

KERALA STATE MENTAL HEALTH AUTHORITY

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NEWS LETTER

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OFFICIAL MEMBERS

- 1) **The Secretary to Government,
Health & Family Welfare Department
(Chairman)**
Sri. Manoj Joshi. IAS.
- 2) **Director of Health Services**
Thiruvananthapuram
Dr. M.K. Jeevan
- 3) **Deputy Secretary to Government
Health & Family Welfare Department**
Sri. Harikumar
- 4) **Superintendent, Mental Health
Centre , Thiruvananthapuram.**
Dr. Prabha Chandran Nair

NON OFFICIAL MEMBERS

1. Dr. K. Praveenlal,
Principal, Medical College
Thrissur.
2. Sri. N.K. Prathapachandran
Psychiatric Social Worker.

SECRETARY

Dr. D. Raju
Former Professor & Head
Dept. of Psychiatry
Medical College
Thiruvananthapuram

Impact of Community Mental Health Programs of Institute of Mental Health and Neuro Sciences, Kozhikode (IMHANS)

Integrating mental health services with primary health care system is the only solution to the problem of scarcity of mental health services in rural areas. The theme of world mental health day - 2009 reflected this fact. The theme, "Mental Health in Primary Care : Enhancing Treatment and Promoting Mental Health", aimed to emphasize the importance of incorporating mental health care in the primary health care for better delivery of mental health services to the community.

Community mental health program of IMHANS is an attempt to incorporate mental services in the primary health care. Through the community mental health clinics supported by NRHM and DMHP, IMHANS could provide mental health services in the PHC/CHC level in the 4 northern districts of Kerala.

The district mental health program started functioning in Wayanad district in June 2007. The Community Mental Health Program (CMHP) Kozhikode started functioning in November 2007, Malappuram in February 2008 and Kasargode in February 2009. At present IMHANS organizes community mental health program in Kozhikode (17 clinics), Malappuram (48 clinics), Wayanad (13 clinics) and Kasargod (15 clinics) districts. In Kannur district DMHP is

From Editors desk

Dear Readers,

This is an official publication of Kerala State Mental Health Authority. This edition of the news letter contains two articles. The first one is an impact analysis of the community mental health services extended to the society during the last few years. The analysis is done by the Director of Institute of Mental Health and Neurosciences, Kozhikode. The second one is an overview of the suicide status in the state during the year 2009, based on the data received from State Crime Records Bureau. Success of this news letter depends on your valuable suggestions and contributions. Please send your articles to the Secretary, Kerala State Mental Health Authority, Red Cross Road, Thiruvananthapuram - 35 or "mentalhealthauthoritykerala@gmail.com"

Sincerely,
Dr. D. Raju
Secretary

being organized by the Department of Psychiatry, Medical College, Calicut. Hence psychiatry services are available in the community health centre level in all the five districts of the erstwhile Malabar area. In Malappuram district psychiatry services are available in the PHC level. This is a unique achievement and no where in India such wide coverage of community psychiatry services is available.

The impact of the community mental health program of IMHANS could be summarized in the following headings :

1. We could make mental health services available in the CHC / PHC level in the five northern districts. It is beginning to integrate mental health services in the primary health care system.
2. Steady availability of psychiatry care in the local primary / community health centre and free medicines ensured better drug compliance and follow up and better quality of life.
3. This also helped to reduce the number of hospitalizations and reduce the revolving door phenomena.
4. Rehabilitation centres could be started in several centres in Malappuram and Kozhikode district and this is actually a beginning of the community based rehabilitation of mentally ill persons and a step in the direction of the asylum type of mental hospitals.
5. Community based awareness programs and training programs resulted in better public awareness about mental health problems and early identification and referral services. This also helped in reducing the stigma attached to mental illness to certain extent.
6. Finally we could show that community care of the mentally ill is less expensive and more cost effective compared to hospital based care.

Patient Data :

Till 2009 December total 6881 patients are registered and are on regular follow up in Malappuram, Kozhikode, Kasargode and Wayanad districts. Around 2000 patients are registered in DMHP, Kannur. The details are shown in the table below.

Sex**Table 1 - Sex**

Sex	Total	%
Female	3660	53
Male	3221	47
Total	6881	

Table - 2 Age

Age group	Total	Percentage
Below 10 yrs	186	3
11 - 20 yrs	575	8
20 - 60 yrs	5500	80
Above 60 yrs	620	9
Total	6881	

Table 3 - Diagnosis

Diagnosis	Total	%
Schizophrenia	2139	31
BPAD	1303	19
Depression	971	14
Delusional disorder	64	0.9
Schizo affective	79	1.1
Epilepsy	270	4
Mental retardation	609	9
Dementia	59	0.8
Alcohol	85	1.2
Neurotic disorders	300	4
Organic mental disorder	43	0.6
Psychosis NOS	1078	16
	7000	

Rehabilitation centres :

Rehabilitation centres for mentally ill persons function in the following places in Balusseri, Thalakkulathoor, Cherooty road in Kozhikode district and at Edavanna, Edakkara, Kunnumbram, Manjeri, Areekode, Nilambur, Malappuram and Pookkottumpadam in Malappuram district.

Effectiveness of the CMHP :

The effectiveness of a community mental health program could be quantitatively assessed to a certain extent by studying the number of hospitalizations and also its impact on hospital based care. Ideally an effective community program should result in reduced number of hospitalizations and reduction in the number of follow up patients in the mental hospitals. We have analyzed the out patient and in patient data at the Government Mental Health Centre (GMHC), Kozhikode. The GMHC, Kozhikode caters to needs of the five northern districts of Kerala where effective community mental health program now exists.

It could be seen that number of patients attending the GMHC decreased over the years after starting the community program. The number of patients attending the GMHC for follow up treatment is also significantly decreased. At the same time the number of new cases attending the GMHC remained almost the same. This could be because now more patients are referred and also because patients seen for the first time in CMHP are usually referred to the GMHC for detailed work up.

Table 4 shows that there is a steady decrease in the number of patients admitted to the GMHC after 2007. Table 5 shows that after 2007, there is gradual increase in the number of new patients who attended the GMHC for OP care. At the same time the number of patients who attended the GMHC for follow up care decreased after 2007 as shown in table 6.

Table 4 - In patient data GMHC

Year	IP Male	IP Female	IP Child	IP Total
2005	1936	689	1	2626
2006	1858	693	2	2553
2007	1558	623	4	2185
2008	1422	660	1	2083
2009	1224	612	0	1836

Table 5 - Out patient data GMHC

Year	OP Male	OP Female	OP Child	OP Total
2005	1421	689	133	2243
2006	1597	832	356	2785
2007	1410	816	375	2551
2008	1513	929	468	2910
2009	1565	1055	324	2944

Table 6 - Follow up patient data GMHC

Year	Repeat OP male	Repeat OP female	Repeat OP child	Repeat OP total
2005	22118	9613	71	31802
2006	21693	9345	486	31524
2007	20894	9526	573	30993
2008	18274	8624	565	27463
2009	16314	8048	248	24610

Cost effective analysis

The total expenditure for the CMHP for five districts for one year is Rupees One crore and Twenty five lakhs. This includes travel expense, staff salary and medicines. The total expenditure for the GMHC is 3 crore rupees excluding the doctor's salary and the cost of medicines. This shows that community based care is much more cost effective than hospital based care.

Conclusion

Majority of patients with mental illness could be effectively managed in the community. Community based care is effective and less expensive. Extending the community mental health program to all the 14 districts of Kerala will help to provide mental health services in the CHC / PHC level. This will help to reduce the burden of mental health centres and to utilize the GMHCs exclusively for those patients who really require speciality and in patient care. This will also help to reduce the expenditure of patient care and effective utilization of the fund allotted for mental health.

Dr. P. Krishnakumar
Director, IMHANS
Kozhikode.

Suicide in Kerala - 2009

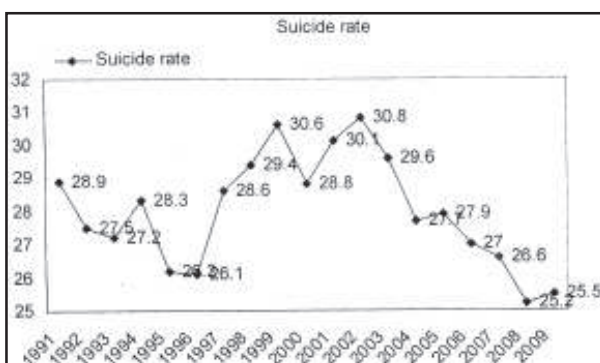
Suicide is a self directed act of fatal outcome. Attempted suicide (Deliberate Self Harm) is injury with varying degree of lethal intent. In Kerala 0.4 to 0.9% of all deaths in the hospitals and 0.3 to 1% all casualty admissions are following suicidal attempt. Suicide rate increases all over the world. In Kerala also it increases but the rate of increase is disproportionately high. In Kerala it is an index of the disturbed society. Available reports are based on the National Crime Record Bureau (NCRB) and State Crime Record Bureau (SCRB).

As per the available data the following are some important observations.

Among other states Kerala has the highest suicidal rate, highest rate of literacy, highest per capital alcoholic consumption and highest rate of unemployment. Though Kerala is providing a model for Health Care Delivery System the mental health care system have to improve a lot.

Population of India (2001) and Kerala as per census 2001 is 102.53 Crore and 3.18 Crore respectively. Though the population in Kerala is only 3.1% of the national population the nearly 10% of the total suicide in India is taking place in Kerala.

The following is a Chart showing the rate of suicide from 1991 to 2009 in Kerala



Perusal of the chart makes it clear that Suicide rate is decreasing in Kerala. The rate have reduced from 30.8 / lakh to 25.5 / lakh

during the period from 2003 to 2009. Compared to 2008, there is a marginal rise of 0.3 per one lakh population during the year 2009 The National Average is only 10 / Lakhs.

Compared to other states suicide rate among youngsters and family suicide are also on the higher side in Kerala. During 2009, 21.7% of the suicides were in the age group 15 - 29. 13 cases of family suicides were reported, claiming 38 lives all over the state.

District wise distribution of suicide in Kerala in 2009 is given below (Per Lakh)

District	Rate (Per Lakh)
Idukki	34.6
Kollam	38.6
Wayanad	35.4
Thiruvananthapuram	34.4
Pathanamthitta	24.3
Thrissur	31.5
Palakkad	30.1
Kannur	22.8
Ernakulam	23.8
Kasargode	22.2
Kottayam	23.8
Alappuzha	22.3
Kozhikode	19.8
Malappuram	8.9

Some important observations :

- * Suicide is maximum in Kollam, Wayanad Idukki and Thiruvananthapuram districts.
- * Rate of increase in suicide is high in Thiruvananthapuram district where it has gone up from 17.2 / lakh in 1995 to 34.4 / lakh in 2009.
- * Suicide rate is consistently low in Malappuram district and is only 8.9 / lakh in 2009. The influence of religion is to be explored.
- * Family suicide is also maximum reported in Kollam district. Out of the 3 cases reported, four are from Kollam district.

Age and Suicide in Kerala

Below 14 yrs	0.8%
15 - 29	21.7%
30 - 44	29.8%
45 - 59	30.6%
Above 60	17.4%

Suicide is maximum in the age group 30 to 59 years (60.4%) Suicide rate has reduced from 32% to 29.8% in the age group 30 - 44 during the current year.

29% of suicides reported among female is in the age group of 15 - 29. More cases of suicides and attempted suicides are now reported among school children.

Sex distribution of the suicide victims are also significant. Suicide is maximum among males (72%) The Male female ratio is 2.6 : 1 (In the Western countries M : F ratio is 4 : 1). But attempted suicide is more among female (60%) compared to male.

Marital Status

In Kerala 78% of the suicide are among married persons. But in the Western countries suicide is more among unmarried & the separated.

Marital Status and suicide in Kerala (2009)

Married	78.3%
Unmarried	15.4%
Widow / Widower	3.7%
Divorce and Separated	2.6%

Education & Suicide in Kerala (2009)

Illiterate	2.0%
Primary & Middle	49.8%
SSLC / PDC / +2	42.5%
Graduate / Diploma	4.0%
Postgraduate & above	0.5%

Suicide is maximum among those with Primary & Middle school education and is least among postgraduates. Majority of the population are having Primary and middle class education.

Method adopted : Hanging is the most common method adopted in Kerala (50%) followed by consumption of poison (32%).

Causes of Suicide

As per SCRB data, family problems are the most common cause of suicide (40%) followed by physical illness (17.6% and mental illness (16.3%).

Causes	
Family problems	40.2
Physical illness	17.6
Mental illness	16.3
Financial problems	6.5
Unemployment	0.2
Failure in examination	0.5
Love failure	1.4
Job related problem	0.8
Drug abuse / addiction	3
Others	14.5

Mental illness is the cause of suicide in 5% of cases according to NCRB. According to KSCRB, 16.3% of cases of suicide are due to Mental illness Police report and clinical experience carries in terms of causes of suicide. In clinical practice mental illness is the most important cause of suicide. Adjustment problems family problems, social problems, personal loss, love failure, failure in examinations, emotional disturbance (depression), feeling of hopelessness, financial crisis, low frustration tolerance, alcoholism and drug abuse, physical illness in the terminal stages, employment problems, ruthless and competitive life style, influence of consumerism, changing value system, changing economic policy, influence of media etc are other important causes in clinical experience. Important causes of family suicide are financial crisis, despair related to family life, over concern for children, effect of consumerism, mental illness or alcoholism in the dominant family member.

Dr. D. Raju, MD; MD; DPM.
Secretary
State Mental Health Authority

IMPORTANT NEWS

1. **Additonal seats for MD Psychiatry**

Two additional seats for MD Psychiatry at Medical College, Thiruvananthapuram and 1 seat at Medical College, Kozhikode have been sanctioned from this year.

2. **Board of Visitors**

Board of visitors have been constituted for Mental Health Center, Kozhikode and Mental Health Center, Trissur.

3. **Detaching Department of Psychiatry from Mental Health Centres.**

Department of Psychiatry of Medical College, Kozhikode have been detached from Mental Health Center, Kozhikode by the state Government.

4. **Care homes for the mentally ill destitute**

State Government have started care homes for mentally ill person for whom there is no family support. The male center is at Nallanadu, near Venjaramoodu, Thiruvananthapuram. It is a joint venture of District Panchayat, Thiruvananthapuram, Social Welfare Department, Health Department and the NGO, Saigram. The female center is at, Thachottu Kavu, Thiruvananthapuram which is a joint venture of the Social Welfare Department and the NGO by name Abhaya.

5. **Psychiatric Inspecting Officers have been posted by State Government vide GO (P) No. 358 / 2009 / H & FWD dated 15th October 2009.**

LIST OF PSYCHIATRIC INSPECTING OFFICERS

Sl. No.	Name of District	Name & address of Psychiatrist
(1)	(2)	(3)
1.	Thiruvananthapuram	1. Dr. Veena G. Thilak, Civil Surgeon & Psychiatrist Mental Health Centre Thiruvananthapuram 2. Dr. Prabhachandran Nair Civil Surgeon & Psychiatrist Mental Health Center Thiruvananthapuram 3. Dr. Indu V. Nair Civil Surgeon & Psychiatrist Mental Health Center Thiruvananthapuram 4. Dr. Priya Alanchery Asst. Surgeon & Psychiatrist Mental Health Center Thiruvananthapuram 5. Dr. Jayaprakash Assistant Professor Department of Psychiatry Medical College Thiruvananthapuram 6. Dr. Sagar T. Assistant Surgeon Mental Health Center Thiruvananthapuram
2.	Kollam	1. Dr. Ravikumar Civil Surgeon & Psychiatrist District Hospital, Kollam 2. Dr. Prabash Civil Surgeon & Psychiatrist District Hospital, Kollam 3. Dr. V. Satheeshkumar Asst. Surgeon & Psychiatrist Mental Health Centre Thiruvananthapuram 4. Dr. B. S. Mini Asst. Surgeon & Psychiatrist Govt. Hospital, Mayyanad
3.	Alappuzha	1. Dr. Fazal Muhammad Asst. Professor of Psychiatry Medical College, Alappuzha 2. Dr. Aniji Asst. Surgeon & Psychiatrist Mental Health Centre Thiruvananthapuram 3. Dr. O. S. Selvam Psychiatrist District Hospital, Alappuzha 4. Dr. P. Jayaprakash Asst. Surgeon & Psychiatrist Mental Health Centre Thiruvananthapuram
4.	Pathanamthitta	1. Dr. Anil. P Associate Professor of Psychiatry, Medical College Thiruvananthapuram

	<ol style="list-style-type: none"> 2. Dr. Vijaykrishnan Senior Lecturer in Psychiatry, Medical College Thiruvananthapuram 3. Dr. Prathibha District Hospital, Kozhencherry 4. Dr. Nelson. T Asst. Surgeon & Psychiatrist Mental Health Centre Thiruvananthapuram 	<p>9. Palakkad</p>	<ol style="list-style-type: none"> 1. Dr. Prabhavathy Associate Professor of Psychiatry Medical College, Kozhikkode 2. Dr. Ajitha P Asst. Professor of Psychiatry Medical College, Thrissur 3. Dr. Smitha Ramdas Senior Lecturer in Psychiatry Medical College, Thrissur 4. Dr. Abhijith Asst. Surgeon & Psychiatrist District Hospital, Palakkad
<p>5. Kottayam</p>	<ol style="list-style-type: none"> 1. Dr. Satheesh V Prof. & Head of Psychiatry Medical College, Kottayam 2. Dr. Indu P. V Asst. Professor of Psychiatry Medical College, Alappuzha 3. Dr. Rekha Mathew Senior Lecturer in Psychiatry Medical College, Kottayam 4. Dr. Mohan Roy Lecturer in Psychiatry Medical College Thiruvananthapuram 	<p>10. Malappuram</p>	<ol style="list-style-type: none"> 1. Dr. Paul Daniel Civil Surgeon Mental Health Centre, Thrissur 2. Dr. Ahamadkutty Taluk Headquarters Hospital Thirur, Malappuram 3. Dr. Abdul Sadique Assistant Surgeon, Mental Health Centre, Kozhikkode
<p>6. Ernakulam</p>	<ol style="list-style-type: none"> 1. Dr. Vidhukumar Asst. Professor of Psychiatry Medical College Thiruvananthapuram 2. Dr. Anieamma George Primary Health Centre Chittattukara, Trissur 3. Dr. K. P. Thomas Assistant Surgeon Mental Health Centre, Thrissur 4. Dr. Kartha Assistant Surgeon Mental Health Centre, Thrissur 	<p>11. Kozhikkode</p>	<ol style="list-style-type: none"> 1. Dr. Kamal Huzain Civil Surgeon, Mental Health Centre, Kozhikkode 2. Dr. K. K. Sivadas (RMO), Assistant Surgeon Mental Health Centre Kozhikkode 3. Dr. Anupama Bhargavan Assistant Surgeon, Mental Health Centre, Kozhikkode
<p>7. Idukki</p>	<ol style="list-style-type: none"> 1. Dr. Varghese P. Punnoose Asst. Professor of Psychiatry Medical College, Kottayam 2. Dr. Saji P. G Asst. Professor of Psychiatry Medical College, Kottayam 3. Dr. Krishnanan S Asst. Professor of Psychiatry Medical College Thiruvananthapuram 4. Dr. Laila Divakar Civil Surgeon & Psychiatrist General Hospital, Pathanamthitta 	<p>12. Kannur</p>	<ol style="list-style-type: none"> 1. Dr. K. S. Mohan Asst. Professor of Psychiatry Medical College, Kozhikkode 2. Dr. Harish M. T Asst. Professor of Psychiatry Medical College, Kozhikkode 3. Dr. C. Ramesh Assistant Surgeon & Psychiatrist District Hospital, Kannur
<p>8. Thrissur</p>	<ol style="list-style-type: none"> 1. Dr. K. S. Shaji Associate Professor of Psychiatry & Head of Department, Medical College, Thrissur 2. Dr. Jyothi K. S Senior Lecturer in Psychiatry Medical College, Thrissur 3. Dr. Lekshmy Gupthan Senior Lecturer in Psychiatry Medical College, Thrissur 4. Dr. S. V. Subramanian Associate Professor of Psychiatry, Mental Health Centre, Thrissur 	<p>13. Wayanad</p>	<ol style="list-style-type: none"> 1. Dr. Jayaprakashan K. P Assistant Professor of Psychiatry, Medical College Thiruvananthapuram 2. Dr. Dayal Narayan Senior Lecturer in Psychiatry Medical College, Kozhikkode 3. Dr. Anithakumari Senior Lecturer in Psychiatry Medical College, Kozhikkode
		<p>14. Kasargod</p>	<ol style="list-style-type: none"> 1. Dr. Ashok Kumar P Assistant Professor of Psychiatry, Medical College Kozhikkode 2. Dr. Jithu V. P Senior Lecturer, Medical College Kozhikkode 3. Dr. Ashfaq Rahman Senior Lecturer Medical College Kozhikkode