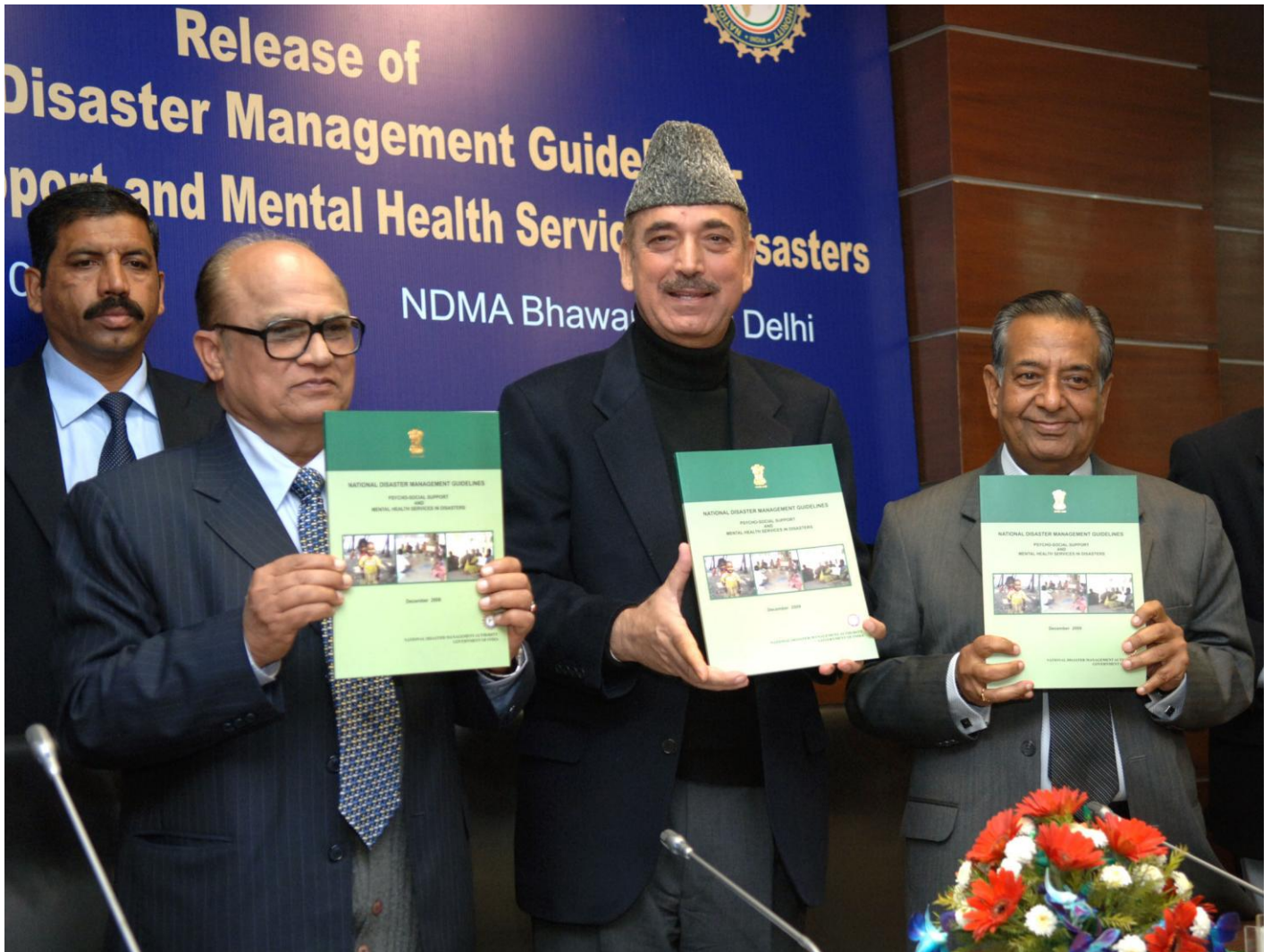


**Release of National Disaster Management Guidelines – Psycho-Social Support and Mental Health Services in Disasters, 20th January 2010
NDMA Bhawan, New Delhi**



Shree Ghulam Nabi Azad (on Middle), Releasing the National Disaster Management Guidelines on Psycho-Social Support and Mental Health Services in Disasters flanked by Lt Gen (Dr) J R Bhardwaj, Hon'ble Member (on Left), Gen Vij, Hon'ble Vice Chairman (on Right)



Hon'ble Union Minister Shree Gulam Nabi Azad delivering the Inaugural Address on the occasion of the Psycho-Social Support and Mental Health Services in Disasters guidelines release

Speech of Hon'ble Union Minister of Health & Family Welfare on 20.1.2010

(Release of NDMA Guidelines: Psycho- Social Support and Mental Health Services in Disasters)

Dignitaries on the dais, distinguished guests, ladies and gentlemen,

I am very happy to be associated with the release of the National guidelines on Psycho Social Support and Mental Health Services in disasters, and would like to congratulate the Hon'ble Vice Chairman – Gen. N.C. Vij, Members of NDMA and the impressive list of technical experts from various institutions who contributed in framing these National guidelines.

I am personally aware, that National Disaster Management Authority under the able guidance of the Hon'ble Prime Minister has embarked on a path, to change the way we perceived and responded to disasters affecting this country.

It is by no means easy to change from the mindset of a relief centric approach to that of prevention, preparedness, response, mitigation and rehabilitation.

It is a matter of great satisfaction that in its short time of existence, NDMA has worked in a systematic way to realize this goal. A large number of guidelines have been issued including that required for specialized capabilities for chemical, biological, radiological and nuclear disasters.

Most significant is, the importance given to the health sector for capacity building to address all aspects of the disaster cycle for mitigating the health sector impact.

Disasters leave long trail of sufferings both physical and mental. Whereas the physical aspects of trauma are addressed due to their visibility, the mental trauma goes unnoticed and hence unattended.

We started looking at these aspects in a small way after the Bhopal Gas Tragedy, and in militancy related cases in Jammu & Kashmir.

Research done by ICMR and others during Orissa cyclone, Latur earthquake and Gujarat earthquake shed light on the fact, that 90 per cent of the survivors had transient psychological disturbances a month after the disaster, 30 per cent continued to experience mental health problems even after 6 months and few would experience long lasting mental health morbidity.

Another dimension that came to light is remission of existing mental health problems after major disasters.

Compared to other interventions, psycho-social support cuts across all type of disasters be it man made or natural, where it looks at the core issue of human functioning. Community based psycho-social interventions in Orissa cyclone, Gujarat earthquake, tsunami and J&K earthquake have shown that significant decrease in distress among survivors leading to an overall improvement in the quality of life.

Addressing this issue needs a national framework to facilitate action at the time of disasters. This brings me to the issue of the National Mental Health Programme (NMHP).

Community based surveys show that prevalence of mental disorders in India is 6-7% for common mental disorders and 1-2% for severe mental disorders.

With such a magnitude of mental disorders it becomes necessary to promote mental health services for the well being of general population, in addition to provide treatment for mental illnesses.

The programme was re-strategized for community based approach with an allocation of Rs.1000 Crore making mental health services available at the primary care level and integrating it into general health care.

In line with felt needs of the community, new components of life skill training & counseling in schools and colleges, services for homeless mentally ill, out of school adolescents, slum dwellers and other vulnerable groups have been planned.

However, gaps remain. There is acute shortage of qualified mental health professionals in the country.

To overcome this shortage a scheme has been approved under “National Mental Health Programme” which include ‘Centre of Excellence’ and ‘Manpower Development’.

Under Centre of Excellence in Mental Health Programme, 11 existing mental health hospitals/institutes are being upgraded and strengthened to produce qualified manpower. Rs. 30 crore per center will be given for Academic block, Library, Hostel, Laboratories, supportive departments and Lecture Theatres. An amount of R.330 crores has already been spent under the scheme.

As a result of which an additional 44 P.G. seats in Psychiatry, 176 M.Phil seats in clinical psychology and psychiatric social works and 220 seats in Diploma in psychiatric nursing will be available every year.

Manpower Development scheme intends to provide Manpower in Mental Health training centers.

Under this scheme Govt. will support starting PG courses or increasing the intake capacity for PG training in Mental Health, for establishing / improving department in specialities of Mental Health in Govt. Medical Colleges / Govt. General Hospitals.

Assistance would also be provided for setting up and strengthening of :

30 units of Psychiatry

30 departments of Clinical psychology

30 departments of PSW

30 departments of Psychiatric Nursing and Support of upto Rs. 51 Lakh to Rs. 1 Crore per PG department

An amount of Rs.70 crores is being spent under this scheme.

The expected outcome of the manpower development schemes is 1756 Mental Health Professionals annually, which includes 104 Psychiatrists, 416 Clinical Psychologists, 416 Psychiatric Social Workers and 820 Psychiatric Nurses.

Community workers in health and other sectors are an available resource that needs to be trained for community level actions. Efforts in this regard need to be supplemented by NGOs/voluntary organizations working in this field.

Other areas of concern are low awareness about mental health, stigma attached to mental illness and ignorance of scientifically accepted treatment modalities. To correct this aberration, intensive IEC campaign strategies have been planned.

I am of the view, that counseling or treating mental health illness is only half job done. Socially and culturally appropriate rehabilitative measures need to be developed and implemented.

I am very happy that NDMA has picked up this very important aspect of human life as separate area of intervention under health preparedness for disasters.

I once again congratulate Gen N.C. Vij, Lt. Gen (Dr) J.R. Bhardwaj and his team to put on tremendous efforts to develop such a comprehensive guidelines on critical aspect of Psycho-social support and mental health services in Disasters.

While going through the guidelines, I observed that it gains its strength from the existing National Mental Health Programme and its District level components.

However, it also addresses the key issues to be encountered in a disaster situation such as integrating psychosocial support with general relief work, providing psychosocial and mental health services in camp settings, integrating with community practices and using private sector and NGOs for service delivery.

I am very hopeful that implementation of these guidelines will go long way in mitigating the psycho social impact of disasters.

Jai Hind