Meghalaya's Mental Health & Social Care Policy

OUTLINE

- **Challenges** Related to Mental Health Care

- **Framework** for Mental Health Policy

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Challenges Related to Mental Health Care in Meghalaya

As with much of India, **Meghalaya has a high burden of mental health disorders**.

Depressive and anxiety disorders feature in the top 15 causes of YLDs (years of healthy life lost due to disability) in Meghalaya (in 6th and 9th positions respectively)

Disorders	Prevalence of mental disorders (per 100,000 people)	
	Meghalaya	**India**
Idiopathic developmental intellectual disability	4,755	4,481
Depressive disorders	3,340	3,310
Anxiety disorders	3,117	3,250
Conduct disorders	961	797
Bipolar disorders	527	544
Attention-deficit/hyperactivity disorders (ADHD)	441	415
Autism spectrum disorders	354	348
Schizophrenia	220	251
Eating disorders	171	169
Other mental disorders (personality disorders)	1,544	1,766

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Prevalence of mental health concerns as reported at District Mental Health Programme (DMHP) clinics reveal concerning rates of substance use challenges along with mental health disorders. Moreover, many children are affected by mental health disorders.

Disorders	Number of reported cases (2021–2022)
Depression	1,684
Anxiety disorders (GAD, panic, phobias)	1,315
Bipolar Affective Disorder	1,151
Schizophrenia	2,822
Psychosis (delusional disorder, psychosis NOS)	1,769
Somatoform disorders	325
Epilepsy	1,510
Substance-use disorder	
Alcohol	1,919
Opioids	308
Cannabis	134
Tobacco	13
Multi-substance use	255
Child-specific concerns	
Intellectual disability	911
ADHD	43
Autism	31
Conduct disorder	2
Mood and anxiety disorders	1,315

Mental Health Infrastructure Challenges

- There are very few dedicated facilities for mental healthcare (MIMHANS in Shillong and 10 psychiatric beds at the Tura Civil Hospital)

- Though District Mental Health Programme (DMHP) is operational in 11 districts, only two of the 11 teams have a psychiatrist

- There is need for more training of existing medical staff and community health workers on mental health issues

- There is limited community outreach, which manifests in low levels of awareness on mental health issues and available support systems

Framework for Mental Health Policy

VISION For the Policy

The Meghalaya Mental Health Policy aims to promote **overall mental health and well-being** and facilitate appropriate access and **care pathways** for every member of society. It aims to reduce the extent of disability, morbidity, mortality, and social suffering. It seeks to do this by addressing the **social determinants** of mental ill-health and ensuring cultural security and **collaborative engagement** with communities in promoting equitable mental health and social care for all. Its values are those of social justice, life satisfaction, personal recovery and community inclusion and participation.

Framework For the Policy

1 **Sensitive Public Health Care Approach**

Reorienting the mental healthcare approach towards providing sensitive, holistic and contextually relevant care.

2 **Community Awareness & Engagement**

Increasing awareness and reducing stigma associated with mental health challenges with active engagement of community leaders

3 **Care Pathways**

Designing comprehensive care pathways, from early identification to rehabilitation, and enabling better coordination among different programs.

4 **Support for Vulnerable Groups**

Targeted initiatives for vulnerable groups such as children, adolescents, women and poor households, to address their specific needs

① Sensitive Public Health Care Approach

Culturally Sensitive Care:. Care providers need sensitization on working effectively with communities to be able to provide care and support that accounts for cultural and social norms. This can help build trust between the citizens and state systems. **The focus is more on preventive and promotive healthcare.**

Collective Approach: Stronger community ties can reduce prevalence of mental health disorders. As such, rather than focusing exclusively on care for individuals, the healthcare system can more actively engage communities in the recovery process.

Address stress and other precursors: As in the case of physical health, the state needs a stronger emphasis on preventive care. The mental healthcare system should support initiatives that proactively reach out to communities to discuss risk factors such as chronic stress, which can translate into severe mental health disorders.

② Community Awareness & Engagement

IEC campaigns to destigmatize mental health:. It is important to make use of local culture, folklore, street theatre, role plays, and local and powerful advocates to reduce stigma and build awareness of importance of mental health.

Helpline: The state can leverage existing helplines such as 1098, Tele-MANAS and other initiatives to improve access to support through first-line responders. The helpline may be expanded to proactively reach out to citizens for mental health support.

VHCs as platforms for information dissemination: VHCs can play a key role in raising awareness both on mental health issues and on available services and resources for those who need care.

Edutainment for Reducing Stigma: short for entertainment-education, edutainment has proven to be successful in addressing complex challenges, particularly those that have stigma associated with them,

Village Health Councils are being formed as a **community institution** that can enable local **action and ownership** on health and nutrition issues. VHCs can play a central role in disseminating information on mental health challenges and increasing demand for available services

3 Care Pathways

Screening of all individuals by trained personnel: Healthcare workers can be trained on early identification of mental health disorders, particularly among vulnerable populations. There can be annual screenings that have combined assessment of physical and mental health.

Triaging, referral systems, and contact with services: The links between community health workers, first responders, and clinicians will be strengthened, with an emphasis on early screening and detection.

Post-discharge self-management using Assertive Community Care (ACT): Most people are likely to experience a recurrence of a psychotic episode or ill-health and options such as Meghalaya ACT (M-ACT), which combine aspects of ACT adapted to the needs of the relevant population, have been shown to reduce repeated hospitalisations, increase housing stability and improve participation in the labour force. Such measures will be expanded and strengthened.

4 Support for Vulnerable Groups

Strengthen Women's Support and Affinity Groups: There will be more focus on issues that women face such as postpartum depression and stress. SHGs can provide one forum for discussion and support. This can be complemented with other measures aimed at economic and social empowerment of women. Focus will also be on single-women headed families.

Positive Children, Adolescent & Youth Development: ECD Mission will support building strong relationships between children and caregivers. This will be complemented by school and community based activities targeted at adolescents and youth for better mental health. The MPOWER program for adolescents that is being launched will also support this component.

LGBTQIA+ community: In line with the National Legal Services Authority (NALSA) judgement in 2014, the repeal of Section 377, and the Mental Health Care Act (2017), people who access mental health services should not face discrimination based on their gender and sexual identity.

Implementation of the Mental Health Policy

Implementation of the Mental Health Policy

Convergence Across Departments & Policies

Strengthening Human Resources

Community Institutions

Financial Support & Infrastructure

Convergence Across Departments & Policies

Alignment of all departments and agencies under the **Meghalaya Human Development Council**, for coordinated implementation and joint reviews

Establishment of a **Policy Implementation Unit** within the State Mental Health Authority to oversee and develop detailed implementation plans for each component of the policy

District Convergence and Implementation Committee to implement mental health policy will be anchored by the DC along with Health (DMHP), Social Welfare (ICPS, ICDS) and Education Dept Officials.

Integration of Mental Health as a core priority of Meghalaya's **Comprehensive Primary Health Care approach**, down to village level health care provision

Connecting mental health with socio-economic inclusion through facilitating greater access to schemes and services by those with mental illness and their caregivers.

Strengthening Human Resources

Expand Human Resources: The state will work towards expanding the number of human resources in at least three core professional arenas: psychiatry, nursing, social work and psychology.

Curriculum Development: The state will develop a contextually-tailored curriculum for mental health care that takes into account the specific local drivers of mental health issues.

Training of Existing Staff & Community Health Workers: All medical officers, support staff and community workers such as ASHAs and AWWs will be trained on the updated mental health curriculum

Standard Assessment & Treatment Guidelines: The state will develop standard guidelines for assessment/screening and treatment in line with the best practices. These will be incorporated as part of the shift towards comprehensive primary health care (CPHC).

Community Institutions

Community engagement will form the bedrock of prevention, early detection & long term social support

Village Health Councils will serve as the nodal community agency for disseminating information, reducing stigma and providing local social support to those with mental illness and their families.

Village Headmen, as first point of contact for many distressed families, will be proactively engaged in early identification, as well as in assisting families in addressing social and economic factors behind illness.

Other **trusted community leaders**, such as teachers, religious leaders & traditional healers, will be engaged through community health workers & VHCs, to assist in reducing stigma, raising awareness of the importance of mental health, and early detection of mental health disorders and illness.

Financial Support & Infrastructure

State will strengthen financial & infrastructure supports to improve access to mental health care services

Extending the **provision of medication and equipment to more local areas**, prioritising high-use PHCs/CHCs and Sub-Centres. This will reduce expenditure, travel difficulties, and delays in seeking care.

Increasing take-up of **MHIS**, to ensure that cost does not dissuade families from seeking treatment. Community institutions can help raise awareness on provisions available under MHIS

Key **Outcomes**

Inputs

➔ Increase in mental health human resources such as psychiatrists, psychologists and nurses

➔ All medical officers and community health workers trained on assessing and addressing mental health issues

➔ Streamlining of referral process

➔ Coordination across departments & policies under Human Development Council

➔ Expansion of mental health helpline

➔ Creation of support groups under VHCs, guided by community health workers

Outputs

➔ Monthly IEC campaigns in all communities on mental health issues

➔ Annual school and community-based screening for mental health for every citizen

➔ Faster & cheaper referral process, with reduced out of pocket expenditure

➔ Increased access of schemes & programs by the mentally ill

➔ Increased number of initiatives targeted at preventive measures such as addressing stress among vulnerable groups

➔ Community support groups meeting for regular discussion & activities

Impact

➔ Higher rates of identification of mental health disorders

➔ Reduced wait times and costs for treatment

➔ Lower percentage of suicidal thoughts reported by adolescents

➔ High rates of care seeking among population

➔ Lower prevalence of substance use

➔ Lower rates of mental health disorders due to preventive programs

➔ Reduced stigma and greater social integration for those suffering from mental illness

Thank You