Community Psychiatry

Unit-III

Paper-IV

Dr. Rajnesh Kr. Yadav
Assistant Professor
Department of Social Work
University of Lucknow, Lucknow
Email: rkylu11@gmail.com

Community Psychiatry:

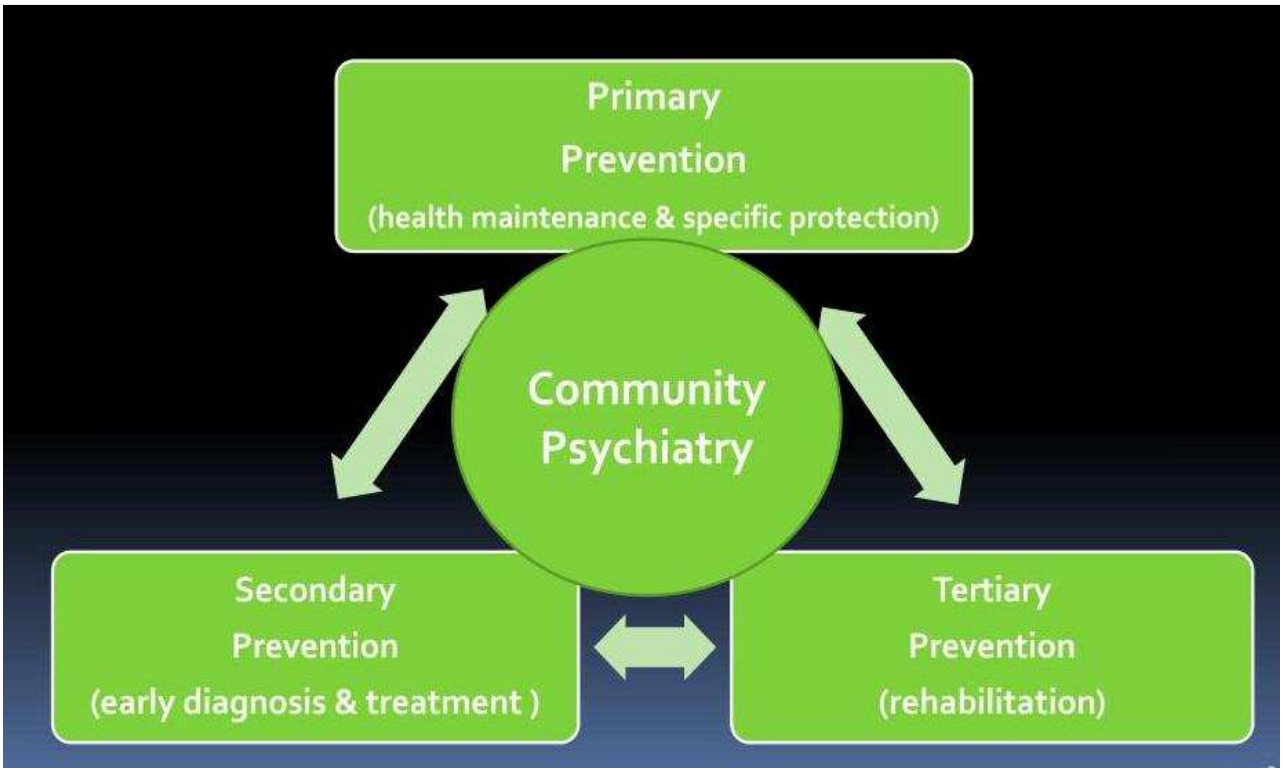
Community psychiatry means providing community mental health services to the persons and families with mental illness within the community using community resources. The community settings may be any religious place, that is, Dharamsala, Gurudwara, persons own house or any other place in community.

Psychiatry focusing on detection, prevention, early treatment, and rehabilitation of emotional and behavioral disorders as they develop in a community.

The American Heritage Medical Dictionary

Psychiatry focusing on the detection, prevention, early treatment, and rehabilitation of patients with emotional disorders and social deviance as they develop in the community.

Medical Dictionary for the Health Professions and Nursing, Farlex 2012



History of Community Psychiatry (in USA):

In the U.S. from the late 18th Century to the present, approaches to the treatment of the mentally ill evolved from asylums to custodial care to community based services.

Era of moral treatment:

The era of so called moral treatment of the mentally ill lasted from the American Revolution until mid-19th century, bolstered by such people as Benjamin Rush. The Asylum was considered to be the cornerstone for the moral treatment of patients, freeing sufferers from shackles and barbaric physical treatments. The influence of Phileppe Pinel, in France and William Tuke, in Great Britain began the era of moral treatment in Europe. The formation of Association of Medical Superintendents in 1844 heralded the transition from the era of moral treatment to the custodial era of psychiatric care.

Custodial era:

The rise of the public hospital system in America continued throughout the latter half of 19th Century. At the same time there were early examples of alternatives to the large mental asylums, such as Farm of St. Anne described by John Galt in 1855. In 1877 the Illinois State Hospital Developed a cottage plans and in 1885 a community boarding home for mental patients was started in Massachusetts. In early 20th Century (1908-1910) Clifford Beers along with William Jones and Adolph Meyer furthered the mental hygiene movement and led in 1909 to the National Committee for Mental Hygiene in New York.

Deinstutionalization:

Federal legislation was important to the movement towards deinstitutionalization. The U.S. Public Health Service has formed the

Division of Mental Hygiene in 1930s.The National Mental Health Act 9 of 1946 changed this division to the National Institute for Mental Health (NIMH). The NIMH was pivotal in funding essential health research for the developing the mental health field.

Therapeutic community:

Between World War II and the present era of community psychiatry, social science researchers have been working on many relevant issues. Maxwell Jones advocated a new concept of therapeutic community. Though essentially it was a British experiment, it was widely accepted in the U.S.

Before the advent of the concept of therapeutic community, the dominant forms of psychiatric care were isolation and quarantine. The essential features of the therapeutic community concept were patient's participation in decision making, collective responsibility for ward events, a multi-disciplinary staff and a belief in the rehabilitative potential of the environment. The movement was essentially psychodynamic and antiauthoritarian.

Community Mental Health Services Act:

In 1963, the Community Mental Health Services Act was passed by U.S. Congress. It called for the construction of Mental Health Centres in different geographic catchment areas. These centres provide in-patient care, outpatient care, partial hospitalization, emergency care, consultation, education services; follow up care and transitional housing.

The current community psychiatric era:

From 1963, when the legislation was passed to the present, the number of Community Health Centres has grown to about 800 serving 54% of U.S. Population. Thus all indications for the immediate future

point to a continuation, and perhaps intensification, of the pace in the evolution of community residential care for the mentally ill.

With the development in community psychiatry movement, naturally, different types of community residences have come up. These are:

1. Group home
2. Personal Care Home.
3. Foster home
4. Natural Family Placement.
5. Satellite Housing and
6. Independent Living.

Developments in India:

The development of the mental health services in India shows interesting trends over the last 45 years. The initial emphasis was on mental hospitals, which shifted to setting up of the general hospital psychiatry units - as suggested by The Bhore Committee (1946), which later shifted to a community program.

The Western concept of community psychiatry is based on the idea of either community mental health centres (CMHC USA) or with the universally available health service like the National Health Service in Europe. In short it is the extension of a wide mental health infrastructure already in existence.

In India, Community psychiatry has come to assume a different role and importance. It is at present considered as a movement or plan to provide basic mental health care, to a majority of the population, in a reasonable time-frame, with minimum resources. In other words, it can be said that the attempt is to extend the services to the periphery,

simultaneous to the development of professional infrastructure. This innovation is interesting in that, the path for delivery of mental health programs is through the 'primary health centres' (PHC) and by integration with general health services.

The origins of community psychiatric movement in India can be traced back to a number of meetings of the Indian Psychiatric Society (IPS). Notable among these is the first conference of Superintendents of Mental Hospitals at Agra in 1960.

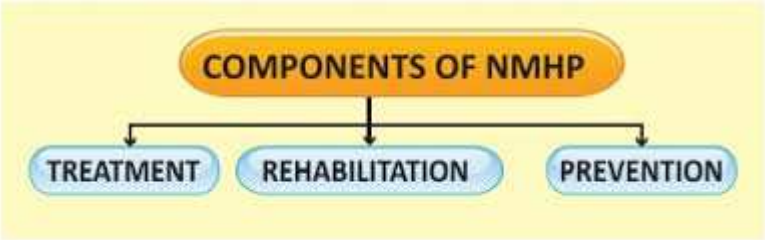
As early as in 1964, Satyanand D and Hussain SE, conducted psychiatric outdoor clinics at 4 villages in Haryana. They also gave lectures on positive mental health to school teachers, block development officers staff, panchayat officers etc.

The other significant developments are the Madurai Conference on priorities in Mental Health Care held in 1971, the WHO Workshop on community Action for Mental Health Care at Bangalore in 1973 and a number of similar workshops at Wardha, and Trivendrum. All these deliberations led to the development of pilot programs around the country. The notable among these are the programs to develop models of rural psychiatric services at Raipur Rani near Chandigarh and Sakalawara near Bangalore. These programs helped identify priorities for inclusion in the PHC set up, development of training programs including manuals, application of epidemiological tools for evaluation of the effectiveness of the interventions etc. These initial attempts have been taken up in a bigger way by the Severe Mental Morbidity study of ICMR since 1979, where the feasibility of training health personnel was examined at 4 centres namely Bangalore, Baroda, Calcutta and Patiala.

All these studies and experiences have made it possible to consider launching community psychiatry programs in a bigger scale.

The National Mental Health Programme (NMHP) – 1982:

The outcome of all these developments is the National Mental Health Program (NMHP) which was recommended for implementation by the Central Council of Health and Family Welfare in its meeting on 18-20 August 1982.



The objectives of the program are:

- To ensure availability and accessibility of minimum mental health care for all
- To encourage application of mental health knowledge in general health care and
- To promote community participation in the mental health services development and to stimulate efforts towards self-help in community.

Progress since – 1982:

Since 1982, NMHP among other activities has conducted various workshops for state level planners and administrators, state level workshops for psychiatrists in various states and workshops on the role of clinical psychologists in 1986.

Pilot programs of training of Health Personnel have now been initiated in almost all the states and union territories.

In March 1988, a workshop on Mental Hospitals was held which recommended development of greater interactivity between hospital and community. The NMHP was extensively reviewed in June 1988 and as a result, the National Advisory Group on Mental Health (NAGMH) was formed in August 1988. The NAGMH has recommended among other things - to provide mental health care as part of the overall health, welfare and education services.

The Ranchi Experiment:

As a part of NMHP objectives a training program in mental health was conducted at Central Institute of Psychiatry, Ranchi, for general physicians including one or two medical officers working in the Directorate of Health Services of each North-Eastern States. These trained personnel were later able to provide medical care and also could organize similar programs in their respective states.

In addition to the NMHP, there are some voluntary organizations in the area of mental health rendering good service on non-profit basis. Schizophrenia Research Foundation (India) (SCARF) is one among them which is running a community psycho-educational program in Tirubalom and Katpadi of South Arcot District since July, 1987.

Indian Mental Health Act (MHA)-1987:

This is the first Mental Health Act of free India. It has discarded the outdated concepts of custodial care and segregation of mental patients from the community. For the first time, it brings out judicial safeguards for patients' rights. It has introduced humanitarian considerations to prevent indignity or cruelty to the mentally ill. It has simplified the procedures for admission and discharge of patients and it has tried to reduce the stigma attached to mental illness by bringing it at

par with other physical illness. Thus the MHA -1987 is a definite positive contribution in the field of mental health.

Principles of Community Psychiatry:

"Community psychiatry comprises the principles and practices needed to provide mental health services for a
local population by

i. Stablishing population-based needs for treatment and care;
ii. Providing a service system linking a wide range of resources of adequate capacity, operating in accessible locations and
iii. Delivering evidence based treatments to people with mental disorders

These 'principles' of community psychiatry, proposed by Caplan and Caplan, have also proved useful and valid to varying degree in defining the subject. These principles include:

- Responsibility to a population, usually a catchment area defined geographically
- Treatment close to the patient's home
- Multi-disciplinary team approach
- Continuity of care
- Consumer participation
- Comprehensive services

Features of Community Psychiatry:

The purpose of community mental health model is to provide all mental health and well-being needs of the community within the community, using community resources and the primary health-care system. It goes "beyond the hospital-based care and treatment" and

includes:

Programs for mental health promotion, prevention, and treatment of mental disorders

- Inclusion of psychosocial support available in the community (religious groups, self-help groups, faith healers, local bodies, etc.)
- Rehabilitation plans for persons with significant disability due to intellectual disability and recovering substance abusers and chronically mentally ill patients
- Prevention of harm from alcohol and substance use
- Developing linkages with primary health-care system and tertiary care hospitals.
- Plans for stigma removal
- Protection of the human rights of mentally ill persons.
- To enhance the status of mental health within public health.

For effective implementations of these services, there is a need of paradigm shift from exclusion to inclusion. The community services should give preference to the biopsychosocial approach rather than the biomedical model, thus taking psychiatric care from the hospital bed to a family setting, from hospital to community, from short-term to long-term care, that is, rehabilitation, from individual work to teamwork, thus finally bridging the (WHO, 2006) span from treatment to service.

For the purpose to assess the effectiveness of a program, regular monitoring and review of community mental health services should be inbuilt component of the services from the time of inception. Although each service can design its own monitoring mechanism, the following impact indicators can be used to assess the impact of the services in meeting the mental health needs of the community

- Knowledge and awareness about the mental health delivery services in the community
- Acceptability of services
- Reduction in the treatment gap
- Reduction of stigma
- Patient satisfaction with treatment and continuity of treatment
- Reduction of violence in the community and schools due to mental health issues.

Relation between Psychology and Psychiatry:

Psychology and psychiatry are both concerned with how the mind works and, as such, they have many principles and practices in common. This often makes it dificult to differentiate between the two. In fact, it's not unusual to find people who assume the two fields are one and the same, which results in the common habit of using the terms interchangeably.

While psychology and psychiatry are quite similar and often work in tandem to provide the very best patient care, they do have several key differences. In this article, we'll compare psychology and psychiatry to show how these differences can affect an individual's diagnosis and treatment.

What is Psychology?

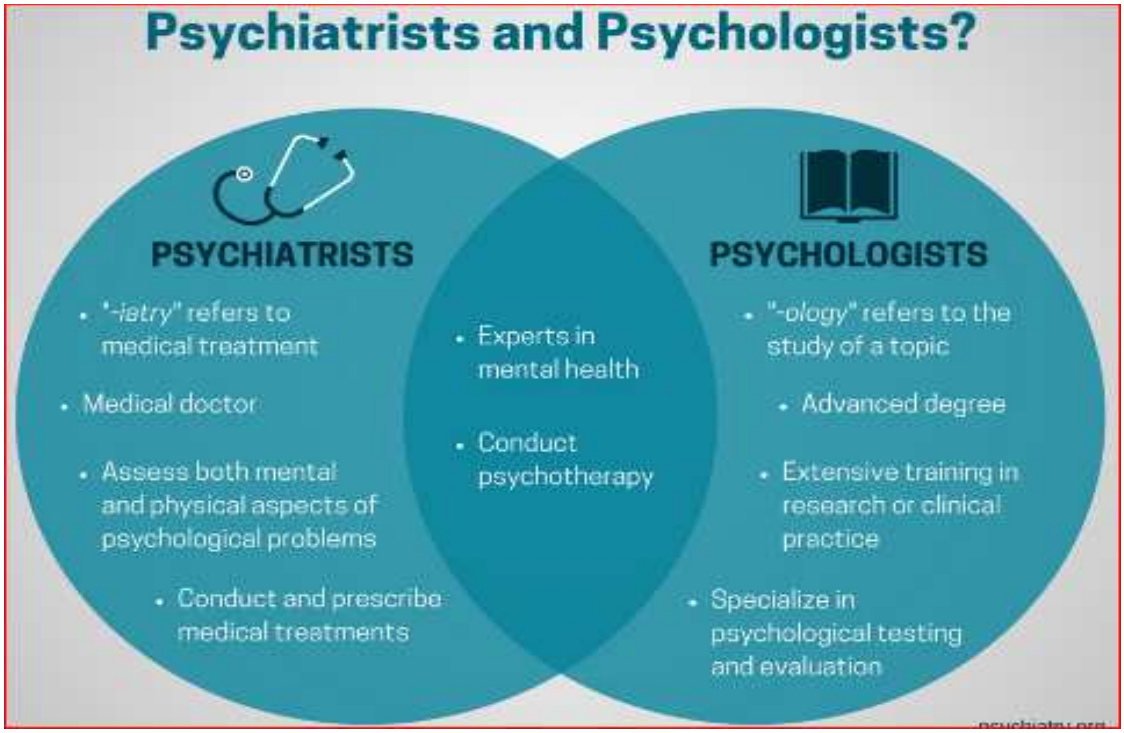
The American Psychological Association defines psychology as "the scientific study of the behavior of individuals and their mental processes." In other words, psychology focuses on society as a whole as well as on interactions between individuals.

What is Psychiatry?

The American Psychiatric Association defines psychiatry as being "focused on the diagnosis, treatment and prevention of mental, emotional, and behavioral disorders." In other words, psychiatry is a medical science that considers the social and biological context of individuals

Similarities between Psychology and Psychiatry:

There are a number of similarities between psychologists and psychiatrists. Most importantly, both work to help patients overcome mental and emotional obstacles to living happy and healthy lives. In fact, they often work together to achieve this goal.



Difference Between Psychology and Psychiatry:

- Both psychologists and psychiatrists are doctors.
- Both fields involve intensive study and training.
- Both professionals have access to some of the same diagnostic tools.
- Psychologists specialize in an array of talk therapies.
- In most states, only psychiatrists can prescribe medication.
- Psychiatrists can use physical treatments, such as shock therapy.
- Psychiatrists handle the most severe mental health cases.

Psychology Vs Psychiatry - Education and Training:

Both psychiatrists and psychologists are doctors who have completed intensive courses combining both education and training. In brief, psychiatrists are medical doctors who have received the distinction of M.D. or D.O. Psychologists, on the other hand, have completed a doctoral degree that entitles them to be addressed as "Doctor" and have received either the Ph.D. or the Psy.D. distinction.

To provide more detail, Psychiatrists begin their careers with the same medical school education as all other medical doctors. They learn all about the different systems in the body, including various illnesses that can affect these systems and how these illnesses can be identified and treated. They take courses in anatomy, behavioral science, biochemistry, neuroscience, and psychiatry, among many others. In addition, they're exposed to working in a minimum of six specialist areas. They leave medical school with a degree in medicine and, at this point, are known as either a Doctor of Medicine (M.D.) or a Doctor of Osteopathic Medicine (D.O.).

To specialize in psychiatry, doctors also spend at least four years focusing on psychiatry in residency training. As part of this residency, they train in a variety of medical settings with patients of all age ranges, gaining exposure to the diversity of mental health issues that patients face. Upon completion of their residency, most opt to apply for board certification with the American Board of Psychiatry and Neurology. Some also choose to pursue further study in a subspecialty, such as child and adolescent psychiatry, forensic psychiatry, or addiction psychiatry.

Psychology Vs Psychiatry - Diagnosing Patient Issues:

There is a vast difference in the way that both fields diagnose a patient's mental health issues, mainly because of the differences in their education and training. Based on their studies, a psychiatrist will look for physical or chemical explanations, while a psychologist will look for social or personal explanations.

Psychology Vs Psychiatry - Treatment Options:

1. Medication

2. Psychotherapy (Talk Therapy)

- Psychoanalysis
- Cognitive behavior therapy (CBT)
- Cognitive analytic therapy (CAT)
- Hypno-psychotherapy
- Dance/Movement therapy (DMT)
- Art therapy
- Integrative or holistic therapy

3. Physical Treatments

- **Electroconvulsive therapy (ECT)**
- Transcranial magnetic stimulation (TMS)

- Deep brain stimulation (DBS)
- Vagus nerve stimulation (VNS)
- Light therapy

Psychology Vs Psychiatry - Which Is Right for You?

When you're trying to decide between using psychiatry and psychology to treat a mental health issue, there are two important factors to keep in mind.

Severity and Type of Mental Health Condition:

Psychiatrists often deal with the most complex mental illnesses. These include schizophrenia, severe depression, having highly irrational thoughts, and bipolar disorder, as well as conditions that are physically disabling for the patient. Individuals who are suicidal, whether they're having suicidal thoughts or have attempted suicide, will also usually be treated by a psychiatrist instead of a psychologist. However, in the case of behavioral problems, mild forms of depression, anxiety, phobias, or learning dificulties, the skills of a psychologist may be the most appropriate.

Approach You're Most Comfortable With

The difference in the way that psychology and psychiatry approach treatment means that some people wil naturally feel more comfortable with one than the other. For instance, people who are cautious about the side.

Also, treatment by a psychotherapist is usually more time intensive because it often requires weekly sessions, and sessions are normally longer than those with a psychiatrist. Psychiatrists will generally see patients for shorter sessions on a weekly or monthly schedule to focus on medication management.

Unfortunately, many people also make their decision based on their geographic location and ability to pay. Even in very rural areas, most people will have access - or at least, better access - to medication than to talk therapies. Medication is also more likely to be covered by insurance. However, there are several talk therapy options (such as online therapy) that cost about the same as insurance copays.

When you or your loved ones are suffering from a mental health issue, it's important to reach out for help. Your course of treatment may involve working with a psychologist, a sychiatrist, or both. If you're interestedin talk therapy, you may want to consider a service like BetterHelp. This platform offers affordable online therapy that may be more convenient than meeting someone in person. If the idea of online therapy seems strange to you, consider reading the following reviews of BetterHelp counselors from people experiencing a range of life's challenges.

Community Mental Health:

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Various Hurdles in Providing Community Mental Health Services:

In spite of having community outreach services in various cities and states, still people do not prefer to visit these centers. here could be various reasons for not seeking help from these centers. It could be:

- Inadequate participation of community
- Lack of integration of mental health into general health care
- Lack of ideal model of mental health delivery
- Weak link between mental health and social development
- Nonavailability of services in certain areas
- No regular monitoring and evaluation.

Community Mental Health Models:

1. Integration of mental health into primary health care:

There are various reasons for integrating mental health into primary health care:

- Mental disorders create a substantial personal burden for affected individuals and their families and cause significant economic and social hardships that affect society as a whole. Hence, mental and physical health problems are interwoven and can be taken at same time
- Many people suffer from both physical and mental disorders. Integrating primary care services ensure that people are treated in a holistic manner, meeting the mental health needs of people with physical disorders, as well as the physical health needs of people with mental disorders
- When mental health is integrated into primary care, people can access mental health services closer to their homes, thus keeping their families together and maintaining their daily activities
- Primary care for mental health also facilitates community outreach services and mental health promotion through IEC, as well as long-term monitoring and management of affected individuals
- Mental health services delivered in primary care setting minimize stigma and discrimination. It also removes the risk of human rights violations that can occur in psychiatric hospitals. Primary care for mental health issues is affordable and cost-effective
- Primary care services for mental health are less expensive than psychiatric hospitals. In addition, patients and families avoid indirect costs of travelling to city-based hospital, registration, etc.

- The treatment outcome is likely to be better in patients treated at primary care setting, particularly when linked to a network of services at secondary level and in the community.

2. The community mental health development project

To further build the DMHP and increase the accessibility of minimum and essential mental health services, the MoHFW and its public health institutes have collaborated with Asia Australia Mental Health (AAMH) on innovative community mental health development project. The project was began in 2011 with the aims to develop locally sustainable best possible community mental health models and which can be practiced at local district, state, and national level. Four pilot sites were identified for this project and activities were focused on developing local capacity to prevent, treat, and rehabilitate people with mental disorders through integrating mental health care into public health. The project collaborates with international partners under a formal agreement with technical expertise provided by The University of Melbourne (AAMH).

3. Satellite clinics (or community outreach clinics):

- Need of community outreach clinics
- Team composition
- Location, timing, and frequency
- Scope of services
- Experience of community outreach clinics at Government Medical College and Hospital

4. Community de-addiction camps
5. Home-based detoxification
6. Parainstitutional care (half-way homes and daycare centers)

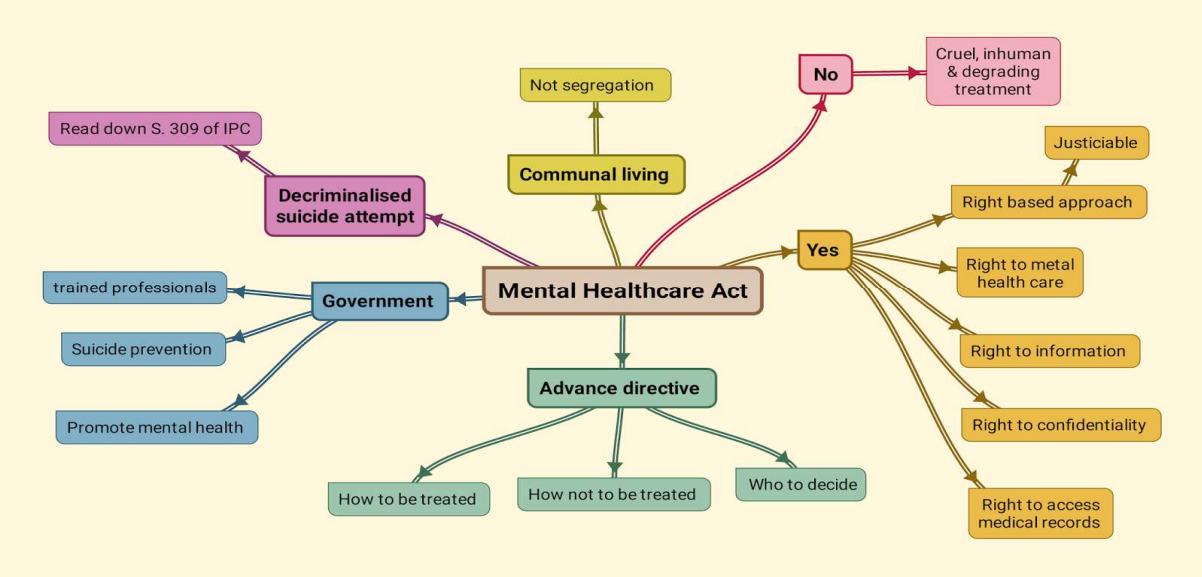
7. School mental health
8. Research in community psychiatry
9. Training in community psychiatry

Health Care Act-2017:

Mental Health Care Act 2017 was passed on 7 April 2017 and came into force from 7 July 2018.The law was described in its opening paragraph as "An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto." This Act superseded the previously existing Mental Health Act, 1987 that was passed on 22 May 1987.

It states that mental illness be determined "in accordance with nationally and internationally accepted medical standards (including the latest edition of the International Classification of Disease of the World Health Organisation) as may be notified by the Central Government." Additionally, the Act asserts that no person or authority shall classify an individual as a person with mental illness unless in directly in relation with treatment of the illness.

The act effectively decriminalized attempted suicide which was punishable under Section 309 of the Indian Penal Code.



Revisions made from the Mental Health Act 1987:

- The Mental Healthcare Act 2017 aims at decriminalising the Attempt to Commit Suicide by seeking to ensure that the individuals who have attempted suicide are offered opportunities for rehabilitation from the government as opposed to being tried or punished for the attempt.
- The Act seeks to fulfill India's international obligation pursuant to the Convention on Rights of Persons with Disabilities and its Optional Protocol.
- It looks to empower persons suffering from mental illness, thus marking a departure from the Mental Health Act 1987. The 2017 Act recognises the agency of people with mental illness, allowing them to make decisions regarding their health, given that they have the appropriate knowledge to do so.
- The Act aims to safeguard the rights of the people with mental illness, along with access to healthcare and treatment without discrimination from the government. Additionally, insurers are now

bound to make provisions for medical insurance for the treatment of mental illness on the same basis as is available for the treatment of physical ailments.

- The Mental Health Care Act 2017 includes provisions for the registration of mental health related institutions and for the regulation of the sector. These measures include the necessity of setting up mental health establishments across the country to ensure that no person with mental illness will have to travel far for treatment, as well as the creation of a mental health review board which will act as a regulatory body.
- The Act has restricted the usage of Electroconvulsive therapy (ECT) to be used only in cases of emergency, and along with muscle relaxants and anaesthesia. Further, ECT has additionally been prohibited to be used as viable therapy for minors.
- The responsibilities of other agencies such as the police with respect to people with mental illness has been outlined in the 2017 Act.
- The Mental Health Care Act 2017 has additionally vouched to tackle stigma of mental illness, and has outlined some measures on how to achieve the same.

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