Emerald

HEALTH SYSTEM PROCESS FOR IMPROVED MENTAL HEALTH OUTCOMES AND BEST PRACTICES FOR DEVELOPING AND IMPLEMENTING MENTAL HEALTH PLANS IN INDIA

"A well-functioning health system should deliver high-quality service to all people, whenever and wherever they need it. A health system can therefore only be considered to be functioning properly if it is able to protect and take care of the basic health rights and needs of all the sick and vulnerable, including people with mental illness". [1]

The EMERALD Project

INTRODUCTION

Mental health services at the primary health care (PHC) level are easy to access and the earliest available, as well as maintaining social integration, which leads to better mental health outcomes. Although India has policies and legislation that support the integration of mental health care into PHC, there is insufficient knowledge of the legal, policy and socio-cultural context in which the notion of integration is pursued.

The EMERALD team carried out a study to understand and evaluate the context, process, experience and health system implications of mental health service implementation.

OBJECTIVES

Identify optimal institutional, legal and policy contexts, as well as processes for the implementation of an integrated mental health policy in India.

Identify best practices for addressing resource and supervision requirements and capacity development needs to improve help-seeking, identification, referral and follow-up to recovery for mental disorders in low-, low-to-middle and middle-income countries.

Evaluate health system synergies and implications of scaled-up service provisions in India.

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METHODOLOGY

- Situational Analysis

- Identifying **Best Practices** for Improving and Strengthening the Mental Health System

- **Strategic Plan** to Improve and Strengthen the Mental Health System

- Evaluation of **Health System Implications** of Mental Health Service Implementation

RESULTS

BARRIERS

- ❌ Mental health planning and management is affected by its recent and limited role in India's flagship health programs.

- ❌ Resource constraints (e.g. infrastructure, human resource, medications) within the existing health system makes continuum of care for mental health conditions unrealistic.

- ❌ Lack of coordinating mechanisms and of involvement on the part of other ministry departments in mental health policy planning.

- ❌ Funds allocated for mental health are left unspent.

- ❌ Low priority of mental health for policymakers.

ENABLERS

- ✅ Mental health policy group involving a wide range of stakeholders, including health professionals, social activists, and service user/caregiver representatives.

- ✅ Psychotropic medicines are already included in the essential PHC drug list.

POLICY IMPLICATIONS

- **Collaboration with other health programs,** such as maternal and adolescent health, will assist in integrating mental health services with general health services.

- **Convergence within health and other departments**—such as the Ministries of Social Justice and Empowerment and of Labour—on mental health policy formulation and planning would assist in integration at all levels.

- Advocacy is needed for promoting successful pilot projects involved in integrating psychotropic drugs at the PHC level.

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