



Service Delivery Framework for MNS Disorders

Roles and Responsibilities of Medical Officers





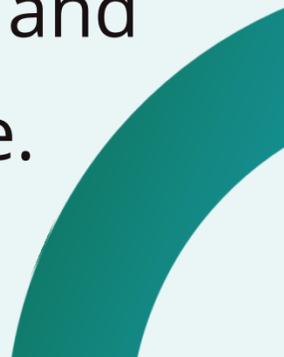
INTRODUCTION



As part of an expansion of services under Comprehensive Primary Health Care, care for mental, neurological, and substance use disorders has been included in the service package at HWCs.

Integration of mental health care in primary health care is enabled through the following approaches-

- Community-level Health Promotion interventions and improving mental health literacy that enables an understanding of mental health, common symptoms, risk factors/causes of disorders, treatment, reduction of stigma and discrimination, and of techniques such as psychological first aid, and self-care.





- Early identification, referral to CHO for screening and home & community based follow up by frontline worker team, and use of the Community Based Assessment Checklist by ASHA and Community Informant Decision Tool (CIDT) by MPW.
- Screening by Community Health Officer (CHO) using a standard screening tool, psychosocial management, and enabling referral.



• **Diagnosis and initiation of treatment by the Medical Officer at the HWC-PHC/UPHC levels or by specialists at secondary/tertiary care facilities.**

• Reduction of treatment gap (psychosocial and pharmacological) by facilitating access to treatment by referral to higher level centres (PHC and other referral centres), initiation of treatment and ensuring regular supplies and treatment adherence at HWCs.



Integration of Mental Health Care in Primary Health Care

- Community-level health promotion interventions
- Improving mental health literacy
- Early identification
- Community based follow up
- Screening by Community Health Officer (CHO)
- Diagnosis and Initiation of treatment by medical officer at various levels
- Reduction of treatment gap (psychosocial and pharmacological)





SERVICE DELIVERY FRAMEWORK

1

**Care at
Community Level**

- MPW
- CHO
- ASHAs

2

**Care at SHC-HWC
level**

- Community
Health Officers

3

**Care at PHC-HWC
level**

- Medical Officer
(MBBS)

4

**Care at
Secondary/Tertia
ry Care Facility**

- Specialists



CARE AT COMMUNITY LEVEL



- Who are involved: **MPW, CHO & ASHAs**
- IEC and Community mobilization (MPW, CHO & ASHAs)
- Promotion of mental health (e.g., family enrichment program, school health program, etc.) (CHO & MPWs)
- Screening and early detection, using CIDT (CHO & MPWs)
- Screening using PHQ2 (ASHAs)
- Follow-up care at home (ASHAs & MPWs)
- Improving psychosocial competencies at individual and family level (e.g., basic psychoeducation, psychological first aid etc.) (MPWs & CHO)



CARE AT SHC-HWC



- Who are involved: **Community Health Officer**
- Conducting individual level awareness and stigma reduction activities
- Delivering psychosocial interventions
- Identification/screening of MNs conditions
- Referral to PHC (or higher facilities) for diagnosis and treatment
- Administering PHQ 9 for screening (such as, for screening for depression)
- Emergency care for seizure/status epilepticus
- Developing and implementing comprehensive life plan for persons with dementia



- Dispensation of medicines prescribed by PHC-MO and specialists and follow up care checking for side effects of the prescribed meds
- Monitoring for relapses and recurrences, signs of abuse and neglect in patients with dementia.
- Facilitating community-based rehabilitation, family-based interventions, organizing meeting for self-help groups.
- Establishing links with other bodies for referral services



CARE AT PHC-HWC

- Who is involved: Medical Officer (MBBS)
- Conduct individual-level awareness activities (such as stigma reduction)
- Identification and screening for MNS conditions
- Identification/diagnosis, and development a management plan for CMDs, Epilepsy, and Dementia
- Identification/diagnosis and referral for confirmed diagnosis and initiation of treatment for SMDs, SUDs, and C&AMHDs
- Suicide risk assessment and basic management
- •Initiation of pharmacological treatment for CMD, Epilepsy and Dementia

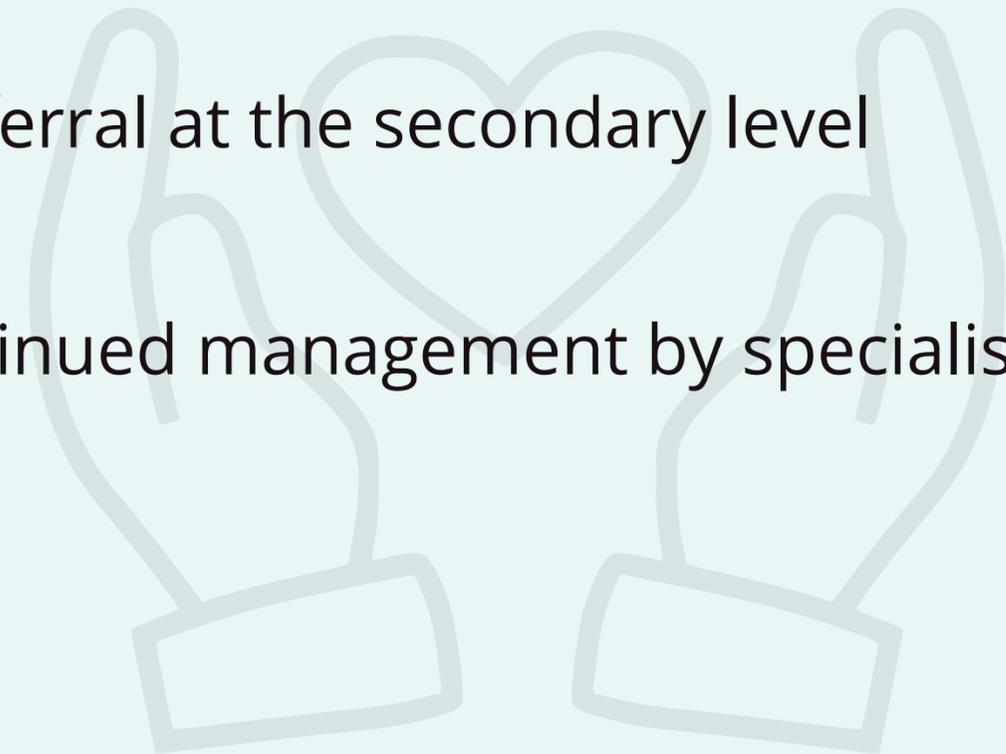
- Basic management of drugs
- Emergency care for seizures/status epilepticus
- Emergency management for poisoning
- Follow up care and continuation of treatment initiated by specialists





CARE AT SECONDARY/TERTIARY CARE FACILITY

- Who are involved: Specialists
- Confirmed diagnosis of SMDs, SUDs and C&AMHDs
- Providing multidisciplinary care upon referral at the secondary level
- Clinical support and supervision for continued management by specialists





ROLE OF ASHAS, ANMS, AWWs, & MPWS (IN COMMUNITY)

- Community Level Health Promotion interventions
- Improving mental health literacy to help in a wider understanding of mental health.
- Screen and identify cases in the community and further initiate appropriate referral.
- Use of Community Based Assessment Checklist to screen for MNS disorders.
- Carry out home-based follow-ups for MNSUD cases
- Deliverance of community-based intervention packages





ROLE OF COMMUNITY HEALTH OFFICERS

(In Health And Wellness Centers)

- Screening and identification of MNSUDs
- Ensuring referrals to higher authorities
- Dispensing prescribed medications
- Suicide risk management and follow up
- Include patients for community-based rehabilitation



KEY ROLES AND RESPONSIBILITIES OF PHC/UPHC MEDICAL OFFICER

The Medical Officer PHC/UPHC will primarily play a clinical role in case detection, management, referral and follow-up of MNS disorders, along with some managerial and public health roles.

Clinical roles

1. Diagnosis/identification, psychosocial interventions, pharmacological management (when applicable), referral and follow-up of cases with CMDs, SMDs, C&AMHDs and SUDs.
2. Suicide risk assessment, basic suicide management, referral and follow-up.





3. Emergency care and referral for emergencies related to MNS disorders.
4. Counselling of patients for treatment adherence, possible side effects and warning signs for referral.
5. Counselling caregivers on care of mentally ill patient, counselling parents of children with C&AMHDs, psychoeducation of patient and family.
6. Help patients avail social security benefits and other entitlements.

Public Health roles:

1. Undertake mental health promotion activities- Plan and supervise the conduct of individual and community level awareness and stigma reduction activities.
2. Create linkages with other programs, departments, and NGOs for referral services.
3. Conduct awareness campaigns on MNS disorders and stigma reduction.

Managerial roles:

1. Capacity building and mentoring of PHC-HWC team in the provision of care for MNS disorders.
2. Maintain relevant records
3. Logistic management





CLINICAL ROLES OF MEDICAL OFFICERS IN MNS DISORDERS



1. For CMDs, the Medical Officer will:

- Make a diagnosis based on clinical history, examination and using relevant screening and diagnostic tools.
- Initiate appropriate pharmacological treatment as well as provide psychoeducation to the patient and caregiver/family as required.
- Follow-up the patient at regular intervals to assess the clinical course of the disease, any improvement in symptoms and determine the duration of pharmacotherapy.





2. For SMDs, C&AMHDs, neurological disorders and SUDs, the Medical Officer will:

- Identify/diagnose the patient based on clinical history, examination and using relevant screening tools.
- Refer to the Psychiatrist/ Child Psychologist for confirmed diagnosis and initiation of treatment.
- Continue pharmacological management at the PHC-HWC (which has been initiated at the DH/MCH) in consultation with Specialists at DH/MCH as well as provide psychoeducation to the patient and caregiver/family as required.





- Follow-up the patient at regular intervals to assess the clinical course of the disease, any improvement in symptoms and refer to the treating physician in case of appearance of warning signs/relapse and recurrence of the patient.
- Provide psychoeducation to parents/ teachers as required in cases of C&AMHD.





3. In cases with suicide behaviour, the Medical Officer will:

- Identify suicide ideation and behaviour based on clinical history
- Undertake suicide risk assessments and conduct basic suicide management.
- Follow-up the patient at regular intervals and refer to the Psychiatrist at the DH/MCH or counsellor or mental health specialist based on risk categorization.

4. Mental health and neurological emergencies:

- In case of emergencies like status epilepticus, suicide attempt, delirium tremens, etc., the Medical Officer will undertake first aid measures to stabilize the patient before referral to DH/MCH for management.
- Follow-up the patient after he/she is referred back for treatment adherence and recovery.





5. The Medical Officer will be responsible for maintaining upward referrals to the Paediatrician/ Physician at CHCs and Psychiatrist/Neurologists at DH/MCH for management support and downward referrals to the CHO at SHC-HWC regarding patients and their follow up for drug refills or psychosocial support.

6. Counselling:

- The Medical Officer will counsel the patient and the family/caregiver regarding the disease/disorder, pharmacological treatment, non-pharmacological measures for control and measures for mental health promotion.
- It is important to help the patient understand that medicines usually take 4-6 weeks to work and to ensure that the patient continues to take the medicines regularly as prescribed.





- The Medical Officer will inform the patient and caregiver/family regarding the possible side effects of the medication as well as warning signs for referral.

7. Mental health patients may be eligible for social security and other benefits. The Medical Officer will inform the patient's caregiver/family and the patient regarding these and assist in availing the same.





The Medical Officer will supervise the team at the PHC in carrying out the following Public Health activities related to MNS care



1.Undertake activities for mental health promotion:

- Raise awareness in the community about mental health disorders and dispel the myths and misconceptions.
- Increase participation and voice of persons affected with mental health problems in all community level meetings.
- Ensure that the persons affected with mental health problems and their caregivers are given due importance in the community and that they receive appropriate care.
- Take collective action to stop physical or mental abuse of persons affected with mental health problems.
- Support formation of Patient Support Groups and Caregiver Support Groups for mental health disorders.





The Medical Officer will supervise the team at the PHC in carrying out the following Public Health activities related to MNS care



2. Create linkages with:

- NGOs for support group meetings, health promotional activities.
- Government departments, such as Department of Social Justice and Empowerment, Women and Child, District Legal Aid Authority, Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULB) etc. to facilitate access to entitlements/ schemes/ programs for the benefit of persons with Mental disorders (eg. obtaining disability certificates under Disabilities Act).
- Referral linkages with faith healers to bring persons in the fold of government mental health related services.
- Referral and integrated/coordinated care linkages with other programs (school health program, elderly and palliative care, communicable diseases and NCDs program, etc.).





The Medical Officer will supervise the team at the PHC in carrying out the following Public Health activities related to MNS care

3. Conduct awareness campaigns on MNS disorders and stigma reduction:

- People with mental illnesses face greater discrimination in society as compared to physical ill health. The Medical Officer will plan, organize and supervise awareness campaigns undertaken by the PHC team, coordinate with linked SHC-HWCs and voluntary organizations with a focus to dispel myths and misconceptions related to mental health disorders and reduce stigma associated with mental illness.



AS A TEAM LEADER AT THE PHC-HWC, THE MEDICAL OFFICER WILL HAVE THE FOLLOWING MANAGERIAL FUNCTIONS

1. Capacity building and mentoring of PHC-HWC team in provision of care for MNS disorders:

• Care for MNS disorders is a newer initiative at PHC-HWC level. The PHC team including Staff Nurse, MPWs and other health providers will be trained in their roles before the service delivery is initiated. However, there is need of continuous handholding as cases are identified, screened and follow up services are provided. You will guide and supervise the work undertaken by the PHC team.





2. Maintaining records:

Records for OPD attendance, diagnosed cases, treatment and referral details of patients with MNS disorders would be maintained at the PHC-HWC.

3. Logistic management:

The Medical Officer will ensure that required supply of medicines is maintained at the PHC-HWC for individuals diagnosed with mental health disorders.





MONITORING OF SERVICES RELATED TO CARE OF MNS DISORDERS

(The following measures/indicators are to be documented and reported for audit and evaluation)

- Proportion of population reporting with mental disorders
- Proportion of individuals screened for mental disorders.
- Proportion of diagnosed individuals who are undergoing treatment
- Proportion of individuals who need emergency care
- Proportion of individuals diagnosed with common mental disorders out of the total screened
- Proportion of individuals diagnosed with Severe Mental Disorders (SMDs) out of total screened.





- Proportion of individuals diagnosed with Child and Adolescent Mental Health Disorders (C&AMHD) out of total screened.
- Proportion of individuals with Substance Use Disorder (SUDs) out of total screened.
- Proportion of individuals visited PHC/UPHC out of those referred by Community Health Officer
- Number of psychoeducation sessions conducted at the HWC



- Monitoring Stock Register of Essential Psychotropic medications that shall include drug supply, intend and expenditure.
- Monitor community awareness programs done by the CHW and Register for the same
- Attend training programs and review meetings/audit under DMHP as a part of CME and evaluation.



NOTE

- The general principles of managing CMD, SMD, and SUDs in adolescents and older adults will remain the same, but with modifications needed to cater to the unique requirements of these discrete age groups.
- Similarly, the principles for managing CMD can be applied to management of post-partum/ maternal depression. However, if in doubt, refer to a specialist at DMHP/STC.
- Specialists (psychiatrist, neurologist, paediatrician, clinical psychologist, psychiatric social worker) will provide multidisciplinary care upon referral at the secondary level.
- Specialists will provide ongoing clinical support and supervision for continued management of persons with Mental Disorders at the CHC/PHC/UPHC/HWC levels, in an integrated and coordinated manner.



Thank You

