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Bridging the gap: Integrating mental health in primary health care in India

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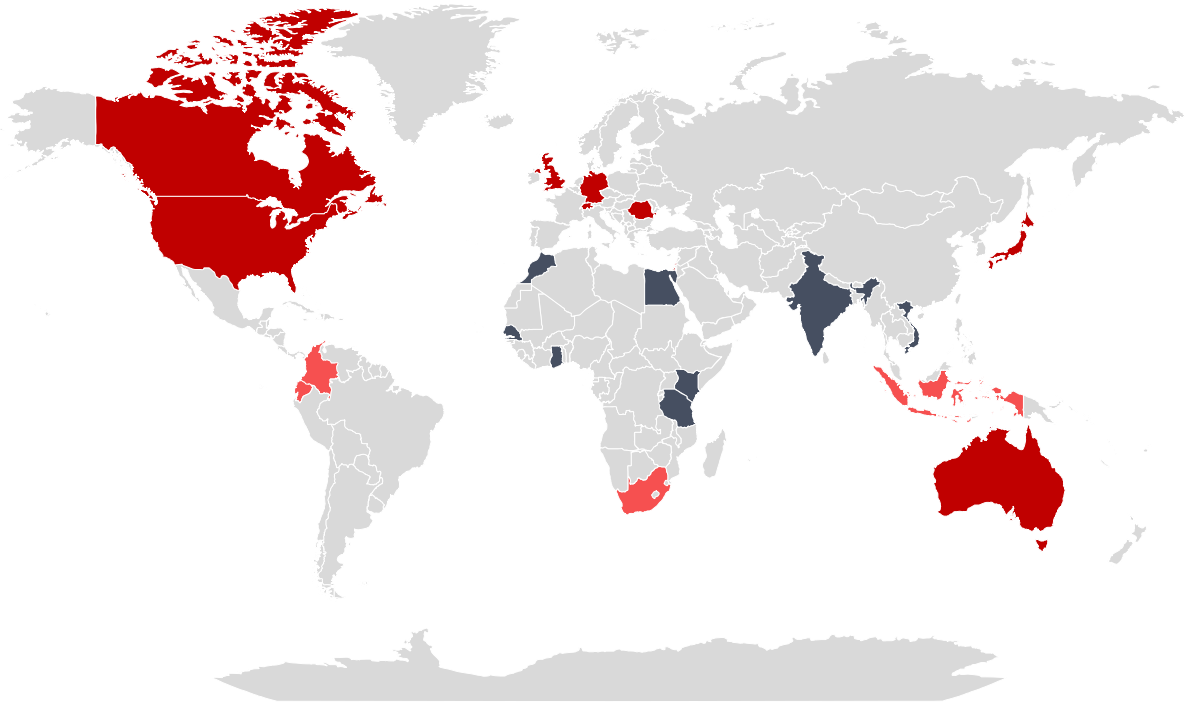




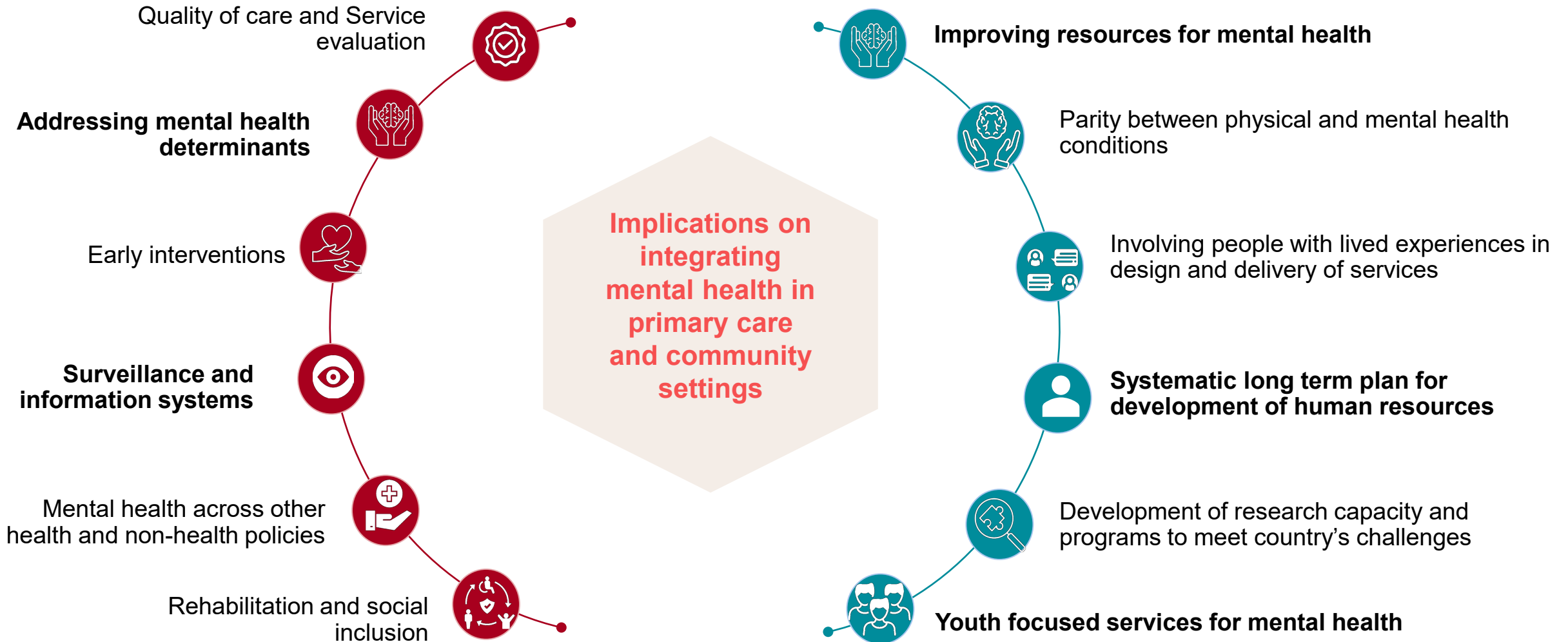
Landscaping across 21 countries in 2022-24

- ❖ Prevalence is higher in high income nations
- ❖ Prevalence is higher among youth
- ❖ 33% countries had youth mental health policies (all HIC/UMIC)
- ❖ Integration of mental health in primary care
 - All HICs and 70% UMICs and LMICs had documented initiatives at some level
- ❖ Community based mental health services
 - 43% countries – very few LMICs

9 High-income countries | **4** Upper middle-income countries | **8** Lower middle-income countries



Key policy areas remained inadequately addressed



Key mental health programs

Ukraine: Integration with TB services, vulnerable populations

- Support TB Control Efforts in Ukraine (STBCEU) project (2019-25)
- Serving Life project (2017-22)

India: Integration with PHC

- SAMAGRA – integrating mental health in urban PHC (2024-25)
- SAMYP (2021-23) and ASPIRE (2024-27) – youth mental health

Myanmar: Integration with TB services, disaster affected areas

- Private Provider Interface Agency for Integrated Service Delivery (TB REACH Wave 10; 2023-2024)
- Psychosocial support to cyclone-affected communities in Rakhine State.

Ethiopia: Maternal mental health in PHC

- Responsive caregiving, early learning, and MMH into primary health care in conflict affected areas (2022)

Kenya: Integration with PHC and maternal health

- DREAMS - MH services for adolescent girls and young women survivors of violence (2021-26)
- The Happy Mother, Happy Baby Program (2021-24)

Mozambique: Maternal mental health in PHC

- Screening for depression
- WHO's Thinking Healthy Program (2021-24)

Vietnam: Integration with HIV Program

- Healthy Markets project (2014-21)
- Technical Excellence and Private Sector Sustainability in Vietnam (STEPS) project (2021-26)

Landscaping across 21 countries

High burden of mental health problems in India

MENTAL HEALTH PROBLEMS ARE COMMON

1 in 9 adults and 1 in 14 adolescents suffer from mental health problem ~ 200 million people in need of care

HIGH PREVALENCE IN URBAN METROS

Urban metros have 2-to-3-fold higher prevalence*

HIGH STRESS AMONG SCHOOLERS

1 in 5 school going adolescents in urban areas endures high stress in daily life**

IMPACT OF COVID

Covid pandemic worsened the mental health problems among adolescents and young adults**

HIGH TREATMENT GAP

Treatment gap averages 84.5%; much higher for adolescents.*

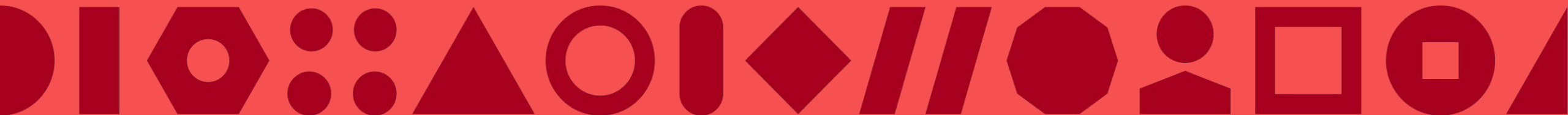
SELF HARM AND SUICIDE

Deaths by suicide is increasing; among the most common cause of death among young adults ***

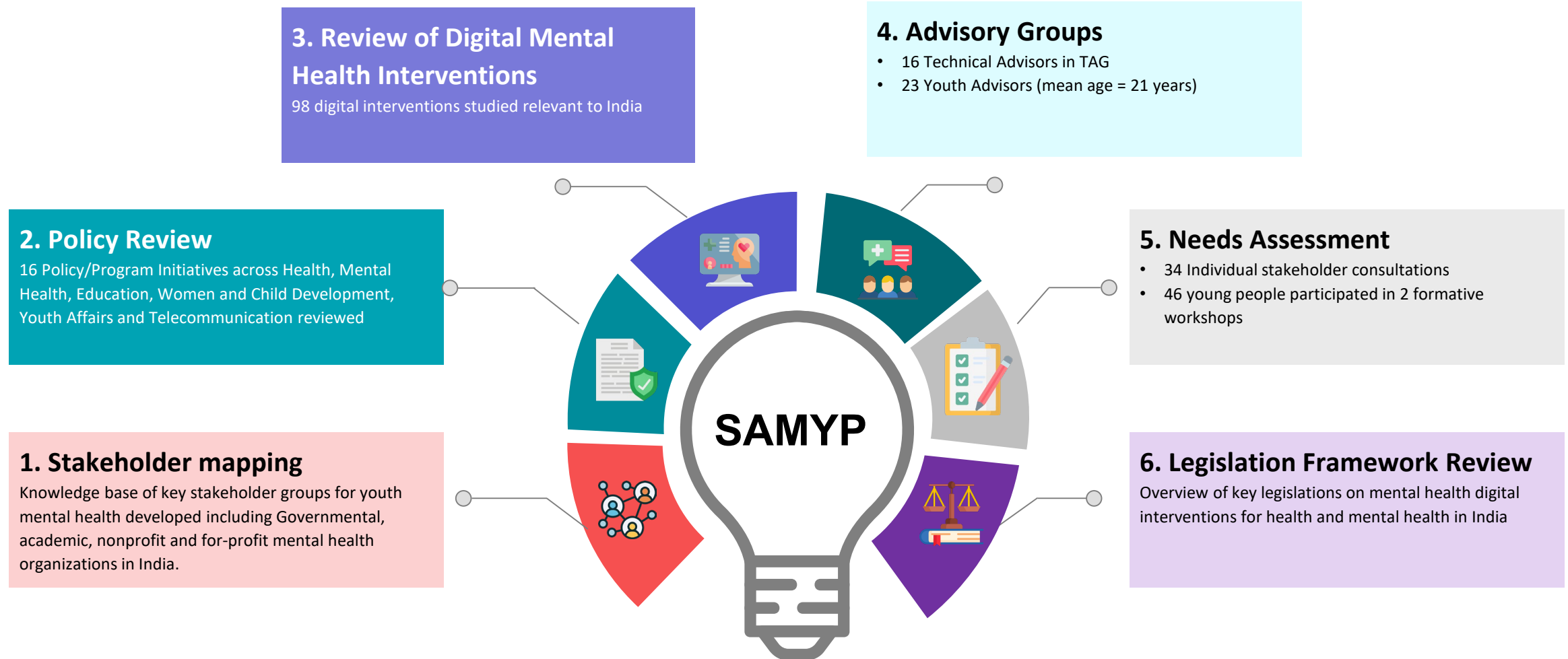
National Mental Health Survey (2015-16), ** Localized surveys and studies across many places in India, * National Crime Records Bureau Report*

Stakeholder-led Advancement of Mental Health of Young People (SAMYP)

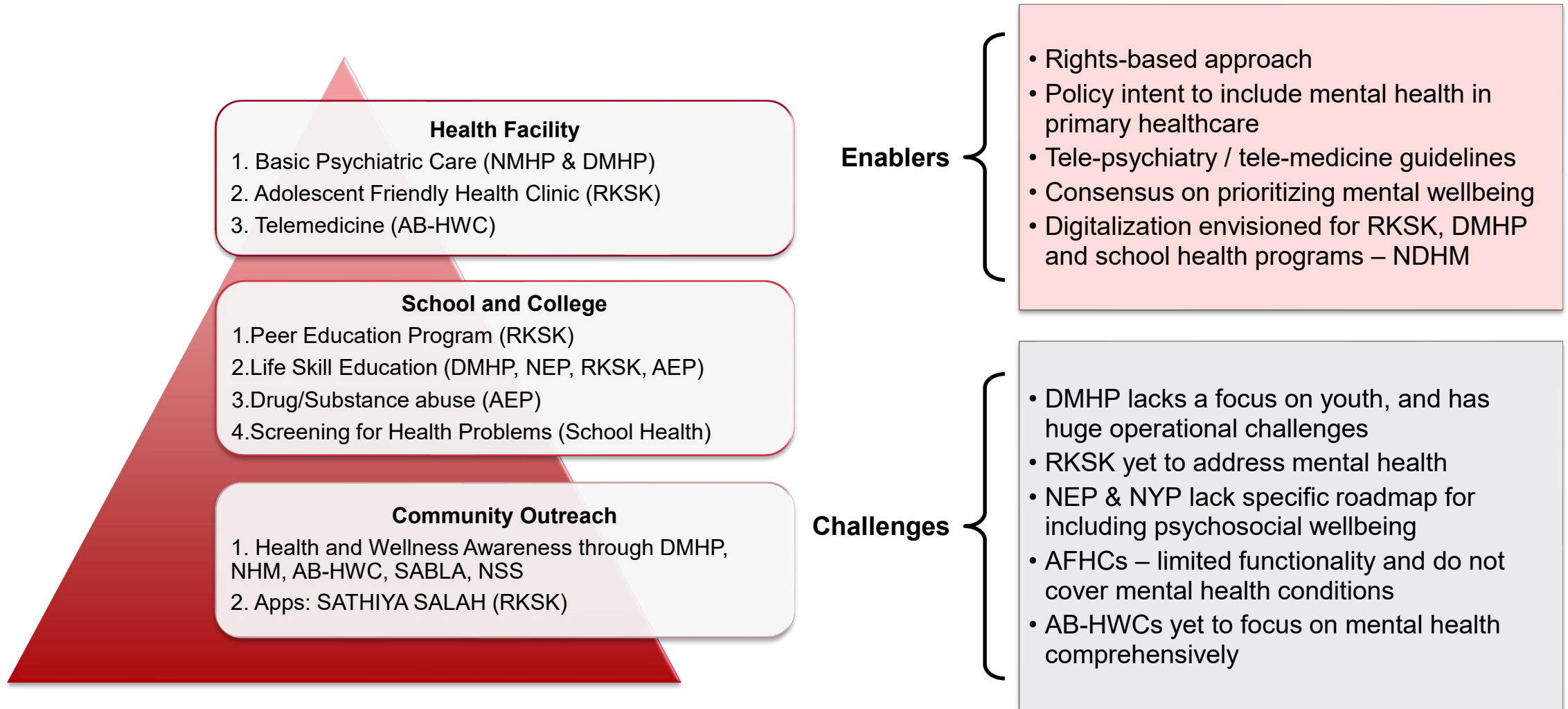
2021-23



SAMYP program activities



Consistent interest and fragmented approach



From Knowledge to Action

Support mental health integration in community and school settings



Pilot products focusing on Mental Health Literacy, Self-care and Help-seeking



Basics of thoughts-feelings-behavior

Stress and stress reactions

Anxiety, and Depression

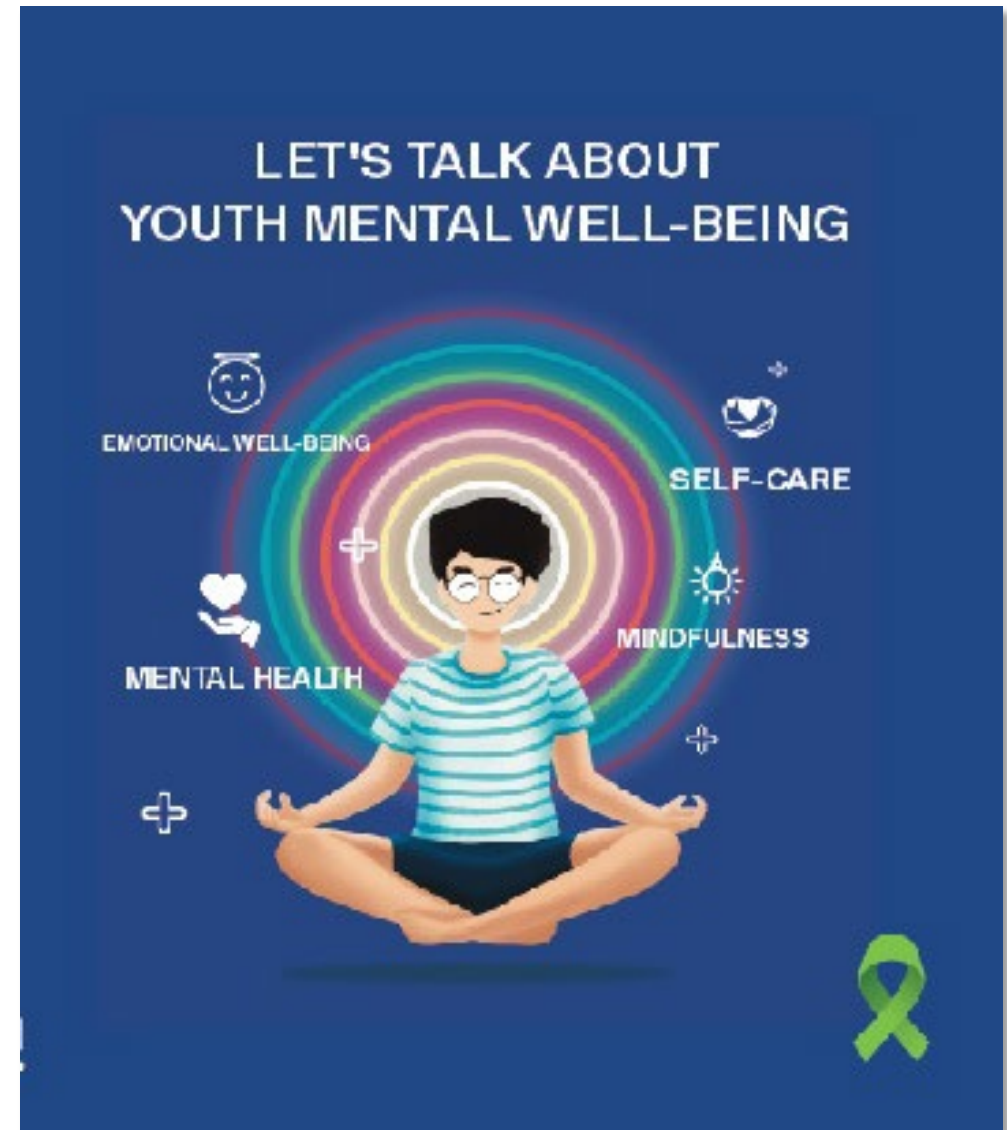
Substance use and Internet Addiction

Self-care tips and tools

Supporting friend in need

Access to help-seeking resources, helplines

Co-created with youth advisors and peer educators, district officials in Maharashtra



Policy and programs mental health in India

Policies

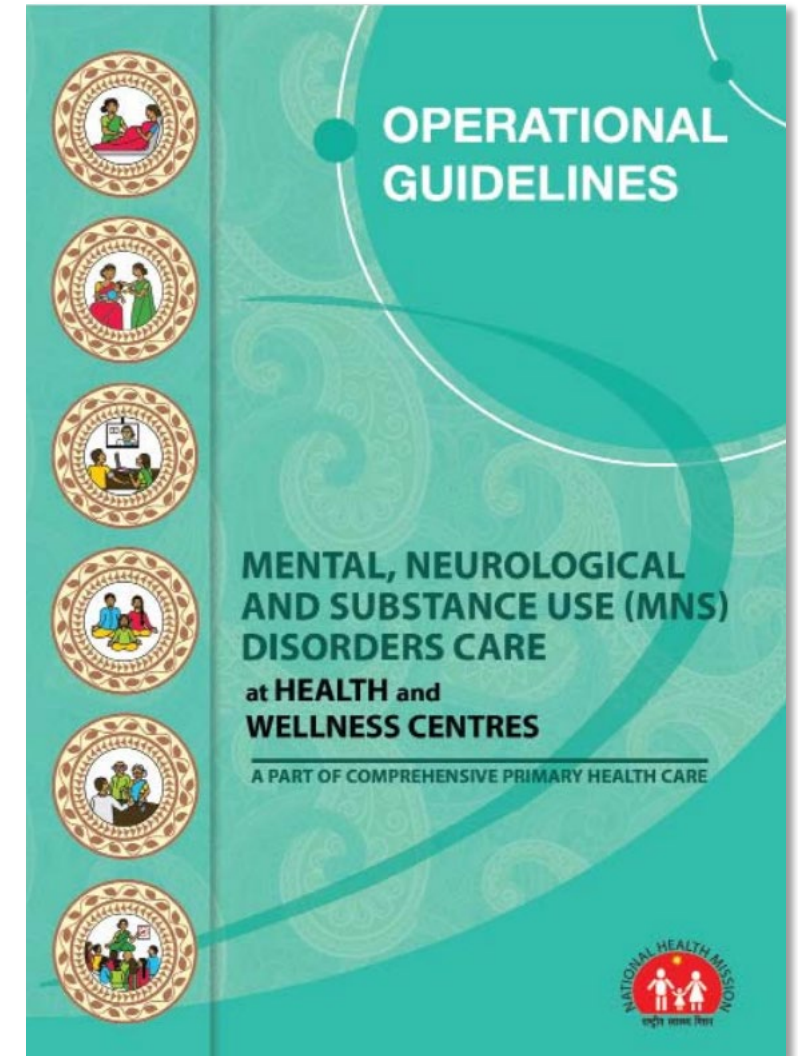
- National Mental Health Policy 2014
- National Health Policy 2017
- National Suicide Prevention Strategy 2022

Programs – Mental Health

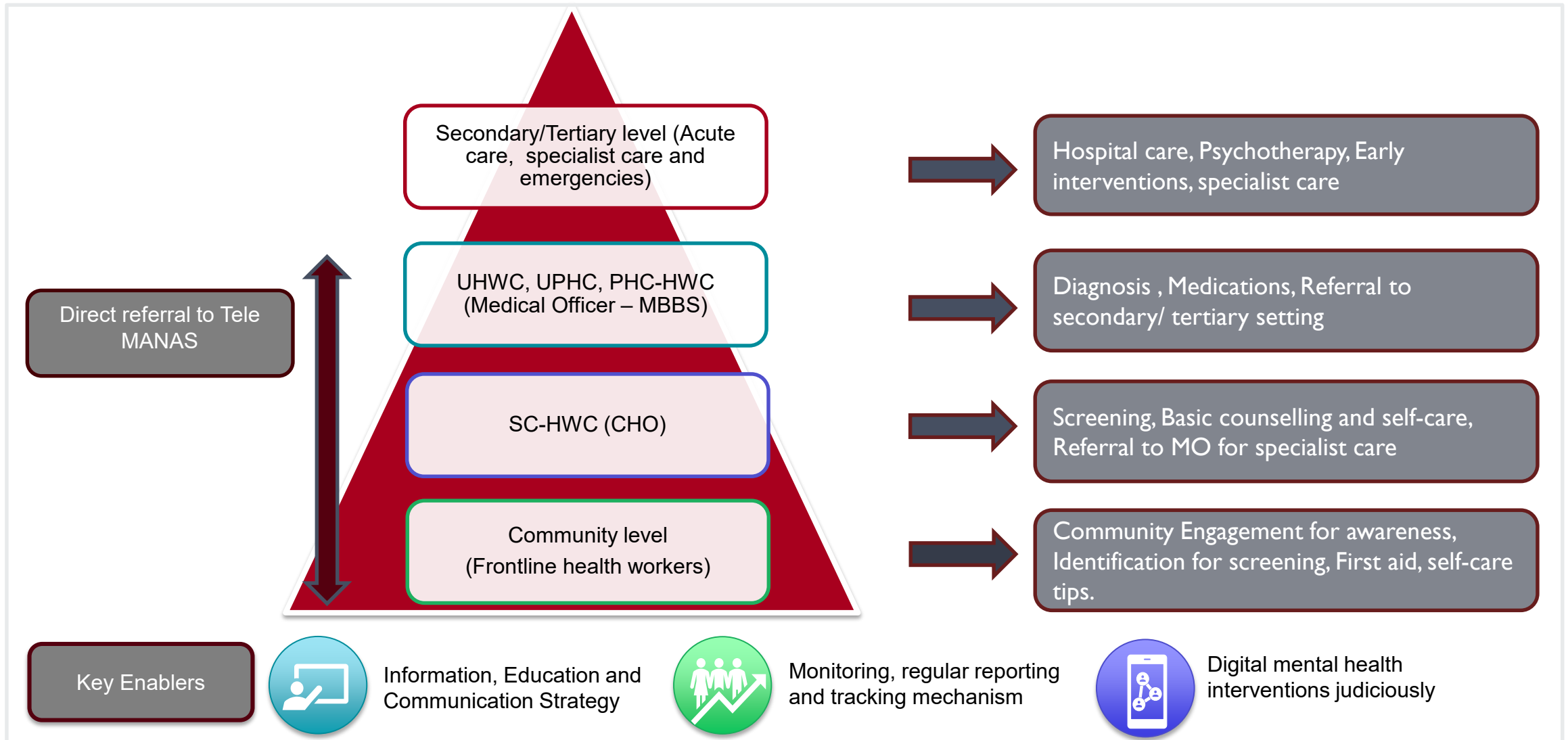
- National Mental Health Program 1982
- District Mental Health Program 1996
- National Tele Mental Health Program 2022

Programs – CPHC

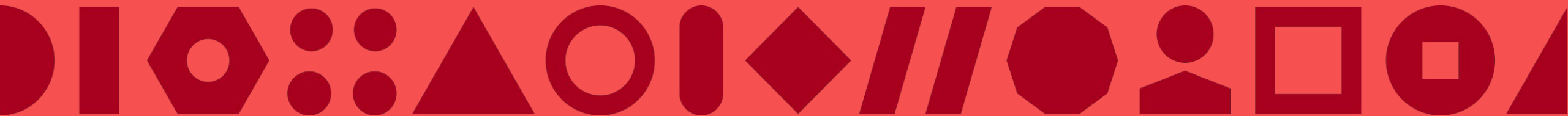
- Integration of mental health in services provided at the Health and Wellness Centers (Ayushman Arogya Mandir) - 2018
- Operational Guidelines for integrating MNS care at AAMs



Summary of the model based on GOI guidelines



SAMAGRA – Technical assistance across 5 states and operationalizing a model for integration of mental health in urban PHC settings in Ujjain, MP





City of Ujjain in Madhya Pradesh State.



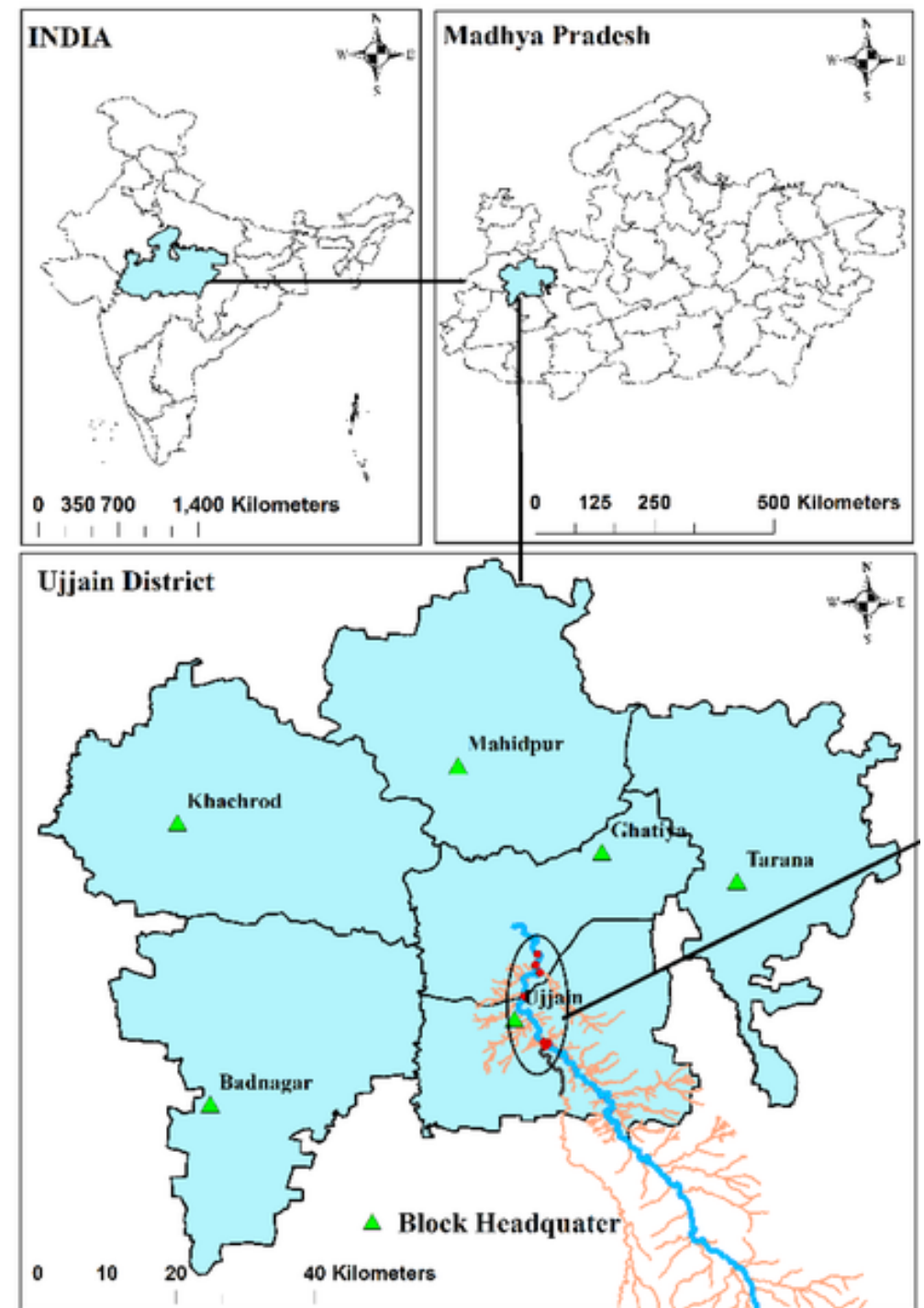
20 Urban Primary Health and Wellness Centers and Urban Primary Health Centers



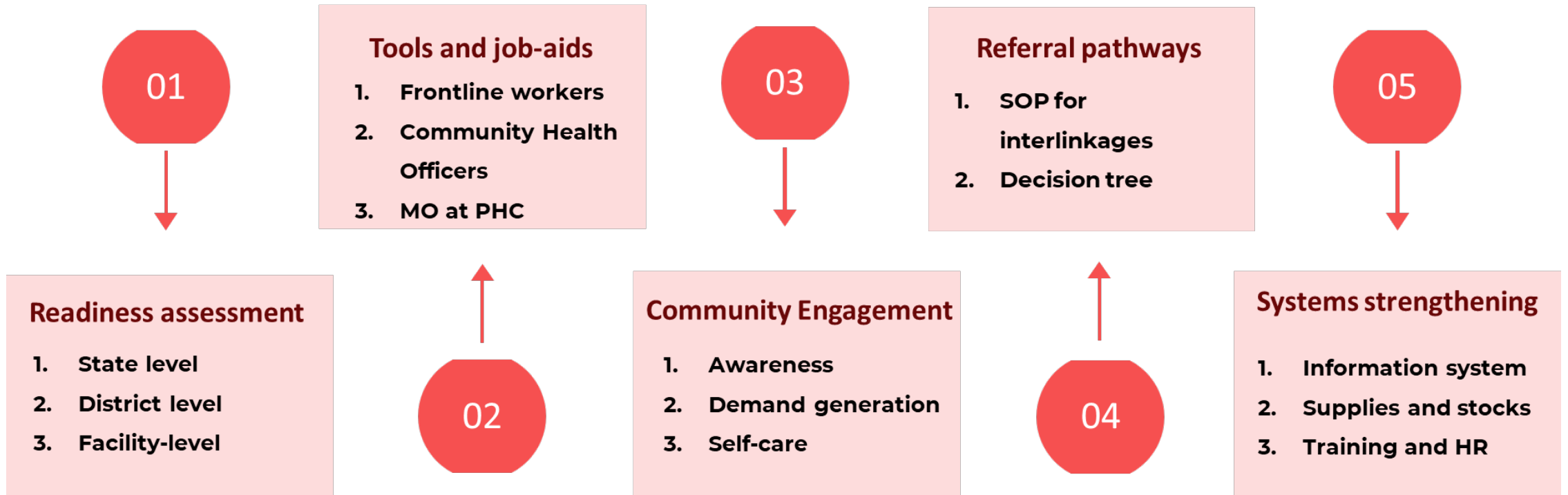
250,000 to 300,000 urban poor population covered



Duration: 1 year [2024-25]

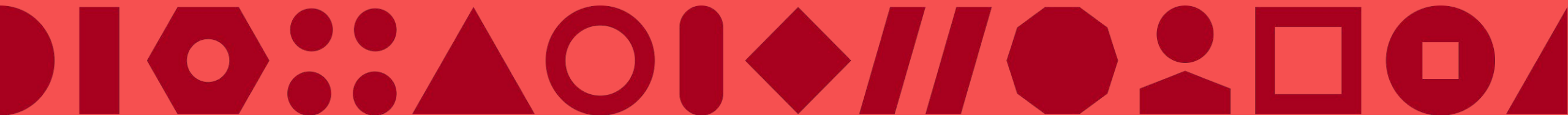


Key steps for developing the pilot model



Advancing Stakeholder-led Program for
Improving young people's access to mental
health Resources and responsiveness of
Ecosystem (ASPIRE)

2024-27





Chikkaballapura District in
Karnataka State



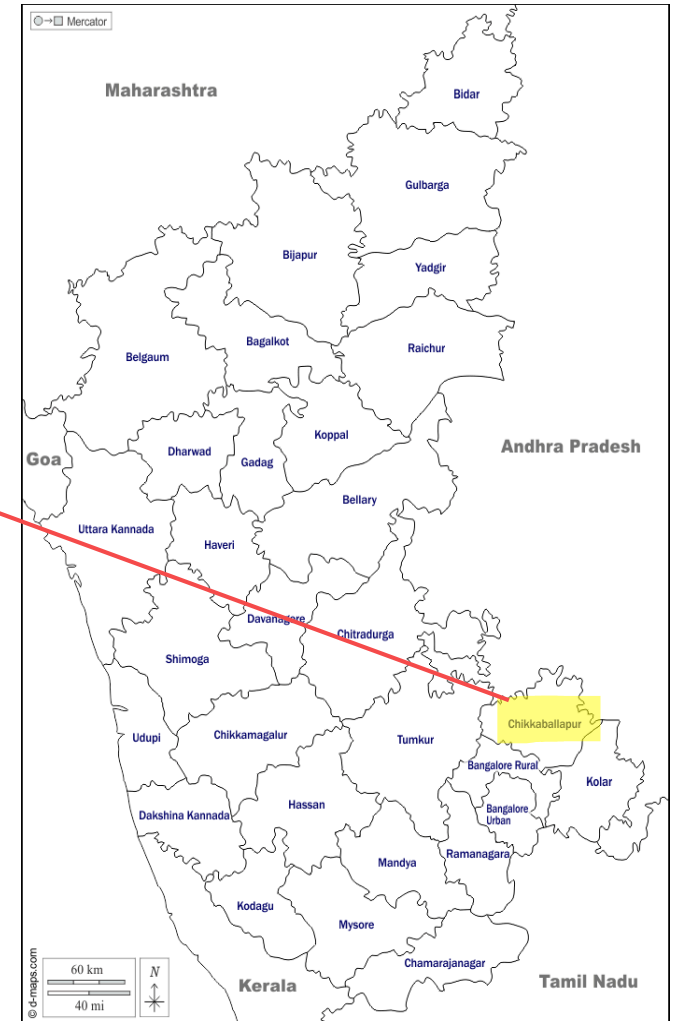
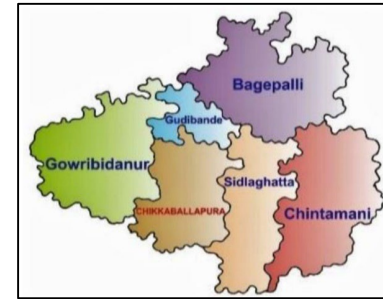
60 Primary Health and Wellness
Centers and 137 Sub-center level
Primary Health Centers



1.2 million population covered
Outreach



Duration: 3 years [2024-27]



ASPIRE (2024-2027)

OBJECTIVES



Promote youth wellbeing (MHL, self-care)



Self-referral and Counseling at AAM



Specialist care and follow-up



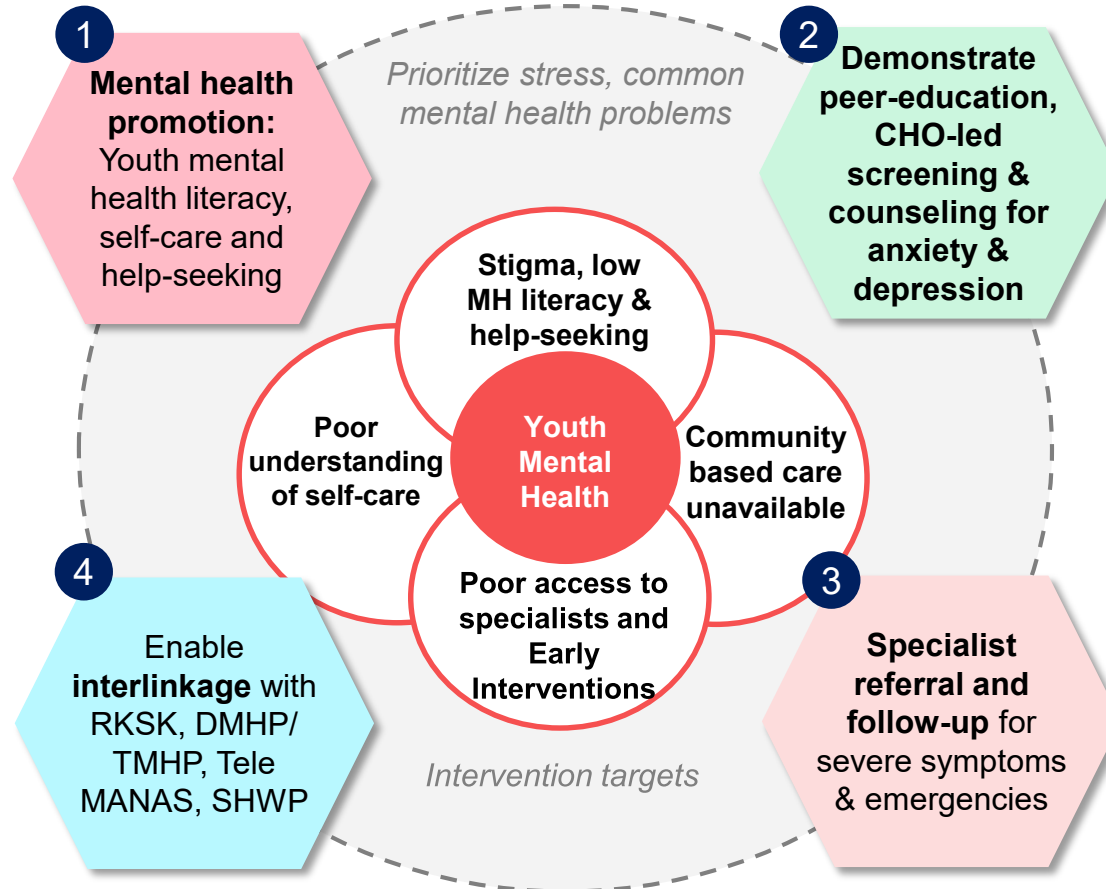
Plan for integrating first-line and early interventions



Chikkaballapura district

15-24 years

Common mental disorders



KEY OUTCOMES

For Young People:

1. Improved mental health literacy
2. Improved help-seeking
3. Improved self-care
4. Improved access to specialists for treatment of anxiety and depression
5. Improved outcomes for youth with common mental health problems

For Health Systems:

1. Developed resources within district for counselling
2. Amplified response of the public health system to address mental health concerns

For more
information
contact:

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THANK YOU

