

District Mental Health Programme
Thiruvananthapuram

ANNUAL ACTIVITY REPORT

2011-12



DISTRICT MENTAL HEALTH PROGRAMME
(DMHP)
THIRUVANANTHAPURAM

E-mail: dmhptvpm@gmail.com

Website: www.dmhptvpm.org

Phone: 04712435639

Mob: 9495123999

District Mental Health Programme Thiruvananthapuram

Nodal Officer - Dr. Kiran P.S.

Annual Activity Report **2011-2012**

Prepared By

Ms. Amrutha R.

Mr. Vinod M.D.

Ms. Devi Divya L.J.

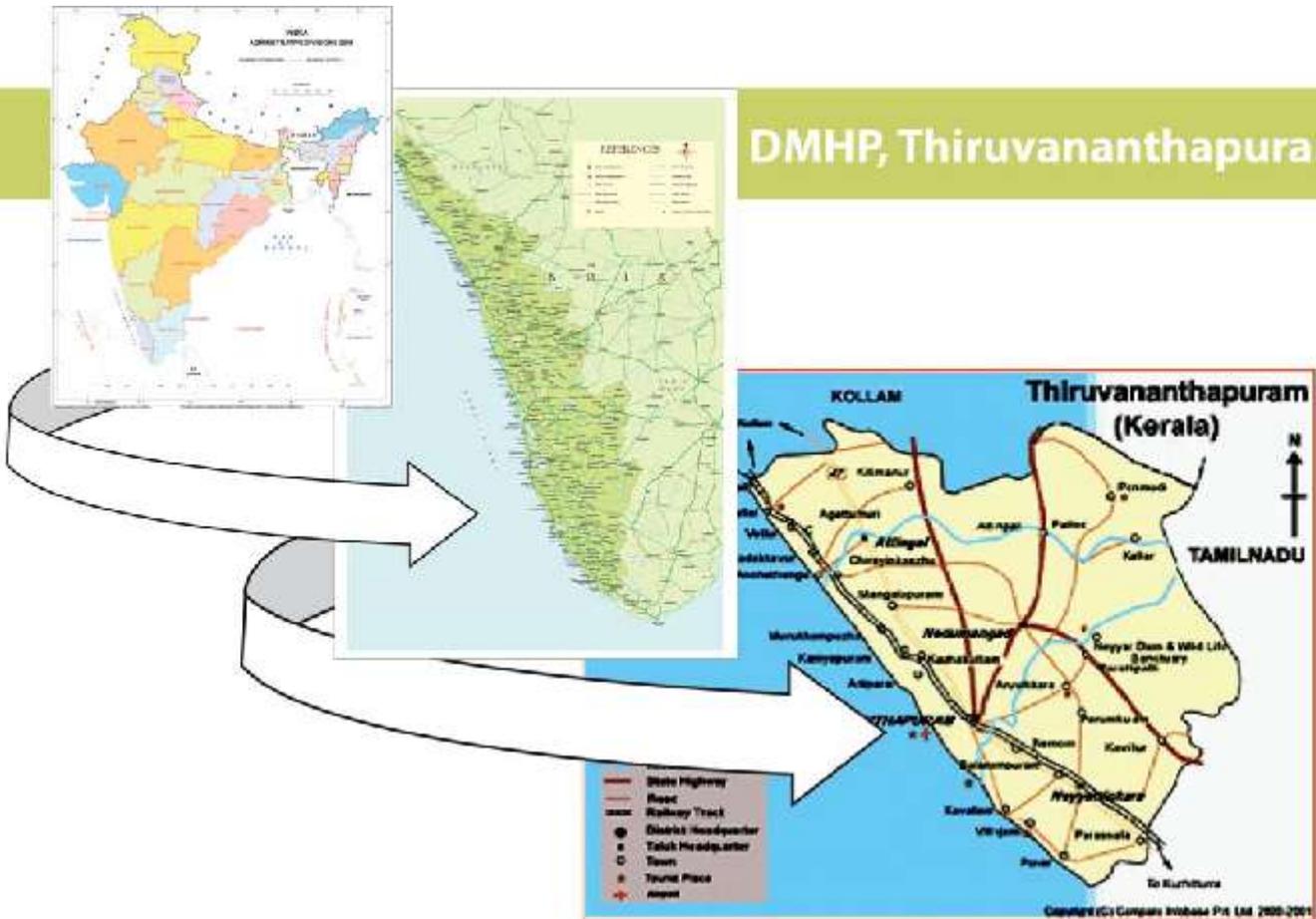
Edited & Designed By

Dr. Kiran P.S.

Mr. Santhosh R.

Ms. Megha B.S.

DMHP, Thiruvananthapuram



National Mental Health Programme (NMHP), India.

The National Mental Health Programme was established in India in the year 1982 based on the WHO guidelines, for the application of mental health in general health care and in social development to improve the overall quality of life.

Strategies Adopted

1. **Intergration** of mental health with Primary Health Care.
2. Provision of **tertiary care institutions** for treatment of mental disorders.
3. Eradicating stigmatization of mentally ill patients and protecting their rights through **regulatory institutions** like the Central Mental Health Authority and State Mental Health Authority.

District Mental Health Programme (DMHP)

The District Mental Health Programme was started as a component of NMHP.

The aims of DMHP are:

- To provide sustainable mental health services to the community and to integrate these with Health services.
- Early detection of patients within the community itself.
- To see that, patients and their relatives do not have to travel long distance to go to hospitals or nursing homes in the cities.
- To take pressure off the mental hospitals and Medical colleges.
- To reduce the stigma attached towards mental illness through change of attitude and public education.
- To treat and rehabilitate mental patients discharged from the mental hospital within the community

The components of DMHP

- **Training** of medical and paramedical personnel in mental health skills.
- Community **Mental Health care** through existing infrastructure of the health services
- **Information, Education and Communication** activities.
- Community oriented **Rehabilitation** Services.

DMHP, Tvpm was established in 1999

First in Kerala.

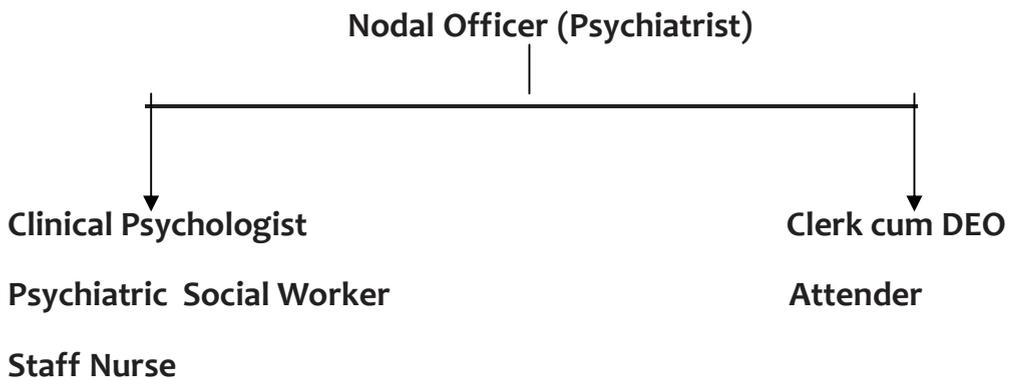
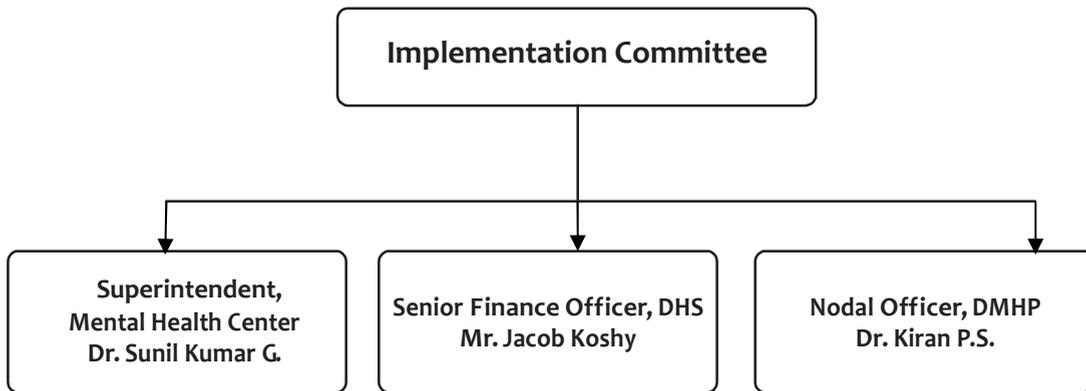
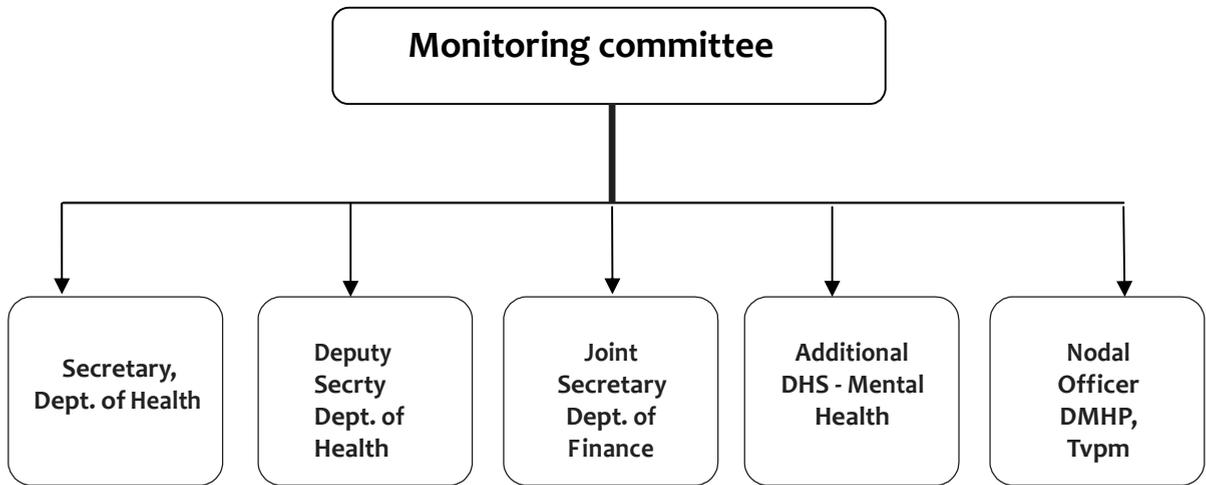
**DMHP office is situated in the campus of Mental Health Center,
Thiruvananthapuram**

**Selected as most successful & Model Mental Health Programme in
India by WHO.**



DMHP Office, Thiruvananthapuram

Administrative set up of DMHP, Thiruvananthapuram



DMHP STAFF:

Nodal Officer (Psychiatrist)	:	Dr.Kiran.P.S.
Clinical psychologist	:	Ms.Amrutha.R
Psychiatric social worker	:	Mr.Vinod.M.D
Staff Nurse	:	Mr.Santhosh.R
Clerk cum DEO	:	Ms.Megha.B.S
Attender	:	Mr.Padmarajan.S



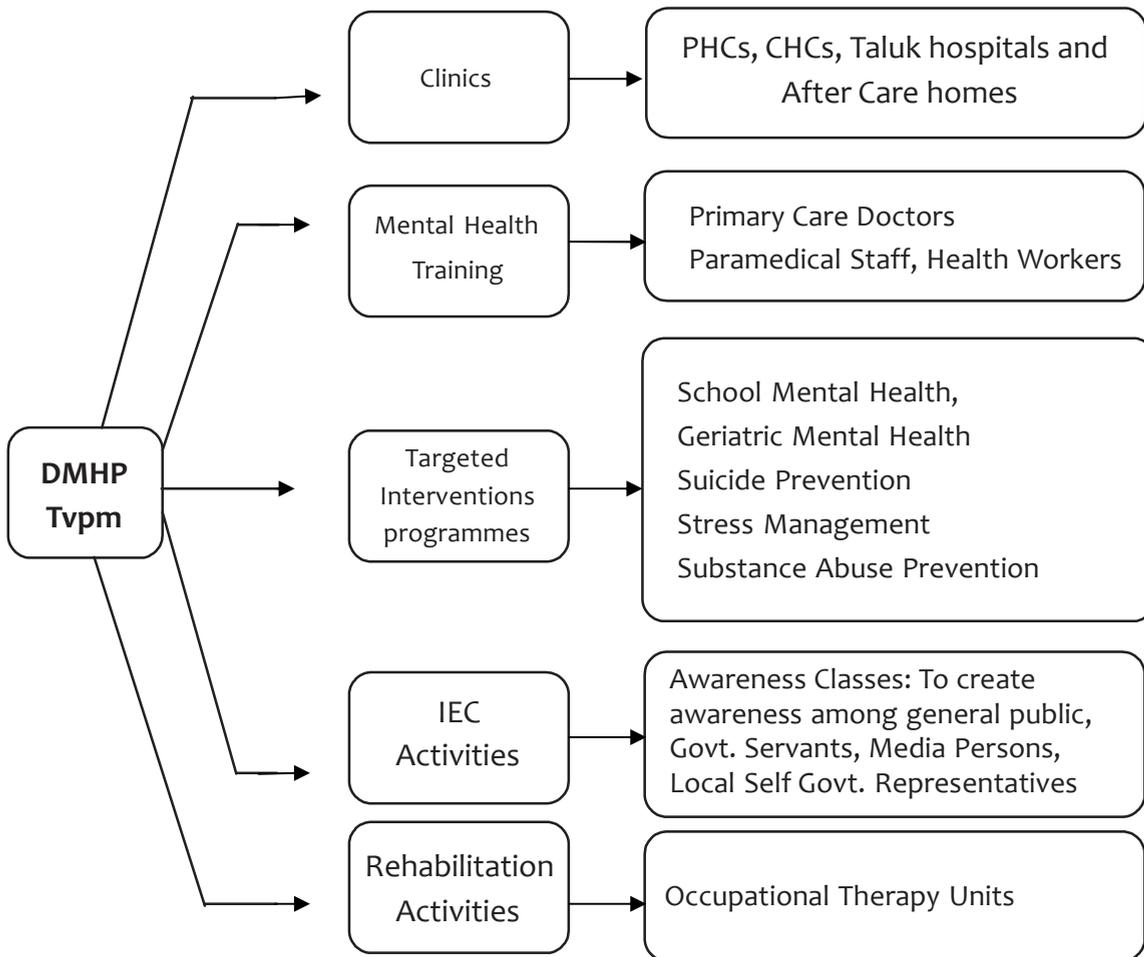
Implementation is helped by:-

- I.E.C Resource persons.
- Voluntary trainees.
- MSW trainees.
- MSc Nursing (Psychiatric nursing, Community Nursing)

Major events in the functional year 2011 -2012.

- Primary care integration started.
- Street play as a tool for mental health awareness in the community.
- Revitalization of School Mental Health Programme- “THALIRU”.
- “MUKTHI” – community based substance abuse prevention programme of DMHP.
- Established “SANTHWANAM”- Occupational Therapy unit as an effective rehabilitation strategy for mentally ill patients.

Activities of DMHP, TvpM



Prepared by: DMHP, TvpM 2011

I. CLINICS

The programme has been so successful in the district that it brought down the number of OP and in- patients at the mental health Centre by more than half, and even received a commendation from the WHO. DMHP TvpM currently has about 2000 regular patients across the district. DMHP conducts monthly visits to each Centre regularly.

Table- sample of clinical attendance of DMHP (month of January 2012)

Clinics	Schizo phrenia	BPAD	EPL *	Dep *	MR *	Dm *	ADS*	Anxiety disorders	others	Total
Poovar	64	44	3	9	11	0	1	1	6	139
Vakkom	39	35	6	4	6	0	1	0	5	96
Kanyakulangara	40	22	8	3	6	0	0	0	2	81
Aryanadu	31	13	12	5	10	1	0	0	1	73
Pallichal	18	9	3	0	8	0	0	0	0	38
Vellarada	45	33	23	8	5	1	1	0	7	123
Puthanthope	24	18	6	7	3	1	1	0	3	63
Kilimanoor	24	16	3	5	1	0	0	0	2	51
Malayankeezhu	40	21	22	11	35	2	1	0	2	134
Kattakkada	41	28	16	4	5	1	0	1	5	101
Neyyatinkara	93	50	7	1	8	0	2	0	2	163
Kesavapuram	59	57	7	7	6	1	1	0	8	146
Vamanapuram	37	29	7	4	7	0	1	0	8	93
Vellanadu	7	10	19	1	3	0	1	0	0	41
Vilappil	34	14	10	1	2	0	0	2	2	65
Vizhinjam	29	14	16	1	8	0	0	0	3	71
Vithura	29	19	8	4	5	2	0	0	3	70
Perumkadavila	26	30	12	0	3	1	0	0	2	74
Kallara	55	75	12	11	9	3	1	0	5	171
Mangalapuram	34	32	4	4	4	1	2	1	4	86
Palode	36	30	7	7	6	0	0	0	4	90
Asha Bhavan(F)	32	30	0	1	0	0	0	0	0	63
Asha Bhavan (M)	41	13	1	0	1	1	0	0	0	57
Total	878	642	212	98	152	15	13	5	74	2089

*EPL -EPILEPSY, *DM - DEMENTIA, *MR- MENTAL RETARDATION, *ADS - ALCOHOL DEPENDENCE SYNDROME, *DEP - DEPRESSION

Psycho Therapies and counselling session: 10 (CBT- 4, Family Therapy- 6)

Individual psycho education: 162

No. of cases Rehabilitated: 4

Home visits:

D.M.H.P team conducts home visit for untreated bedridden patients. This is done with the help of JHI's and Grama Panchayath members.

The programme provides consultation and medicines to the following After Care Homes

1. Missionaries of charity, Kochuthurai, Poovar.
2. Karunalayam, Pothencode.
3. ProvidenceHome, Killi, Kattakkada.
4. Thrippadam Rehabilitation Center, Nedumangad.
5. S. H.CharityHome, Vilappilsala.
6. Jilla Panchayath Care Home. Venjaramoodu.
7. ASHA Bhavan (female).
8. ASHA Bhavan (Male).

Total no. of registered cases in DMHP up to March 2012 : 14130

Total no. of new cases in the year of April 2011- March 2012 : 847

Case wise distribution of new cases:

Disorders	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Schizophrenia	26	16	19	31	22	24	20	22	89	33	26	22	350
BPAD	21	5	19	11	17	14	18	16	59	17	14	8	219
Epilepsy	2	4	5	9	4	0	3	9	6	13	6	2	63
Dementia	3	2	3	1	2	2	8	7	5	2	1	11	47
Depressive disorder	5	2	4	5	0	2	0	3	3	5	2	1	32
Organic mood disorder	0	0	1	0	0	0	0	0	0	1	0	1	3
Mental Retardation	6	2	7	3	5	5	3	5	3	3	2	7	51
Parkinsonism	0	0	0	0	0	0	0	0	0	0	2	0	2
Substance abuse disorder(Alcohol)	1	0	1	0	0	1	0	1	0	1	1	0	6
Delusional disorder	0	0	0	0	1	2	1	0	0	0	0	0	4
Schizo Affective disorder	0	0	1	1	1	1	0	0	0	1	0	1	6
Delirium	0	0	0	1	0	0	0	0	0	0	0	1	2
Phobic anxiety	1	0	0	2	1	0	0	0	0	0	0	0	4
GAD	3	0	2	0	0	0	2	1	0	0	0	0	8
Panic disorder	1	1	0	1	0	2	1	0	0	0	0	0	6
OCD	0	1	0	0	0	0	0	0	0	0	0	1	2
Stress disorder	0	0	0	0	1	0	0	0	0	0	0	1	2
Adjustment disorder	1	0	3	3	1	3	1	2	1	0	2	5	22
Dissociative conversion disorder	0	0	0	0	0	0	1	0	0	0	0	0	1
Somatoform disorder	1	0	0	2	0	0	1	1	0	1	0	0	6
Sleep disorder	0	0	0	0	1	0	0	1	0	0	0	0	2
ADHD	0	0	0	0	1	1	0	0	0	0	0	1	3
ODD	1	0	0	0	0	0	0	0	0	0	0	0	1
Conduct disorder	0	0	1	0	0	0	0	0	0	0	0	0	1
Post-partum psychosis	0	0	0	1	0	0	0	0	0	0	0	0	1
Other Childhood Psychiatric disorders	0	0	0	0	0	2	0	0	0	0	0	0	2
Nocturnal enuresis	0	0	0	0	0	0	0	1	0	0	0	0	1
Total	72	33	66	71	57	59	59	69	166	77	56	62	847

DMHP Clinics



II. TRAINING

PRIMARY CARE INTEGRATION

From its start in 1999, DMHP TvpM was conducting clinics directly in selected PHCs, CHCs & Taluk hospitals. During the initial periods these clinics were conducted every two weeks, and later on, as number of clinics increased, clinics were conducted monthly. Since then there has been a steady increase in number of patients, to about 2000 per month. This amounts to 150-200 patients per clinic. This started to affect quality of care giving. Moreover the other components of DMHP namely IEC activities, Training programmes, rehabilitation work etc. were affected. This was the case till 2010. It was in this backdrop that DMHP TvpM decided to integrate mental health into primary care. This process of primary care integration started in August 2011 with training of JHI's in mental health.

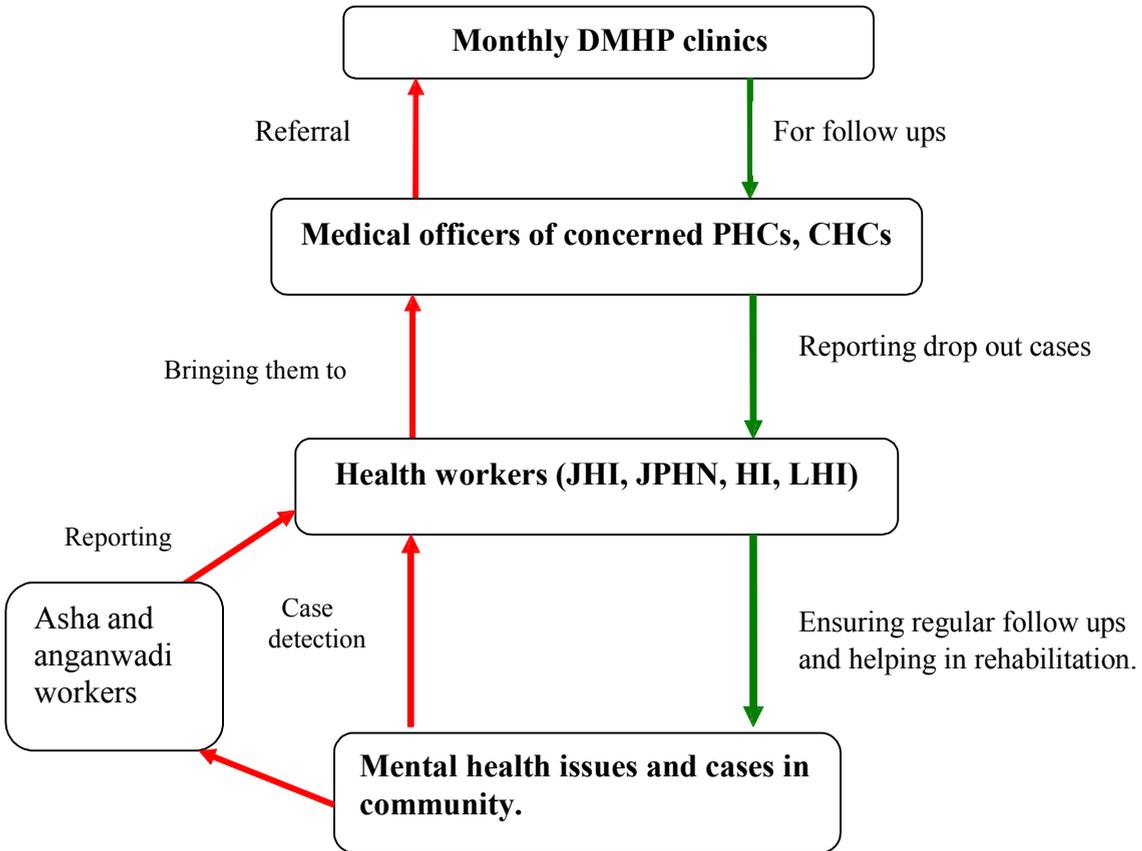
As on April 2012, DMHP TvpM has completed the 1st Phase of the process of integration of mental health into Primary Health Care. As part of this, training in mental health skills have been imparted to general care physicians, pharmacists, community health workers and ASHA workers of Government Hospitals across the district where DMHP clinics are being conducted.

39 Medical Officers, 24 pharmacists, 238 community health workers, and 626 ASHA workers have been trained and included in this process.

Now, weekly Psychiatric clinics are conducted in Government Hospitals under DMHP Thiruvananthapuram. Of the 4 weekly clinics every month, one clinic is directly conducted by DMHP while other 3 are conducted by trained medical officers of the concerned institution. A case sheet has been prepared and filled by interviewing the patient and family, for the purpose of verification and follow up by the medical officers. DMHP clinics will examine new cases and cases referred by Medical Officers conducting the other three clinics. Psychotropic medicines are provided to the respective pharmacists, to be supplied to the patients. A register for the Psychiatry OP is also provided by DMHP. The programme ensures that the patients are monitored regularly and all medications given free of cost.

The third batch of medical officers training and training for staff nurses will be given soon and thereafter refreshing training sessions will be held every 6 months. Case sheets are prepared for each patient and kept in concerned PHCs and CHCs for future reference. A soft copy of each will be kept in DMHP. From next year onwards concerned PHCs and CHCs are to include medicines for these clinics in their annual intend. DMHP will help them in this process.

This process of integration is first of its kind in Kerala and is of immense help to mentally ill patients, as Psychiatric care and medicines become easily accessible to them. Welcoming attitude from the medical officers is a good sign of the changing scenario of the entire health care itself.



Prepared by: DMHP, Tvpm 2011

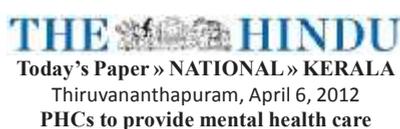
Training –Primary Care Integration

Primary care integration started with training of JPHN's and JHI.

Table: Training for Health professionals (2011–12)

Date	Participants	No. of participants
06.08.11	JPHN & JHIs	30
29.09.11	JPHN & JHIs	32
30.09.11	JPHN & JHIs	35
26.11.11	HIs	24
7.01.12	LHIs	21
20.01.12 to 21.01.12	Pharmacists	24
27.01.12 to 30.01.12	Medical officers	18
23.02.12 to 28.02.12	Medical officers	21

The aim of training the health workers were to remove the misconceptions about mental illness and orient them to the modern understanding of disorders and their management. They were taught in common psychiatric illnesses, its identification, referral, and follow up of the mentally ill.



C. Maya

Integration of mental health care into primary health care services, as envisaged under the National Mental Health Programme, is becoming a reality in the district with the government issuing orders that all general care physicians be provided regular training in handling mental health problems at the primary-care level. The Health Department has revised the guidelines of the District Mental Health Programme so that all general care physicians in Health Services are trained to identify and treat those with mental illnesses in the primary or community health centers (PHCs or CHCs) itself. Not just medical officers, pharmacists, community health workers, and Accredited Social Health Activists (ASHAs) across the district are being given similar training in mental health care. Some 40 physicians, 24 pharmacists, 238 health workers, and 800-odd ASHAs have already gone through the first phase of training. "At least 10 to 20 per cent of those coming to PHC/CHC with non-specific symptoms are actually those who require psychiatric support. The idea is to impart sufficient training to the physicians in the periphery so that they can identify and treat mental illnesses early on. Cases that require a more professional intervention can be referred to the Mental Health Center or a District Mental Health Programme (DMHP) clinic," a senior Health official

said. The programme ensures that the patients are monitored regularly and all medications given free of cost. The programme has been so successful in the district that it brought down the number of in-patients at the Mental Health Center by more than half and even received a commendation from the WHO. DMHP Thiruvananthapuram currently has 2,500 regular patients across the district. Integration of mental health into primary health care is all the more necessary because there is an acute shortage of qualified psychiatrists to cater to the huge number of patients requiring psychiatric care. "We are able to conduct only one clinic a month at every center. Hence we have to see all the 200-odd mental health patients in a center on a single day, which we fear will affect the quality of care we deliver," points out P.S. Kiran, the nodal officer for DMHP here. Once primary-care physicians and pharmacists are given training, they can conduct weekly clinics for the mentally ill. The DMHP team can utilise its monthly clinic to attend to those serious cases that require more care. "The physicians have been a little apprehensive about being asked to attend to mental health patients but they can always refer a new or difficult case to the DMHP clinic," Dr. Kiran says.

Inauguration of Health workers training by former DMO Dr. Sreedhar, Dr.D.Raju, Secretary KSMHA presided over the function.





Medical Officers Training Inaguration by Dr. P.K. Jameela, DHS

Training Programme for the first batch of Medical Officers from 27th to 30th January, 2012 was inaugurated by Dr. P.K. Jameela, Director of Health Service, Additional DHS. Dr. Prabha Chandran Nair gave a speech on the importance of primary care integration. Dr. G. Sunilkumar, Superintendent, Mental Health Centre presided over the function. Dr. Kiran P.S., Nodal Officer DMHP delivered the welcome speech, Mr. Vinod M.D., Psychiatric Social worker DMHP gave the vote of thanks.

The Training Programme included familiarisation with symptoms of common psychiatric illnesses. The symptoms were illustrated with the help of short vignettes. Pre & post tests were given. Sessions were of one and half hours duration, in which drug management was explained in detail, with side effects and its management. Additional DMO participated in the closing ceremony and distributed certificates.

Resource persons for Mental Health Training

- Dr.Veena.G.Thilak, Psychiatrist, Mental Health Center, Tvpm.
- Dr.Jayaprakash, Psychiatrist, Mental Health Center, Tvpm.
- Dr.Indu.V.Nair, Psychiatrist, Mental Health Center, Tvpm.
- Dr.Anish.N.R.K, Psychiatrist, Mental Health Center, Tvpm.
- Dr.Sheena.G.Soman, Psychiatrist, Mental Health Center, Tvpm.
- Dr.Arun.V, Psychiatrist, Mental Health Center, Tvpm.
- Dr.Arun.B.Nair, Asst.Prof, Medical College Hospital, Tvpm.
- Mr.Ajith.R, Clinical psychologist, Mental Health Center, Tvpm.
- Ms.Nanda, PSW, Mental Health Center, Tvpm.
- Dr.Prasannakumar, PSW, Mental Health Center, Tvpm.
- Ms.Sandhya Sony, PSW, Mental Health Center, Tvpm.
- Dr.Kiran.P.S, DMHP, Tvpm.
- Ms.Amrutha.R, DMHP, Tvpm.
- Mr.Vinod.M.D, DMHP, Tvpm.

(IEC) ASHA & ANGANWADI workers

DMHP has included community health workers in the process of screening, mediating and follow up in the treatment of mentally ill patients. Along with the regular clinics in PHC's, Mental Health awareness classes were given to ASHA workers. The sessions alleviated the participants misconceptions regarding mental illness and all the members actively participated in the 2 hour training sessions. They were informed about primary care integration and emphasized their role in it. During the period of 2011 April to 2012 March, total number of 626 ASHA & Anganwadi workers was trained. A case detection Performa, treatment follow up form is under preparation and will be shortly distributed to concerned health workers for collecting the data during their house visits and direct the needy to treatment and follow up.



Training of ASHA & Anganwadi workers.

Date	Place	No. of participants
12.07.11	Medical college Health Center Pangapara	30
06.09.11	R.H.C Vakkom	69
26.09.11	P.H.C Perumkadavila	21
07.10.11	P.H.C Pallichal	12
12.10.11	P.H.C Mulakkalathukavu	30
03.11.11	C.H.C Aryanadu	27
24.11.11	C.H.C Palode	42
08.12.11	P.H.C Malayankil	30
15.12.11	C.H.C Vellarada	23
23.12.11	C.H.C vithura	32
27.12.11	C.H.C kallara	28
28.12.11	P.H.C Mangalapuram	33
02.01.12	C.H.C poovar	31
04.01.12	C.H.C Kanyakulangara	27
16.01.12	C.H.C. Kattakada	38
10.02.12	T.H.Q Neyyattinkara	72
13.02.12	C.H.C Vellarada	27
15.02.12	P.H.C vamanapuram	47
20.03.12	C.H.C Kesavapuram	79

Academic Programmes of DMHP, TvpM

- DMHP TvpM gives special emphasis on Community Psychiatry in academic programmes.
- In 2011-12, Community Psychiatry training was given to 32 MSW Students, 13 Psychiatric Nursing Students, 18 Community Nursing Students and 1 Psychology Student. DMHP, TvpM has a regularly updated Library and fully furnished A/c lecture hall for academics and training programmes.

Number of Thesis and PhD works done in 2011-12 are 4.

Topics

1. Knowledge of caregivers on Extra Pyramidal Symptoms in patients receiving antipsychotics.
2. Assesment of level of social anxiety among high school students.
3. Expressed emotions in care givers of patients with schizophrenia.
4. Patients in the family environment. Care and support extended to the persons suffering from schizophrenia (PhD).

The students conducts house visits in the community for case detection, ensuring regular follow-up and drug compliance in drop out cases. They are also trained to give psycho-education for patients and family members.

(III) DMHP's targeted interventions

“THALIRU” – School Mental Health Programme

“THANAL”-Geriatric Mental Health Programme

“JEEVARAKSHA”-Suicide Prevention Programme

“MUKTHI”-Substance Abuse Prevention Programme

“BODHANA”-Stress Management Programme

“SANTHWANAM”- Occupational Therapy Units.

“Thaliru” - School Mental Health Programme

Thaliru; school mental health programme- one of the major activities of DMHP aims at the holistic development of children. Through preventive programmes, awareness classes, counselling and psychiatric services, DMHP make sure that the aim is being achieved.

As a part of this, DMHP TvpM has given Training to 64 school counselors, 38 School JPHNs on Mental Health Issues and management of school children.

Table –school mental health programme

Date	participants	No. of participants
23.07.11	School counsellors	33
29.07.11	School counsellors	31
16.02.12	Training for trainers	
to	(for creating resource	22
18.02.12	persons for IEC programme)	
16.03.12	School JPHN	16
17.03.12	School JPHN	22
22.03.12	Training for trainers	
to	(for creating	27
24.03.12	resource persons for IEC programme)	

Resource persons for school Mental Health Training:-

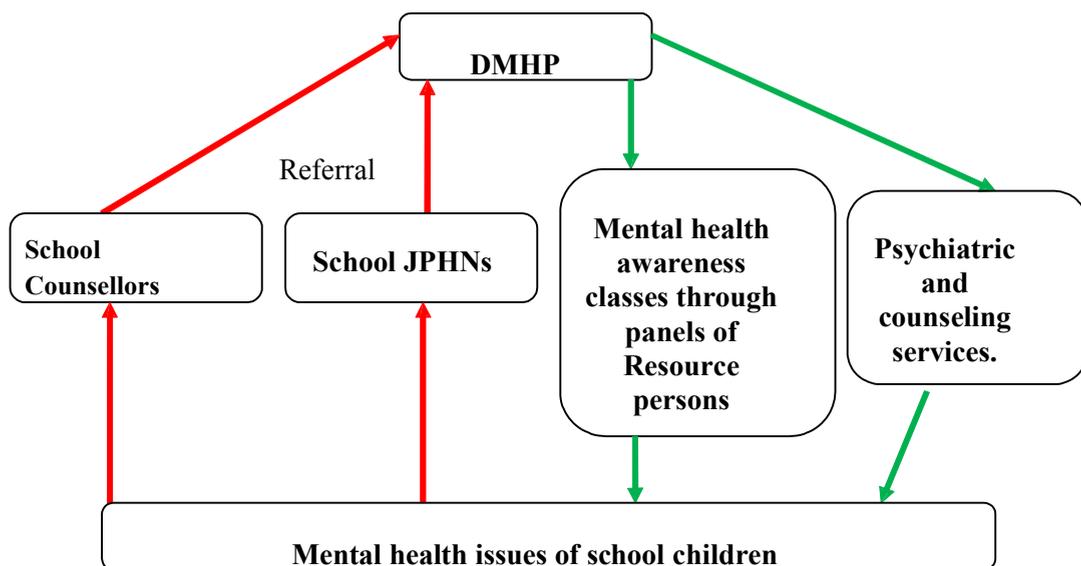
- Dr.Indu, P.S, Medical College Hospital, TvpM.
- Dr.AnilKumar.T.V, Medical College Hospital, TvpM.
- Dr.Indu.V.Nair, Mental Health Center, TvpM.
- Dr.Sheena.G.Soman, Mental Health Center, TvpM.
- Dr.Anish.N.R.K, Mental Health Center, TvpM.

- Dr.Amar.S.Fettle, State Nodal Officer, ARSH
- Dr.Arun.B.Nair, Medical College, Alappuzha.
- Ms.Nanda, PSW, Mental Health Center, Tvpm.
- Ms. Kasthoori, Clinical psychologist, General Hospital, Tvpm.
- Dr. Prasannakumar, PSW, Mental Health Center , Tvpm
- Mr.Rajasenan Nair, Deputy Director, Nehru Yuva Kendra, Tvpm.
- Dr.Sonny Jose, Assistant Professor, Loyola College of social sciences, Tvpm.



DMHP has created panels of resource persons for successful implementation of its targeted interventions like school mental health programme. For this purpose, two “Training for Trainers” workshops were conducted by DMHP Tvpm.

Functional Levels in School Mental Health Programme of DMHP, Tvpm



Prepared by: DMHP, Tvpm, 2011

SCHOOL MENTAL HEALTH PROGRAMME - INAUGURATION



The Training for Trainers was inaugurated by Dr. Amar S. Fettle, Nodal officer **ARSH**, Dr. Rani, Nodal Officer, **School Health** was also present and gave a speech on the need of collaborating the works of ARSH & School health with School mental health activities of DMHP.

IMPLEMENTATION OF THE PROGRAMME

- Created panel of resource persons to give mental health awareness classes for students in schools across the district.
- The schools in the district are divided in to zones for this programme.
- The resource persons will go to the allotted schools and conduct IEC activities and counselling services
- This will be an ongoing programme for successive academic years and will be extended to all schools across the district.

School Mental Health Programme focus on:

- **Behavior and emotional problems of school children.**
- **Substance abuse.**
- **Suicide prevention.**
- **Stress management.**
- **Childhood psychiatric problems (like learning disabilities, conduct disorder).**
- **Life skill education.**

Loyola College of social sciences is also providing resource persons for the successful implementation of the programme. We like to express our gratitude to Loyola College especially Dr. Sonny Jose, Asst. Professor for his whole hearted support for our Programmes.

For collaborating “Thaliru” School Health Programme with **NRHM & ARSH**, DMHP conducted one day training for School JPHNs from NRHM , (two batches ; 16th & 17th March 2012) and these JPHNs will also identify behavioural & emotional problems among school children (in addition to school teachers, counsellors and DMHP resource persons) and refer them to mental health professionals of DMHP.

TRAINING FOR TRAINERS -22 TO 24 TH MARCH 2012



GROUP ACTIVITIES IN SCHOOL MENTAL HEALTH-TOT

DMHP conducted an one day workshop on “School Mental Health” for creating panels of resource persons on 16th February and 24th march 2012. DMHP conducted a half day awareness programme on Exam stress at Govt. higher secondary school Ayiroorpara on 4th Feb 2012.

School Mental Health Programme – Resource persons

- Ms. Anila M. M
- Mr. Daniel
- Ms. Vijaya
- Ms. Aswathy J.P.
- Mr. Anuraj
- Mr. Sambhu
- Ms. Anju

“MUKTHI” –DEADDICTION INITIATIVE BY DMHP

Mukthi- the de addiction and substance abuse prevention programme of DMHP Tvpm, aims at creating awareness among the public about the adverse effects of using alcohol and other psycho active substances. Kerala has reported large number of alcohol addiction cases and related family violence, crimes, suicide and road accidents. So through Mukthi, DMHP aims at strengthening the social responsibility of individual by grass route level awareness programmes and activities.



IEC on de-addiction at KANNAMTHURA & GROUP THERAPY –DE-ADDICTION



INAUGURATION OF DE ADDICTION CLINIC & SUICIDE PREVENTION CLINIC

DMHP TvpM along with RHC vakkom started a de-addiction and suicide prevention clinic on every second Saturday's. The inauguration of clinic was done by Adv.B.Sathyan MLA who addressed the relevance of the issue in Kerala in his inaugural speech. District Programme Manager Dr. Unnikrishnan presided over the function. It was decided that a psychiatrist from Taluk hospital chirayankeezhu will conduct OP's on every second Saturday's. Dr.Kiran.P.S and Ms.Amrutha.R took an informative class on de-addiction. Members from the block panchayath were present in the function.

DMHP also conducts Group Therapy sessions for de-addiction patients regularly.



Group Therapy Session for De-addiction

“JEEVARAKSHA”- SUICIDE PREVENTION PROGRAMME

Jeevaraksha is an initiative of DMHP TvpM for creating awareness to prevent suicides. DMHP achieves this aim through awareness classes and conducting street plays. A helpline number is introduced for preventing suicide through crisis intervention.

An one day workshop for NSS volunteers from University of Kerala was conducted on 30.1.12. The event was inaugurated by Dr.D.Raju, State Mental Health Authority Secretary. He also took the initial session on prevalence of suicide in Kerala. Students were given informative session about relevance of the issue, identifying the suicidal gestures and role of mental illness in suicide. DMHP plans to conduct street plays on Suicide prevention in association with NSS volunteers in colleges across the district.

Jeevaraksha – suicide prevention programme



Group activity by NSS Volunteers

(IV) **“SANTHWANAM”- The community based rehabilitation center, Mangalapuram.**

Kerala has large number of mentally ill patients when compared to other states of India. Rehabilitation and mainstreaming them are the key issues even when we are focusing quality health care to all. There are many patients under treatment for mental illness who do not have active illness and are in remission. These patients need not be in hospital but should be cared for at home so that they can slowly be brought back to the mainstream. But very often, after being discharged, these patients end up being a burden on their families. Unemployment and rejection could drive them to alcohol or drugs; they could miss medication and finally end up in hospital again. Occupational therapy helps them to build their self-esteem, confidence and also help them to lead a productive life like any other individual.

So as a part of its rehabilitation service, DMHP started the first community based OT unit in Kerala at Mangalapuram. The Occupational Therapy unit was inaugurated by Honorable Health Minister, Sri.Adoor Prakash in the presence of eminent persons from Department of Health and BlockPanchayath.



Inauguration of Occupational Therapy unit by Honorable Health Minister

As first phase, training in tailoring is given to women (window curtains, tablecloth, pillow cover etc.; which will be supplied to Government Hospitals), while men are trained in medicine cover making (covers, thus made will be purchased back by DMHP), and small remuneration will be paid from this amount to the patients. Other projects like candle making, banyan waste segregation, broom making will be added later on.

- | | | |
|------------|---|-------------------|
| 4. 01.30pm | _ | Lunch |
| 5. 02.00pm | - | Resume activities |
| 6. 03.30pm | - | Return home |

No. of patients attending: - 11

No. of patients in each activity **Tailoring – 4**
Cover making- 7

Objectives

- To rehabilitate the patients who are under treatment but in remission.
- To allow the patients from other DMHP clinics in the northern parts of the district like Puthenthope, vakkom etc. to be trained in the Center.
- To provide occupational opportunities so that the patients can be gainfully employed.
- Helping people acquire the skills to care for themselves.
- To impart basic skill so that the dignity and self-worth of the individual can be sustained through receiving remuneration for the skilled work done.

The DMHP aims to diversify its reach to various aspects of rehabilitation, selecting the model Center in Mangalapuram “SANTHWANAM” as a pilot project. Similar occupational therapy units are planned to be set up by DMHP in two other zones in the district, in collaboration with the NGO’s.



Today's Paper » NATIONAL » KERALA

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Community-based occupational therapy unit for the mentally ill

C. Maya

Patients will be in a familiar environment at Santhwanam rehabilitation facility

The Health Department has set up a community-based occupational therapy unit at Mangalapuram under the District Mental Health Programme as part of its efforts to augment rehabilitation facilities for the mentally ill.

While individual hospital-based occupational therapy units exist, this is the first time that a community-based initiative is being launched by the government.

The unit has been opened at 'Santhwanam,' a day-care and rehabilitation facility for the mentally ill that was started at the Mangalapuram primary health center in 1998.

The facility, functioning on the one-acre hospital campus, had been an initiative of Mangalapuram block panchayat and eminent psychiatrist the late Suraraj Mani. However, it has been defunct for a while.

There are many patients who are under treatment for mental illness but who do not have active disease and are in remission. These patients need not be in hospital but should be cared for at home so that they can slowly be brought back to the mainstream. But very often, after being discharged, these patients end up being a burden on their families. Unemployment and rejection from society could drive them to alcohol or drugs; they could miss medication and finally, end up in hospital again.

Remuneration too

"The patients will be picked up from their homes in the morning and brought to 'Santhwanam' where they will be given skill training in tailoring, candle-making,

and paper cover-making or some such activity for which they will be given a small remuneration.

There will be a skill trainer and a psychiatric social worker to guide them," P.S. Kiran, nodal officer for the District Mental Health Programme, says.

They would be provided breakfast and lunch and regular medication and by evening, dropped back home. The Health Department has provided a vehicle and an ayah for the purpose.

"Right now, about 25 patients are coming to the center and we can accommodate more. Women will be trained in making window curtains and pillow covers and men in making medicine covers, and these will be made use of in government hospitals. We plan to add more skill development programmes later on," Dr. Kiran says.

Progress monitored

The advantage of the programme is that the patients are in a familiar environment and their medication and progress can be monitored by the programme team regularly. For the families too, the fact that the patients are taken care of during the day is a great relief.

Occupational therapy has been shown to reduce the relapse rate among mentally ill patients by almost 50 per cent.

It helps them feel independent, improves their self-esteem and confidence, and helps them come out of their shell and enjoy better interpersonal relationship within the family and society.

The unit has been set up with the Sathya Sai Orphanage Trust as the non-governmental organisation (NGO) partner.

On lookout for partners

The programme is looking for NGO partners to start similar community-based occupational therapy units at Palode, Neyyattinkara, and at least one more place in the district.

(V) IEC- CARE FOR CARE GIVERS

The positive role of families in mental health care has been recognized earlier and it extends beyond daily care to organized advocacy on behalf of the mentally ill. Many international studies have established a strong relationship between high expressed emotions in relatives and an increased relapse rate for patients living with them. Working with families to reduce relapse is an adjunct to maintenance medication.

This continuing partnership with families aims at reducing stigmatization of mentally ill and developing assertiveness in family care givers so that they are able to resolve the many complicated challenges with which they are confronted.

By conducting IEC – CARE FOR CARE GIVERS, DMHP is getting a wide participation from patient’s families, and preparing leaflets in the same by considering participants suggestion.



IEC-KANYAKULANGARA



GROUP THERAPY- CARE GIVERS OF DIFFERENTLY ABLED and FAMILIES



IEC ARYANADU

Table - List of IEC's conducted – Care for Care Givers

Date	Place	No. of Participants
19.07.11	C.H.C Kesavapuram 11.30 am to 2.30 pm (2 batches)	210
05.01.12	C.H.C Aryanadu	115
07.03.12	C.H.C Kanyakulangara	96
15.03.12	C.H.C Vilappil	58
27.03.12	P.H.C Kallara	56

(VI) “THANAL” - Geriatric Mental Health Programme

As part of Geriatric Mental Health Programme DMHP, Tvpms conduct Dementia detection camps in the community and old age homes. Elderly patients are screened using MMSE Scale and patients with impairment are treated by Neurologist/Psychiatrist. Drugs are given free of cost.



OTHER PROGRAMMES – STREET PLAY

DMHP has started a new initiative – The street play programme as anti-stigma campaign to create Mental Health awareness among public. Street Play was inaugurated on 13th October 2011 by Sri K.Muraleedharan, M.L.A. Former Mayor Prof. J.Chandra presided over the function, Adl. DHS Dr.Prabhachandran Nair, KSMHA Secretary Dr.D.Raju and Dr.G.Sunil Kumar Superintendent of Mental Health Center also attended the function. The Street play scripted by Mr. Rajesh Sharma and Mr.Santhosh R., Staff Nurse DMHP, was performed by 8 membered professional artists from Prakash kala kendra, Kollam.



Sri.K.Muraleedharan MLA inaugurating the event



List of places where street play conducted as 1st phase on 13.10.2011

- 11am - Inauguration of street Play at Mental Health Center Tvpm.
- 11.30am - Peroorkada Jn.
- 12.15pm - University library.
- 12.45pm - General Hospital Jn.
- 1.30pm - Poojappura Jn.
- 3.30pm - Thirumala Jn.
- 5.30pm - Shankhumugham beach.

Following huge participation and crowd response, Second phase of this was conducted from 15th to 19th feb 2012.

List of places where street play conducted as 2nd phase

Date	Place
15.02.12	Kilimanoor KSRTC bus stand, Kilimanoor Private Bus stand, Kallara, Venjaramoodu, Attingal KSRTC Bus stand, Attingal Jn, Kallambalam
16.02.12	Varkala railway station, Varkala G.H, VarkalaJn, Anjengo, Kadakkavoor, Chirayinkeezhu bus stand, Chirayinkeezhu THQ hospital, Korani

- 17.02.12 Kazhakootam, Kaniyapuram, Pothencodu, Kanyakulangara, Nalanchira, D.H.S office, General Hospital Jn., Vizhinjam, Kovalam
- 18.02.12 Balaramapuram, NeyyatinkaraTHQ Hospital, Neyyatinkara bus stand, Kattakada, Malayinkeezhu, Vellanadu, Aryanadu, Nedumangadu Jn., Nedumangadu hospital, Chullimanur.
- 19.02.12 Vithura, Palodu, Aruvikkara, KELTRON, Karakulam, Police quarters, PMG, N.G.O quarters, Karamana, Pettah



Attingal



Varkala



Anjengo



Anjengo



Taluk Hospital, Chirayankeezhu



Kattakada



Nedumangadu Hospital Junction



Nedumangadu Bus Stand



Neyyatinkara



Distribution of Pamphlets



Distribution of Pamphlets



Govt. Quarters, Poojapura

WEBSITE:

DMHP website was renovated to include DMHP activity charts, Clinical time tables, Training schedule etc. Website also acts as a medium for spreading mental health awareness. It also has provision for clearing doubts and interaction with mental health professionals for general public .Website address: www.dmhptvpm.org

IEC materials prepared:

A brochure in Malayalam containing the following information has been prepared

- Fact sheet about mental health
 - Activities and interventions of DMHP
 - Contact details
 - Schedule of outreach clinics
 - Website address.
1. A book on school mental health named “THALIRU” and leaflets are ready to be published.
 2. A book on Mental Health Care for Primary Care Doctors is to be published.
 3. A book on mental health awareness “MANASU” is under preparation.
 4. Posters and leaflets on mental health awareness are also under printing.
 5. A book on geriatric Mental Health “THANAL” is under preparation

Achievements of the programme

- The programme created awareness through various mental health campaigns among the patient group, general public, NGO's, health professionals, school teachers and students etc.
- Active community participation.
- Large number of patients could be treated in the community.
- Started and facilitating primary care integration.
- Improved detection and referral from general care physicians, and enhanced communication with them.
- Positive feedback from the trained professionals.

- Sensitization of local administrators done – this is evidenced by the collaborative effort of Pothencode block panchayath with DMHP to set up an occupational therapy unit at PHC Mangalapuram and its smooth functioning.
- Mental health awareness programmes to students to promote positive mental health.
- DMHP, Tvpm has decided to integrate its school mental health programme – “Thaliru” with Adolescent Reproductive and sexual Health (ARSH) and School Health Programme.
- Suicide prevention programme in collaboration with NSS Volunteers.
- Dementia detection camps in old age homes & community.
- Started a community de addiction clinic at PHC vakkom.
- Media coverage.

Future Plans:

- Phase-II of Primary care Integration(Consolidation of integration process, preparation of Posters and leaflets on mental health awareness, Treatment Protocol for Primary Care Doctors, Case detection & Follow up forms for Health Workers)
- Phase-III (Extending the Integration process to all PHCs & CHCs in the district, training for all Primary Care Doctors, Pharmacists, Nurses and Health Workers in the district.)
- Focus on geriatric mental health care, distribution of pamphlets, care for care givers, conducting dementia camps etc..
- Mental health awareness Classes in the community.
- Street-play on suicide prevention prepared by NSS Volunteers to be Conducted in Schools and Colleges across the district.
- Extending ‘Thaliru’ School Mental Health Programme to all Schools in the district.
- Laison with Psychology and social work department’s of colleges in the district.
- Extending substance abuse prevention programme and de-addiction clinics to all zones of the district.
- Mental Health Awareness & Stress Management Programmes to Government Servants in Various departments.
- Set up new occupational therapy units in collaboration with NGOs.

Appendices

List of medicines available in DMHP, Tvp (As on March 31, 2012)

Medicines	Opening Balance	Purchased	Utilise	Balance
T. Amitriptyline 25mg	20000	48600	66500	2100
T.Carbamazapine 200mg	58000	153680	140380	71300
T.Chlordiazepoxide 10mg	4000	800	4800	0
T.Chlorpromazine 100mg	46800	10400	43100	14100
T.Chlorpromazine 50mg	6800	1500	8300	0
T.CarbidopaLevidopa 10mg/100mg	0	600	200	400
T.Clobazam 5mg	0	30000	23700	6300
T.Clonazepam 0.5mg	0	35400	35400	0
T.Clozapine 100mg	20000	155500	175500	0
T.Clozapine 25mg	35500	7800	40200	3100
T.Clonazepam 1mg	0	0	0	0
T.Diazepam 5mg	85000	74700	154300	5400
T.Dothebin 75mg	0	7100	1700	5400
T.Donepezil 5mg	0	0	0	0
Cap.Fluoxetine 20mg	0	6000	3500	2500
Cap.Fluoxetine 10mg	4000	0	4000	0
Inj.FluphenacineDeconate 25mg	1070	0	1070	0
T.Haloperidol 5mg	19000	5000	19300	4700
T.Imipramine 25mg	0	0	0	0
T.Lithium carbonate 150mg	20000	0	20000	0
T.Lithium carbonate 300mg	43700	20000	63700	0
T.Lithium carbonate-SR 400mg	25600	0	25600	0

T.Nitrazepam	5mg	13000	15500	5500	10000
T.Olanzepine	10mg	0	50300	50300	0
T.Olanzepine	5mg	0	3900	500	3400
T.Olanzepine	2.5mg	0	0	0	0
T.Phenytoin sodium	100mg	0	77000	58400	18600
T.Phenobarbitone	60mg	92000	104200	131000	65200
T.Phenobarbitone	30mg	12000	33600	34600	11000
T.Resperidone	2mg	120000	301300	336400	84900
T.Resperidone	1mg	0	12400	6400	6000
T.Sertraline	50mg	2700	57400	52600	7500
T.SodiumValporate	500mg	87000	540200	530700	96500
T.SodiumValporate	200mg	0	52400	52400	0
T.Trihexiphenedyl	2mg	17500	359700	377200	0
T.Venlafaxine	37.5mg	0	5000	1000	4000
T.Venlafaxine	75mg	0	5000	1000	4000
T.Propranolol	40mg	1000	0	1000	0
T.Propranolol	20mg	5000	0	4700	300
T.B Complex Vitamin		0	3000	3000	0
T.Multivitamin		0	3500	2500	1000
T.Folic Acid	5mg	0	4000	4000	0
T.Ranitidine HCL	150mg	0	21000	14000	7000
Cap.Omeprazole	20mg	0	3500	2000	1500

“Coming together is a Beginning,
Keeping together is Progress,
Working together is Success”

DISTRICT MENTAL HEALTH PROGRAMME

Peroorkkada P.O., Thiruvananthapuram - 695 005

Phone: 0471-2435639, Mobile: 9495123999

Email: dmhptvpm@gmail.com

Website: www.dmhptvpm.org

