

## Review Article

# National Mental Health Programme–Optimism and Caution: A Narrative Review

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### ABSTRACT

India was one of the major World Health Organization (WHO) member countries to launch its National Mental Health Programme (NMHP) in 1982 in accordance with WHO's recommendations to deliver mental health services to the people under the framework of general health care system in the community. NMHP underwent major strategic revisions over its course, starting from setting a district as the unit for program planning and implementation under the District Mental Health Program (DMHP) to incorporating it with the National Rural Health Mission (NRHM) for effectively scaling up the program. The program also underwent evaluations by government bodies and independent agencies and was reviewed by many researchers. The program has been partly successful in terms of enhancing its reach to community, improving service delivery, and getting increased budgetary allocation, but at the same time, its impact was limited by financial and human resource constraints, lack of community participation, ineffective training, poor NGO/private partnership, and lack of a robust monitoring and evaluation (M and E) system. The latest National Mental Health Policy and the incorporation of its objectives have given a new impetus to the ongoing NMHP, however, its implementation needs to be monitored and the impact is yet to be evaluated. We attempted to review the available literature pertaining to NMHP and DMHP to highlight the determinants of its outcome, with special emphasis on on-going programs and to provide some important future directions.

**Key words:** 12<sup>th</sup> Five-Year Plan, community mental health and community mental health programme, District Mental Health Program, National Mental Health Programme

### INTRODUCTION

The global burden of mental, neurological, and substance use disorders (MNS) in terms of morbidity and premature mortality has been very significant. According to World Health Organization's (WHO) community-based epidemiological studies, the lifetime

prevalence rates of mental disorders in adults range from 12.2 to 48.6% and 12-month prevalence rates range from 8.4 to 29.1%. Further, 14% of the global burden of disease, as measured by disability-adjusted life years (DALYs), can be attributed to MNS disorders.<sup>[1]</sup> Despite the huge burden of the MNS, a WHO report has

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