

No.V-15011/3/2015-PH-I (i)
Government of India
Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi
Dated the 24th June, 2015.

To

The Principal Secretary,
Department of Health and Family Welfare
(of all States and Union Territories).

Subject: Guidelines for implementing Tertiary/Central Level Activities under the National Mental Health Programme(NMHP)during the 12th Plan period.

Sir/Madam,

1. The proposal for implementation of various tertiary level care and other related activities to be undertaken under the National Mental Health Programme (NMHP) during the 12th Five Year Plan period has been obtained. These activities include, inter-alia, Manpower Development Schemes, Information Education and Communication (IEC) activities, Training, support for the Central and State Mental Health Authorities and upgradation of two Central Government Mental Health Institutes. The proposed support will complement and synergize with the ongoing programme for implementation of mental health activities up to the district level, namely the District Mental Health Programme (DMHP).

2. During the 12th Five Year Plan, it is envisaged to enhance the tertiary care mental health facilities in the country by increasing the availability of specialized human resources and upgradation of two Central Mental Health Institutes. In addition, assistance will be provided for Central and State Mental Health Authorities, for IEC activities, training, research and monitoring and evaluation. Accordingly, the Scheme-A for creating Centres of Excellence and Scheme-B for setting up/ strengthening of PG training departments for mental health specialities will be continued with enhanced amount of support being provided vis-a-vis the 11th Five Year Plan. A new initiative for establishing a mental health monitoring system to gather on-line data from all participating units under National Mental Health Programme is also envisaged.

These activities are in consonance with the vision to provide affordable and accessible health care and improve the quality of life of our citizens. Referral of patients diagnosed under DMHP for treatment at tertiary care facilities will also be facilitated.



3. Approved outlay for various tertiary level care and other related activities to be undertaken under the National Mental Health Programme (NMHP) during the 12th Five Year Plan period is as under:

S.No.	Component	Proposed outlay (Rs. crore)
1	Manpower Development Schemes	470.40
2	Continuation/Committed Support under Manpower Development Schemes	153.5
3	Central Mental Health Team	0.80
4	Research & Survey	7.00
5	Training/ Conference/ Workshops	4.50
6	Monitoring & Evaluation	11.00
7	Information Education and Communication Activities	53.00
8	Support to Central Mental Health Authority	0.30
9	Support to State Mental Health Authority	5.50
10	Up-gradation of two Central Mental Health Institutes to provide Neurological and Neuro-Surgical Facilities on the pattern of NIMHANS (to be released to these institutions directly)	45.50
11	Mental Health Information System etc.	1.50
	Total	753.00

4. Activities to be undertaken during the 12th Five Year Plan Period:

I. Manpower Development Schemes

A. Centre of Excellence (Scheme-A)

It is proposed to continue the Scheme during the 12th Five Year Plan period and extend it to 10 more Institutions. Taking into consideration the increase in the cost of

construction, technical & non-technical equipments and faculty salary, the outlay of Rs. 33.70 crore per Centre during the 12th Plan period is proposed as against Rs. 30 crore per Centre during the 11th Plan period. The expenditure on account of establishment of additional 10 Centers would be Rs. 337 crore during the remaining 2 years of the current plan.

It is also proposed to provide the balance amount for the committed support to non-recurring components and continued support for faculty and maintenance activities for the 11 Centres of Excellence taken up during the 11th Five Year Plan. An expenditure of Rs. 39.93 crore has already been incurred during the year 2012-13 and an outlay of Rs. 86 crores for the remaining period of the current plan has been proposed for this purpose.

B. Strengthening PG departments in mental health specialties (Scheme-B):

It is proposed to continue the Scheme during the 12th Five Year Plan period by strengthening an additional 93 PG departments in Mental Health specialties at a total cost of Rs. 110.40 crore by providing financial assistance in the range of Rs. 0.87 crore to Rs. 0.8 crores per Department. Besides, an outlay for pending/continuation of support to 27 PG Departments in 11 institutes/ medical colleges has been proposed at Rs. 12.08 crores.

Detailed guidelines on Manpower Development Schemes are at Annexure – I.

II. Upgrading existing Central Mental Health Institutes to provide basic neurological and neuro surgical facilities on the pattern of NIMHANS, Bangalore

It is proposed to upgrade Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam and Central Institute of Psychiatry, Ranchi to provide basic Neurology and Neurosurgery facilities on the pattern of NIMHANS, Bangalore. The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health will cater to the needs of the North Eastern Region while the Central Institute of Psychiatry will cater to the more populous States of Jharkhand, Bihar and neighbouring States. A total outlay of Rs. 45.50 crores has been proposed towards infrastructure development; procurement of equipment and consumables; staff support, etc. for the two Institutes.

Detailed guidelines on this component are at Annexure – II.

III. Support for Central and State Mental Health Authorities

Financial support for infrastructure and administrative functions would be provided to the Central and State Mental Health Authorities to help them in



performing duties entrusted upon them in the Mental Health Act, 1987 (and the proposed Mental Health Care Bill, 2013). During the year 2012-13, an expenditure of Rs. 9 lakhs has already been incurred for providing support to one State Mental Health Authority and the outlay proposed for the Central and State Mental Health Authorities for remaining period of the 12th Five Year Plan is Rs. 30 lakhs and Rs. 5.41 crores respectively.

Detailed guidelines on this component are at Annexure – III.

IV. Central Mental Health Team for NMHP

It is proposed to engage a team of professionals on contract basis at the Central Level to assist the officials of this Ministry for a smooth and effective implementation of the various schemes of the National Mental Health Programme. During the year 2012-13, an expenditure of Rs. 5.3 lakhs has already been incurred for providing support to Central Mental Health Team and an outlay of Rs. 74.7 lakhs has been proposed for the payment of salaries and other travel and office related expenditure of the central team for the remaining period of the 12th Five Year Plan.

Detailed guidelines on this component are at Annexure – IV.

V. Trainings and Research Activities

It is proposed to organize periodic trainings for DMHP teams in clinical and managerial skills to help them learn and understand common mental disorders, treatment plans, policies and their implementation. The training will also focus on techno-managerial, supervisory and leadership skills and will include "Refresher trainings" of existing staff for capacity building and "Standard training" to new members of the DMHP teams. The support for undertaking epidemiological mental health researches to gather evidence based data from different regions of the country, will help in better understanding of regional needs and framing of future plans for the same. An amount of Rs. 25 lakhs was spent on regional workshops for the National Mental Health Programme during the year 2012-13 and the outlay proposed for training and research activities is Rs. 4.25 crore and Rs. 7 crore respectively for the remaining period of the 12th Five Year Plan.

Detailed guidelines on this component are at Annexure – V.

VI. Information Education and Communication activities

IEC activities will be undertaken to generate awareness on mental illnesses, treatment, removal of stigma associated with the disease and dissemination of information on the legislative provisions. An amount of Rs. 18.85 crores was spent on



IEC activities during the years 2012-13 and 2013-14 and an outlay of Rs. 34.15 crore has been proposed for this activity for the remaining period of the 12th Five Year Plan.

Detailed guidelines on this component are at Annexure – VI.

VII. Monitoring & Evaluation and Mental Health Information Management System

The Mental Health Information Monitoring System (MHIMS) will be an online data monitoring system. It will facilitate better communication between participating units. MHIMS is expected to bring significant improvement in the programme implementation by improved monitoring. An independent evaluation of schemes under NMHP will be undertaken at the end of 12th Plan. Total outlay for monitoring and evaluation activities along with creation of Mental Health Information Management System is Rs. 12.50 crores.

Detailed guidelines on this component are at Annexure – VII.

Yours faithfully



(S.K.Gupta)

Under Secretary to the Government of India

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(सुधीर कुमार गुप्ता)
(S. K. GUPTA)

अवर सचिव/Under Secretary
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Copy to:

1. Director (NHM) of all States/UTs
2. State Health Societies of all States/UTs
3. PSs to Secretary(HFW)/AS(H)/AS&MD(NRMH)/JS(AP),JS(MJ).
4. DDG(MH), Dte.GHS
5. IF Division, NHM Division

Manpower Development Schemes**a. Centre of Excellence (Scheme-A)**

Under this Scheme, in 11th Five Year Plan, 11 mental health institutions/medical colleges/hospitals were selected to upgrade them as Centres of Excellence in the field of mental health with a non-recurring grant of up-to Rs. 30 crore for each centre. The support was for capital work (academic block, library, hostel, lab, supportive departments, lecture theatres etc.), equipments and furnishing, faculty induction and retention during the plan period. The institutes/ hospitals were selected by the Standing Committee under the chairmanship of DGHS, based on the recommendations of the state governments. The funds to the tune of Rs.236.96 cores have already been released to these centres during the 11th FYP. The remaining grant of Rs. 85.98 crore shall be released to these institutions during the current plan period.

It is proposed to continue the scheme during the 12th FYP also by extending it to 10 more institutions. Taking into consideration the increase in the cost of construction, equipments and faculty salary, an increase is proposed with the grant of Rs. 36.00 crore to each new centre. The expenditure for adding 10 more Centers would be Rs.360 crore during the remaining 3 years of the current plan. Identification of the Centers and the quantum of exact grants will continue to be decided by the Standing Committee under the Chairmanship of DGHS.

Funding Pattern for Establishment of Centres of Excellence (Scheme - A)

Support for Faculty for 1 unit each of Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing

S.No.	Department	Faculty & Technical Staff	Monthly remuneration
1	Psychiatry	Professor	75000
		Associate Professor	65000
		Assistant Professor	55000
2	Clinical Psychology	Associate Professor	55000
		Assistant Professor	45000
		Clinical Psychologist (4)	30000
3	Psychiatric Social Work	Associate Professor	55000
		Assistant Professor	45000
		Psychiatric Social Worker (2)	30000
4	Psychiatric Nursing	Associate Professor	55000
		Assistant Professor	45000
		Tutor	25000

Year Wise Break-up of Support for one Centre of Excellence

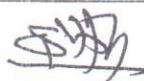
(Rs. In Lakh)

	1st Year (2015-16)	2nd Year (2016-17)	Total
Capital Work			
Building including teaching block, lecture theatre, library, diagnostic block, wards OPD, emergency, hostels for trainees, Quarter for faculty in order of priority and any other construction deemed essential. Renovation of existing buildings	990	990	1980
Technical Equipments			
(CT scan 16/32 slice, Digital EEG, Resuscitation equipments, Neuro- psychological lab equipments and Tests. Behaviour therapy unit. Biochemistry lab equipments as per requirements)	325	225	550
Non-Technical equipment			
(Mattresses, pillows bed sheets, cots, storage boxes furniture table, chairs, trolleys, stretchers, computers, internet facility etc. as per requirement)	165	165	330
Library, Books Journals and other equipments for library	55	55	110
Support for Faculty & Technical Staff as per regulatory requirements	190	210	400
Total	1725	1645	3370

Continuation of support to 11 CoEs

(Rs. In Lakh)

	1st Year (2015-16)	2nd Year (2016-17)	Total
Maintenance	44	44	88
Faculty	2090	2310	4400
Total	2134	2354	4488
Pending Support for 11 COE	4300	4300	



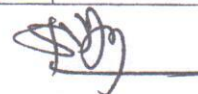
Strengthening PG Departments in Mental Health Specialties (Scheme B):

To provide an impetus for development of Manpower in Mental Health, other training centres like Government Medical Colleges, General Hospitals and State run Mental Health Institutes were supported for starting PG courses in Mental Health or increasing the existing intake capacity for PG training in Mental Health under this Scheme during the 11th FYP. The support included capital work for establishing/improving department in specialties of mental health (Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing), purchase of equipments and tools, provision of basic infrastructure, support for engaging required/deficient faculty etc. The financial support extended was between Rs. 51 lakh to Rs.1.00 crore per PG department. It was envisaged to support Institutes under this scheme for strengthening/setting up of 120 PG departments of Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing during the 11th FYP at a total cost of Rs. 69.89 crore. Out of this, an amount of Rs.11.82 crore was released to 11 institutes for setting up of 27 PG Departments during the 11th FYP as per approved funding pattern. The remaining 93 PG departments to be established during the 11th Five Year Plan would be funded as per the new pattern of the 12th Five Year Plan at a total cost of Rs. 110.44 crore. The institutes/ hospitals will be selected by the Standing Committee under the chairmanship of DGHS, based on the recommendations of the state governments. The central funding under this Scheme will help these institutions to increase their intake capacity of PG students in mental health specialties thereby producing more mental healthcare professionals in the country by the end of the 12th Plan.

Funding Pattern for Establishment of PG Departments in Mental Health Specialties

Support for 1 PG Department:(Rs. In lakh)

S.No	Department	Capital work	Staff Support		Total
			1 st Year (2015-16)	2 nd Year (2016-17)	
1	Psychiatry	50	23.4	24.6	98
2	Clinical Psychology	50	24	25	99
3	Psychiatric Social Work	50	22	23	95
4	Psychiatric Nursing	50	18	19	87



Support for 93 PG Departments:(Rs. In lakh)

S.No	Department	Capital work	Staff Support		Total
			1 st Year (2015-16)	2 nd Year (2016-17)	
1	Psychiatry (23)	1150	538.2	565.8	2254
2	Clinical Psychology (23)	1150	552	575	2277
3	Psychiatric Social Work (24)	1200	528	552	2280
4	Psychiatric Nursing (23)	1150	414	437	2001
	Total	4650	2032.2	2129.8	8812

Continuation of support to 27 PG Departments (Rs. In lakh)

S.No	Department	1 st Year (2015-16)	2 nd Year (2016-17)	Total
1	Psychiatry (7)	163.8	172.2	336
2	Clinical Psychology (7)	168	175	343
3	Psychiatric Social Work (6)	132	138	270
4	Psychiatric Nursing (7)	126	133	259
	Total	589.8	618.2	1208

Upgrading existing Central Mental Health Institutes to provide basic Neurological and Neuro Surgical facilities on the pattern of NIMHANS, Bangalore

NEUROLOGY

The objectives of Neurology division shall be:

1. To offer state-of-the-art expert consultative, diagnostic and therapeutic services for a full range of neurological conditions.
2. To provide excellent training in the discipline of Neurology
3. To develop, maintain, and promote innovative and integrated research programs both in clinical neurology and in basic neuroscience areas.

Clinical Services:

To begin with, it should have two units and should provide the following patient care services:

a) **Daily Out Patient Services** : 9.00 AM onwards. Three OPDs for each unit per week

b) **In Patient facility: 30 beds**

General Ward (Male): 8; General Ward (Female): 8;

General Ward (Children): 4; Special wards: 5;

Intensive Care Unit: 5

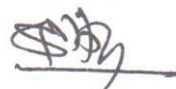
c) **Emergency services:** Round the clock emergency services with all modern facilities and staff. The institute should have tie-up with nearby medical college and hospitals, for transfer whenever necessary, where all other specialties are available for consultation.

d) **Electrophysiology Services:** A full-fledged state of art clinical electrophysiology laboratory should provide daily services for electroencephalography (EEG), Electroneuromyography, Evoked potential system, Trans-cranial Magnetic stimulators, Video-EEG telemetric system, Autonomic function tests and Electrocardiography.

e) **Supportive services** from allied specialties namely Neuroimaging, Neuro-anesthesia, Neurosurgery, Psychiatry, Speech and Hearing, Psychology and Social work.

3. Training/Academic programs:

1. The division should have multi-level teaching and training programs:



2. It can initiate short-term training program for medical professionals with MD/ DNB degree in Internal Medicine and Pediatrics. This program can be conducted for professionals from within the institute or from the regional government medical colleges and district hospitals. The intra institutional program would essentially for the academic post-graduates or 'residents', enrolled for the said degrees (MD/ DNB degree in Internal Medicine/Pediatrics). The other non-resident physicians can visit the Centres for a period of six months and acquire skill in recognition, evaluation and management of common neurological problems.
3. If there are enough faculty members, infrastructure and support staff are available, DM Neurology program can be started with four seats. The selections can be through a nationwide entrance test.
4. Training program for technicians to support and run clinical electrophysiology labs.

4. Research:

The division should have state of art research facilities for faculty and postgraduates in the field of neurology, imaging, neuropathology, genetics and allied specialties and basic neurosciences to perform cutting edge research.

5. Infra-Structure:

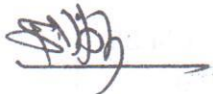
a. Space/ building:

- i. Adequate space should be provided for inpatient, outpatient and offices for administration purposes as per the institutional norms.
- ii. Laboratory space: 5,000 sq. feet (approx.)
- iii. Seminar hall for academic purpose (100 persons)

b. Equipment/Furniture

1. Equipment for electrophysiology laboratory

1. Electroencephalograph (EEG): Three; One each for outpatient, inpatient and emergency services
2. Three Electroneuromyography and Evoked potential system: One each for Technicians, Postgraduates and faculties
3. One Transcranial Magnetic stimulator
4. Two bedded Video-EEG telemetric system
5. Autonomic laboratory: computerized tilt table with facility to record other parameters
6. Polysomnography system
7. Two ECG machines
8. Computers and accessories: Twenty



2. Furniture and others:

- Office and rooms for faculty and residents to be furnished with standard furniture
- Duty rooms near the wards, for male and female residents 'on call'.
- Teaching aids like computer/ laptop, large LCD screen and LCD projector, OHP projectors,
- Adequate facility for communication viz. telephones, internet, local area networking etc.

6. Manpower:

1. Faculty:

- Professor – 1
- Additional Professor – 1
- Associate Professor – 2
- Assistant Professor – 3

Technical staff: Eight

Residents: Twelve

Administrative staff: Six Stenographer (1), UDC (1), Group D (4; One each for faculty, HOD and Two for electrophysiology lab)

- Staff for the hospital/ clinical services (Duty Medical officers, Nurses, Hospital assistants etc.) To be computed along with other services

Budget: Neurology (One Institute)(in Rs. Lakhs)

	1 st Year (2015-16)	2 nd Year (2016-17)	Total
Non-recurring (Infrastructure, equipment & Furniture)	500	Nil	500
Recurring :Consumables	20	20	40
Recurring: Staff	0	0	0
Professor X1	21.12	23.23	44.35
Additional Prof X1	17.71	19.48	37.19
Associate Prof X2	30.36	33.4	63.76
Assistant Prof X3	41.89	46.08	87.97
Technical Staff X8	28.4	31.24	59.64
Junior Resident X12	70.49	77.54	148.03
Stenographer	3.36	3.69	7.05
UDC	3.71	4.08	7.79
Group D X4	7.81	8.59	16.4
Sub Total (Staff)	224.85	247.33	472.18
Total (Non-recurring + Recurring)	969.7	514.66	1484.36

NEUROSURGERY

1. Objectives:

1. To develop special techniques and expertise in Neurosurgical procedures and standardize the practice in India.
2. To develop quality human resource in the field of Neurosurgery in the country.
3. To develop inter-departmental co-ordination for activating research/projects such as Head injury, Oncology, Neurobiology, Tumour Biochemistry and Subarachnoid Haemorrhage.
4. To encourage students to undertake experimental projects on microsurgical work as a part of their training curriculum.
5. To provide orientation training for postgraduates from various medical institutions in the country.
6. The Neurosurgery would begin by catering to neurosurgical patients from the adjoining areas and could progress to become a zonal referral centre. The casualty and emergency services could be available round the clock.

2. Clinical Services:

The division, to begin with, should have two units and should provide the following patient care services:

a) **Daily Out Patient Services** : 9.00 AM onwards. Three OPDs for each unit per week

b) **In Patient facility** : 25 beds

General Ward (Male): 5; General Ward (Female): 5

General Ward (Children): 5; Special ward: 5;

Intensive Care Unit: 5

c) **Emergency services**: Round the clock emergency services with all modern facilities and staff. The institute should have tie-up with nearby medical college and hospitals, for transfer whenever necessary, where all other specialties are available for consultation.

d) **Special surgeries** – The faculty should have expertise in conducting special surgeries like Cerebrovascular surgery, Cranial base surgery, CVJ anomalies, Spinal reconstructive instrumentation, Neuroendoscopic procedures, Stereotactic procedures, Surgery for movement disorders and epilepsy, Paediatric Neurosurgery

3. Training/Academic programs:

1. The division should have multi-level teaching and training programs:
2. Once the centre is adequately equipped with faculty, infrastructure and support staff and if it is recognized, it can start a M.Ch. Neurosurgery program with four seats,



wherein the selections should be made through a national level entrance test on the lines of NIMHANS.

4. Research:

The division should have state of art research facilities including animal experimental lab, Cadaveric Lab, Portable MRI (Brain suit operative room), and Electrophysiological study instruments. They should have active research collaboration with other sections like Microbiology, Biochemistry, Genetics, and Imaging etc.

5. Infra-Structure:

To begin with, the bed strength of the Neurosurgery should be at least 65, which consist of 20 beds for Males, 20 for Females, 10 Paediatric Beds and also includes Emergency services, recovery beds are 10 Nos. & ICU Beds of 5 Nos.

The division shall have the following instruments for operating purposes.

1. Three Operation Tables which should be radiolucent with all attachments
2. Two Operative Microscope with recording facility and editing facility
3. One Cusa (Surgical Aspirator)
4. One Cranial Endoscopy (third ventriculostomy set) along with transsphenoidal instruments
5. One Spinal Endoscope
6. Three Craniotomy sets, Two VP Shunt set
7. Two spinal fusion sets with instruments to operate vascular surgery and other spinal instruments
8. Portable X-ray machine
9. One C-ARM
10. Three Gardner Wells Traction
11. Two CT Scan 64 slices (One for Elective another for emergency services)
12. One MRI
13. One Digital Subtraction Angiography(DSA) Machine
14. General Instruments like Spinal, Posterior Fossa Craniotomy Set & Sterilization suit, Gas Sterilization Suit
15. Trans oral Instruments Set
16. PAC's services
17. Whole unit should be Air Conditioned
18. OT & Wards should have oxygen lines 24 hours service

In addition to the above, it should be supported by Neurology, Anaesthesiology, Radiology, Pathology, Microbiology, Biochemistry, Physiotherapy (Rehabilitation) and Speech Therapy. If



there is any plan to increase the bed strength all the above mentioned specially faculty, nurses, class-IV to be increased proportionately.

6. Manpower

Staff*:

Professor	1
Additional Professor	1
Associate Professor	2
Assistant Professor	3
Senior Residents	8
OT Technicians:	4

Nurses: The requirements are computed together with the needs of other Departments and presented separately under Nursing Section

Office Staff:

Stenographer (1), UDC (1), Group D (2).

**Staff for the hospital/ clinical services (Nurses, Hospital assistants etc.) Have been computed along with other services*

7. Budget: Neurosurgery (One Institute)

(Rs. in lakhs)

	1 st Year (2015-16)	2 nd Year (2016-17)	Total
Non recurring (Infrastructure, equipment & Furniture)	500	Nil	500
Recurring :Consumables	20	20	40
Recurring: Staff			
Professor X1	21.12	23.23	44.35
Additional ProfessorX1	17.71	19.48	37.19
Associate ProfessorX2	30.36	33.4	63.76
Assistant ProfessorX3	41.89	46.08	87.97
Senior Resident X8	65.67	72.24	137.91
OT Technician X4	15.75	17.33	33.08
Stenographer	3.36	3.69	7.05
UDC	3.71	4.08	7.79
Group D X2	3.91	4.3	8.21
Sub Total (Staff)	203.48	223.83	427.31
Total (Non-recurring + Recurring)	926.96	467.66	1394.62

Support for Central and State Mental Health Authorities

I. Role of CMHA

1. Be in charge of regulation, development, direction and co-ordination with respect to Mental Health Services under the Central Government and all other matters which, under the Mental Health Act, 1987, are the concern of the Central Government or any officer or authority subordinate to the Central Government.
2. Supervise the psychiatric hospitals and psychiatric nursing homes and other Mental Health Service Agencies (including places in which mentally ill persons may be kept or detained) under the control of the Government.
3. Advise the Central Government on all matters relating to mental health.
4. Advocate for integration of mental health in general health care and in all social development sector.

Infrastructure Support:

Grant for computer, photocopier, telephone, fax, office furniture @ Rs. 2 lakh.

Establishment Support:

- Office/ Admn./ Professional expenses @ Rs. 50,000 p.m. (Rs. 6 lakh per year)
- Towards Travel @ Rs. 50,000 per year
- Miscellaneous/ Contingency @ Rs. 50,000 per year

Total Support (recurring for one year) = Rs. 7,00,000/-

II. Role of SMHA

1. Be in charge of regulation, development, direction and co-ordination with respect to Mental Health Services under the State Government and all other matters which, under the Mental Health Act, 1987, are the concern of the State Government or any officer or authority subordinate to the State Government.
2. Supervise the psychiatric hospitals and psychiatric nursing homes and other Mental Health Service Agencies (including places in which mentally ill persons may be kept or detained) under the control of the State Government.
3. Advise the State Government on all matters relating to mental health.
4. Advocate for integration of mental health in general health care and in all social development sector.
5. Development of a state mental health strategy/ programme



Infrastructure Support:

Grant for computer, photocopier, telephone, fax, office furniture @ Rs. 2 lakh.

Establishment Support:

- Office/ Admn./ Professional expenses @ Rs. 50,000 p.m. (Rs. 6 lakh per year)
- Towards Travel @ Rs. 50,000 per year
- Miscellaneous/ Contingency @ Rs. 50,000 per year
- Total Support (recurring for one year for 1 SMHA) = Rs. 7,00,000/-
- First instalment of funds has been released to 31 State Mental Health Authorities. The details of funds to be released to the CMHA and SMHA during the 12th Plan period are as under:

Support for CMHA

(in Rs. Lakhs)

Component	2015-16	2016-17	TOTAL
Infrastructure Support	2	0	2
Office/ Admn. Professional Expenses	6	6	12
Travel	0.5	0.5	1
Miscellaneous/ Contingency	0.5	0.5	1
Total	9	7	16

Support for SMHA:

(in Rs. Lakhs)

Component	2015-16	2016-17	TOTAL
Infrastructure Support	8	0	8
Office/ Admn. Professional Expenses	210	210	420
Travel	17.5	17.5	35
Miscellaneous/ Contingency	17.5	17.5	35
Total	253	245	498

Central Mental Health Team for NMHP

The staff in the Central Mental Health Team required under NRHM is:

1. Senior consultant- One -on contract/in-service doctor (MBBS) with psychiatry/ public health background (Five year post PG experience. Consolidated pay (Rs.70,000/-p.m.)
2. Junior consultant- One - on contract, with public health background on consolidated pay Rs. 60,000/- p.m.
3. Programme Associate: Two. On contract, consolidated pay Rs.35,000/-pm
4. Data Entry Operator- Two. On contract, consolidated pay Rs. 15,000/- pm
5. There would be an increment of 5% per year in the remuneration of staff in the Central Team to offset inflation and retain them in the programme.
6. Details of salary for staff in the Central Mental Health Team:

Staff	Number of Staff	2015-16		2016-17		Total
		Monthly Remuneration	Salary pa	Monthly Remuneration	Salary pa	
Consultant (Mental Health)	1	70000	840000	73500	882000	1722000
Consultant (Public Health)	1	60000	720000	63000	756000	1476000
Programme Associate	2	35000	840000	36750	882000	1722000
Data Entry Operator	2	15000	360000	15750	378000	738000
Total			2760000		2898000	5658000

A Provision of Rs. 11.71 lakhs every year may be kept for miscellaneous expenditure incurred by Central Mental Health Team on Tours/Stationery and other contingent expenditure. Total

Budget Provision for Central Mental Health Team for a period of 3 years is Rs. 56,58,000 + Rs. 23,42,000/- = Rs. 80,00,00/-

Terms of Reference for Appointment of Contract Staff

1. Consultant (Mental Health)

Qualifications & Experience:

- M.B.B.S with Post Graduate degree/diploma in Psychiatry.
- At least 3 years experience after obtaining PG degree/diploma (Desirable).
- Experience of working in a teaching/training institution or Public Health Program at national/State level (Desirable).

Age Limit: Up to 45 years. Retired Govt./Public Sector officers up to the age of 62 years are eligible to apply.

Job Responsibilities:

- Examination of mental health proposals incorporated in the State/UT PIPs.
- Formulation of operational guidelines.
- Organizing and participating in Program Workshops/Review meetings/meetings of the Technical Resource Groups and other Expert Groups constituted under the program.
- Resource person in conduction of central training programs for trainers and specialists.
- Examination of proposals received from medical colleges/hospitals/mental health institutes under Manpower Development Schemes of the program.
- Examination of research and survey proposals.
- Visiting states & districts to monitor the activities under the program.
- Any other job assigned by the Program Officers.

Remuneration: Rs.70,000 per month (consolidated).

2. Consultant (Public Health)

Qualifications & Experience:

- M.B.B.S with Post Graduate Degree in Community Medicine/Community Health Administration/Public Health or equivalent
- At least 3 years experience after obtaining Post Graduate degree (Desirable).
- Experience of working in a teaching/training institution or Public Health Program at national/State level (Desirable).

Age Limit: Up to 45 years. Retired Govt./Public Sector officers up to the age of 62 years are eligible to apply.



Job Responsibilities:

- Epidemiological review of mental disorders at State/National level.
- Planning, organizing and supervising epidemiological studies under the program.
- Developing Mental Health Information System with compiling and analyzing of program monitoring data and providing feedback.
- Developing database of mental disorders at national level.
- Monitoring & Evaluation of activities under various components of the program.
- Generating quarterly and annual performance report of the states with district-wise analysis and its dissemination.
- Analyzing the State and District level data and bringing out the disease profile and utilizing it in policy, planning and program management.
- Organizing and participating in program Workshops/ Review meetings/ meetings of the Technical Resource Groups and other Expert Groups constituted under the program.
- Conceiving and executing central IEC activities under the program.
- Any other job assigned by the Program Officers.

Remuneration: Rs.60,000 per month (consolidated).

3. Program Associate (Two)

Qualifications & Experience:

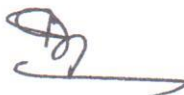
- Post Graduate Degree/Diploma in Community Health Administration/Hospital Administration/Social Work/Public Health/Business Administration with Finance as specialization.
- Training/experience in Data Analysis, interpretation and preparation of reports.
- Experience of working for at least 2 years in Public Health/Community Based Programs (Desirable).

Age Limit: Up to 40 years.

Job Responsibilities:

- Assisting consultants and the program officers in fulfilling their job responsibilities.
- Visiting states & districts to monitor the program activities.
- Collaborating with States, Medical colleges/Mental Hospitals and other sectors.
- Any other job assigned by the Program Officers.

Remuneration: Rs. 35,000 per month (consolidated).



4. Data Entry Operator (Two)

Qualifications & Experience:

- Graduate in any subject.
- Qualification & Experience of computer skills, internet, web surfing including data processing and interpretation using Microsoft Excel or other software.

Job responsibilities:

- Data entry, compilation, analysis and data management online on reporting formats from districts and states.
- Assisting Consultants, Program Associates and Program Officers in Data processing, interpretation and report preparation.
- Assisting in Monitoring and Evaluation.
- Developing data base from monitoring formats & reports.
- Assisting in organization of review meetings, workshops and training courses.
- Any other job assigned by the Program Officers.

Age limit: Up to 40 years

Remuneration: Rs. 15,000/- per month (consolidated)



Training/ Conference/ Workshops

The training of trainers will be provided to master trainers from each state/UT who shall further train DMHP team and other medical and para-medical staff working in the field of mental health in clinical and managerial skills to help them learn and understand common mental disorders, plans, policies and implementation of the same. Their training will also focus on techno-managerial, supervisory and leadership skills.

Trainings will be standardized and will be delivered by identified centres. The standardized training manuals shall be formulated, printed and circulated to all stakeholders. The trainings will build the capacity of DMHP staff and they will further be able to train/sensitize the CHC and PHC staff in an effective manner. Telemedicine, short term training courses through tele-networking, e-mode would also be supported for Psychiatry and allied specialties in identified centres during the plan period. This would be in addition to training under DMHP.

The periodic review meetings/workshops shall be conducted for assessing physical and financial progress and discussing constraints in implementation of the program.

An amount of Rs.4.50 crores is earmarked for this purpose in the remaining three years (2014-15 to 2016-17) of the current plan period.




Central IEC

Information, Education and Communication (IEC) is an essential component of NMHP. People will have to be made aware about mental illness and the need to remove the social stigma attached to the illness. People also should be aware of the need to give proper medical attention and treatment for mentally ill persons and the practice of dumping mentally ill patients in places of worship, widely being practiced in the country, needs to be discouraged.

The IEC activities will be strengthened and expanded both at district level through DMHPs and at National level through mass media campaigns. The districts will develop state specific IEC materials for disseminating information on mental illness, misconceptions about mental illness, need for obtaining timely medical assistance and fighting the social stigma attached to mental illness. A committee under the state Health and FW department will undertake the task of executing IEC activities at state level.

A new central website dedicated for mental health will also be established to provide information on mental health problems, mental health resources and activities under NMHP. Mass media campaigns shall also be launched through TV/Radio awareness programmes on mental health in vernacular languages.

An amount of Rs. 53.00crore has been estimated for this purpose during the 12th FYP Period.



Monitoring and Evaluation

Monitoring and evaluation of the programme would be carried out at different levels through DMHP team, reports, regular visits to the field and periodic review meetings. Central and District Cells would be established/strengthened to monitor and supervise the programme by providing the support for contractual manpower, establishment of physical infrastructure and for field visits, contingencies etc. Management Information System (MIS) would be developed for capturing and analysis of data.

Standard formats for recording and reporting will be prescribed by the Central Cell and will be used by medical colleges/institutes (under Manpower Development Scheme), District, CHC and PHC. A Management Information System will also be developed to computerize the information. Independent evaluation of various components of the programme will also be planned and organized by the Central NCD cell.

An amount of Rs.11.00 crores is earmarked for this purpose in the remaining three years (2014-15 to 2016-17) of the current plan period.

Mental Health Information System

Continuous monitoring and evaluation is very vital for the success of any program. So far, an effective system has not been put in place for continuous monitoring and evaluation of the program. Therefore, it is proposed to establish a Mental Health Information System for this purpose. It will be an online data monitoring system to facilitate bilateral communication between participating units under various schemes of the program. Once in place, it is expected to bring significant improvement in the programme implementation as possibility of mid-course correction based on the feedback will improve.

A state coordinator will monitor and evaluate the activities under different schemes of the program and will also be the facilitator among DMHP districts of the state. He/she will also be coordinating with the State Mental Health Authority and State Nodal Officer/State Program Officer. It is proposed that the services of NIC or any other government agency/enterprise working in the field of IT may be utilized to develop the system. An amount of Rs.4.00crore has been earmarked for this purpose during the remaining three years of current plan.

