WHO-AIMS

WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM IN UTTARKHAND, INDIA

World Health Organization

Ministry of Health
Uttarkhand

WHO-AIMS Report on

Mental Health System

in UTTARKHAND, INDIA

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

Dehradun, Uttarkhand, India

2006

World Health Organization

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For further information and feedback, please contact:

1) Dilip Jha and Tarun Sahni, Advent Healthcare Group, E-mail: info@adventhcg.com
2)Vijay Chandra, WHO, SEARO, E-mail: CHANDRAV@searo.who.int
3) Shekhar Saxena, WHO Headquarters, E-mail: saxenas@who.int

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Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of WHO-AIMS at the following website.

http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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The WHO-AIMS team at WHO Headquarters includes: Benedetto Saraceno, Shekhar Saxena, Tom Barrett, Antonio Lora, Mark van Ommeren, Jodi Morris and Grazia Motturi. Additional assistance has been provided by Julian Poluda.

The WHO-AIMS project is coordinated by Shekhar Saxena.

Executive Summary

The **World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS)** was used to collect information on the mental health system in Uttarkhand.

- The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable Uttarkhand to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

India – Mental health system overview

- The National Health Policy - 2002 incorporates provisions on Mental Health, however no separate policy on mental health exists. The country has a National Mental Health Programme (NMHP), launched in 1982, restrategized during 2002 for implementation during the 10th Five Year Plan (2002-2007) with a fiscal allocation (Rs 190 crores, up from Rs 28 crores during the 9th Plan).
- The country also has a Mental Health Act (1987), which simplified admission and discharge procedures, provided for separate facilities for children and drug abusers and promoted human rights of the mentally ill. Other acts relevant to the mental health field are: the Juvenile Justice Act, the Persons with Disabilities Act and the Narcotic Drugs and Psychotropic Substances Act (amended in 2001).
- In terms of resources, India has 0.25 beds per 10,000 population (0.2 in mental hospital and 0.05 in general hospitals). There are 0.2 psychiatrists per 100,000 population.

Uttarkhand – State mental health system overview

- Uttarkhand is a new state and it lacks in sufficient infrastructure, manpower, and facilities. The state has neither a mental hospital nor a community mental health facility. There is no specific mental health related information system in the state.
- The state does not have a separate mental health act however the Mental Health Act 1987 applies to the entire country. For implementation of the Mental Health Act, the government has constituted (June 2005) a State Mental Health Authority (SMHA). However the SMHA is yet to start regular functioning.
- The state does not have a mental health policy and steps are being taken to formulate a Draft Mental Health Policy, which is expected to be ready for review and discussions soon. The state is yet to draft a mental health plan.
- Only 3.22 percent of the total planned budget for the year 2005-06 has been earmarked for health of which only 1.2 percent (INR 106.61 lakh) has been allocated for establishment of a Mental Health Authority and the construction of a mental hospital.
- The state does not have a mental health outpatient facility in the public sector. The only mental health outpatient facility and day treatment facility is available at the Himalayan Institute Trust Hospital near Dehradun.
- At present there are only 7 psychiatrists for the entire state. Out of these, one works in the public sector at Government's Doon Hospital, Dehradun, another psychiatrist is working in the Himalayan Institute Hospital Trust (HIHT) Medical College near Dehradun, while the

rest are consultants in private practice in Dehradun. The Himalayan Institute Hospital also has a clinical psychologist working in the psychiatry department. Other categories of personnel such as psychiatric social workers, psychiatric nurses, etc are not available in the state.

- In order to provide trained manpower at primary healthcare level, training of primary healthcare personnel is in progress in two districts. Specialized training facilities for mental health are not available in the state.
- The state government has also developed an essential drug list which has come into effect from April 2006. It is also in the process of strengthening its logistics and supply system under the Uttarkhand Health Systems Development Project. The essential drug list includes the basic psychotropic medicines.
- There are many constraints: a major part of the state has difficult terrain and sparse population. Establishing health facilities, sustaining the facilities and retaining the manpower are difficult. Additionally, the people in the state are very much dependent on the help of traditional healers.
- The state has recently undertaken a public awareness campaign about epilepsy through local cable TV networks.
- There are legislative and financial provisions for the welfare of persons with mental disorders under the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. These include the right for free education, employment, financial assistance and social security

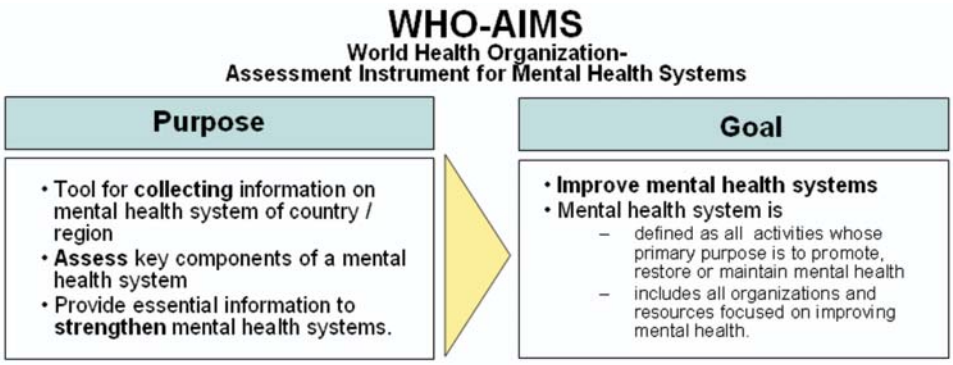
WHO-AIMS REPORT FOR UTTARKHAND, INDIA

Introduction

This report creates a broad understanding of India as a country and leads on to give an introduction to the state of Uttarkhand which is the state under focus for this study.

While the focus of the study is restricted to the availability of mental health systems in Uttarkhand an effort has been made to create a understanding of the current status of health along some standard health parameters and to then compare mental health facilities in that context

The World Health Organisation Assessment Instrument for Mental Health Systems (WHO-AIMS) is a new WHO tool for collecting essential information on the mental health system of a country or region.



WHO-AIMS has been developed to assess key components of a mental health system and thereby provide essential information to strengthen mental health systems.

The goal of collecting this information is to improve mental health systems. For the purpose of WHO- AIMS, a mental health system is defined as all the activities whose primary purpose is to promote, restore or maintain mental health. The mental health system includes all organizations and resources focused on improving mental health.

India: Country Overview

India is one of the oldest civilizations in the world with a kaleidoscopic variety and rich cultural heritage.

It covers an area of 32,87,2631 sq km, extending from the snow-covered Himalayan heights to the tropical rain forests of the south. Bounded by the Great Himalayas in the north, it stretches southwards and at the Tropic of Cancer, tapers off into the Indian Ocean between the Bay of Bengal on the east and the Arabian Sea on the west. India comprises 28 States and seven Union Territories.

It has a land frontier of about 15,200 km. The total length of the coastline of the mainland, Lakshadweep Islands, and the Andaman and Nicobar Islands is 7,516.6 km.

Countries having a common border with India are Afghanistan and Pakistan to the north-west, China, Bhutan and Nepal to the north, Myanmar to the east and Bangladesh to the east of West Bengal. Sri Lanka is separated from India by a narrow channel of sea formed by the Palk Strait and the Gulf of Mannar.

India's population, as on 1st of March 2001 stood at 1,028 billion (532.1 million males and 496.4 million females) with an annual growth rate of 1.95%.

India accounts for a meager 2.4 per cent of the world surface area of 135.79 million sq km. Yet, it supports and sustains a whopping 16.7 per cent of the world population. The population density of India in 2001 was 325 per sq km while urban population was 27.8 % of the total.

Age distribution of the population shows that 35.4% of the population are in the age group of 0-14 while only 7.7% are 60 or older. The country has a low sex ratio of 933 female per thousand male, which has shown slight improvement during the last decade.

Scheduled castes and scheduled tribes constitute 16.5% and 8.1% of the population respectively (1991 census). The literacy rate in the country is 65.49 per cent, 75.96 for males and 54.28 for females. 26.1% of the population lives below the poverty line.

India has a Crude Death Rate (CDR) of 8.1 per 1000 population (SRS 2002), an IMR of 63 per 1000 live births (SRS 2002) and a life expectancy at birth of 64.8 years.

Macro Economic Indicators

While the **GDP has shown** high growth from 3.4% to 8% (as announced by the Government of India in April 2004), the healthcare indicators have not shown improvements at the same rate.

India **spending on healthcare** is at 5.2% of the GDP, which is comparable to other developing countries, e.g. Korea, Thailand and Brazil spend 5-7%. (Table 1) However, with only 0,9 percent of the GDP, the government's spending on healthcare in India is low compared to Korea, Brazil or Thailand.

The **spending on healthcare per capita** is likewise low: Korea: 720US$, Brazil: 453 US$, Thailand: 349 US$, China: 143 US$, India: 94 US$.

Table 1 – Comparison of Indian with Global Financial Indicators

Particulars	Spending on Healthcare % GDP	Government Spend on healthcare % of GDP	Per Capita Spending on Healthcare (US$)
Korea	6.7	1.8	720
Brazil	6.5	3.2	453
Thailand	5.7	1.2	349
China	2.7	0.7	143
India	5.2	0.9	94

Micro Economic indicators – Health

India still lags behind other developing countries on key health Indicators as depicted below:

Table 2 – Comparison of Indian with Global Health Indicators

Particulars	India	Developing Countries	Developed Countries
IMR(Per 1000)	64	56	6
MMR (per 1000)	3	4.4	0.2
Life Expectancy	63	65	78
Morbidity (Disability Adjusted Life Years per 1000)	274	256	119

Micro Economic Indicators – Regional Disparities

Kerala has the most advanced health indicators with an IMR (Infant Mortality Rate) and MMR (Maternal Mortality Rate) of 14 and 0.87 (2002 data has it at 10 and 0.3 respectively) respectively per 1000 compared with Madhya Pradesh which is the most underdeveloped with an IMR and MMR of 90 and 4.98 respectively per 1000. Maharashtra is at second place (NHP 2002 data)

Table 3 – National Benchmark : Health Indicators (2000)

Particulars	*IMR*	*MMR*
Kerala	14	0.87
Tamil Nadu	51	1.3
Uttarkhand	41*	UN
Madhya Pradesh	90	4.98
India (2000)	68	4.07

** SRS 2002, RGI*

Micro Health indicators: infrastructure

India faces a huge shortage of beds and trained manpower to manage its resources (Table 4).

Furthermore, 75% of the health infrastructure, medical manpower and other health resources are concentrated in urban areas. However, only 27% of the population lives in urban areas.

Table 4 – Comparison of Indian with Global Manpower norms

	Beds (Per 1000 pop)	*Physicians (per 1000 pop)*	*Nurses (per 1000 pop)*
India	1.5	0.5	0.9
Mid Income Countries	4.3	1.8	1.9
High Income Countries	7.4	1.8	7.5
World average	3.3	1.5	3.3

Epidemiology:

A meta-analysis of 13 psychiatric epidemiological studies (n=33 572) yielded an estimated prevalence rate of 5.8% (Reddy & Chandrasekhar, 1998)[1]:

- Organic psychosis (0.04%),
- Alcohol/drug dependency (0.69%),
- Schizophrenia (0.27%),
- Affective disorders (1.23%),
- Neurotic disorders (2.07%),
- Mental retardation (0.69%)
- Epilepsy (0.44%)

Psychiatric morbidity was associated with urban residence, gender, age group (35-44 years), marital status (married/widowed/divorced), low socioeconomic status and a nuclear family type. Epilepsy and hysteria were significantly more common in rural communities. Nandi et al (2000)[2] reported that psychiatric morbidity decreased from 11.7% to 10.5% over 20 years in a rural setting.

Rao (1993)[3] reported that mental morbidity was present in 8.9% of the elderly (above 60 years); with depression being the most common disorder (6%). Psychiatric morbidity was associated with physical diseases. Many studies (e.g. Vas et al, 2001)[4] have evaluated large samples (n=2077 to 24 488) of persons above the age of 55 years with standardized instruments (e.g. Mini Mental State Examination, Clinical Dementia Rating Scale) and diagnostic criteria (e.g. DSM-IV, NINCDS-ADRDA) using a two/three stage procedure. The rate of dementia was reported to be in the range of 0.8% to 3.4% and that of Alzheimer's disease in the range of 0.6% to 1.5%.

Mohan et al (2002)[5] assessed 10 312 urban people with an instrument based on DSM-III-R criteria at two points of time one year apart. The prevalence of tobacco, alcohol, cannabis and opioids use among males was 27.6%, 12.6%, 0.3% and 0.4%, respectively. The annual incidence rates among males for any drug use and use of alcohol, tobacco, cannabis and opioids were 5.9%, 4.2%, 4.9%, 0.02% and 0.04%, respectively. Among females, the incidence of any drug use was 1.2%. Kartikeyan et al (1992)[6] assessed 9863 people from an urban slum. The prevalence of drug dependence was 11% (83.7% for heroin, 10.7% for cannabis and 5.8% for opium).

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[1] Reddy, M. V., Chandrasekhar, C. R. (1998) Prevalence of mental and behavioral disorders in India: a meta-analysis. Indian Journal of Psychiatry, 40, 149-157.
[2] Nandi, D. N., Banerjee, G., Mukherjee, S. P., et al (2000) Psychiatric morbidity of a rural Indian community. Changes over a 20-year interval. British Journal of Psychiatry, 176, 351-356.
[3] Rao, A. V. (1993) Psychiatry of old age in India. International Review of Psychiatry, 5, 165-170
[4] Vas, C. J., Pinto, C., Panikker, D., et al (2001) Prevalence of dementia in an urban Indian population. International Psychogeriatrics, 13, 439-450.
[5] Mohan, D., Chopra, A., Sethi, H. (2002) Incidence estimates of substance use disorders in a cohort from Delhi, India. Indian Journal of Medical Research, 115, 128-135.
[6] Kartikeyan, S. K., Chaturvedi, R. M., Bhalerao, V. R. (1992) Role of the family in drug abuse. Journal of Postgraduate Medicine, 38, 5-7

Chandran et al (2002)[7] assessed 359 women in the last trimester of pregnancy and 6-12 weeks after delivery. The incidence of post-partum depression was 11%. Rate of post-partum depression was associated with low income, birth of a daughter, relationship difficulties, adverse life events during pregnancy and lack of practical help.

Lester et al (1999)[8] reported that in 1991, the national suicide rate was 9.2 per 100 000 per year (males: 10.6 and females: 7.9). The most common methods for suicide were poisoning and hanging. Mayer and Ziaian (2002)[9] reported that there was an increase in the rate of suicide over six years. The incidence of suicides was highest in the 30-44 year-old category. Suicide rates were nearly equal for young women and men. Organophosphorus poisoning and hanging were the commonest methods of attempting suicide. A number of studies (e.g. Shenoy et al, 1998)[10] have evaluated large samples of children and adolescents (n=348 to 1535) with standardized instruments (e.g. Children's Behavior Questionnaire, Child Behavior Checklist) using a two stage procedure. The prevalence of psychiatric morbidity was in the range of 14.4% to 31.7%.

Chopra et al (1999)[11] administered the Disability Screening Schedule (DSS) to 3560 children (0-6 years) from urban slums. Almost 6.9% of children were assessed as having disabilities. Mathur et al (1995)[12] assessed 1545 children through a two stage procedure and found that the rate of mental disability was 2.7%.

Mental health resources

The following tables give an outline of the availability of mental health resources comparing India and Uttarkhand with South East Asia and Global standards.

Table 5 – Status of Mental Health Policies, Programmes and Legislation

	World*	S-E Asia*	India	Uttarkhand
Mental Health Policy	62.1%	54.5%	National Health Policy 2002 has provisions related to Mental health	Nil
Substance Abuse Policy	68.8%	72.7%	Nil	Nil
Mental Health Programme	69.6%	72.7%	Formulated in the year 1982	Nil
Therapeutic Drugs Policy/ EDL	89.3%	100%	Present	EDL formulated
Mental Health Legislation	78.0%	63.6%	Mental Health Act formulated in 1987	Mental Health Act 1987 applies to the state
Disability benefits	77.8%	81.8%	Persons with Disabilities Act-1995 provides benefits	Persons with Disabilities Act-1995 applies to the state

** Percentage of countries in the World and in South East Asia Region where policies/ programmes/legislation is present*

[7] Chandran, M., Tharyan, P., Muliyil, J., et al (2002) Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India. Incidence and risk factors. British Journal of Psychiatry, 181, 499-504
[8] Lester, D., Agarwal, K., Natarajan, M. (1999) Suicide in India. Archives of Suicide Research, 5, 91-96
[9] Mayer, P., Ziaian, T. (2002) Suicide, gender, and age variations in India. Are women in Indian society protected from suicide? Crisis: Journal of Crisis Intervention & Suicide, 23, 98-103
[10] Shenoy, J., Kapur, M., Kaliaperumal, V. G. (1998) Psychological disturbance among 5- to 8-year-old school children: a study from India. Social Psychiatry & Psychiatric Epidemiology, 33, 66-73
[11] Chopra, G., Verma, I. C., Seetharaman, P. (1999) Development and assessment of a screening test for detecting childhood disabilities. Indian Journal of Pediatrics, 66, 331-335
[12] Mathur, G. P., Mathur, S., Singh, Y. D., et al (1995) Detection and prevention of childhood disability with the help of Anganwadi workers. Indian Pediatrics, 32, 773-777

Table 6 – Psychiatric Beds and Professionals in mental health

	World	S-E Asia	India	Uttarkhand
Psychiatric Beds per 10,000 population				
Total psychiatric beds	1.69	0.33	0.25	Nil
Psychiatric beds in mental hospitals	1.16	0.27	0.2	Nil
Psychiatric beds in general hospitals	0.33	0.03	0.05	Nil
Psychiatric beds in other settings	0.20	0.03	0.01	Nil
Professionals per 100,000 population				
Number of psychiatrists	1.20	0.20	0.2	0.08
Number of neurosurgeons	0.20	0.03	0.06	Nil
Number of psychiatric nurses	2.0	0.10	0.05	Nil
Number of neurologists	0.30	0.05	0.05	Nil
Number of psychologists	0.60	0.03	0.03	0.01
Number of social workers	0.40	0.04	0.03	Nil

Uttarkhand: State Overview

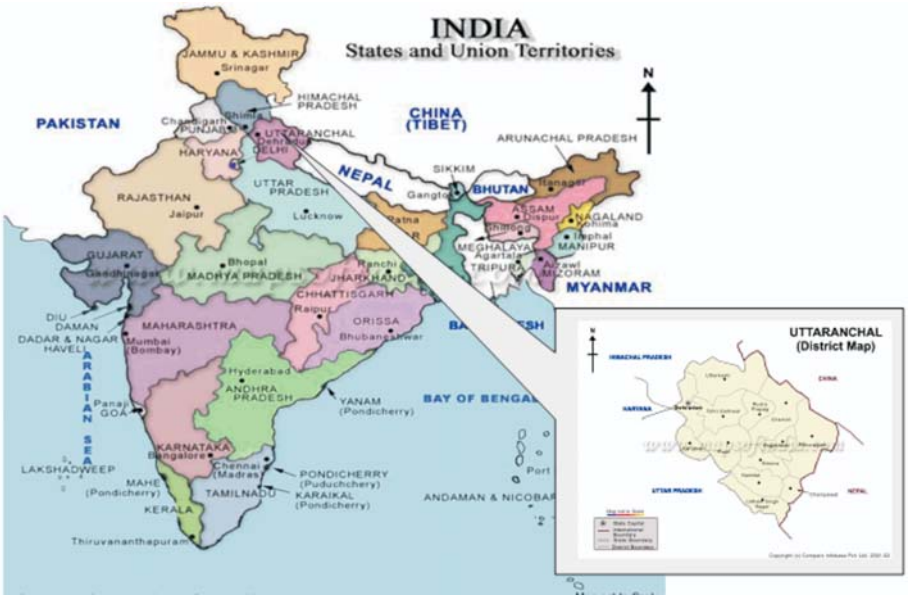
Uttarkhand became the 27th state of the Republic of India on November 9, 2000 after a relatively short and peaceful struggle by its people in the 1990s, having previously comprised part of Uttar Pradesh.

Uttarkhand borders China in the north-east and Nepal to the south-east, while its neighbor states are Himachal Pradesh and Uttar Pradesh. The provisional capital of Uttarkhand is Dehradun which is also a rail-head and largest city in the region.

The small hamlet of Gairsen has been mooted as a future capital owing to its geographic centrality. The region is also known as Uttarakhand, which derives from the Sanskrit for North Country.

The state has traditionally been divided into two parts, the western half known as Garhwal and the eastern region going by the name of Kumaon. The state in subdivided into 13 districts, 78 tehsils, 95 blocks and 16,828 villages[13].

[13] http://gov.ua.in/uaglance/1.htm



Uttarkhand is a region of outstanding natural beauty. Most of the northern parts of the state are covered by the high Himalayan ranges and glaciers, while the lower reaches are densely forested.

The unique Himalayan ecosystem plays host to a large number of animals (including bharal, snow leopards, leopards and tigers), plants and rare herbs. Two of India's mightiest rivers, the Ganga and the Yamuna take birth in the glaciers of Uttarkhand, and are fed by myriad lakes, glacial melts and streams in the region.

The tourism industry is a major contributor to the economy, with the hill-stations at Mussoorie, Almora, Ranikhet and Nainital being some of the most frequented destinations. To this region also belong some of the holiest Hindu shrines, and for almost 2000 years now pilgrims have been visiting the temples at Haridwar, Rishikesh, Badrinath and Kedarnath in the hope of salvation and purification from sin. The state also plays host to some of the big-dam projects in India such as the Tehri dam on the Bhagirathi-Bhilangana rivers.

Uttarkhand has a population of 8.5 million which reflects as 1% of the total population of India. 78% of the total population lives in rural areas. The state being a hilly one is the most sparsely populated state in the country with a population density of 159 persons per square kilometer.

Table 7 – Overview of Uttarkhand

Particulars	Uttarkhand	India
Area	53483 Sq Km	2973190 Sq Km
Population	8.49 Million	1049 Million
Poverty (% of Total population)	36.44%*	26 %
Population Growth	1.76%	1.55 %
Per Capita Spending on Health	102 Rs	160 Rs
IMR(2002)	41/1000	63/1000
MMR (2002)	NA	3/1000
Life Expectancy at birth (yrs)	62	63

*Rural Poverty Estimate as per Department of Rural Development, Govt. of Uttarkhand, Source: State Plan 2005-06, Govt. of Uttarkhand

The sex ratio according to the Census data of 2001 stands at 964 females per 1000 males. 36% of the population is less then 15 years old whereas only 5% are above the age of 65 years. Schedule castes constitute 17% of the population while scheduled tribes are only 3% (Census 2001).

Uttarkhand has a Crude Death Rate (CDR) of 6.4 per 1000 population (SRS 2002) which is much lower than the national level estimate of 8.1 per 1000 population.

Among communicable diseases, Tuberculosis with a prevalence of 1225 per 100000 populations and among other health problems iodine deficiency (3.5 – 40 percent of population in various districts) and anemia among women (46 percent) are major health problems in the state.[14]

Macro Economic Indicators

Uttarkhand has a comparatively low percentage of **expenditure on health** (Uttarkhand 3.22 %, India 5.32%). However, the same figure for Rajasthan and west Bengal reads 6.39% and 6.29% respectively, forming the highest two in India.

Average per capita spending on health was at Rs 102.38 (as per proposed outlay for 2005-06) in Uttarkhand, much lower to Punjab (Rs 144) and Kerala (Rs 122).

Micro Economic Indicators – Health

The **IMR** of 41 per 1000 (2002 data) is still far from the national best, which is at 14 in Kerala.

The **MMR** data for the state is not available.

The **Life expectancy** at birth is 62 for Uttarkhand as compared to 63 for the entire country.

Micro Economic Indicators – Infrastructure

There are 0.84 hospital beds / thousand population (1.5 in India)

At the primary healthcare level, the state has 229 PHCs / APHCs[15]. There is a shortfall of manpower (103 doctors) at the primary health care level.

The number of person who are treated by government allopathic doctors in Uttarkhand is 10991 and 15980 in the entire country.[16]

Regarding the number of nurses in Uttarkhand, reliable data is not available

[14] Health & Population Policy of Uttarkhand, Department of Health & Family Welfare, Govt of Uttarkhand, December 2002
[15] http://gov.ua.in/uaglance/9.htm
[16] Health Information of India – 2004, CBHI, Govt. of India

Domain 1: Policy and Legislative Framework

Policy, plans, and legislation

The state of Uttarkhand does not have a mental health policy at present. Steps are being taken to formulate a draft mental health policy following the completion of the WHO AIMS. It is envisaged that by June 2006 Uttarkhand would have a draft mental health policy ready for review and discussion.

At the country level, India does not have a separate mental health policy however; provisions related to mental health are incorporated in the National Health Policy-2002. The National Health Policy-2002 recognises the magnitude of the problem (Section 2.13 NHP-2002) and envisages a network of decentralized mental health services which would involve the diagnosis of common disorders, and the prescription of common therapeutic drugs, by general duty medical staff. The policy also envisages upgrading of the physical infrastructure of mental health institutions at Central Government expense so as to secure the human rights of this vulnerable segment of society (Section 4.13 NHP-2002).[17]

Under the Uttarkhand Health System Development project the state government has developed an **Essential Drug List (EDL)** and is in the process of strengthening its logistics and supply system. The EDL has come into effect from April 2006.

The essential drug list includes the following:

- Antipsychotic drugs
- Anxiolytic drugs
- Antidepressants
- Mood stabilizers
- Antiepileptic drugs

The **National Mental Health Program** was launched in 1982 with the following objectives:

- to ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and under-privileged sections of the population
- to encourage application of mental health knowledge in general health care and in social development
- To promote community participation in mental health service development and to stimulate efforts towards self help in the community. From 1982-1995, the programme was run as a pilot programme to look at the feasibility of extending mental health services to the community and primary care levels.

A review of the national mental health programme by the Central Council of Health and Family Welfare in 1995 led to the launch of the District Mental Health Programme covering 24 districts in the country.

The programme was re-strategised during 2002 for implementation during the 10th Five Year Plan (2002-2007) with a quantum increase in fiscal allocation (Rs 190 crores, up from Rs 28 crores during the 9th Plan). It forms the basis for public health initiatives in the field of mental health.

The restrategised national mental health programme under implementation aims to provide a balanced mix of closely networked services, with dedicated budgetary support for modernization of the Government mental hospitals, strengthening of medical college departments of psychiatry, implementation of the district mental health programme in 100 districts (to all districts by 2020)

[17] http://mohfw.nic.in/np2002.htm

across the country in the first phase, focused information, education, communication (IEC) strategies, training and research.[18]

The state of Uttarkhand does not have a separate mental health act however the Mental Health Act 1987 applies to the entire country. Mental health being a concurrent subject in the 7th schedule of constitution of India, each state has the legal authority to make laws in relation to mental health services as long as the minimum standards outlined in the Mental Health Act - 1987 are met.

The Mental Health Act 1987 has formulated a definition of mentally ill persons, simplified admission and discharge procedures, introduced licensing of psychiatric hospitals, separated state and central mental health authorities, separated facilities for children and persons with addiction and promoted human rights of the mentally ill. In 2002, the act was implemented in 25 out of 30 states and Union Territories from which information was available. Under the Mental Health Act 1987, each state is required to constitute a State Mental Health Authority (SMHA) to ensure effective and equitable enforcement of the provisions of the act. The primary role of the SMHA is in planning, implementation and monitoring of mental health programme/activities. Under this act, state of Uttarkhand has constituted (June 2005) the State Mental Health Authority (SMHA) to ensure effective and equitable adaptation of the provisions of the Act. The primary role of the SMHA is in planning, implementation and monitoring of mental health services. The SMHA is yet to start regular functioning.

The **State Mental Health Rules 1990** of the Government of India, framed as per provisions of the Mental Health Act 1987 provides detailed procedures and documentation for obtaining/grant of license to establish/maintain a Psychiatric Hospital/Psychiatric Nursing Home, renewal of license, appeal in case of refusal of license, procedure for keeping case record, procedure for reception order from magistrate by Medical Officer-in charge of a Psychiatric Hospital or by relative or others, application for leave of absence by relative or others. It also provides guidelines for functioning of SMHA.

Under the "**Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995**" Mental illness has been recognized as one of the disabilities. The Act has provisions for non-discrimination, free education, employment and financial assistance and social security.[19] Promotion of mental health as mandated through various acts has intersectoral linkage with Ministry of social justice and empowerment and the Human Rights Commission.

Other acts relevant to the mental health field are: the Juvenile Justice Act and the Narcotic Drugs and Psychotropic Substances Act (amended in 2001).

The state is yet to draft a **mental health plan**. It is envisaged that the mental health plan would contain the same components as the mental health policy and also include financing, quality improvement, and monitoring systems. In addition, a budget, timeframe, and specific goals are also to be identified. However some planned financial initiatives have been taken which are discussed in the following paragraphs.

Financing of mental health services

The expenditure on health as percentage of GDP in India is relatively low as per international standards i.e. 6.1 (2002). Out of the total expenditure on health, public sector expenditure is 21.3 percent while the rest 78.7 percent are private sector expenses. Health expenditure constitutes 4.4 percent of the total government spending[20]. 98.5 percent of the private sector expenditure on health is borne out of pocket by private households while only 0.7 percent comes from prepaid and risk pooling plans. For those that pay out of pocket, the cost of antipsychotic medication is 2% and antidepressant medication is 3%. Of all the expenditures spent on mental health, 94% have been directed towards the construction of a mental hospital.

[18] http://www.who.int/mental_health/evidence/atlas/
[19] http://socialjustice.nic.in/disabled/act.htm#topact
[20] http://www.who.int/nha/country/IND.xls

Uttarkhand is a relatively new state of India and earmarked expenditure on mental health by the state government health department is relatively low. Only 3.22 percent of the total planned budget for the year 2005-06 has been earmarked for health. Only 1.2 percent (INR 106.61 lakh) of the total budget on health in the 2005-06 State Annual Plan[21] have been allocated for the establishment of a mental health authority and the construction of mental hospitals.

Human rights policies

Protection of Human Rights Act 1993[22] is an important legislation with regard to protection of rights of mentally ill persons. Under this act, the National Human Rights Commission was established in the year 1993 to act as a facilitator for the protection of human rights.

The Act also mandated setting up of State Human Rights Commission and Human Rights Courts. The Act mandates the NHRC to visit hospitals and institutions for people with mental illness to ensure that their Human Rights are protected. In 1994, the NHRC commissioned a team of experts to visit asylums and mental hospitals and prepare a report.

The findings of the committee showed that the custodial model of intervention has not changed to the therapeutic and rehabilitative model as envisaged in the Mental Health Act. Further, there was a severe shortage of mental health professionals such as psychiatrists, psychiatric nurses, social workers and psychologists.

The commission is presently involved in monitoring all the 37 psychiatric hospitals. It promotes NGO involvement, open wards, voluntary admissions, out patient care, family involvement, Community Mental Health and the setting up of half-way homes to reduce the duration of stay in the hospital. Supreme Court has also intervened in protection of rights of mentally ill persons. In a landmark judgment following the death of 19 mentally ill prisoners in Dum Dum jail, the Supreme Court banned the detention of people with mental illness in prisons[23.]

In 2002, the Supreme Court of India directed all states to identify entities purporting to offer psychiatric/ mental health care, review them based on prescribed standards and decide whether or not to license them (Murthy, in press).

It also called for a comprehensive awareness campaign to educate people about the rights of mentally challenged people. Part of the campaign would inform the public that chaining of mentally challenged people is illegal, and that patients with mental illness should be sent to doctors and not to religious temples. In additional directives, the Supreme Court of India asked the states and union territories to assess existing mental health care personnel, types of mental health care delivery systems in place, and to estimate personnel and facilities needed to meet the needs of the population[24].

State Human Rights Commission has not yet been established in Uttarkhand.

Domain 2: Mental Health Services

Organization of mental health services

The Mental Health Act 1987, and the State Mental Health Rules 1990, framed as per provisions of the Mental Health Act, provides details of constitution of State Mental Health Authority and procedures for its functioning. Under this act, state of Uttarkhand has constituted (June 2005) the State Mental Health Authority (SMHA) to ensure effective and equitable adaptation of the

[21] Draft Annual Plan 2005-06 Proposed Outlays, Govt of Uttarkhand
[22] Human Rights Act 1993,India
[23] Workshop Report on Initiatives On Mental Health Policy In India: A Workshop For Mental Health Stakeholders, January 2004, British Council, New Delhi
[24] Psychiatric Times • October 2004 • Vol. XX • 11

provisions of the Act. The primary role of the SMHA is in planning, implementation and monitoring of mental health services. The SMHA is yet to start regular functioning.

Uttarkhand being a new state, and in the absence of pre-existing facilities and programmes in the state, mental health services have not been organized so far. However, a number of steps to improve mental health services have been initiated by the state. These include setting up of SMHA, construction of a mental hospital and training activities in two districts.

Mental health outpatient facilities

The Himalayan Institute Hospital near Dehradun which is part of the medical college run by a trust has an outpatient facility for mental health. In the year 2005 approximately 6948 cases were registered in the mental health outpatient facility at the Himalayan Institute Hospital while there were 9621 contacts by the patients at the facility. The facility treated 82 users per 100,000 population and the average number of contacts per user is 1.38.

Himalayan Institute Hospital (Photo: www.hihtindia.org)

Uttarkhand has adopted the essential drug list, which includes basic antipsychotropic medicine such as Chlorpromazine, Fluphenazine, Haloperidol (Antipsychotic), amitriptyline and clomipramine (antidepressants). However these drugs are not yet being procured by the government of Uttarkhand as there is no request made by the health facilities.[25]

Day treatment facilities

In the non government sector, the psychiatry department in Himalayan Institute Hospital has day treatment facilities. However details of patients are not available. In terms of mental health treatment no facilities are specifically targeted for children and adolescents[26].

Community-based psychiatric inpatient units

There is no community-based psychiatric inpatient unit available in the state. Even the two newly started medical colleges in the state do not have separate .psychiatric wards (as per MCI norm a medical college should have at least a 30 bedded psychiatric ward). At the country level there are 0.05 psychiatric beds per 100 000 population in general hospitals.

Community residential facilities

There are no community residential facilities available in the state of Uttarkhand

[25] As per the information provided by the Chief Pharmacist, Govt. of Uttarkhand
[26] Mental Health Policy and Service Development Project: Uttarkhand India, pp-5

Mental hospitals

There are no mental hospitals available in the state at present, but construction plans for a mental hospital have been finalized and it should be functional by the end of 2006. In the absence of a mental hospital in the state, patients requiring specialised mental health care are treated in such facilities in near by states. At the country level there are 0.20 psychiatric beds per 10,000 populations mental health hospitals.

Forensic and other residential facilities

At present, there are no forensic or other residential facilities for psychiatric patients available in the state.

Equity

In the absence of any mental health facility in the public sector in the state, it is assumed that people travel to the near by state of Uttar Pradesh or Delhi for treatment. Even in the private sector, psychiatry clinics and outpatient facilities at the medical college are located in or near the capital city of Dehradun. During the visits to private clinics and the medical college, it was observed that patients travel for more than eight hours to consult a psychiatrist. Thus, access to mental health services is an important issue for the state.

Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

Training in psychiatry is part of the undergraduate curriculum for doctors in the country (as per the guidelines of Medical Council of India). Approximately 80 hours of posting in psychiatry department have to be undertaken by each undergraduate student. Undergraduate training is of 4.5 years duration with 40 hours each week. Besides, an internship of 1 year in a recognised hospital is compulsory in order to get registration by the Medical Council of India.

The state government has identified two districts i.e. Haridwar and Pithoragarh for training of all primary health care providers in the management of epilepsy and psychosis — the two most commonly observed mental disorders in the population.

Thirty-nine (39%) of all primary health care doctors in the Haridwar and Pithoragarh districts respectively have been trained as master trainers for management of epilepsy and psychosis. The master trainers are now in the process of training government employed community- based health workers in these districts.

Primary health care clinics

Healthcare services in the state as elsewhere in the country, is structured as primary, secondary and tertiary levels of care.

The basic unit for primary healthcare delivery is called sub centre and covers a population of approximately 5000 (3000 for hilly area) in a defined catchment area. Every sub centre is manned by multi-purpose male and female health workers who provide services at the community level.

The state of Uttarkhand has 1576 subcentres (non-physician based), 229 primary health centres and 40 community health centres[27]. The state has yet to develop assessment and treatment protocols for key mental health conditions, but it is in the process to develop one.

The next level of service delivery is called Primary Health Centre (PHC) covering 6 subcentres and a population of about 30000 (20000 for hilly area). Primary health care centres are physician based. The next level of service delivery is called Community Health Centre (CHC) covering 4 primary health centres and a population of 120000. However people are free to seek any service outside the catchment area.

No information is available on the extent of professional interaction between primary health care staff and mental health care providers.

There is no documented indication of interaction of physicians with complimentary/alternative/ traditional practitioners.

Prescription in primary health care

General physicians are allowed to prescribe psychotropic medicines without restrictions. Non-doctor health care workers are not allowed to prescribe psychotropic medications in any circumstance. Psychotropic medicines are currently not available in any primary healthcare facilities in the state.

Domain 4: Human Resources

Human resources in mental health

At present there are only 7 psychiatrists for the entire state. All psychiatrists are working in Dehradun, the largest city in the state. Out of the seven, one is in the public sector posted at Government's Doon Hospital, Dehradun; another psychiatrist is working with the Himalayan Institute Hospital Trust (HIHT) Medical College near Dehradun while the rest are consultants in private practice at Dehradun.

Himalayan Institute Hospital Trust (HIHT) Medical College also has a clinical psychologist, who is working in the psychiatry department. Other categories of personnel such as psychiatric social worker, psychiatric nurse, etc are not available in the state.

Plans are in process to improve healthcare facilities, manpower recruitment and compensation norms. It is anticipated that with time the state would attract more skilled workforce. At present the required number of doctors in PHCs is 380 whereas only 367 positions are being sanctioned. Only 277 of the sanctioned positions are taken, while there is a shortfall of 103 doctors[28].

Training professionals in mental health

The state has two medical colleges with an annual intake of 100 students per academic year in each college. The medical colleges of the state are currently not providing advanced (i.e., post-undergraduate) training in mental health.

[27] http://gov.ua.in/uaglance/9.htm
[28] Final Report, To develop a plan for disease surveillance programme for Uttarkhand state, pp-9

Himalayan Institute of Medical Sciences (Photo: www.hihtindia.org)

Himalayan Institute Hospital Trust (HIHT) also has a nursing institute with annual intake capacity of 60. Just like the psychologist, none of the psychiatrists had at least two days of refresher training on the rational use of psychotropic drugs or child and adolescent mental health issues in the last year.

Consumer and family associations

At present the role of consumer and family associations in the formulation or implementation of mental health policies, plans, or legislation in the state has not been defined and there is no interaction between mental health facilities and consumer associations since the latter do not exist. The role of NGO's towards activities such as promotion of mental health or creating awareness has not been documented. There are NGOs operating in the region but their involvement in mental health issues is not known

Domain 5: Public Education and links with other sectors

Education and awareness campaigns

There is no separate coordinating body to oversee publication and awareness campaigns. However, government agencies and private foundations have promoted public education and awareness campaigns in the last five years. These campaigns have targeted the general population such as children.

Recently, Information, Education & Communication material has been developed for epilepsy. A video entitled "Epilepsy: Myth and Reality" dubbed in Hindi has been repeatedly broadcasted in the local cable network. The video and information disseminated has been appreciated in the community.

Furthermore, extensive press coverage of the physician training programmes and informations on epilepsy and psychoses were published in the local newspapers[29].

Legislative and financial provisions for persons with mental disorders

Mental illness has been recognized as one of the disabilities under Section 2 (i) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

[29] Mental Health Policy and Service Development Project: Uttarkhand India, pp-7

"Mental illness" has been defined under Section 2(q) of the said Act as any mental disorder other than mental retardation. The act has provisions for

i) Right to free Education

- Every child with disability shall have the right to free education till the age of 18 years in integrated schools or special schools.
- Appropriate transportation, removal of architectural barriers and restructuring of curriculum and modifications in the examination system shall be ensured for the benefit of children with disabilities.
- Children with disabilities shall have the right to free books, scholarships, uniforms and other learning material.
- Special School for children with disabilities shall be equipped with vocational training facilities.
- Non-formal education shall be promoted for children with disabilities.
- Teacher's Training Institutions shall be established to develop requisite manpower.

ii) Employment

- 3% of vacancies in government employment shall be reserved for people with disabilities
- Suitable schemes shall be formulated for
  - The training and welfare of persons with disabilities
  - The relaxation of upper age limit
  - Regulating the employment
  - Health and safety measures and creation of a non-handicapping environment in places where persons with disabilities are employed.
- Government Educational Institutes and other Educational Institutes receiving grant from Government shall reserve at least 3% seats for people with disabilities.
- All poverty alleviation schemes shall reserve at least 3% for the benefit of people with disabilities.
- No employee can be sacked or demoted if they become disabled during service, although they can be moved to another post with the same pay and condition. No promotion can be denied because of impairment.

iii) Affirmative Action

- Aids and Appliances shall be made available to people with disabilities.
- Allotment of land shall be made at concessional rates to the people with disabilities for
  - House
  - Business
  - Special Recreational Centers
  - Special Schools
  - Research Schools
  - Factories by Entrepreneurs with Disability

iv) Non-Discrimination

- Public buildings, rail compartments, buses, ships and air-crafts will be designed to give easy access to disabled people.
- In all public places and in waiting rooms, toilets shall be wheel chair accessible. Braille and sound symbols are also to be provided in lifts.

- All the places of public utility shall be made barrier-free by providing ramps

v) Research and Manpower Development

- Financial assistance shall be made available to the universities, other institutions of higher learning, professional bodies and non-government research units or institutions, for undertaking research for special education, rehabilitation and manpower development.

vi) Social Security

- Financial assistance to non-government organisations for rehabilitation of persons with disabilities.
- Insurance coverage for the benefit of the government employees with disabilities
- Unemployment allowance to people with disabilities registered with the special employment exchange for more than a year and who could not be placed in any gainful occupation.

The central government has appointed the chief commissioner at the centre and commissioners at state level for implementation of the Act. A central coordination committee and sub-committees have been constituted for networking and monitoring[30].

Links with other sectors

In addition to legislative and financial support, there are formal collaborations between the government department responsible for mental health and the departments/agencies responsible for education, employment, housing, welfare and criminal justice. There is a strong inter-sectoral linkage through provisions of various acts. The "Ministry of social justice and empowerment" looks after the implementation of the "Person with Disability Act, 1995" and the Supreme Court of India and the National Human Rights Commission monitor the rights and welfare of people with mental disorders.

In terms of support for child and adolescent health, there is a written agreement, that each state of India is required to establish special schools for people with mental disabilities., but in Uttarkhand no primary and secondary schools have school-based activities to promote mental health and prevent mental disorders.

The percentage of prisoners with psychosis or mental retardation is unknown. Furthermore, it is not known if there are mental health activities in the criminal justice system. As for training, it is not known if police officers, judges or lawyers have participated in educational activities on mental health in the last five years. Finally, there are no data available how many people receive social welfare benefits due to a mental disability.

Domain 6: Monitoring and Research

Monitoring and research

Since the state of Uttarkhand has yet to establish a network of outpatient, inpatient and community based facilities for mental health, a monitoring system does not exist yet at present.

The mental health outpatient facility does not collect or transmit data to the government health department.

No research activities on mental health are being undertaken in the state.

[30] http://socialjustice.nic.in/disabled/act.htm#topact

Next Steps in Planning Mental Health Action

The findings of the study on Assessment of Mental Health Systems in Uttarkhand using WHO-AIMS are as follows:

- The study highlights the complete lack of data and information regarding the mental health system in Uttarkhand. This deficit is a major constraint in evidence based planning of mental health interventions. Thus, there is a need for undertaking a baseline study on mental health scenario in the state and also to develop a system of data collection on mental health.
- Being a newly formed state, there is a complete absence of mental health related infrastructure and manpower. Creation of infrastructure also requires adequate funding. These constraints can only be overcome by developing a mental health policy and related programme.
- Lack of manpower can be overcome in the short term by undertaking training of existing primary healthcare staff and improving supply of required drugs.
- There is also a need for developing standard treatment guidelines and a referral system to streamline community based care and institutional interventions.
- Existing misconceptions and lack of awareness regarding common mental health problems can be tackled through an IEC programme. The state needs a well conceived IEC strategy.

  In order to overcome the gaps in the mental health system in the state of Uttarkhand, a two day strategy and programme development workshop should be undertaken.

Objectives of the workshop:

- To orient the participants regarding the existing mental health scenario in the state and the need for intervention.
- To derive recommendations on developing mental health policy for the state keeping in view the unique geographical and socio-economic characteristics of the state.
- To develop a short term plan for promoting community based care in the state.
- To develop an IEC strategy for creating awareness regarding common mental health problems and removing associated stigma.
- To identify impact indicators and create a monitoring system to periodically review progress.

The workshop should be conducted through presentations by experts followed by group discussion. The group work should involve brainstorming, discussion and group presentation on the proposed mental health policy for the state. The participant for the workshop should include an external faculty of experts in various areas of mental health, policy makers & planners, service providers and public health professionals, users, families and care givers, NGOs & Advocacy organizations.

References

The following documents and websites served as resources for this assignment

Literature Resources:

a) Mental Health: An Indian Perspective 1946 – 2003, Dr. S. P Agarwal.

b) Mental Health and the Global Development Agenda: What Role for the World Bank?

c) Mental Health policy , plans and programmes (updated version) :WHO 2004

d) Integrating Mental Health and Psychosocial Interventions into World Bank Lending for Conflict-Affected Populations: A Toolkit

e) Health Policy Issues and Health Programmes in Uttarkhand

f) Institute of Medicine, Neurological, Psychiatric and Developmental Disorders: Meeting the Challenge if the Developing World, 2001, Committee on Nervous Disorders in Developing Countries, Board on Global Health. Summary

g) WHO World Health Report 2001: Mental Health: New Understanding, New Hope.

h) Mental Health in the new millennium: Research strategies for India Indian Journal of Medical Research, Aug 2004 by Murthy, R Srinivasa

i) Mental Health in the Context of Global Development , HNP FLASH Issue 51, Special Edition, World Bank

j) Baingana F, A Dabalan, E Menye, M Prywes, M Rosholm. September 2004. *DRAFT: Mental Health and Socio-Economic Outcomes in Burundi*

k) Beeharry G, H Whiteford, D Chambers, F Baingana. August 2002. *Outlining the Scope for Public Sector Involvement in Mental Health.*

Websites resources

a) World Health Organization http://www.who.int/mental_health

b) World Bank http://www.worldbank.org/mentalhealth

c) International Consortium for Mental Health Policy and Services http://www.world-mental-health.org

d) www.indiastat.com

e) Voluntary Health Association of India. http://www.vhai.org

f) Department of Health and family welfare- MoH, India. http://www.mohfw.nic.in

g) Medical Council of India. http://www.mciindia.org/

h) Central Bureau of health Intelligence http://cbhidghs.nic.in/

This study to assess key components of the mental health system in the state of Uttarkhand, India has been conducted using WHO-AIMS (WHO Assessment Instrument for Mental Health Systems). This instrument summarizes essential information which can be used to strengthen mental health systems in the state.

WHO-AIMS Report for Uttarkhand, India creates a broad understanding of India as a country and gives an introduction to the state of Uttarkhand and health parameters within the state. Uttarkhand is a newly formed state in the northern part of India with a population of 8.5 million. The state is predominantly hilly (93% of area in hills), rural (78% people in rural areas) and the most sparsely populated state in the country (population density of 159 per sq. kms) Poor road connectivity, difficult hilly terrain, small scattered settlements, lack of infrastructure and human power contribute to problems of access to health services.

The report highlights the limited availability of mental health services in Uttarkhand. There is no mental health policy or plan for the state. However, a draft policy should be available soon. There are no mental hospital beds or public outpatient services. However, some resources in the 2005-2006 budget have been allocated for the establishment of a Mental Health Authority and mental health facility. Currently, the Himalayan Institute Trust Hospital provides the only mental health outpatient and day treatment services in the state. Also, there are few psychiatrists and psychologists and no psychiatric social workers or psychiatric nurses in the state.

Action is needed to strengthen the mental health system in the state. This could include undertaking training of existing primary healthcare staff to address the lack of human resources in mental health and improving the supply of required drugs. There is also a need for developing standard treatment guidelines and a referral system to streamline community based care and institutional interventions.