*Editorial*

# Tapping the potential human resources: A Pragmatic vision to promote mental health

**Rajesh Sagar**

With only 3500 trained psychiatrists in a country of one billion, the scarcity of psychiatrists is rather obvious. Up to 90% of people with mental disorders do not receive even the basic care and treatment. The primary and secondary prevention of mental disorders has remained severely limited and health promotion can at best be viewed as a distant dream in current mental health scenario. The average national deficit of psychiatrists is estimated to be 77%.[1] Certain places and certain people continue to remain more disadvantaged and at a higher deficit than the others. Further, there are only 500 psychologists, 400 psychiatric social workers (PSW) and 900 psychiatric nurses against an estimated national requirement of 17,250 clinical psychologists, 23,000 PSWs and 3000 psychiatric nurses. [2,3] The existing training infrastructure in the country, which produces only 50 clinical psychologists, 25 PSWs and 185 psychiatric nurses per year, is highly insufficient to meet the manpower requirement. Despite several positive initiatives taken in the 11th five year plan under manpower development scheme, [3,4] the demand is unlikely to be met in the foreseeable future. As the 12th five year plan is around the corner, we anticipate a continued and sharpened focus on strengthening of manpower resources.

It can, however, be safely concluded that a sole reliance on the trained mental health professionals may not be the best way to move ahead. The training of general practitioners and primary care physicians is a useful step to expand the reach of mental health services. It is important to be emphasized that the services provided by general physicians trained in mental health may gradually transcend the clinic boundaries, and expand to include activities aimed at community awareness and promotion of positive mental health. The services focused on community at large are likely to reduce stigma associated with mental illness and will be especially useful in areas where there is no trained psychiatrist. However, in addition to general physicians, there is a need to explore other potential human resources (*non-psychiatrists, non-doctors, non-mental health professionals*) for mental health.

***General nurses*:** Traditionally, the nurses have always played an active role in patient care and handled various treatment-related responsibilities with great conscientiousness and dedication. A major proportion of their time is spent interacting and caring for the patient. They have a good opportunity to judge the patient's behavior, interactions and daily routine. They are able to strike a good rapport and often enjoy the patient's trust and acceptability. Given the more frequent contacts, the nurses are in a position to deliver the brief focused mental health interventions to patients and their families in the ward, out-patient and community settings.

Under National Rural Health Mission (NHRM), the Primary Health Centres (PHC) are being strengthened by a provision of three staff nurses for each PHC.[5] The short-term training and periodic orientation to common mental health issues is likely to improve their knowledge, attitude and skills, which will ultimately translate to better patient care. The article by Kumar et al [6] in the current issue of this journal focuses on the development and testing of the guidelines to enhance the knowledge of nurses regarding the ethical and legal responsibilities in mental health. Further, as in case of undergraduate medical education, there is also a need for greater emphasis on mental health and psychological issues in the General nursing and B.Sc. Nursing courses. As specialist psychiatric nurses are limited in numbers and often, do not have a presence in the peripheral areas, it is pertinent to optimally utilize the services of general nurses to reach to wider community.

***Non-specialist health workers:*** The grass-root health workers and volunteers are at closest contact with the community and may serve to promote awareness, reduce stigma, emphasize positive mental health, help in early detection and motivate for an early presentation to

treatment centres. As they are residents of same community, so they may be more sensitive to local cultural beliefs pertaining to mental health and illness.

The W.H.O. has proposed the task shifting approach (which basically means engaging and supporting the skilled non-specialist health workers) as a method of strengthening and expanding the health workforce.[7] Lay health workers can be effectively trained to deliver psychological and psychosocial interventions for people with depressive and anxiety disorders, schizophrenia and dementia in the community setting as seen in studies from a diverse range of low- and middle-income countries.[8] India has several lay health workers which have been trained to deliver basic health services in various areas. It is high time that the mental health is linked to the care provision of

(a) ANMs and Health workers: In India, there are nearly 1.5 lakh Sub-centres, which is the first peripheral contact point between primary health care system and the community. The ANMs, Health Workers and LHV at these sub-centres are already delivering the services in several important areas such as maternal and child health, family welfare, nutrition, immunization, control of communicable diseases programmes. The National Rural Health Mission (NHRM) has further strengthened these sub-centres by provision of periodic funding, maintenance grant and an extra health worker (male MPW or ANM).[5] The mental health service delivery can be expanded with a judicious use of existing non-specialist manpower resources in these sub-centres. It would require an effective integration with other basic services being provided at primary care level, in a package which is acceptable for the community at large.

(b) ASHAs(Accredited Social Health Activists): Under NHRM, more than 7.5 lakh ASHAs are connecting households to health facilities.[5] The presence of community volunteers on this unprecedented scale has resulted in enhanced utilization of public sector health services. The proposed National Urban Health Mission, which may be launched during 12th five year plan, shall provide a coverage for urban poor, with urban social health activists (USHAs) on similar lines. This huge strength of manpower can provide services to promote the mental health of the families and communities after a short-term training and orientation to mental health aspects. Through their sheer numbers , the ASHAs/USHAs can provide an important avenue though which the mental health promotion can reach out to rural and urban poor communities.

(c) Anganwadi workers (AWW): They can serve as an effective tool to promote the maternal and child mental health. The AWWs are already involved with several general health care aspects of mothers and children right from the pregnancy and infancy. The AWWs ensure regular health and medical service provision for women between 15-49 years and are involved in providing pre-school education for ages up to 5 years. They are already oriented to a range of medical issues, and provide health and nutritional education to families. It makes a perfect sense to integrate the promotion and awareness of mental health in their services.

There have been some initiatives to engage the grass-root workers through district mental health programme, though these have remained limited in scope and coverage. There is a need to make stronger efforts in this direction in the coming future.

***School teachers/counselers:*** Teachers are at a closest contact with the students and regularly interact with the parents and families. They have an opportunity to assess the behavior, social/inter-personal skills, academic performance and classroom interactions of a student on a daily basis. The public schools in India do not routinely have school counselers, but wherever available, they can be involved more actively in introduction of the positive mental health among children and adolescents. A variety of teacher-led interventions are possible at the school level, which can include health promotion, awareness of common mental health issues, stress and coping skills, prevention of substance use etc. A sensitive and non-punitive approach is needed, with a focus on prevention and promotion. With a more effective collaboration of health and education sector, the positive mental health promotion can be introduced from an early age through a variety of curricular and extra-curricular activities.The life skills programme for school children and adolescents has been running successfully at several places.[9]There is a need to upgrade and expand the range of activities to promote the positive mental health in children. Teacher's short-term training and orientation to child mental

health is a much needed step to promote positive mental health.

There are a variety of other under-utilized human resources such as general social workers, caregiver groups etc which can be effectively used to deliver services and participate in mental health promotion. An effective integration of mental health to general health and collaboration with education and other sectors is the need of hour. There is also a need to brainstorm the type and scope of interventions which can be delivered by the non-specialists, amidst the concerns for the quality care provision.

To conclude, expansion of workforce is a key step to ensure the proper coverage of mental health services. The expansion of workforce to include skilled non-specialists appears to a cost-effective and pragmatic step towards positive mental health of the nation.

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