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By Speed Post

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Government of India  
Ministry of Health and Family Welfare  
(Department of Health)

Nirman Bhawan, New Delhi-110011  
Dated the 24<sup>th</sup> April, 2009.

To

All Health Secretaries of States/UTs

Subject: Implementation of National Mental Health Programme during the Eleventh Five Year Plan – Approval of the Manpower Development Component.

Sir/Madam,

I am directed to refer to the above subject and to convey the approval of the competent authority for implementation of the National Mental Health Programme during the Eleventh Five Year Plan with the Manpower Development Component schemes etc. thereunder with an outlay of Rs.472.941 crores excluding an amount of Rs. 0.504 crore for evaluation of the programme by the Ministry of Health & Family Welfare, Government of India. The details of the schemes are enclosed herewith.

The breakup of allocation for various schemes under the Programme are as under:

Schemes			(Rs. in crores)
(i) Manpower Development	(a)	Establishment of Centres of Excellence in the field of Mental Health	338.121
	(b)	Scheme for manpower development in Mental Health	69.890
(ii) Spill over activities of the 10 <sup>th</sup> Plan (up gradation of psychiatric wings of Government Medical Colleges/ General Hospitals, and Modernization of Government Mental Hospitals), as per existing norms.			58.030
(iii) Continuation of existing DMHPs under implementation on existing norms			6.900
<b>Total</b>			<b>472.941</b>

2. The programme will be mainstreamed by integration with NRHM/ NUHM, and operationalised as per the procedure given in the enclosed scheme.

3. This issues with the concurrence of Integrated Finance Division vide Dy. No.4195 dated 26/03/2009.



( S. Padmanabha )  
Under Secretary to the Govt. of India  
Telefax: 2301 6342

Encl: Scheme of NMHP

Copy to: All Nodal Officers of NMHP of States/UTs as per list attached

Govt. of India  
Ministry of Health & Family Welfare

Subject. National Mental Health Programme for 11<sup>th</sup> Five Year Plan- Pattern of Assistance for Manpower Development Component

### 1. Introduction

1.0. It is estimated that 6-7 % of population suffers from mental disorders. Together these disorders account for 12% of the global burden of disease (GBD) and an analysis of trends indicates this will increase to 15% by 2020 (World Health Report, 2001). One in four families is likely to have at least one member with a behavioural or mental disorder (WHO 2001). These families not only provide physical and emotional support, but also bear the negative impact of stigma and discrimination. Most of them (>90%) remain un-treated. Poor awareness about symptoms of mental illness, myths & stigma related to it, lack of knowledge on the treatment availability & potential benefits of seeking treatment are important causes for the high treatment gap.

1.1 However, most of the mental illnesses do not require hospitalization and are manageable by OPD treatment and follow up care. The new thinking on mental health at the national and international level is to make the services of mental health community based rather than hospital based. Such community-based services are cost-effective, accessible, help to ensure respect for human rights, limit stigma and lead to early treatment and recovery.

There is acute shortage of manpower in the field of mental health .e. psychiatrists clinical psychologists psychiatric social workers and psychiatric nurses This is a major constraint in meeting the mental health needs and providing optimal mental health services to people. The existing training infrastructure in the country produces approximately 320 Psychiatrists, 50 Clinical Psychologists, 25 PSWs & 185 Psychiatric Nurses per year. Due to shortage of manpower in mental health, the implementation of DMHP suffered adversely in previous plan periods.

## 2. Approved Manpower Development Schemes for the 11<sup>th</sup> Five Year Plan.

A. **Centres of Excellence in Mental Health**: Centres of Excellence in the field of Mental Health will be established by upgrading and strengthening identified existing mental health hospitals/institutes for addressing the acute manpower gap & provision of state of the art mental health care facilities in the long run. These institutes will focus on production of quality manpower in Mental Health with primary aim to fulfill manpower needs of the NMHP.

The support would involve capital work (Academic block, Library, Hostel, Lab., Supportive departments, Lecture theatres etc.) equipments and furnishing, support for faculty induction and retention for the plan period. Preference would be given to centres where the State Government shows commitment for faculty and other recurring expenditure annually. Budgetary support is up to Rs. 30 crores per center. At least 11 Centres of Excellence will be established under the Scheme during the 11<sup>th</sup> FY plan period. The commitment to take over the entire funding of the scheme after the 11<sup>th</sup> FY plan period from the State Governments will be required. Details of the scheme are at Annexure-I

B. **Scheme for Manpower Development in Mental Health**: To provide an impetus for development of Manpower in Mental Health other training centers (Government Medical Colleges/ Government General Hospitals/ State run Mental Health Institutes) would also be supported for starting PG courses or increasing the intake capacity for PG training in Mental Health. The support would involve physical work for establishing/improving department in specialities of mental health (Psychiatry, Clinical Psychology, PSW, and Psychiatric Nursing), equipments, tools and basic infrastructure (hostel, library, department etc.), support for engaging faculty etc. Support would be provided for setting up/strengthening 30 units of Psychiatry, 30 departments of Clinical Psychology, 30 departments of PSW and 30 departments of Psychiatric Nursing with the support of up to Rs. 51 lakh to Rs. 1 Crore per PG department. The commitment to take over the entire funding of the scheme after the 11<sup>th</sup> FY plan period from the State Governments will be required. Details of the scheme are at Annexure -I.

2.2. **Spill over of Schemes of 10<sup>th</sup> FY plan:** Funding support for following spill over activities of the 10<sup>th</sup> FY plan will continue on the existing norms.

2.2.1 **Upgradation of Psychiatric Wings of Govt. Medical Colleges/General Hospitals:** Psychiatry Departments of Government Medical Colleges which have not been funded earlier will be supported. Some of the deserving areas where there is no well established Govt. Medical colleges, Government General hospitals/District hospitals could be funded for establishment of a psychiatry wing. A grant of up to Rs 50 lakhs per college for up gradation of facilities and equipments as per the existing norms, would to be provided. Preference would be given to colleges/ hospitals planning to start/increase seats of PG (MD/DPM/DNB) courses in Psychiatry

2.2.2. **Modernisation of State-run Mental Hospitals:** A grant of upto Rs. 3 crores per mental hospital would be provided to mental hospitals for modernisation of facilities and equipments as per the existing norms (which have not been funded previously) Details of the schemes are in Annexure II.

2.3. **District Mental Health Programme:** The existing Districts where the DMHP is presently under implementation will continue to be supported under the programme on the existing norms. Details of the existing scheme are at Annexure III.

### 3 **Operationalisation of the Programme**

3.0. States will be required to submit proposals under various schemes of the programme. Based upon these proposals / PIPs from the states funds will be released to the State Health Society for implementation as per the scheme guidelines. State nodal officer for NMHP will represent the programme in the State Health Society and get the grant released for various districts and institutions as per the scheme/guidelines

3.1. At the district level the Programme Officer will represent the Programme in the District Health Society and facilitate proposals related to running of DMHP.

3.2. For effective implementation of the Programme, help of credible and community based organisations could be enlisted at the state and district level.

3.4. NMHP will be mainstreamed by integrating with NRHM and NUHM. All the funds for the NMHP for States will to be routed through the State Health Society. States Govts. would be required to map the mental health resources in their respective states and include the components of NMHP in their PIPs. Detailed operational guidelines for effective implementation of the programme are placed at Annexure IV.

3.5. The Steering Committee on NMHP under the chairmanship of Secretary (H&FW) is authorised to carry out any operational modifications as may be warranted for better implementation of the programme.

4.0. The financial implications on implementation of the components on Manpower Development, funding DMHP in the existing districts till the current year (2008-09) and spill over activities of the 10<sup>th</sup> FY Plan work out to Rs.473.445 crores.

## Manpower Development

### A. Centres of Excellence in Mental Health

Budgetary allocation for one Center of Excellence is up to Rs.30 crore.

The proposal of the State Governments for these centres must include definite plan with timelines for initiating/ increasing PG courses in Psychiatry, Clinical Psychology, PSW and Psychiatric Nursing.

#### Year – wise break-up of support for Center of Excellence

Years → Components	08-9	09-10	10-11	11-12	Total
Capital Work: Building including teaching block, lecture theatre, library, diagnostic block, wards, OPD, emergency, hostels for trainees, Quarter for faculty in order of priority and any other construction deemed essential. Renovation of existing buildings	1.25	4	7.75	5	18
Technical Equipments (CT scan 16/32 slice, Digital EEG, and EEG lab, Sleep lab, Polygraph, ECT, Resuscitation equipments, Neuro- psychological lab. equipments and Tests, Behaviour therapy unit. Biochemistry lab equipment, Pathology lab equipment and other equipments as per requirements)	0	0	3	2	5
Non Technical equipment (Mattresses, pillows, bed sheets, cots, storage boxes, furniture, table, chairs, trolleys, stretchers, computers, internet facility etc. as per requirement)	0	1	1	1	3
Library, Books, Journals and other equipments for library	0	0.5	0.5	0	1
Support for Faculty & Technical staff as per regulatory requirements	0	.78	1.06	1.16	3.0
<b>Total for one Center</b>	<b>1.25</b>	<b>6.28</b>	<b>13.31</b>	<b>9.16</b>	<b>30</b>

Total Budgetary allocation is Rs. Rs. 338.121 crore.

Annexure-I contd.

Support for Faculty: Critical support for meeting the regulatory requirement.

Support for one module

S. No.	Department (Regulatory body)	Faculty & Technical Staff (No. supported)	PG seats/ yr	Cost during plan period (Rs.)
	Psychiatry (MCI) 1 Unit	Professor(1), Assoc. Professor(1), Assistant Professor(1)	1MD & 1 DPM or 2 DNB	5940000
2	Clinical Psychology (RCI, University)	Two faculty: Assistant/Assoc. Professor (2) Clinical Psychologist(4)	8 M. Phil.	5148000
3	Psychiatric Social Work (University)	Two faculty: Assistant/Assoc. Professor (2) PSW(2)	8-16 M. Phil.	3564000
4	Psychiatric Nursing (NCI)	Two faculty: Assistant/Assoc. Professor (2), Tutor (1)	20 DPN	2614000

(Calculation rates/per month: Psychiatry: Asst. Prof.-Rs.40000/-, Assoc.Prof.-Rs.50000/-, Prof. -Rs. 60000/-. Cl. Psychology: faculty-Rs.25000/-, clinical psychologist-Rs.20000/-. PSW- faculty-Rs.25000/-, PSW-Rs.20000/-.Psych. Nursing: Faculty-Rs.25000/-, Tutor-Rs.16000/-). States may pay at this rate or as per the state government norms. This support could also be used for paying as incentive to attract and retain faculty over the usual state government pay for the plan period to enable starting PG courses.

Cost for 2 units of Psychiatry, 4 faculty posts of Clinical Psychology, 8 Non faculty posts of Clinical Psychology, 4 Faculty posts of PSW, 4 non faculty posts of PSW, 2 faculty posts of Psychiatric Nursing, 1 Non faculty post of Psych. Nursing.

Years → Components	2009-10	2010-11	2011-12	Outcome/yr
Psychiatry	3600000	3960000	4320000	4 PG seats
Cl. Psychology	3120000	3432000	3744000	16 MPhil
PSW	2160000	2376000	2592000	16 MPhil
Psych. Nursing	792000	871200	950400	20 DPN
Total	9672000	10639200	11606400	56 PG in mental health

Total : Rs. 3,19,17,600/-

Stipend of trainees and other support staff to be borne by the state government



**Annexure-I contd.**

**B. Scheme for Manpower Development in Mental Health:** To provide an impetus for development of Manpower in Mental Health other training centres (Government Medical Colleges/ Government General Hospitals/ State run Mental Health Institutes) would also be supported for starting PG courses in Mental Health or increasing the intake capacity for PG training in Mental Health. The support would involve physical work for establishing/improving department in specialities of mental health (Psychiatry, Clinical Psychology, PSW, and Psychiatric Nursing), equipments, tools and basic infrastructure, support for engaging required/deficient faculty etc. for starting/enhancing the PG courses. The proposal should have definite timelines for starting/increasing training seats in mental health specialities.

**Cost of Support for Faculty**

S. No.	Department	Faculty & Technical Staff	Outcome	Cost during plan period (Rs.)
1	Psychiatry (MCI) 1 Unit	Professor(1), Assoc. Professor(1), Assistant Professor(1)	1MD & 1 DPM or 2 DNB	5940000
2	Clinical Psychology (RCI, University)	Two faculty: Assistant/ Assoc. Professor (2) Clinical Psychologist(4)	8 M. Phil.	5148000
3	Psychiatric Social Work (University)	Two faculty: Assistant/ Assoc. Professor (2) PSW(2)	8 M. Phil.	3564000
4	Psychiatric Nursing (NCI)	Two faculty: Assistant/ Assoc. Professor (2), Tutor (1)	20 DPN	2614000

**Cost of Establishing/Strengthening Training Departments in Mental Health  
(in Rs. Lacs)**

	Capital Work (Academic facility & hostel), Furnishing & Equipments	Faculty/ staff Cost(No.)	Total cost per department	No. of Dept. Estb./ Supported
Psychiatry 1 Unit	40.6	59.4 (3)	100	30 (10 /yr)
Clinical Psychology	31.52	51.48 (2+4)	83	30 (10/yr)
Psychiatric Social Work	24.36	35.64 (2+2)	60	30 (10/yr)
Psychiatric Nursing	24.86	26.14 (2+1)	51	30 (10/yr)

## Spill over schemes of 10<sup>th</sup> Five Year Plan

### 1) STRENGTHENING AND MODERNISATION OF MENTAL HOSPITALS

As per the existing scheme to modernize the existing state-run mental hospitals, a one-time grant with a ceiling of Rs.3.00 crores per hospital on the basis of benchmark of requirement and level of preparedness is available. The grant would cover activities such as construction/repair of existing buildings, purchase of equipment, provision of infrastructure such as water- tanks and toilet facilities, purchase of cots and equipments. It would not cover expenses in the nature of salaries and recurring expenses towards running the mental hospitals and cost towards drugs and consumables. Proposals received from the State Governments would be referred to a committee, which would lay down minimum standards for quality of construction and facilities and ensure that the facilities being proposed meet minimum standards. Where a central agency is engaged in construction / repair of existing building, the funds would be released directly to the central agency.

### 2) UPGRADATION OF PSYCHIATRIC WINGS IN THE GOVT. GENERAL HOSPITALS/MEDICAL COLLEGES.

Every medical college should ideally have a Department of Psychiatry with minimum of three faculty members and inpatient facilities of about 30 beds as per the norms laid down by the Medical Council of India. There should be outpatient facilities, as well as facilities for providing various forms of therapy including Electro-convulsive therapy. In addition to psychiatrists, psychiatric social workers, and psychiatric nurses are essential for an ideal psychiatric department in a medical college. Out of the existing medical colleges in the country, approximately 1/3<sup>rd</sup> of them do not have adequate psychiatric services.

The following strategies were adopted for up gradation of the undergraduate and postgraduate training in psychiatry in medical colleges:

- 1 Provision for independent psychiatry department in medical colleges where they do not exist.
2. Up gradation of existing psychiatry services including provision of inpatient services, with necessary equipment; provision of trained manpower.
- 3 The department of psychiatry to be responsible for implementing and providing support for execution of National Mental Health Programme/DMHP.
4. Facilities to train psychiatric social workers and nurses; provision for accreditation and licensing for health professionals.
5. Provision of enhancing capacity of existing central/state governmental institutes/colleges to train manpower.
6. The selected medical college will be required to send periodic report to the Ministry of Health and Family Welfare through the state Government concerned regarding progress of the scheme/activities/expenditure.

On the above lines, a scheme for strengthening the psychiatric wings of general hospitals and medical colleges in the Government sector provides for a one-time grant of Rs.50 lakhs for up gradation of infrastructure and equipment. This grant is sanctioned on receipt of a written proposal from the state government giving details of the requirement. The grant covers:

1. Construction of new ward.
2. Repair of existing ward.
3. Procurement of items like cots and tables.
4. Equipment for psychiatric use such as modified ECTs

The grant does not cover recurring costs such as salary and other running expenses.

Proposals received from the State Governments are referred to a committee which lays down minimum standards for quality of construction and facilities and ensure that the facilities meet minimum standards. Where a central agency is engaged in construction/ repair of a ward, the funds would be released directly to that central agency.

## Annexure-III

Year wise phasing/instalments for DMHP initiated during IX plan period per District  
(Rs. in lakh)

S. No	Item					
		1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> year	5 <sup>th</sup> year
1	Staff	7.0	8.0	9.2	10.5	12.0
2	Medicines/Stationery contingencies, etc.	5.5	6.5	7.5	8.5	10.0
3	Equipments, Vehicle etc.	9.0	-	-	-	-
4	Training	5.0	5.0	2.0	-	-
5	IEC	2.0	2.0	2.0	2.0	2.0
Total		28.5	21.5	20.7	21.0	24.0

### Achievements/Targets expected

- i) By the end of the year, the states would have implemented the District Mental Health Programme and the experience so gained will be helpful in further planning and improvement of the services for these and other states.
- ii) Training programmes envisaged under the scheme would result in creation of a qualified mental health team to work at the grass- root level within the community.
- iii) The scheme is expected to generate an appropriate database for better planning of future services in the District.
- iv) Provision of mental health services and integration of the same with general health services will result in " acceptance of mentally ill within the community" and also result in early identification and treatment within the community almost at its "doorstep"

### Budget of Training Programme

Category	No. of Persons	No. of Training	Budget amount per training	Frequency per year
Trainers e.g. Doctors	15-16	2-3 Weeks	Rs 1.5 lakh	Two
Paramedical workers	15-20	2 Weeks	Rs. 50,000	Two
Non- Medical e.g. Panchayat leaders, teachers, parents, ANM	20-25	5 Days	Rs. 25,000	Four

**Annexure-III contd.**

**Recurring Expenditure on Staff in districts initiated during IX Plan Period  
(Figure in Rupees)**

No	Name of the post	Scale of pay (pre-revised pay commission) (4 <sup>th</sup> )	No of posts	Budget Gross Salary Per Year
1	Psychiatrist Specialist	3000-5000	1	1,20,000
2	Clinical Psychologist or (MA psychology with 6 months special training at identified institute)	2200-3500	1	85,000
3	Trained Social Worker or (MA Social work with 6 months training at identified institution)	1640-2900	1	65,000
4	Psychiatric Nurse or (Staff Nurse with specialized training of 6 months training at identified institutions)	1400-2600	4	2,20,000
5	Statistic-cum-clerks	1200-2040	1	45,000
6	Vehicle Driver	950-1500	1	36,000
7	Nursing Orderly and Safai Karamchari.	950-1500	1 each	75,000
<b>Grand Total</b>				<b>6,46,000</b>

Note: Salary could be given as per fifth pay commission recommendations for the above category of staff or as per the state government norms for similar category of staff. This would include payment of admissible allowances over the basic salary indicated which is applicable in the state government but not in any case exceeding those of the Central Government.

**RECURRING EXPENDITURE PER YEAR ON OFFICE EXPENSES AND MEDICINE FOR EACH DISTRICT INITIATED IN IX PLAN**

ITEM	RUPEES
Medicines & Essential life saving drugs disposable cotton etc.	3,00,000
P.O.L	50,000
Contingency, Stationery, etc.	50,000
Maintenance of equipment, vehicle etc.	1,50,000

**NON – RECURRING EXPENDITURE ON MACHINERY AND EQUIPMENTS FOR EACH DISTRICT INITIATED IN IX PLAN**

ITEM	RUPEES
ECT Machine	50,000
Computer with printer	50,000
Resuscitation equipment like suction machine, ambu bags boyle's apparatus, oxygen Cylinder, etc.	4,00,000
10 beds one refrigerator, etc.	1,00,000
Vehicle	3,00,000
<b>Total</b>	<b>9,00,000</b>

**Annexure-III contd.**

Note: In districts initiated during X plan there is no provision of vehicle. Rest of Machinery and Equipment as per IX plan pattern given above.

Year wise phasing for DMHP initiated during X plan period per District (Rs. in lakh)

S.No	Item	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year	Total
1	Staff	8.7	9.3	10.2	11.2	39.4
2.	Medicine/Stationery Contingencies -	4.5	5.5	6.5	7.5	24.0
3.	Equipment	6.0	-	-	-	6.0
4.	Training	5.0	5.0	2.0	-	12.0
5.	IEC	2.0	2.0	2.0	2.0	8.0
<b>Total</b>		<b>26.2</b>	<b>21.8</b>	<b>20.7</b>	<b>20.7</b>	<b>89.4</b>

**STAFF REQUIREMENT FOR EACH DISTRICT INITIATED DURING X PLAN AND ESTIMATED COST UNDER DMHP**

S.No	Name of the Post	Scale of Pay (In Rs.)	Approx. Annual Cost(In Rs.)
1.	Psychiatrist(Specialist)	10,000-15,200	2,68,800
2.	Clinical Psychologist	6,500-10,500	1,62,000
3.	Psychiatric Social Worker	5,500-9,000	1,46,000
4.	Psychiatric Nurse	5,000-8,000	1,36,600
5.	Record Keeper/ Clerk	3050-4950	80,000
6.	Nursing Orderly	2,550-3,200	69,000
<b>Total</b>			<b>8,61,800</b>

Note: Salary would include payment of admissible allowances over the basic salary indicated which is applicable in the state government but not in any case exceeding those of the Central Government.

Quarterly progress report along with fund position is to be submitted to the Government of India. Utilisation Certificates along with audited statement of expenditure is to be submitted in year-wise manner within 2 months of end of the financial year.

**Plan for integration with National Rural Health Mission:**

**Justification:**

Integration of NMHP into the NRHM framework will have the following advantages:

1. Optimal use of existing infrastructure at various levels of health care delivery system.
2. Use of NRHM platform for transfer/flow of funds to the states/U.T.s for better accountability and flexibility in respect of implementing various components of the programme.
3. Role of state/district level health authorities in the programme monitoring & implementation.
4. Integrated IEC activity under NRHM.
5. Involvement of NRHM infrastructure for training related to mental health in District.
6. Use of NRHM machinery for procurement of drugs for use in NMHP.
7. Involvement of community/PRI.
8. Building of credible referral chains for appropriate management of cases detected at lower levels of health care delivery system.
9. Using improved linkages/communication under NRHM for MIS (Management Information System) in respect of NMHP.
10. Sustaining DMHP after expiry of the period of central assistance in the district by its integration in the district health system.
11. It would also be possible for NMHP to make the necessary mid course correction as and when required through the Empowered Programme Committee (EPC) / Mission Steering group (MSG) provided under NRHM.

The achievement of IPHS standards will be ensured under NRHM, by providing resources, flexibility and powers, as follows:

S. No.	Health Facility	Infrastructure/ Manpower	Existing in IPHS	Additional activities proposed to meet the requirements under NMHP
1	SC	Manpower	Health worker Male Health worker Female	Training of Male and female and health worker w.r.t NMHP.
2.	PHC	Medicines  Manpower	One medical officer and 14 staff	Psychotropic drugs as per list below  Training of PHC medical officers and staff w.r.t NMHP
3.	CHC	Manpower  Medicines	64 staff including six MBBS doctors	Training of General Duty Medical Officers and health staff w.r.t NMHP  Provision of Psychotropic drugs as per list below
4	Sub-divisional Hospital	Manpower  Medicines	7 MBBS & 22 general health staff (nurse and pharmacist)	Training of General Duty Medical Officers and health staff w. r. t NMHP  Provision of Psychotropic drugs as per list below

Under NMHP, the following activities are envisaged at PHC, CHC, Sub divisional Hospital level –

Provision of Basic services: Diagnosis and treatment of common mental disorders.  
Organisation of screening camps for identification of new cases and initiation of treatment.

Referral to nearest treatment center for follow up and continuity of care.

Dispensing of drugs from nearest drug distribution center.

Awareness generation through appropriate IEC strategies for prevention and early detection of mental disorders.

Greater participation /role of community in primary prevention of mental disorders.





SL. NO.	Name of the drug that should be available in PHC/ PHU/ CHC/ Sub-divisional /District Hospital
1	Tab. Chlorpromazine 100mgs
2.	Tab. Risperidone 2mgs
3	Inj. Promethazine 50 mg
4	Tab Imipramine 75mgs
5.	Inj. Fluphenazine 25 mgs
6	Tab.Trihexyphenidyl 2mgs
7	Tab. Diazepam 5mgs
8	Tab Phenobarbitone 30 mgs and 60mgs
9	Tab. Diphenylhydantoin 100mgs

SL. NO.	Name of the drug that should be available in District Hospital if a Psychiatrist is available.
1	Tab. Chlorpromazine 100mgs
2.	Tab. Risperidone 2mgs
3	Inj. Promethazine 50 mg
4.	Tab. Imipramine 75mgs
5.	Inj. Fluphenazine
6.	Tab.Trihexyphenidyl 2mgs
7.	Tab. Lorazepam 2mgs
8.	Tab. Phenobarbitone 30 mgs and 60mgs
9.	Tab. Diphenylhydantoin 100mgs
10.	Tab. Lithium Carbonate 300mgs
11	Tab. Carbamazepine 200mgs
12	Inj. Haloperidol 10mgs
13.	Cap. Fluoxetine 20mgs
14.	Tab Olanzapine 5 mgs

This is an indicative list. Other drugs for mentally ill could also be procured at the discretion of State Health Society if deemed essential. The drug purchase is to be done through the drug logistic society rate contract to get economical and competitive rates. It is expected that basic psychotropic drugs would be included in the essential drug list of states once trained manpower to prescribe it is available in the districts.

Form I

11<sup>th</sup> Five Year Plan: National Mental Health Programme Proposal for Central assistance for Modernisation of state –run mental hospitals  
(To be submitted to the MoH & FW, GOI through the State Government)

1. Name/location of the Mental Health Institute
2. Brief history, current administrative status (including annual budget, sanctioned / posted staff, shortfalls if any and other details)
3. Detailed profile of the Hospital, including those relating to OPDs, Wards, beds (authorized/ occupied- av. daily occupancy over the past three years), state of buildings/ annexes, general infrastructure etc.
4. Detailed proposal with regards to the projected requirement, justification, estimated cost. Time frame for each head, e.g. renovation/ remodeling of existing buildings new construction, purchase of costs and equipment, provision of infrastructure such as water- tankers and toilet facilities. Proposal should not exceed Rs 3 crores. (Requests for capital –intensive / clinically irrelevant facilities such as costly EEG/ cardiovascular monitors, CT scan, MRI etc will not be entertained.)
5. Undertaking from the head of the institution to the effect that all possible steps will be taken within a defined time frame to transform the hospital from a primary custodial care facility to a modern, community oriented mental health institution and that the utilisation certificate and action taken report will be submitted to the central government in a time bound manner.
6. Undertaking from the state government underwriting the requirements outlined in para 5 above, together with the assurance that adequate staff as well as funds to meet recurring expenditure on consumable, maintenance and staff salaries will be provided to the mental hospital.

## **Form II**

### 11<sup>th</sup> Five Year Plan: National Mental Health Programme.

Proposal for central assistance for Up grading of Psychiatry Departments in Government Medical Colleges.

(To be submitted to the Ministry of Health, Govt of India through the State Health Secretary.)

- 1 Name/location of the Medical College
- 2 Details of the zone assigned to the medical college, including names of the district with location of district headquarters, essential demographical/other relevant characteristics, existing health infrastructure, availability of Mental Health Services.
- 3 Name of the Principal, with tele/ fax No. e-mail address
- 4 Brief profile of the medical college, including essential information relating to undergraduate/PG courses/status of recognition by MCI of the same and other infrastructure available.
- 5 Detailed information relating to the existing psychiatric faculty (Posts sanctioned / filled) department, including, number of dedicated beds/ wards (male/ female, de-addiction centre if any) OPD/ treatment and investigative facilities/ teaching block, PG courses etc.
- 6 Details of community based outreach services being run by:
  - (a) Community Medicine Department
  - (b) Psychiatry Department
  - (c) Any other
- 7 Detailed proposal for strengthening of the psychiatry Department with separate estimates for:
  - (a) Physical works, which may include construction/ repair of ward, electrical fittings, essential hospital / cots, tables and other office furniture etc.
  - (b) Equipment, which may include an indigenously manufactured digital EEG machine, brief – pulse ECT and biofeedback equipment but not CT Scan / MRI etc.

(The proposal will not include recurring cost such as salary and other recurring expenses) The cost estimate may not exceed Rs. 50 Lakhs)
- 8 Undertaking from the principal of the Medical College to the effect that:
  - (a) The principal will be responsible for proper fiscal management / accounting of all Central assistance funds routed through his institution for strengthening of the Psychiatry Departments in accordance with the guidelines / instructions issued by the Central Government from time to

time.

- (b) The funds specified above will be utilized only for the purpose envisaged in the Central Government scheme in an economical and cost effective manner in accordance with the financial rules/ regulations governing the same.
  - (c) The Utilization Certificate and Action Report will be submitted to the Central Government in a time bound manner
9. Undertaking from the State government underwriting the conditions prescribed in para 8 above, and taking full responsibility for their full and effective implementation, including adequate provision for recurring expenses towards consumables, maintenance and staff-salaries.

## FORM-III

### PROFORMA FOR SEEKING CENTRAL ASSISTANCE FOR MANPOWER DEVELOPMENT SCHEMES UNDER NMHP

Name of the state/UT.

Please return a filled in proforma in respect of each institute separately duly forwarded by the concerned State Government/UT Administration/Local bodies along with an advance copy

Scheme under which Central Assistance is sought	Center of Excellence scheme/ Manpower development
Name & Brief details of the Institute	
Existing Infrastructure related to mental health and mental health education including existing PG courses	
List of faculty on strength and availability of faculty for expansion and opening new PG departments in mental health specialties.	
<b>Affiliation details of the Institute</b>	
<b>Preliminary proposal with regards to the manpower development plan for mental health, projected requirement, justification, estimated cost along with expected output of skilled manpower after proposed upgradation. Time frame for each head, e.g. renovation/ remodeling of existing buildings, new construction, Equipments.</b>	
Area available for expansion	
Contact details of Head of the institution and HOD- Psychiatry Telephone, Fax, email, postal address	
Commitment of State Government for expenditure not covered in the scheme and after the XI plan period	
Any other relevant details	

**Format for additional information w.r.t. proposed Center of Excellence**

- 2. Name of the hospital
- 3. Location
- 4. Established in (Yr.)
- 5. Administration Control
- 6. Funding

Year	Source	Amount	Remarks (adequate/ inadequate)
2006-07	State Central Others (specify)		
2007-08	State Central Others (specify)		
2008-09	State Central Others (specify)		

- 6. Catchment Area
- 7. Total area of hospital campus
- 8. Area under illegal encroachment, if any
- 9. Total covered area
- 10. Number of wards/ Bed Strength

Male=  
Female=  
Children=  
Deaddiction  
Others=

**11. Building**

- (a) State of the buildings = Satisfactory/unsatisfactory/un-serviceable
- (b) Funds for maintenance = Adequate/Inadequate
- (c) Agency for maintenance =
- (d) Suggestions for improvement =  
(append details)

**12. Laboratory facilities**

(Give details of equipment, personnel, investigation facilities available, deficiencies, projected requirements etc.)

**Imaging Facilities**

(Give details as in item 12 above)

- 4 EEG  
(give details as in item 12 above)

15. Biofeedback  
(Give details as in item 12 above)
16. ECT  
(Give details of ECT machine, staff, modified/direct etc.)
17. Anaesthesia  
(Give details of equipments /personnel available)
18. Clinical Psychology Deptt.  
(Give details of instruments available)
19. OPD Block  
(Give details of facilities)
20. Library facilities  
(Give details, including availability of internet)

21 Patient Demographic data

S. No	Parameter	2006		2007		2008	
		Male	Female	Male	Female	Male	Female
1	Out Patients	New Cases					
2		Old Cases					
3		Total					
4	In-patients	Voluntary					
5		Section 19					
6		Reception order					
7		Convicts/undertrials					
8	Total						
	Long Stay Patients(LSPs)		Male	% of total	Female	% of total	
9		1 year or more					
10		2 years or more					
11		5 years or more					
12		10 years or more					

22. OPD conducted daily/specify days & timings, availability of drugs, amenities, staff etc.)
23. Casualty/emergency services (Give full details incl. staffing) =
24. Outreach/community programmes if any
25. Rehabilitation programmes (encl half-way/day care centers; give full details)
26. Vehicles (incl. ambulance)
27. Staff

S.No	Department	Posts	Sanctioned No.	Filled up position
1.	Psychiatry	Prof./ Sr. Psychiatrist		
		Associate Prof. / Psychiatrist		
		Assistant Prof. / Psychiatrist		
		Sr. Resident		
		Jr. Resident		
2.	Clinical Psychology	Professor		
		Associate Professor		
		Assistant Professor		
		Clinical Psychologist		



3.	Psychiatric Social Work	Professor		
		Associate Professor		
		Assistant Professor		
		Psychiatric Social Worker		
4.	Psychiatry Nursing	Professor		
		Associate Professor		
		Assistant Professor		
		Nurse/Tutor		

Director=  
 Medical Supdt. =  
 Dy. Medical Supdt. =  
 Pathologist=  
 Radiologist=  
 Anaesthetist=  
 Medical Officers=  
 Occupational therapist=  
 Pharmacist=  
 Nurses=  
 EEG technician=  
 ECT technician=  
 Laboratory technicians=  
 Administrative Staff=  
 Stenographer=  
 Record Keeper=  
 Store keeper=  
 Safai Karmacharis=  
 Others=  
 Visiting Consultants=  
 (Indicate disciplines)

28. Teaching activities= Postgraduate course in Mental Health specialities  
 (give details) Year of inception of course  
 Output per year specialty wise

29. Hostel facilities for Postgraduates=adequate/inadequate  
 (give details if required) Single =  
 Married accommodation=  
 Single Nurses=

30. Community Mental Health Activities (incl. role in NMHP)= give detail

31. Have any DPR been prepared for upgradation of the Institute/Hospital into Center of Excellence? If yes send a copy of the DPR. If No send a preliminary proposal based upon the scheme of Center of Excellence under NMHP.

32. Suggestions/ Comments for starting post graduate courses in Mental Health