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Mental Health Services and National Mental Health Programme

Mental Health Nursing

Mental healthcare delivery in India, National Mental Health Programme (NMHP), District Mental Health Programme (DMHP), mental health institutions, community services and referral systems.

For educational purposes only.

CHAPTER 22 / MENTAL HEALTH NURSING 22. Mental Health Services and National Mental Health Programme

1. Mental healthcare delivery in India

Services include primary care facilities/Ayushman Arogya Mandirs, district hospitals and DMHP teams, medical colleges, specialist mental health establishments, community and voluntary services, rehabilitation and tele-mental health. Referrals depend on acuity, complexity and available expertise; emergency patients may bypass routine steps. Integrate physical health and substance-use care.

2. National Mental Health Programme (NMHP)

Introduced in 1982 to increase accessible mental healthcare, integrate mental health into general healthcare and promote community participation. District Mental Health Programme launched in 1996 to decentralize services and support district-level care. Typical components include outpatient services, early identification/treatment, referral, training of general healthcare staff, school/college and workplace awareness, suicide prevention and community follow-up.

3. Tele-MANAS

National Tele Mental Health Assistance and Networking Across States (Tele-MANAS) launched 2022 to improve access to tele-counselling, mental health support and referral. DGHS lists 14416 and 1800-89-14416 toll-free helplines. For immediate life-threatening emergency, use local emergency services/facility; tele-line does not replace emergency assessment. Local service availability and pathways vary by state.

Service / institution	Main role
Community and PHC/AAM	Health promotion, identification, basic care/support and referral.
DMHP and district hospital	Specialist consultation, treatment, outreach, training and follow-up.
Medical colleges/specialist hospitals	Complex cases, inpatient/tertiary care, training, research and rehabilitation linkages.
Rehabilitation/community organizations	Supported living, social participation, caregiver services, skill development.
Mental Health Review Board and authorities	Rights safeguards and regulatory functions under MHCA.

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4. Nurse's role and referral

Identify needs using appropriate assessment, assess safety, provide education, support adherence and adverse-effect monitoring, coordinate community team and family with consent, facilitate appointments, maintain records and evaluate coverage and referral completion. Promptly refer complex symptoms, psychosis with safety risk, severe withdrawal, suicidal intent or acute confusion. Protect confidentiality and support rights-based, least restrictive access.

5. Important Examination Questions

Long Answer Questions

1. 1. Explain NMHP, DMHP and mental healthcare delivery in India.

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Short Answer Questions

1. 1. Describe Tele-MANAS
2. 2. explain referral system
3. 3. discuss community psychiatric nursing role.

Very Short Answer Questions (with answers)

1. 1. When did NMHP begin? - 1982.
2. 2. Tele-MANAS short code? - 14416.

6. Quick Revision

- Mental healthcare should be accessible across levels.
- Emergency risk requires immediate care.
- Verify current state services.

7. Conclusion

Mental healthcare should be accessible across levels. Emergency risk requires immediate care. Verify current state services.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which objective was central to the introduction of the National Mental Health Programme?

A. Restricting mental healthcare to specialist institutions
B. Replacing community participation with institutional confinement
C. Integrating mental health into general healthcare
D. Separating all physical and mental healthcare services

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2. What is the principal service-delivery purpose of the District Mental Health Programme?

A. Provide only national policy research

B. Limit mental healthcare to tertiary hospitals

C. Replace all primary healthcare services

D. Decentralize services and support district-level care

3. Which principle should guide mental health referrals?

A. Acuity, complexity and available expertise determine the pathway.

B. Every emergency must complete all routine referral steps.

C. Only the patient's diagnosis determines the service level.

D. Available expertise is irrelevant to referral planning.

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Answer key and explanations

1. C - Integrating mental health into general healthcare

NMHP aimed to improve access, integrate care and promote community participation.

2. D - Decentralize services and support district-level care

DMHP was launched to decentralize mental healthcare to the district level.

3. A - Acuity, complexity and available expertise determine the pathway.

Referral routes depend on clinical needs and resources; emergencies may bypass routine steps.

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