANYAKUMARI

Tamil Nadu



Contact person: Dr. A Joseph Robin, Assistant Surgeon (District Psychiatrist)
Mobile: +91 94436 07676, Email: robinjoe67@gmail.com

District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically..

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	3 (0.016)	3 (0.016)
Psychologist	1 (0.005)	Nil
Psychiatric Social workers	Nil	Nil
Nurses (DPN)	1 (0.005)	Nil
Counsellors	Nil	Nil
Others	47(0.25)	55 (0.29)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	0.35	Information not available
Nurses	0.005	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	265 (1.41)
MBBS	311 (1.66)
AYUSH	32 (0.17)
Others	710 (3.79)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the private pharmacies, district and taluk hospitals.
- 3) Counseling services are provided at the district and taluk Hospitals and nursing homes
- 4) Weekly camps are conducted and nearly 313 camps and 40 outreach activities were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with other national health programmes and government sectors including women and child welfare, education and social welfare departments is reported

IEC / Health Promotion

IEC materials like pamphlets and posters in local language are reported to be available in the district while videos and brochures are not available in the district. There are health promotional activities undertaken in schools in the past 1 year.

Community Participation / NGOs

EmmavusinPoonthoppu, Mekkamandapam and Devasahayam Mental Health Asylum in Karoduare the NGOs working in Mental Health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 75%

Monitoring and Evaluation

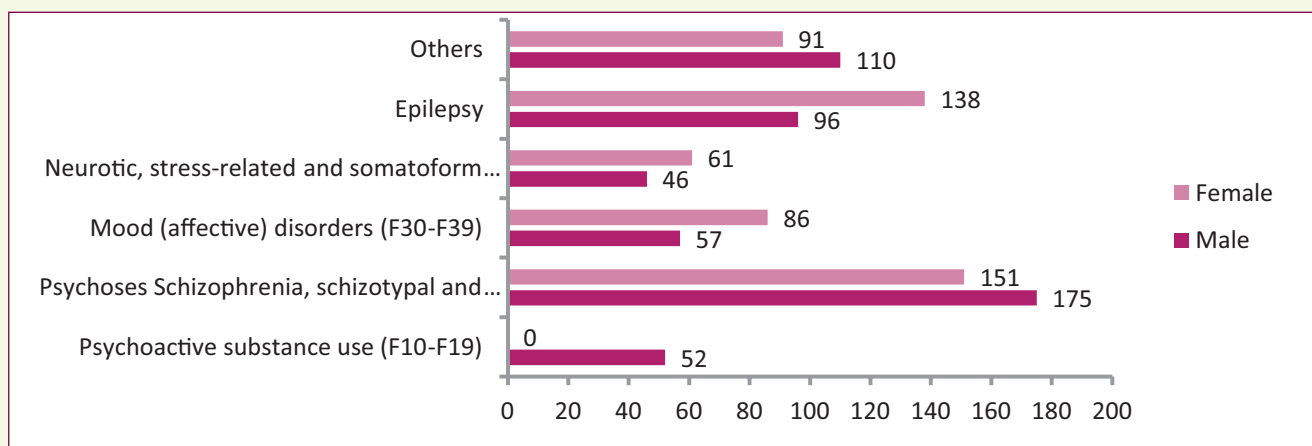
Mental health activities within the district are reviewed monthly at district level and quarterly at state level.

External evaluation of the District Mental Health Programme has been undertaken.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (new patients during last one year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET MADURAI, Tamil Nadu

District details:

Population (Census 2011)	: 30,38,252
Urban population	: 60.78%
Life expectancy at birth	: 73.4yrs
Literacy rate	: 81.66%
Jansankhya Sthirata Kosh Rank	
within state	: 7
across all districts in the country	: 37

District Mental Health Programme

District Mental Health Programme was started in 2001.

District Mental Health Action Plan / Committee

There is no mental health action plan. However, the district level committee responsible for implementing/ supervising mental health programme activities is under the chairmanship of District collector; met last in February 2013.

Facilities for Mental Health

Out-patient facility is available at medical college hospital, district hospital, taluka hospital, PHC, also available at nursing homes and 1 NGO. Inpatient facility is available at medical college hospital and district hospital. De-addiction facility is also available in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	5
Medical colleges	1	PHCs	52
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

MADURAI Tamil Nadu



Contact person: Dr. S Sivasangari, District Mental Health Programme Officer
Mobile: +91 94874 93641, Email: sivsibi@yahoo.com

District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	9 (0.029)	45 (0.14)
Psychologist	2 (0.006)	4 (0.013)
Psychiatric Social workers	1 (0.003)	20 (0.065)
Nurses (DPN)	1 (0.003)	Nil
Counsellors	Nil	Nil
Others	75 (0.24)	30 (0.098)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	0.32	Information not available
Nurses	0.34	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	200 (0.65)
MBBS	250 (0.82)
AYUSH	Nil
Others	922 (3.03)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the private pharmacies, district and taluk hospitals, while it is available many times at PHC
- 3) Counseling services are provided at the district and taluk hospitals and medical college hospitals and also in NGOs
- 4) Weekly camps are conducted and nearly 192 camps and 6 outreach activities were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with other government sectors is reported

IEC / Health Promotion

IEC materials like pamphlets, brochure and posters in local language are reported

to be available in the district. IEC and health promotional activities are undertaken at workplaces, schools, colleges and prisons in the past 1 year.

Community Participation / NGOs

M.S Chellamuthu Trust (<http://www.msctrust.org/>) is working in Mental Health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 70%

Monitoring and Evaluation

Registers include OP register, IP register, disability register, suicide counseling register, referral register, school mental health register etc.,

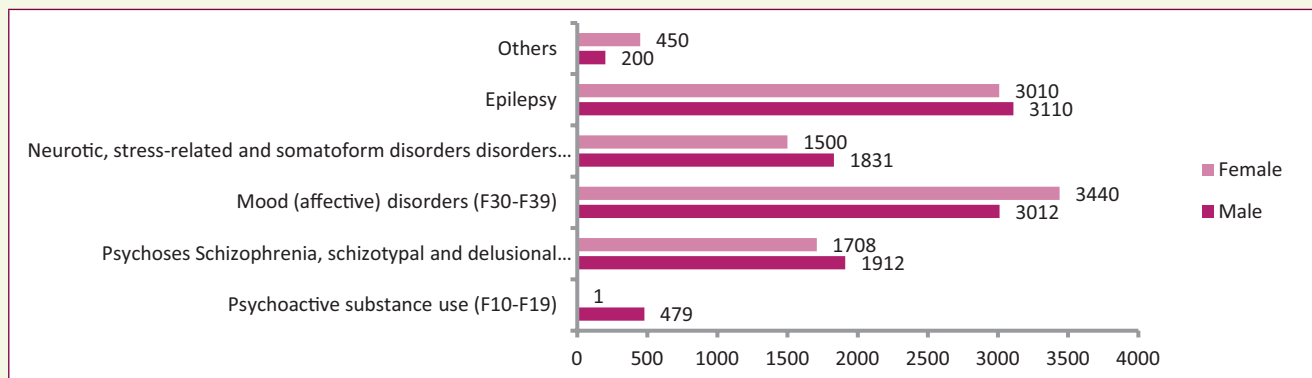
Mental health activities within the district are reviewed monthly at district level and quarterly at state level.

External evaluation of the District Mental Health Programme has been undertaken.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (includes both old and new patients during last year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET NAGAPATTINAM, Tamil Nadu

District details:

Population (Census 2011): 16,16,450

Urban population: 22.56%

Life expectancy at birth: 74.7yrs

Literacy rate: 83.59%

Jansankhya Sthirata Kosh Rank: within state: 19;
across all districts in the country: 68

District Mental Health Programme

District Mental Health Programme was started in 2005.

District Mental Health Action Plan / Committee

There is a mental health action plan and the district level committee responsible for implementing/ supervising mental health programme activities is under the chairmanship of District collector; met last in March 2012.

Facilities for Mental Health

Out-patient facility is available at district hospital and taluka hospital. Inpatient facility is available at district hospital. De-addiction facility is not available in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	11
Medical colleges	Nil	CHCs	11
District hospital	1	PHCs	51

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically..

NAGAPATTINAM

Tamil Nadu



Contact person: Dr. R Sekar, Assistant Surgeon
Mobile: +91 94867 41798

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (rate per 10,000 population)	
	Govt	Private
Psychiatrist	1 (0.006)	1 (0.006)
Psychologist	1 (0.006)	Nil
Psychiatric Social workers	1 (0.006)	Nil
Nurses (DPN)	Nil	Nil
Counsellors	Nil	Nil
Others	62 (0.38)	Nil

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate(per 10,000 population)	
	Govt	Private
Doctors	Information not available	Information not available
Nurses	Information not available	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	61 (0.37)
MBBS	117 (0.72)
AYUSH	21 (0.12)
Others	731 (4.52)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the district and infrequently at taluka hospitals and PHCs
- 3) Counseling services are provided at the district hospitals
- 4) Weekly camps are conducted and nearly 61 camps were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with education and social welfare sectors is reported

IEC / Health Promotion

IEC materials are not available in the district. Health promotional activities are undertaken in workplaces, schools and prisons in the last 3 years.

Community Participation / NGOs

Anbagam (<http://www.anbagam.net/>) is the NGO working in Mental Health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 25%

Monitoring and Evaluation

Registers include nominal register, certificate issue register, new case register, psychometry register, counseling register etc.,

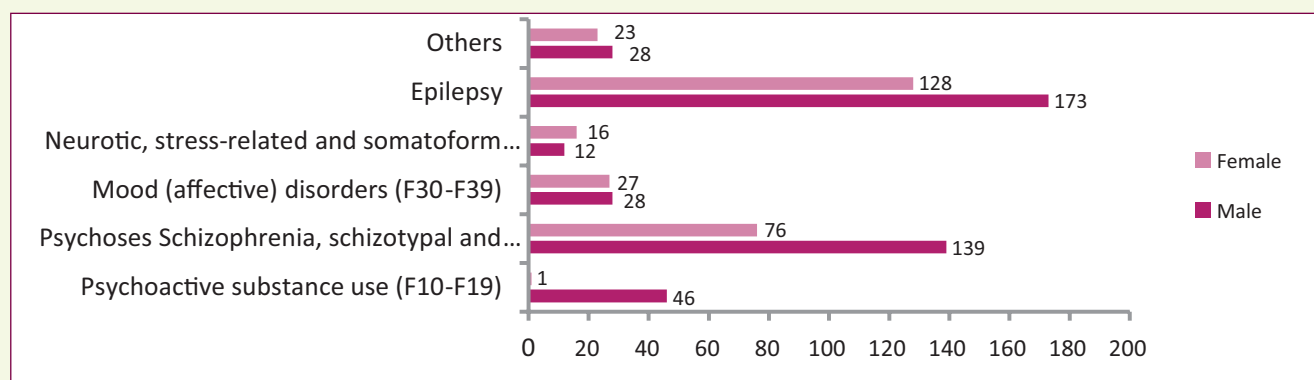
Mental health activities within the district are reviewed monthly at district level and yearly at state level.

External evaluation of the District Mental Health Programme has not been undertaken.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (new patients during last one year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET NAMAKKAL, Tamil Nadu

District details:

Population (Census 2011)	: 17, 26,601
Urban population	: 40.31%
Life expectancy at birth	: 69.8 yrs
Literacy rate	: 74.63%
Jansankhya Sthirata Kosh Rank	
within state	: 14
across all districts in the country	: 55

District Mental Health Programme

District Mental Health Programme is implemented in the district.

District Mental Health Action Plan / Committee

There is mental health action plan in the district.

Facilities for Mental Health

Out-patient facility is available at 4 superspeciality hospitals, district hospital, taluka hospital, at 2 nursing homes and also available at 3 NGO's. Inpatient facility is available at 4 superspeciality hospitals, district hospital, and also available at 2 nursing homes and 3 NGOs. De-addiction facility is also available at 4 centers in the district.

Table 1: Health facilities in the district

Tertiary care centres	5	Taluka hospitals	8
Medical colleges	Nil	PHCs	164
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically.

NAMAKKAL

Tamil Nadu



Contact person: Dr. Shankar S, Asst Surgeon
Mobile: +91 99522 47088, Email: shankardrpsy@gmail.com

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	1 (0.005)	2 (0.011)
Psychologist	Nil	Nil
Psychiatric Social workers	1 (0.005)	Nil
Nurses (DPN)	Nil	Nil
Counsellors	Nil	5 (0.02)
Others	Nil	10 (0.058)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate(per 10,000 population)	
	Govt	Private
Doctors	Information not available	Information not available
Nurses	Information not available	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	250 (1.44)
MBBS	200 (1.15)
AYUSH	Nil
Others	252 (1.45)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the private pharmacies, while it is available most of the times at district and taluk hospitals
- 3) Counseling services are provided at 4 superspeciality hospitals, district hospital, taluka hospital, at 2 nursing homes and 3 NGOs
- 4) Camps are conducted weekly in the district and nearly 30 camps were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with women and child welfare and social welfare department is reported

IEC / Health Promotion

IEC materials like pamphlets and posters in local language are available in the district for alcohol dependence, schizophrenia, mood disorders, anxiety disorders, epilepsy and mental

retardation. IEC activities are undertaken at the district hospital and disability camps in the last 1 year.

Community Participation / NGOs

No NGO is reported to be working in Mental Health.

Social Assistance /Welfare

The district issues disability certificates for mentally ill

Monitoring and Evaluation

Registers include suicide prevention register, child guidance clinic register, geriatric psychiatry case register, de-addiction case register, ward call over register etc.,

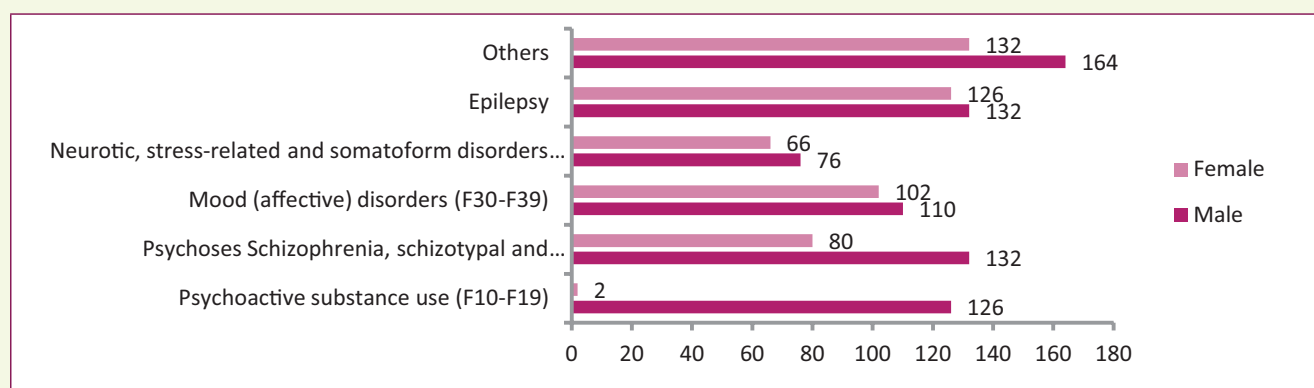
Mental health activities within the district are reviewed monthly at district level and state level.

External evaluation of the District Mental Health Programme has not been undertaken.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (new patients during the last one year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET PERAMBALUR, Tamil Nadu

District details:

Population (Census 2011)	: 5, 65, 223
Urban population	: 14%
Life expectancy at birth	: 71.7yrs
Literacy rate	: 74.68%
Jansankhya Sthirata Kosh Rank	
within state	: 25
across all districts in the country	: 117

District Mental Health Programme

District Mental Health Programme was started in 2008.

District Mental Health Action Plan / Committee

There is a mental health action plan and the district level committee responsible for implementing/ supervising mental health programme activities is under the chairmanship of District collector; met last in May 2013.

Facilities for Mental Health

Out-patient facility and inpatient facility is available at medical college hospital, district hospital, and NGO. Out-patient facility is also available at the taluk hospital and PHCs. De-addiction facility is available at a center in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	2
Medical colleges	1	PHCs	26
District hospital	1	PHUs	1

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

District Budget for Mental Health

The district has a dedicated budget head for



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Mobile:+91 94868 14513, Email: drkeemoo@gmail.com

mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (rate per 10,000 population)	
	Govt	Private
Psychiatrist	3 (0.053)	Nil
Psychologist	1 (0.017)	Nil
Psychiatric Social workers	1 (0.017)	Nil
Nurses (DPN)	Nil	Nil
Counsellors	20 (0.35)	10 (0.17)
Others	38 (0.67)	Nil

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (Per 10,000 population)	
	Govt	Private
Doctors	0.14	Information not available
Nurses	Information not available	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	46 (0.81)
MBBS	2 (0.035)
AYUSH	Nil
Others	149 (2.63)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the private pharmacies, district and taluk hospitals, while it is infrequently available at PHC
- 3) Counseling services are provided at medical college hospital, district hospital, taluka hospital, PHC and also available at NGO's
- 4) Monthly camps are conducted and 12 camps were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with other government sectors like women and child welfare, education, social welfare and police department is reported

IEC / Health Promotion

IEC materials like pamphlets, brochure posters and videos in local language are reported to be available in the district. Health promotional activities are undertaken in schools, colleges and workplaces in the past 1 year.

Community Participation / NGOs

No NGO is reported to be working in Mental Health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 80%

Monitoring and Evaluation

Registers include nominal register, suicide counseling register, inpatient register, new case register etc.,

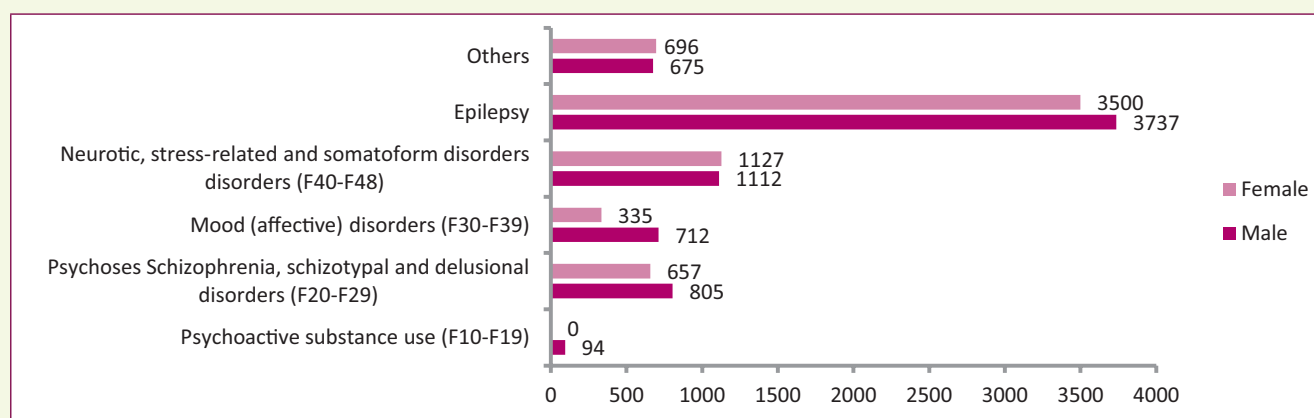
Mental health activities within the district are reviewed monthly at district level and quarterly at state level.

External evaluation of the District Mental Health Programme has been undertaken last in Nov 2010.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (includes both old and new patients during the last year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET RAMANATHAPURAM, Tamil Nadu

District details:

Population (Census 2011)	: 13, 53,445
Urban population	: 30.3%
Life expectancy at birth	: 69.6 yrs
Literacy rate	: 81.48%
Jansankhya Sthirata Kosh Rank	
within state	: 29
across all districts in the country	: 138

District Mental Health Programme

District Mental Health Programme in the district.

District Mental Health Action Plan / Committee

The district has a mental health action plan and the district level committee responsible for implementing/ supervising mental health programme activities is under the chairmanship of District collector; met last in May 2013.

Facilities for Mental Health

Out-patient facility is available at district hospital, taluka hospital PHC and also at 6 NGOs. Inpatient facility is available at the district hospital. De-addiction facility is also available in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	9
Medical colleges	Nil	PHCs	42
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

District Budget for Mental Health

The district has a dedicated budget head for



mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	2 (0.014)	1 (0.007)
Psychologist	1 (0.007)	Nil
Psychiatric Social workers	1 (0.007)	Nil
Nurses (DPN)	11 (0.08)	Nil
Counsellors	Nil	Nil
Others	42 (0.31)	25 (0.81)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	0.50	Information not available
Nurses	0.007	Information not available

Table 4: Health Human resources in the district

	Numbers Rate (per 10,000 population)
Specialist Doctors	42 (0.31)
MBBS	124 (0.92)
AYUSH	57 (0.42)
Others	527 (3.89)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are reported to be available.
- 2) Psychotropic medicines are always available at the private pharmacies, district and taluk hospitals, while it is available most of the times at PHC
- 3) Counseling services are provided at the district hospital, taluka hospital PHC and also by 6 NGOs
- 4) Weekly camps are conducted and nearly 230 camps and outreach activities were conducted in last year
- 5) Referral services for mental health are not reported.

Intersectoral Collaboration

Intersectoral collaboration with education, social welfare, police and judicial department is reported

IEC / Health Promotion

IEC materials are not available in the district. Health promotional activities were undertaken at workplaces, schools, colleges and prisons in the last 3 years.

Community Participation / NGOs

No NGO is reported to be working in Mental Health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 90%

Monitoring and Evaluation

Registers include nominal register, referral register, family counseling register, suicide prevention register, counseling nominal register, I.Q assessment register, discharge counseling register etc.,

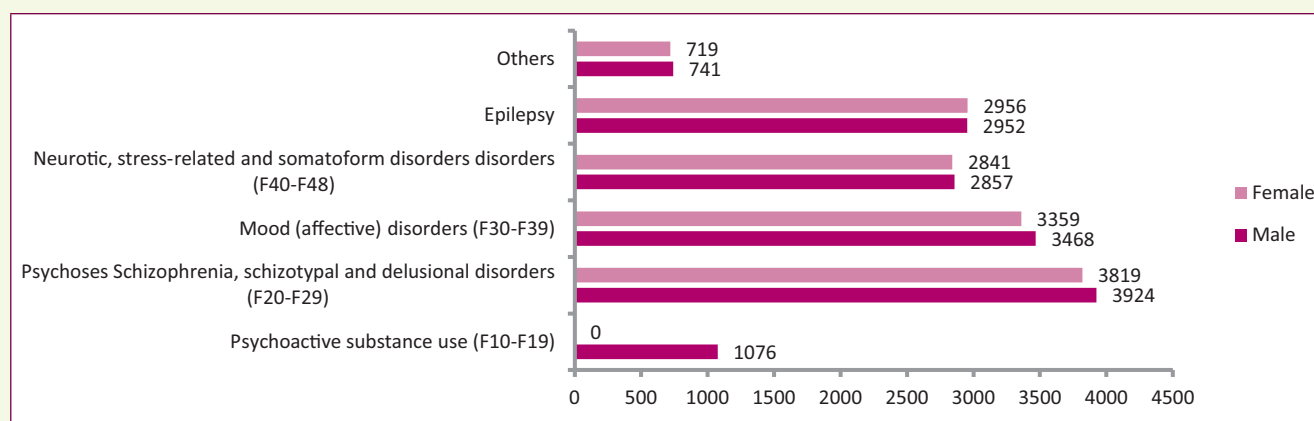
Mental health activities within the district are reviewed monthly at district level and quarterly at state level.

External evaluation of the District Mental Health Programme has been undertaken.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (includes both old and new patients during the last year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET THENI, Tamil Nadu

District details:

Population (Census 2011)	: 12,45,899
Urban population	: 53.8%
Life expectancy at birth	: 69.3 yrs
Literacy rate	: 77.62%
Jansankhya Sthirata Kosh Rank	
within state	: 16
across all districts in the country	: 57

District Mental Health Programme

District Mental Health Programme was started in 2004.

District Mental Health Action Plan / Committee

The district level committee responsible for implementing/ supervising mental health programme activities is under the chairmanship of District collector; met last in April 2013.

Facilities for Mental Health

Out-patient facility is available at medical college hospital, district hospital, taluk hospital, and PHC. Inpatient facility is available at medical college hospital and district hospital. De-addiction facility is also available at 1 center in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	6
Medical colleges	1	PHCs	30
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically.

THENI Tamil Nadu



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Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	4 (0.032)	3 (0.024)
Psychologist	2 (0.016)	Nil
Psychiatric Social workers	Nil	Nil
Nurses (DPN)	Nil	Nil
Counsellors	6 (0.04)	Nil
Others	21 (0.16)	Nil

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	0.32	Information not available
Nurses	Information not available	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	271 (2.17)
MBBS	76 (0.61)
AYUSH	Nil
Others	642 (5.15)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the district and taluka hospitals, while it is available most of the times at PHC / CHC
- 3) Counseling services are provided at the district and taluk hospitals and medical college hospitals
- 4) Weekly camps are conducted and nearly 156 camps and 15 outreach activities were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with other government sectors including education and social welfare department is reported

IEC / Health Promotion

IEC materials like pamphlets, brochure and posters are reported to be available in the district while videos are not available in the district.

Health promotional activities were undertaken at workplaces in the past 1 year.

Community Participation / NGOs

No NGO is working in mental health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 90%

Monitoring and Evaluation

Registers include OP register, IP register, disability register, suicide counseling register, referral register etc.,

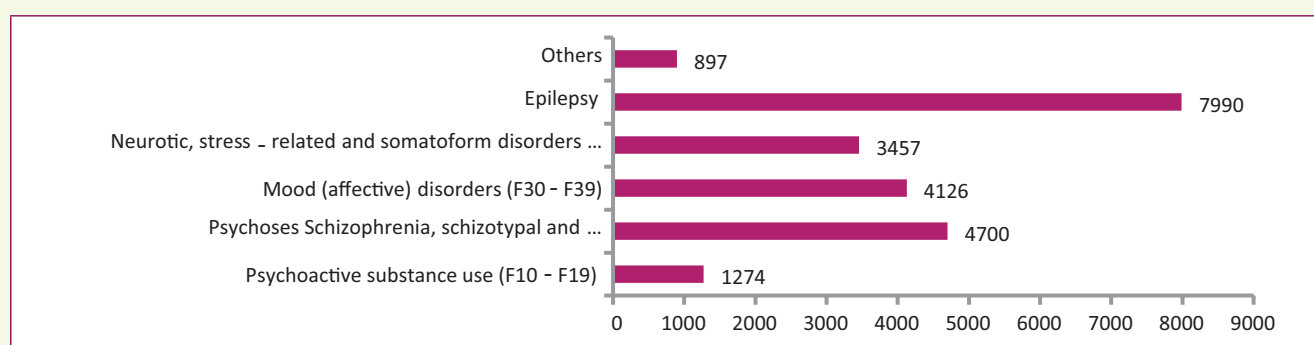
Mental Health activities within the district are reviewed monthly at district level and quarterly at state level.

External evaluation of the District Mental Health Programme has been undertaken.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (includes both old and new patients seen during last year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET THIRUVALLUR, Tamil Nadu

District details:

Population (Census 2011)	: 37,28,104
Urban population	: 65%
Life expectancy at birth	: 75.5 yrs
Literacy rate	: 83.82%
Jansankhya Sthirata Kosh Rank	
within state	: 8
across all districts in the country	: 38

District Mental Health Programme

District Mental Health Programme was started in 2008.

District Mental Health Action Plan / Committee

While, there is mental health action plan. The district level committee responsible for implementing/ supervising mental health programme activities is under the chairmanship of District collector; met last in May 2010.

Facilities for Mental Health

Out-patient facility is available at the medical college hospital, district hospital, taluk hospitals and PHCs. Inpatient facility is available in the district head quarter hospital. De-addiction facility is not available in the district.

Table 1: Health facilities in the district

Tertiary care centres	7	Taluka hospitals	8
Medical colleges	6	PHCs	13
District hospital	1	PHUs	50

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

District Budget for Mental Health

The district has a dedicated budget head for

THIRUVALLUR Tamil Nadu



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mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	2 (0.005)	Nil
Psychologist	5 (0.013)	Nil
Psychiatric Social workers	1 (0.002)	Nil
Nurses (DPN)	Nil	Nil
Counsellors	1 (0.002)	Nil
Others	Nil	Nil

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	0.018	Information not available
Nurses	Information not available	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	4 (0.01)
MBBS	23 (0.06)
AYUSH	2 (0.005)
Others	50 (0.13)

Management of Mental Health Issues

- 1) Case assessment protocols are not available while treatment protocols are available.
- 2) Psychotropic medicines are always available at the private pharmacies, district and taluk hospitals, while it is available most of the times at PHC
- 3) Counseling services are provided in the district
- 4) Weekly camps are conducted and nearly 158 camps and monthly 8 outreach activities were conducted in last year
- 5) Referral services for mental health are available at the PHCs..

Intersectoral Collaboration

Intersectoral collaboration with other government sectors is reported

IEC / Health Promotion

IEC materials like pamphlets and brochure in local language are reported to be available in

the district. Health promotional activities were undertaken in schools in the last 3 years.

Community Participation / NGOs

No NGO is working in mental health.

Social Assistance /Welfare

The district issues disability certificates.

Monitoring and Evaluation

Registers include acute psychosis, schizophrenia, bipolar, depression, organic- MR, dementia, neurosis, epilepsy, others etc.,

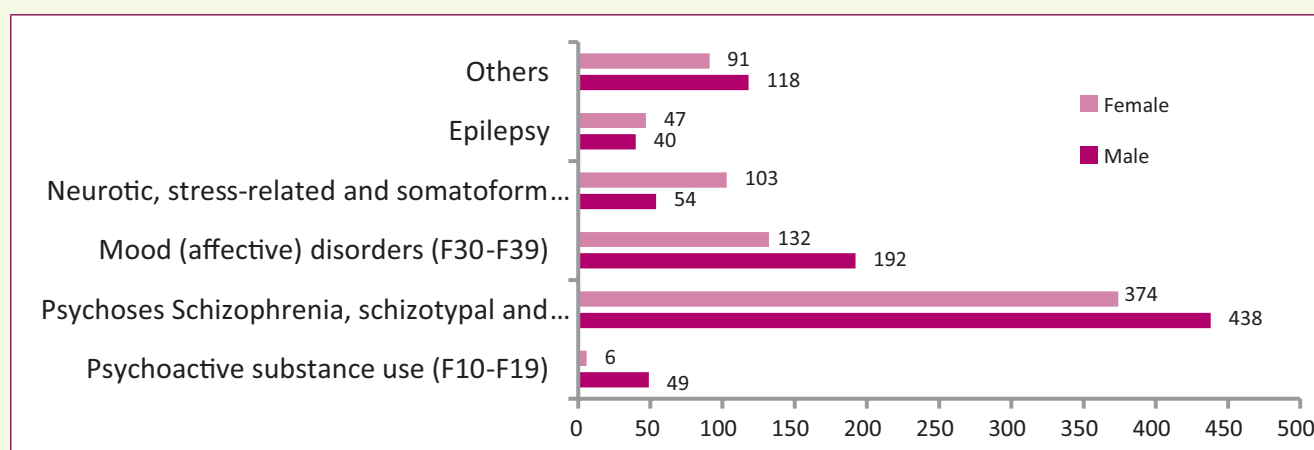
Mental health activities within the district are reviewed at district and state level.

External evaluation of the District Mental Health Programme has been last undertaken in Jun 2013.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (new patients during the last one year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET THIRUVARUR, Tamil Nadu

District details:

Population (Census 2011)	:	12, 48,500
Urban population	:	25%
Life expectancy at birth	:	72.7 yrs
Literacy rate	:	83.26%
Jansankhya Sthirata Kosh Rank		
within state	:	12
across all districts in the		
country	:	:(not available)

District Mental Health Programme

District Mental Health Programme was started in 2008.

District Mental Health Action Plan / Committee

There is a mental health action plan but there is no district level committee responsible for implementing/ supervising mental health programme activities.

Facilities for Mental Health

Out-patient facility is available at medical college hospital, district hospital, taluka hospital, and PHC. Inpatient facility is available at medical college hospital, and district head quarter hospital. De-addiction facility is not available in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	5
Medical colleges	1	PHCs	46
District hospital	1	PHUs	Nil

District Budget for Mental Health

The district has a dedicated budget head for

THIRUVARUR Tamil Nadu



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Email: selvarajandeenadayalu@yahoo.com

mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	6 (0.04)	Nil
Psychologist	1 (0.007)	Nil
Psychiatric Social workers	1 (0.007)	Nil
Nurses (DPN)	Nil	Nil
Counsellors	Nil	1 (0.007)
Others	30 (0.23)	6 (0.004)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	Information not available	Information not available
Nurses	0.032	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	115 (0.92)
MBBS	110 (0.88)
AYUSH	Nil
Others	1525 (12.06)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are available most of the times at the district and taluk hospitals and private pharmacies, while it is infrequently available at PHC / CHC
- 3) Counseling services are provided at medical college hospital, district hospital, taluka hospital, and PHC
- 4) Weekly camps are conducted and nearly 220 camps and 220 outreach activities were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with education, social welfare departments is reported

IEC / Health Promotion

IEC materials like pamphlets, brochure and posters in local language are reported to be available in the district. Health promotional

activities were undertaken at workplaces, schools colleges and mental retardation homes in the last 3 years.

Community Participation / NGOs

Bharathamatha (<http://www.ourbharathamatha.org>), Manolayam (manolayam@yahoo.co.in), Seva yoga home for the orphans and aged are the NGOs working in mental health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 20%

Monitoring and Evaluation

Registers include new case sheet register, nominal register, suicide prevention clinic register, IP register, psychometry register, certificate(MR,MI) issue register, student treatment register etc.,

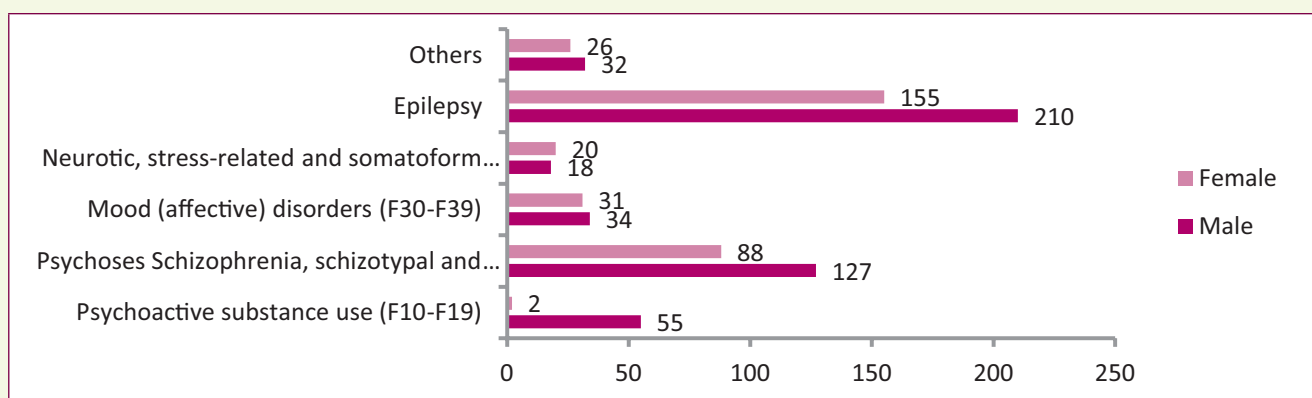
Mental health activities within the district are reviewed monthly at district level and yearly at state level.

External evaluation of the District Mental Health Programme has been last undertaken in Sept 2010.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (new cases during the last one year June'12-May'13)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET TIRUCHIRAPPALLI, Tamil Nadu

District details:

Population (Census 2011)	: 27, 22,290
Urban population	: 33%
Life expectancy at birth	: 76.6 yrs
Literacy rate	: 83.56%
Jansankhya Sthirata Kosh Rank	
within state	: 11
across all districts in the country	: 50

District Mental Health Programme

District Mental Health Programme was introduced in the year 1997 and is run by the Government of Tamil Nadu since 2005.

District Mental Health Action Plan / Committee

The district level committee responsible for implementing/ supervising mental health programme activities is under the chairmanship of District collector; met last in September 2012.

Facilities for Mental Health

Out-patient facility is available at medical college hospital, district hospital, taluka hospital, PHCs and also available at 9 nursing homes. Inpatient facility is available at medical college hospital and district hospital and also at private sectors. De-addiction facility is also available at 7 centers in the district.

Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	10
Medical colleges	1	PHCs	60
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

TIRUCHIRAPPALLI

Tamil Nadu



Contact person: Dr. V Geetha, District Psychiatrist
Mobile: +91 98653 16310, Email: dr.geetha03@yahoo.co.in

District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	6 (0.022)	21 (0.07)
Psychologist	1 (0.003)	14 (0.05)
Psychiatric Social workers	1 (0.003)	6 (0.02)
Nurses (DPN)	Nil	Nil
Counsellors	12 (0.04)	16 (0.058)
Others	72 (0.26)	4 (0.014)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	Information not available	Information not available
Nurses	Information not available	Information not available

Table 4: Health Human resources in the district

	Numbers (Rate per 10,000 population)
Specialist Doctors	129 (0.47)
MBBS	169 (0.62)
AYUSH	Nil
Others	947 (3.47)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the private pharmacies, district and taluk hospitals, while it is available infrequently at the PHCs
- 3) Counseling services are provided at the district and taluk hospitals
- 4) Weekly camps are conducted and nearly 50 camps were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with education and social welfare departments is reported

IEC / Health Promotion

IEC materials are not available in the district. Health promotional activities were undertaken

in workplaces, schools and prisons in the last 3 years.

Community Participation / NGOs

Anbalayamis the NGO working in mental health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is ranges from 40-50%

Monitoring and Evaluation

Registers include nominal register for new cases etc.

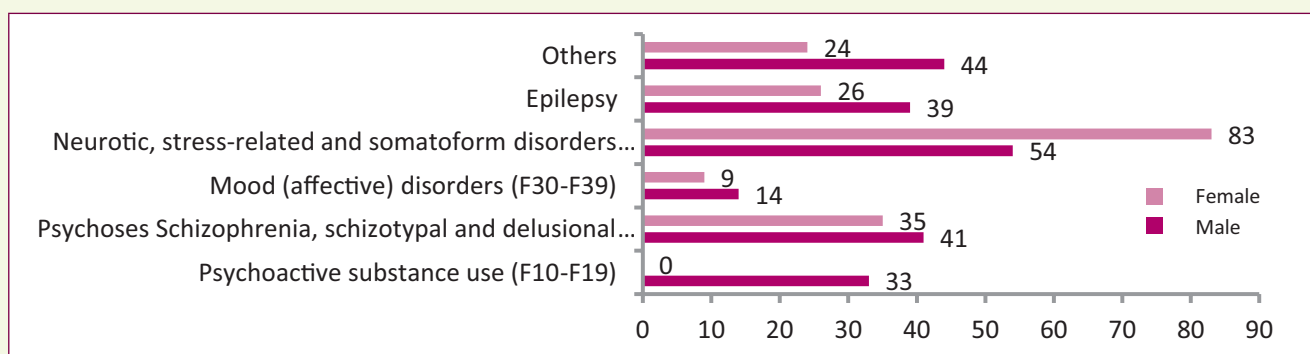
Mental health activities within the district are reviewed monthly at district level and quarterly at state level.

External evaluation of the District Mental Health Programme has been last undertaken in Nov 2010.

Mental Health Research

Research activity related to mental health has been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (new patients during last year)





DISTRICT MENTAL HEALTH SYSTEM FACT SHEET VIRUDHUNAGAR, Tamil Nadu

District details:

Population (Census 2011)	: 19,42,288
Urban population	: 25%
Life expectancy at birth	: 69.4 yrs
Literacy rate	: 80.75%
Jansankhya Sthirata Kosh Rank	
within state	: 17
across all districts in the country	: 58

District Mental Health Programme

District Mental Health Programme was started in 2008.

District Mental Health Action Plan / Committee

There is mental health action plan and the district level committee responsible for implementing/ supervising mental health programme activities is under the chairmanship of District collector; met last in 2012.

Facilities For Mental Health

Out-patient facility is available at district hospital, taluk hospital, PHC and also at 1 nursing home. Inpatient facility is available at district hospital and at 1 nursing home. De-addiction facility is not reported to be available in the district.

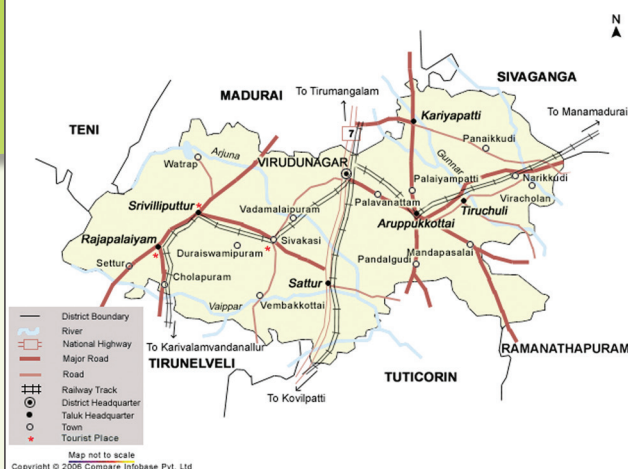
Table 1: Health facilities in the district

Tertiary care centres	Nil	Taluka hospitals	10
Medical colleges	Nil	PHCs	37
District hospital	1	PHUs	Nil

Note: The details of the different secondary and primary level health facilities in the private sector has not been included

VIRUDHUNAGAR

Tamil Nadu



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Contact person: Dr. R Ganesan, District Psychiatrist

District Budget for Mental Health

The district has a dedicated budget head for mental health activities and budget allocation is made for various components periodically.

Health Human Resources for Mental Health

Table 2: Mental health professionals in the district

	Numbers (Rate per 10,000 population)	
	Govt	Private
Psychiatrist	2 (0.01)	4 (0.02)
Psychologist	1 (0.005)	Nil
Psychiatric Social workers	1 (0.005)	Nil
Nurses (DPN)	Nil	Nil
Counsellors	Nil	1 (0.005)
Others	30 (0.15)	6 (0.03)

Note: Others include Occupational therapists, Rehabilitation workers, Special education Teachers

Table 3: Trained personnel for mental health

Trained personnel in Mental Health	Rate (per 10,000 population)	
	Govt	Private
Doctors	Information not available	Information not available
Nurses	0.02	Information not available

Table 4: Health Human resources in the district

	Number (Rate per 10,000 population)
Specialist Doctors	115 (0.59)
MBBS	110 (0.56)
AYUSH	Nil
Others	975 (5.01)

Management of Mental Health Issues

- 1) Case assessment protocols and treatment protocols are available.
- 2) Psychotropic medicines are always available at the private pharmacies, while it is available most of the times at district and taluk hospitals and infrequently at PHCs
- 3) Counseling services are provided district hospital, taluk hospital, PHC and available at 1 nursing home
- 4) Weekly camps are conducted and nearly 15 camps and 15 outreach activities were conducted in last year
- 5) Referral services for mental health are reported.

Intersectoral Collaboration

Intersectoral collaboration with other government sectors like social welfare and judiciary is reported

IEC / Health Promotion

IEC materials like pamphlets, brochure and posters in local language are reported to be available in the district. Health promotional activities were undertaken in schools, colleges and work places in the last 3 years.

Community Participation / NGOs

Sapthagiri is the NGO working in mental health.

Social Assistance /Welfare

The district issues disability certificates; the reported coverage is 30%

Monitoring and Evaluation

Registers include New case sheet register, old case register, disability assessment register, mobile camp register, suicide case register etc.,

Mental health activities within the district are reviewed monthly at district level and quarterly at state level.

External evaluation of the District Mental Health Programme has been last undertaken in Sept 2010.

Mental Health Research

Research activity related to mental health has not been undertaken in the district in the last 5 years

Mental Health Disorders/ Diseases within the District (new cases during the last one year June'12-May'13)

