

# CLIMATE CHANGE and MENTAL HEALTH

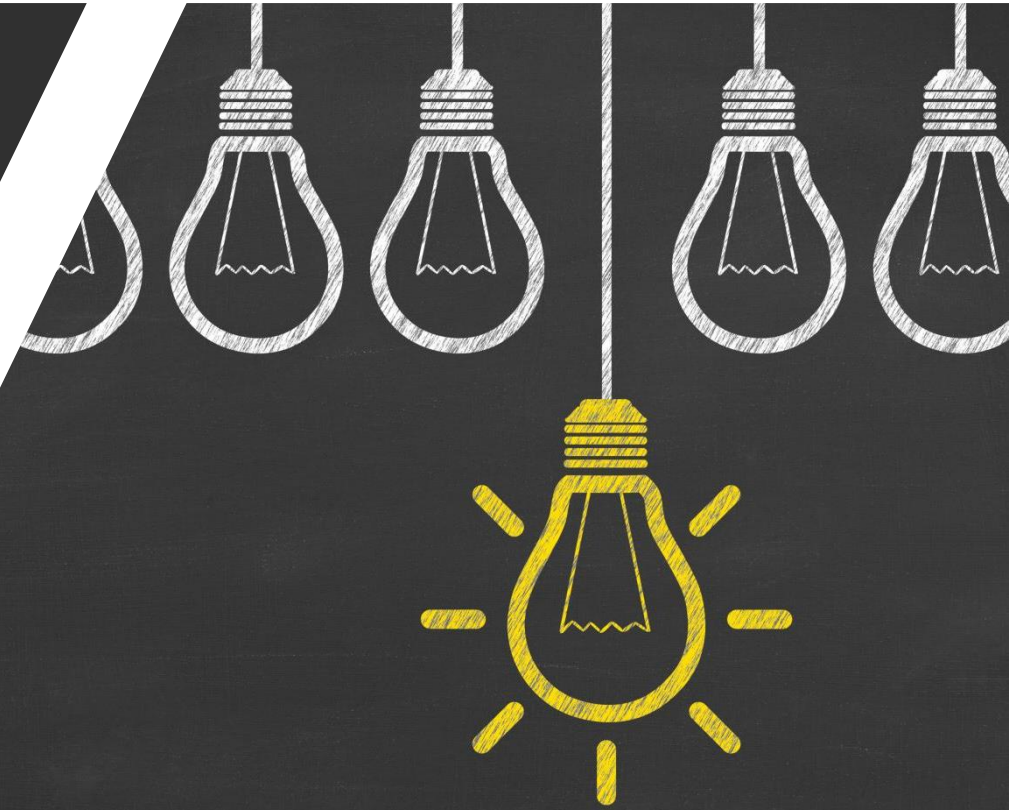
Training module

Climate Change and Health



# Key messages

- Indian subcontinent is vulnerable to climate events and disasters with history of significant impact on humans.
- There is emerging evidence of impact of climate change on mental health
- Need to focus on early warning and response systems
- Nodal officers to play key role in the implementation



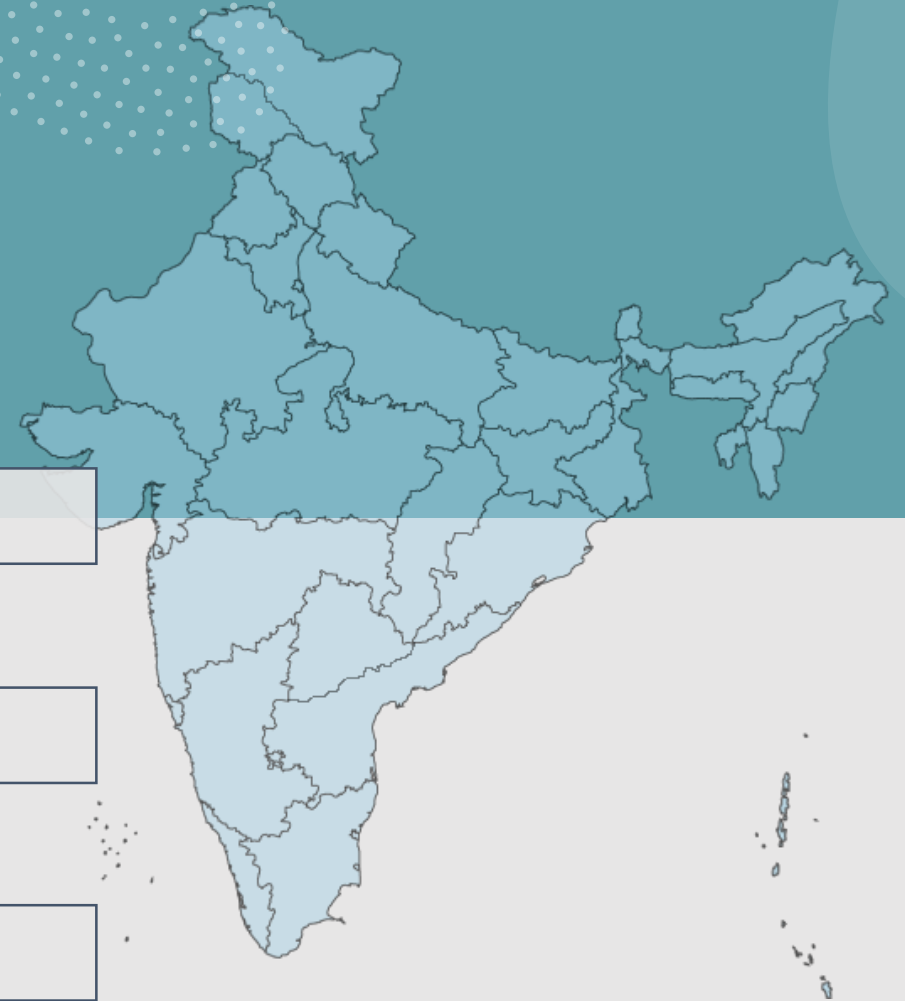
# Outline

1. Climate change and mental health

2. Research and evidence

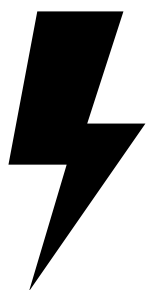
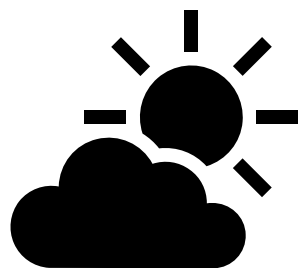
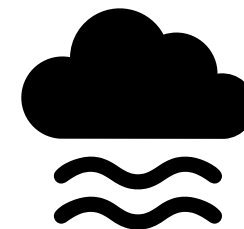
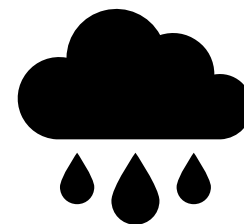
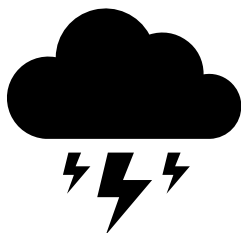
3. Interventions

4. Task for Nodal officers and DMHP program officers



# Climate change and mental health in India





## Climate change and Mental Health

- Extreme weather events—which are more frequent, intense, and complex under a changing climate—can trigger
  - Post-traumatic stress disorder (PTSD)
  - Major depressive disorder (MDD)
  - Anxiety
  - Complicated grief, survivor guilt, vicarious trauma, recovery fatigue
  - Substance abuse
  - Suicidal ideation



## Heat Waves:

People with mental illness were three times more likely to run the risk of death from a heat wave than those without mental illness

## Floods:

They bring mourning, displacement, and psychosocial stress due to loss of lives and belongings, as a direct outcome or of its consequences. All these are risk factors for PTSD, depression, and anxiety.

## Drought:

mental distress, anxiety, depression, and suicide

*acute* impacts (e.g. floods, hurricanes, wildfires, etc.)

- mental injuries to the immediately exposed undefended and helpless people

*Subacute* impacts

- indirectly witness the effects of climate change leading to anxiety related to uncertainty about surviving of humans, sense of being blocked, disorientation, and passivity.

*Long-term* outcomes

- social and community effects outbreaking into forms of violence, struggle over limited resources, displacement and forced migration post-disaster adjustment, and chronic environmental stress





## Incremental climate changes

Rising temperatures, rising sea levels,  
and episodic drought, agricultural  
conditions



weaken infrastructure and give rise to  
financial and relationship stress,  
Displacement of entire community



increase risks of violence and  
aggression, relationship issues



causing despair and  
hopelessness, increase in  
rates of suicide, rise in  
substance use



# Climate change anxiety

Wu, J., Snell, G., & Samji, H. (2020). Climate anxiety in young people: a call to action. *The Lancet Planetary Health*, 4(10), e435-e436.

- Referred to as eco-anxiety, climate distress or climate anxiety- anxiety related to the global climate crisis and the threat of environmental disaster.
- Symptoms associated with climate anxiety include
  - panic attacks
  - insomnia
  - obsessive thinking
- Feelings of climate distress might also *compound other daily stressors* to negatively affect overall mental health, potentially leading to increases in *stress-related problems* such as substance use disorders, anxiety disorders, and depression





# Disaster and Mental Health

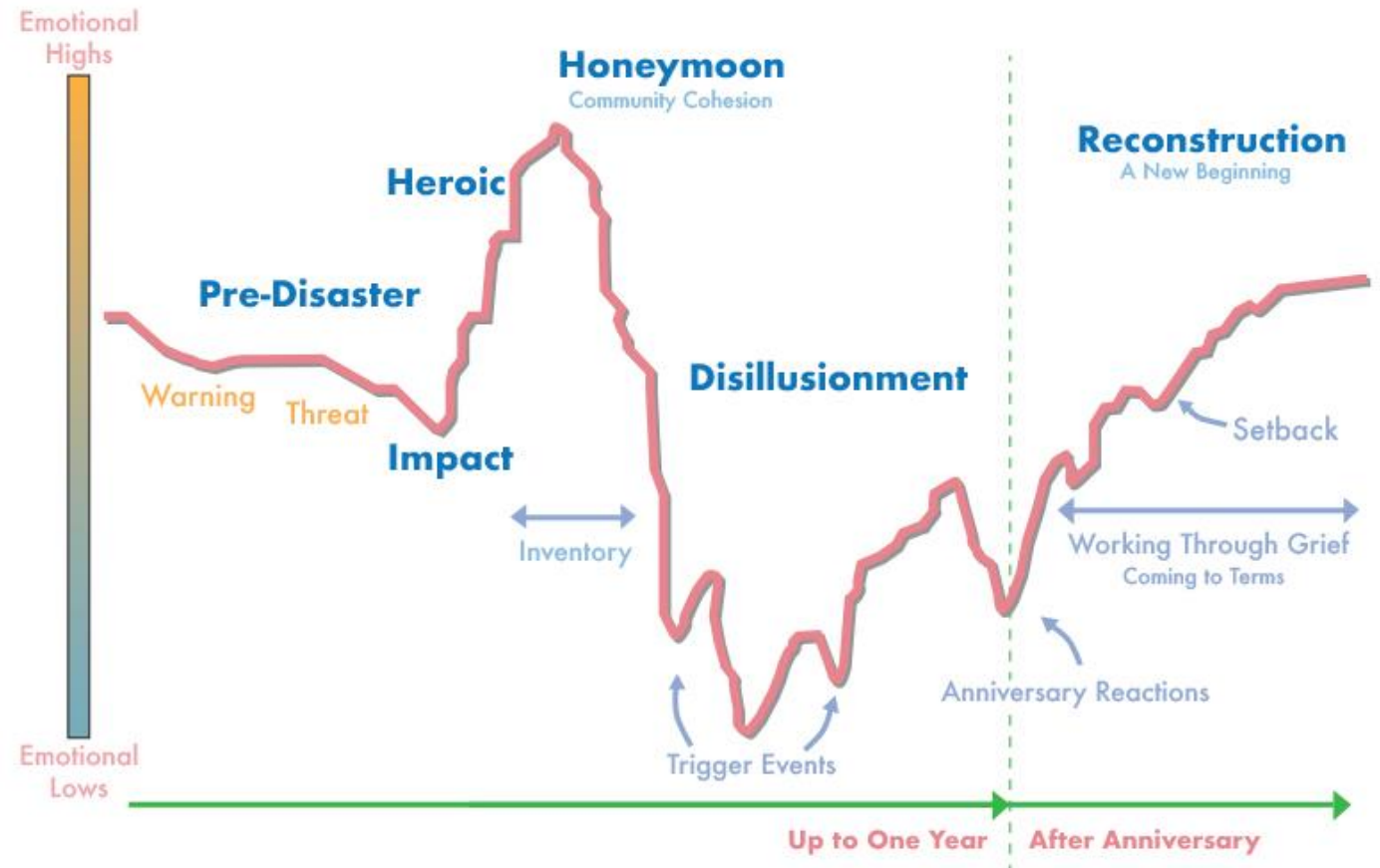
**Disaster:** A severe disruption, ecological and psychosocial, which greatly exceeds the coping capacity of the affected community (*World Health Organization, 1992*)

## Characteristics :

- Sudden onset
- Unpredictability
- Uncontrollability
- Huge magnitude of destruction
- Human loss and suffering and
- Greatly exceeding the coping capacity of the affected community



# Phases after disaster



# Phases

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<b>Phases after a disaster</b>	<b>Duration</b>	<b>Characteristics</b>
Occurrence of the disaster	Hours	Apathy, Disorientation, wandering Surprise, Fear, perplexity Anxiety, Helplessness
Heroic	Up to 1-2 weeks	Strong, direct feeling Heroism, Solidarity, Optimism
Honeymoon	2 weeks to 3 to 6 months	Great solidarity, Eagerness to rebuild Sharing of common experience
Disillusionment	2 months to 2 years	Withdrawal, loneliness Anger, frustration Community disorganization Negativity, Hostility Impulsiveness, violence Alcohol and drug abuse
Reconstruction	A lifetime	Acceptance of losses Realistic assessment of the situation Search for alternatives to rebuild lives



# Human response to disaster

- **Grief reactions** are normal reactions in abnormal situations. Normal grief resolves over a period of few months
- Survivors guilt
- Fear of losing control on emotions
- Becoming mentally ill
- Substance use
- Death wishes and suicidal ideas
- Complicated grief

Abnormal grief reactions can be delayed, absent, oscillating grief responses.



## PROLONGED REACTIONS (In the rebuilding phase)

### Loss of productivity

*"I am not able to study like before."*



### Increase in substance use



*"I feel good when I consume alcohol."*

### Marital discord

*"My husband abuses me frequently. I can't stay with him anymore and I want divorce."*



### Somatization

*"I often get headache. I have consulted the doctor many times. He says, I do not have any problems."*

### Emotional reactions

- Most people involved in a disaster event experiences emotional reaction.
- Everyone reacts to the same situation differently.
- These are NORMAL reactions in an ABNORMAL event.
- Emotions vary in each and every phases of disaster.
- Behaviours and thoughts are expected to be affected by the disaster.
- Relationships with friends and family may become strained as the survivor goes through this cycle of intense emotions.

### What you can do?

- Give yourself time to experience these emotions.
- Communicate your experience.
- Ask for support from people who can empathize with your situation.
- Engage in healthy behaviours to enhance your ability to cope.
- Establish or re-establish routines.
- Avoid making major life decisions.
- Reach out for professional support.

# EMOTIONAL REACTIONS OF SURVIVORS



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[Indian J Psychol Med.](#) 2015 Apr-Jun; 37(2): 138–143.

doi: [10.4103/0253-7176.155610](#)

PMCID: PMC4418243

PMID: [25969596](#)

## **Psychiatric and Medical Disorders in the after Math of the Uttarakhand Disaster: Assessment, Approach, and Future Challenges**

[Naveen Kumar Channaveerachari](#), [Aneel Raj](#), [Suvarna Joshi](#), [Prajna Paramita](#), [Revathi Somanathan](#),  
[Dhanya Chandran](#), [Sekar Kasi](#), [N. Roopesh Bangalore](#), and [Suresh Bada Math](#)<sup>1</sup>



# Uttarakhand Disaster 2013: A Report on Psychosocial Adversities Experienced by Children and Adolescents

Dhandapani Aneelraj <sup>1</sup>, Channaveerachari Naveen Kumar <sup>2</sup>, Revathi Somanathan <sup>3</sup>,  
Dhanya Chandran <sup>4</sup>, Suvarna Joshi <sup>4</sup>, Prajna Paramita <sup>3</sup>, Sekar Kasi <sup>3</sup>, Roopesh N Bangalore <sup>4</sup>,  
Suresh Bada Math <sup>1</sup>





# Psychiatric morbidity in December 2015 flood-affected population in Tamil Nadu, India

Shailaja Bandla <sup>1</sup>, N R Nappinnai <sup>2</sup>, Srinivasagopalan Gopaldasamy <sup>2</sup>





[BMJ](#). 2002 Feb 2; 324(7332): 259.

doi: [10.1136/bmj.324.7332.259c](https://doi.org/10.1136/bmj.324.7332.259c)

PMCID: PMC1122194

PMID: [11823352](https://pubmed.ncbi.nlm.nih.gov/11823352/)

## **Gujarat earthquake causes major mental health problems**

[Rohit Sharma](#)



[BMC Psychiatry](#). 2007; 7: 8.

Published online 2007 Feb 14. doi: [10.1186/1471-244X-7-8](https://doi.org/10.1186/1471-244X-7-8)

PMCID: PMC1808457

PMID: [17300713](https://pubmed.ncbi.nlm.nih.gov/17300713/)

## **Post-traumatic stress disorder in children and adolescents one year after a super-cyclone in Orissa, India: exploring cross-cultural validity and vulnerability factors**

[Nilamadhab Kar](#),<sup>✉1</sup> [Prasanta K Mohapatra](#),<sup>2</sup> [Kailash C Nayak](#),<sup>3</sup> [Pratiti Pattanaik](#),<sup>4</sup> [Sarada P Swain](#),<sup>5</sup> and [Harish C Kar](#)<sup>6,7</sup>



# Post-Traumatic Stress Disorder among the Flood Affected Population in Indian Subcontinent

[Mohammad Asim](#),<sup>1</sup> [Ahammed Mekkodathil](#),<sup>2</sup> [Brijesh Sathian](#),<sup>1</sup> [Rajesh Elayedath](#),<sup>3</sup> [Rajeev Kumar N](#),<sup>4</sup>  
[Padam Simkhada](#),<sup>5</sup> and [Edwin van Teijlingen](#)<sup>6</sup>



A red pushpin is pinned to a map, symbolizing a specific location or focus. The background is a blurred map with various colors and lines.

## Action plan for mental health problems sensitive to climate variability

- Embed climate change-mental health response strategies *within existing health delivery frameworks* and promote inter-agency sharing of intervention strategies, IEC materials etc

### List of Stakeholders

- Psycho-social Support and Mental Health Services (PSSMHS) in Disasters [National Disaster Management Authority]
- *District Mental Health Programme delivery structures*
- Ayushman Bharat- Health and Wellness Centres



## Action plan for mental health problems sensitive to climate variability

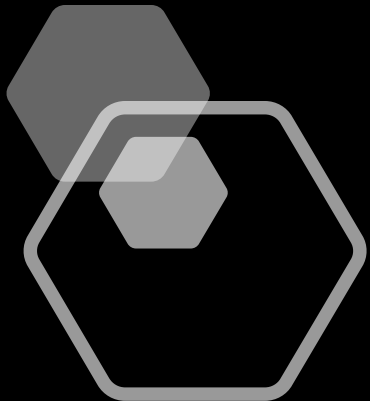
### • National Health Mission Elements

- Non-Communicable Disease Control Programmes – especially National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and National Programme for the Health Care of Elderly” (NPHCE)
- Reproductive, Maternal, New-born, Child and Adolescent Health [RMNCH+A] –(developmental interventions for infants, children and adolescents)
- Rashtriya Bal SwasthyaKaryakram(RBSK)–(awareness, early detection and coping skills)
- Human Resource Development Education department -School and College; NCERT (awareness, climate mitigation responses in curriculum)
- Directorate General Labour Welfare; National Skill Development (reskilling and employment)



**Intervention**





# Interventions

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## Universal interventions:

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These interventions shall be a part of *promoting mental wellbeing* for the whole population.

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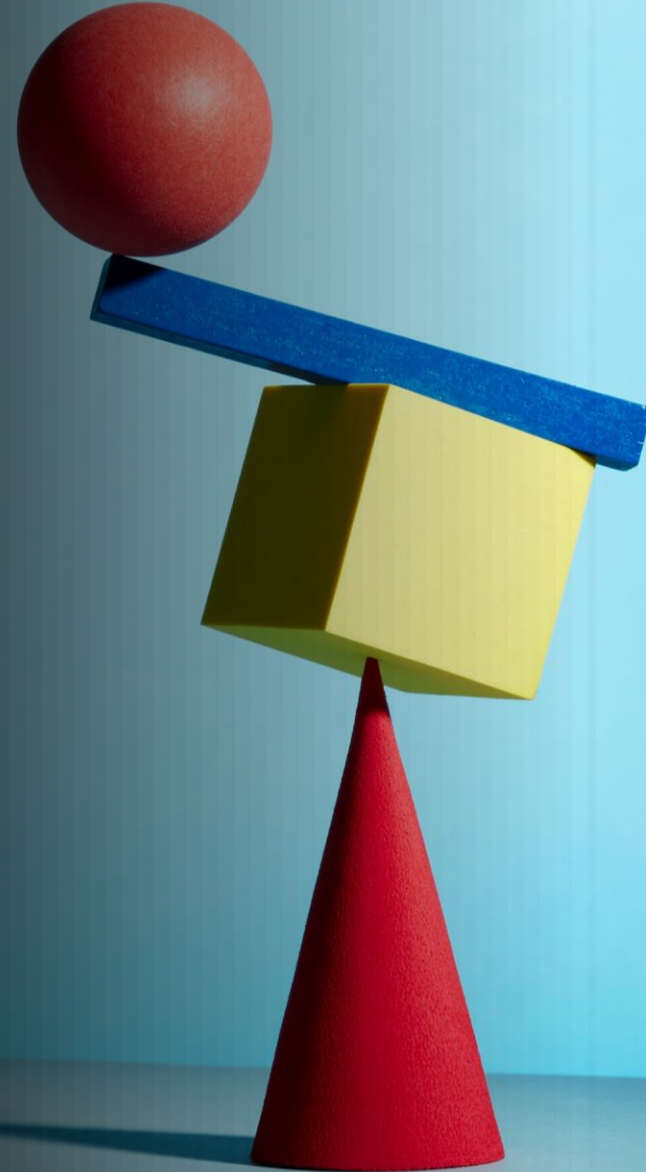
The interventions shall focus on sensitization, knowledge attitudes, practices and positive health strategies



## Selective interventions

These interventions shall be a part of preventing occurrence of mental disorders among **at risk population**.

The interventions shall focus on *sensitization and building resilience* in addition to positive health strategies and well-being





# Indicated interventions

These interventions shall be targeted for individuals **suspected to have mental disorders** among the said population.

The interventions shall include **screening-brief intervention** – referral for treatment using stepped care with special focus on CMDs (esp depression-anxiety), suicide/ violence, substance abuse, psychological well-being – **including pharmacological and non-pharmacological treatments**



# Early warning

- This intervention includes surveillance and audit mechanisms and developing CC-MH Observatories.
- The Observatories shall be manned by the District Mental Health Program (DMHP) Team that shall deliver the essential services.
- The Program Officer of the DMHP shall conduct an audit half yearly on a list of indicators/parameters.





## Candidate observatories

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- These shall include the following as:
  - Disaster prone areas-Coastal Odisha/WB, Uttarakhand;
  - Areas facing desertification and rising sea levels
  - Existing mental health cohorts



# Addressing special population during disaster

Children

Elderly

Persons with Disability

Marginalized population



## CHILDREN IN DISASTER

Children experiences displacement, loss, death and destruction due to disaster that affects the disruption of their relationship and familiar environment. This leads to physical and emotional insecurity among them.



### Events that bothers children in disaster

- Familiar environment become suddenly scary and unfamiliar.
- Living with the adults who are equally worried and concerned.
- Struggle to deal with unusual circumstances.
- Loss of own belongings, like toys, books, dresses and pet.
- Loss of loved one, parents, sibling, any other family members and friends.
- Continued threat to the sense of well-being.

## IMPACT OF DISASTER ON CHILDREN

### Pre-school (1–5 years)

- Temper tantrums
- Crying – whimpering or screaming
- Clinging
- Regressive behavior
- Easily frightened/ angry
- Sleep disturbances



### School Age (6–11 years)

- Aggressive
- Bed-wetting
- Change in appetite
- Nightmares
- Sadness and apathy
- Disobedience



### Adolescence (12–18 years)

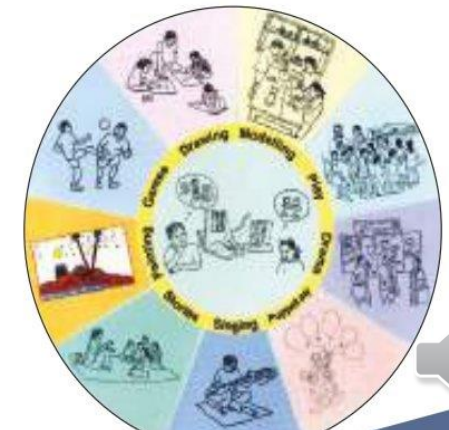
- Isolation/Depression
- Irritability
- Risk-taking behavior
- Substance abuse



## MEDIUMS TO WORK WITH CHILDREN

Children can be aided in recovery through the use of various mediums suiting their age group. They are:

- Facial expression cards
  - Thematic card
  - Clay modelling
  - Drawing
  - Family of dolls
  - Family portrait
  - Writing
- ◆ Children use play to express themselves.
  - ◆ Effective use of the materials can help children to act out feelings.
  - ◆ Children not only express themselves but also learn a lot of new things while playing.
  - ◆ While playing or drawing, they express their frustration, fear, tension, anger and insecurities.



# CHILDREN IN DISASTER



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## REFERRAL REQUIREMENT FOR CHILDREN

- Conduct problems
- Overactive
- Somatization
- Post- traumatic stress disorder
- Depression
- Substance abuse

### Referral is required if



- No indication of the reactions becoming less.
- Increase in severity.
- It is distressing to the family or the child.
- Interferes with the daily routine of the child.
- Interferes with interaction with others like friends or relatives.
- Interrupts work or school.

## ROLE OF PSYCHOSOCIAL CAREGIVER

- Reassure children that they are safe.
- Provide opportunities for the children to talk about their fears.
- Share how various people are coping and overcoming this event.
- Do not stress too much on academic achievement immediately after the disaster.
- Reassure children that the event was not because of their fault.
- Do not criticize regressive behaviours that children might display.
- Use play, art and other creative mediums along with discussions to reach out to children.
- Encourage children to develop coping and problem-solving skills to handle anxiety.
- Identify children who needs extra help to cope and refer them to a specialist.
- Let them know that it is normal to feel upset after something bad happens and allow them to cry and express their feelings.

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## Post CC/Disaster : Action plan – School/ Orphanage visits

Paramedical health staff should visit the schools post CC/Disaster

1. Screen the children whose family got affected
2. Screen the children who lost his parents
3. Check out the absentees & do home visits

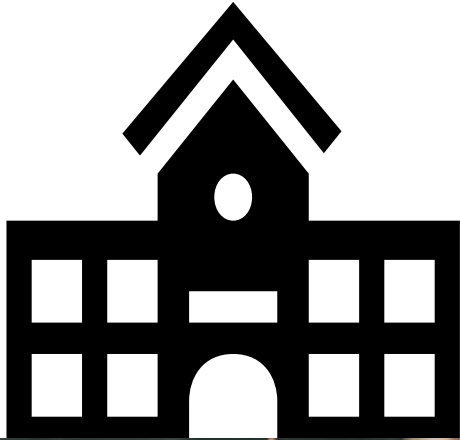
Home visits and screen the family members

4. Referral for treatment of mental illness if any

3. Referral for medical support

2. Liaison with authorities for financial support

1. Psychosocial support



## Post CC/Disaster : Action plan – Old age home visits

Paramedical health staff should visit the old age homes in the allocated premises - post CC/Disaster



1. Screen the people who already k/c of mental illness
2. Screen the people who lost their family members in CC/disaster
3. Screen them for worsening of medical illnesses (Checking their BP & Blood sugars)

Home visits and screen the concerned affected family members



4. Referral for treatment of mental illness if any

3. Referral for medical support

2. Liaison with authorities for Financial support

1. Psychosocial support





## Elderly in Disaster

Following a natural disaster, elderly is considered as vulnerable population in the same way as children. Like children, the frail elderly is often unable to advocate for their own interests because of physical impairments, cognitive limitations, or a combination of both.

### Elderly at high risk because they are

- ◆ Less mobile .
- ◆ Separated from families.
- ◆ Decreased sensory awareness.
- ◆ Prone to illness and injuries.
- ◆ Chronic medical conditions.
- ◆ Having less access to medication.
- ◆ Cut off from services.
- ◆ Socioeconomic limitations.
- ◆ Suffering from psychological distress.
- ◆ Have specific nutritional and health needs.
- ◆ Prone to risk, abuse and neglect.
- ◆ Physical disabilities.
- ◆ Having weak functional capacity.
- ◆ Increased dependency.
- ◆ Social isolation.



How can you help elderly?

- ◆ Keep a list of medications.
- ◆ Connect to required resources and services.
- ◆ If available, keep them with loved ones.
- ◆ Link with access to health care.
- ◆ Listen to their experience and leadership roles taken in emergencies.
- ◆ Consider older people's knowledge and experience in developing coping strategies following disaster.
- ◆ Create neighbourhood communities of elderly.
- ◆ Talk to medical provider about an emergency back-up plan.
- ◆ Create a list of special needs.
- ◆ Consider them as valuable resources to provide emotional support to other disaster victims.

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IEC-10

## Person with Disability & Elderly in Disaster



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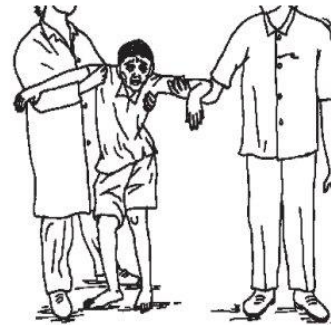
## Person with Disabilities in Disaster

Disasters can have an impact on disability, by disproportionately affecting persons with existing disabilities and by creating a new generation of persons with disabilities.

### Consequences of a disaster

#### Survivors with existing disabilities

- ◆ In comparison to a non-disabled peer, they are at more risk.
- ◆ Losing of assistive devices.
- ◆ Difficulty in accessing basic needs.
- ◆ Dependency increases.



#### Survivors with newly acquired disabilities

- ◆ Loss of livelihood.
- ◆ Untreated fractures & infected wounds leading to long lasting disabilities.
- ◆ Referral to appropriate health facilities gets delayed.
- ◆ Scarcity of rehabilitation personnel & infrastructure to cater the needs.

## The types of disabilities as per the Rights of Persons with Disabilities Act, 2016

1. Blindness
2. Low-vision
3. Leprosy Cured persons
4. Hearing Impairment
5. Locomotor Disability
6. Dwarfism
7. Intellectual Disability
8. Mental Illness
9. Autism Spectrum Disorder
10. Cerebral Palsy
11. Muscular Dystrophy
12. Chronic Neurological conditions
13. Specific Learning Disabilities
14. Multiple Sclerosis
15. Speech and Language disability
16. Thalassemia
17. Hemophilia
18. Sickle Cell disease
19. Multiple Disabilities including deaf-blindness
20. Acid Attack victim
21. Parkinson's disease



## What responses should be taken after a disaster?

### The acute phase

- ◆ Identify persons with existing disabilities and connect them with temporary shelters.
- ◆ Referral to specific health care needs.
- ◆ Identify the people with injuries and provide trauma care services.
- ◆ Implement curative and therapeutic interventions.
- ◆ Connect with service agencies.
- ◆ Provide multidisciplinary care.

### The reconstruction phase

- ◆ Identification of the exiting capacities and skills.
- ◆ Assessing the immediate and long-term needs.
- ◆ Mobilise community resources.
- ◆ Initiate community-based rehabilitation services.
- ◆ Provide medical services & therapies if required.
- ◆ Attending to the social needs.



## MIGRANTS

Migrants may be less familiar with the new environment in which they live. They may not speak the dominant language causing a barrier in the interaction with others. This may further increase their vulnerability in seeking help when a disaster strike.



They can be helped in the following ways:-

- Their skills and capacities should be recognised and utilised, including their social networks and experiences in dealing with disasters.
- Awareness programmes about the hazard, risk and vulnerability should be prepared and designed specifically for non-native speakers, through community outreach, written and oral translation.
- Positive communication should be promoted to improve the inter-community relationships.

## SEXUAL MINORITY

This group differs from the other on their sexual identity, orientation or practices from the majority of the surrounding society. The needs of lesbian, gay, bisexual, transgender and intersex (LGBTI) people following disasters, exacerbate existing vulnerabilities especially in places where equal rights and protections for LGBTI people are absent.



They can be helped in the following ways:-

- Make sure that same sex couples are sent to evacuation zones and their rights are being protected.
- LGBTI people with children should be given special attention as there are high chance of exclusion.
- Facilitate government and other forms of aid and recovery assistance.

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IEC-11

# Dealing with Marginalised Groups



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## With Family

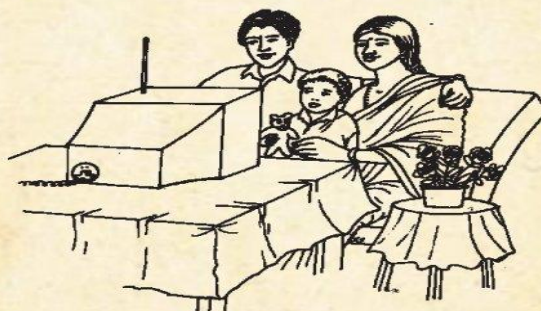
**Evaluate your lifestyle-** As a parent, it's important to model healthy behaviours for your children.

**Talk about it-** If you notice that your children are looking worried or stressed, ask them what's on their minds.

**Create a healthy environment-** Your home, work space and even social environment can influence your behaviours.

**Focus on yourself-** When you and your family are experiencing stress, make a conscious decision to take care of yourselves.

**Spend time together-** Spend time with family over a good meal, or shopping.



**Change your reaction-** Remember that while you can't control stress, you can change your reaction to it.

**Replace-** Replace each negative thought with a positive one.

**Create happy memories-** Look back through pictures of happy memories - family vacations and special events.

## With Colleagues

- ◆ Listen to each other's feelings.
- ◆ Do not take anger too personally.
- ◆ Avoid criticism unless necessary.
- ◆ Give each other comfort and care.
- ◆ Encourage and support co-workers.
- ◆ Reach out to others when you are feeling low.
- ◆ Support others if they are down.
- ◆ Check for fatigue and stress symptoms.
- ◆ Take a break when required.
- ◆ Develop a buddy system with a co-worker.

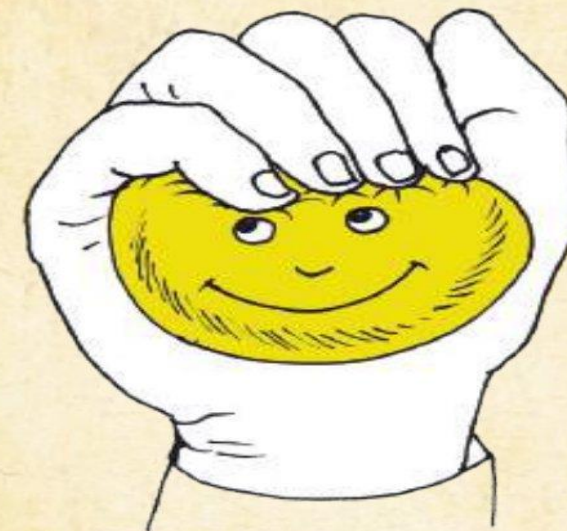


*“Stress is Inevitable  
Self-care is your responsibility  
Mental health is a priority  
Choice is yours”*

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## SELF CARE MANAGEMENT STRATEGIES IN DISASTER



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## Stress

It is a normal physical response to events that make you feel threatened or upset your balance in some way. They are of two types.

### 1. Eustress / Positive stress

When stress is good and leads to something desirable such as receiving a good grade on the exam or receiving a promotion at work, it is called eustress.

### 2. Distress/ Negative stress

When the stress has negative effects such as confusion, an inability to make decisions, and illness, it is called distress.

## Stress Warning Signs and Symptoms

Stress isn't always bad. In small doses, it can help you perform under pressure and motivate you to do your best. But when you're constantly working in disaster situations, your mind and body becomes weakened. You can protect yourself by recognizing the signs and symptoms of stress and taking steps to reduce its harmful effects.

### Physical Symptoms

Aches and pains  
Diarrhea/ constipation  
Chest pain/ rapid heartbeat  
Nausea/dizziness

### Behavioural Symptoms

Eating more or less  
Substance use  
Procrastination  
Isolating yourself

### Cognitive Symptoms

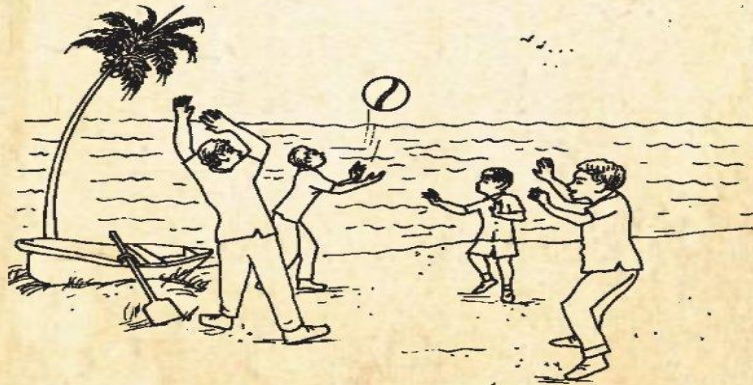
Memory problems  
Inability to concentrate  
Anxious  
Constant worrying

### Emotional symptoms

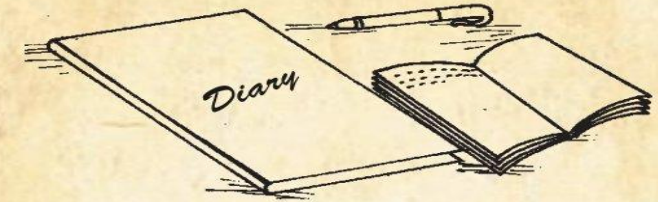
Moodiness  
Irritability or short temper  
Inability to relax  
Sense of loneliness

## Why self-care is important for caregivers?

- ◆ Working with the survivors of disaster can be stressful.
- ◆ Care givers are equally vulnerable.
- ◆ Stress can cause an internal tension.
- ◆ It takes toll on one's body.
- ◆ Working with the survivors of disaster needs physical and emotional well-being.
- ◆ Sustain one's ability to serve the survivors of disaster.
- ◆ Care giver's need to do take preventive actions to enable one self to cope with stresses.
- ◆ It is important for care givers to practice self-care.



## Things to do for oneself



- ◆ Keep a diary of your activities and experiences.
- ◆ Do physical exercise daily.
- ◆ Spare enough time for rest.
- ◆ Listen to music, read books, watch television every day.
- ◆ Practice relaxation techniques like meditation and breathing exercises.
- ◆ Relax through pleasant visual imagery.
- ◆ Stay in touch with your family.
- ◆ Share your thoughts and feelings with others.
- ◆ Identify one day in the week for your personal work and relaxation.





Task for Nodal officers of each state





# IDENTIFY

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- Identify climate sensitive zones in state, ie. areas where
  - a] repeated extreme weather events occur
  - b] Incremental climate changes are occurring
- Identify and create linkages between existing (mental) health care delivery facilities at primary-secondary-tertiary levels, which can be potentially used to form a stepped care network – especially from catchments in climate sensitive zones





## Primary-secondary and tertiary health facilities for early detection

- brief or early intervention –and referral for treatment if necessary.
- Early detection should occur via screening for common mental disorders (depression-anxiety–suicide/self-harm) -post traumatic stress disorders – alcohol and substance use disorders during while consulting for trauma, NCD etc.





## Agencies capable of raising awareness and sensitisation especially to at-risk groups

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- Identify personnel available for mental health interventions – both trained mental health professionals and trainable personnel (for potential task shifting and skilling)
  - Arrange Training of trainers (local mental health professionals and regional experts)
- 



# Focus training on

- **Positive Mental Health Strategies-** Enhancing wellbeing and resilience, enhancing community engagement
- **Stress Reduction and Yoga techniques-** Brief stress reduction /management interventions for vulnerable population/those at risk
- **Life skills education:** Dealing with Anger-Sadness-Boredom-Anxiety; Conflict resolution and Problem solving



- 
- **Psychological First Aid**- Brief modules for individuals in distress(experiencing depressive/anxiety symptoms); Deliberate self-harm – suicide and violence
  - Alcohol and substance misuse
  - Mitigating Climate Change at personal and local levels - Psychological adaptation
  - Therapeutic skills training – how to help another
- 



# Audit



- The Program Officer of the DMHP shall conduct an audit half yearly on the indicators/parameters to fulfil the following 2 major aims:
  - Patterns and trends of mental health in different climate sensitive zones and following climate events; risk and resilience factors
  - Working of the stepped care network and sensitisation efforts





# Essential Indicators/parameters & Surveillance Measures

- Number of human resources available at the Observatory
- Availability of funds for Climatic Change-Mental Health at the Observatory where the program is being implemented.
- Number of Training programs conducted for each category of human resources
- Infrastructure availability @ the Observatory
  - Psychologists' instruments
  - ECG machines, Pulse-oximeter
  - Alcohol breath analysers
- Number of IEC activities/Community awareness activities conducted

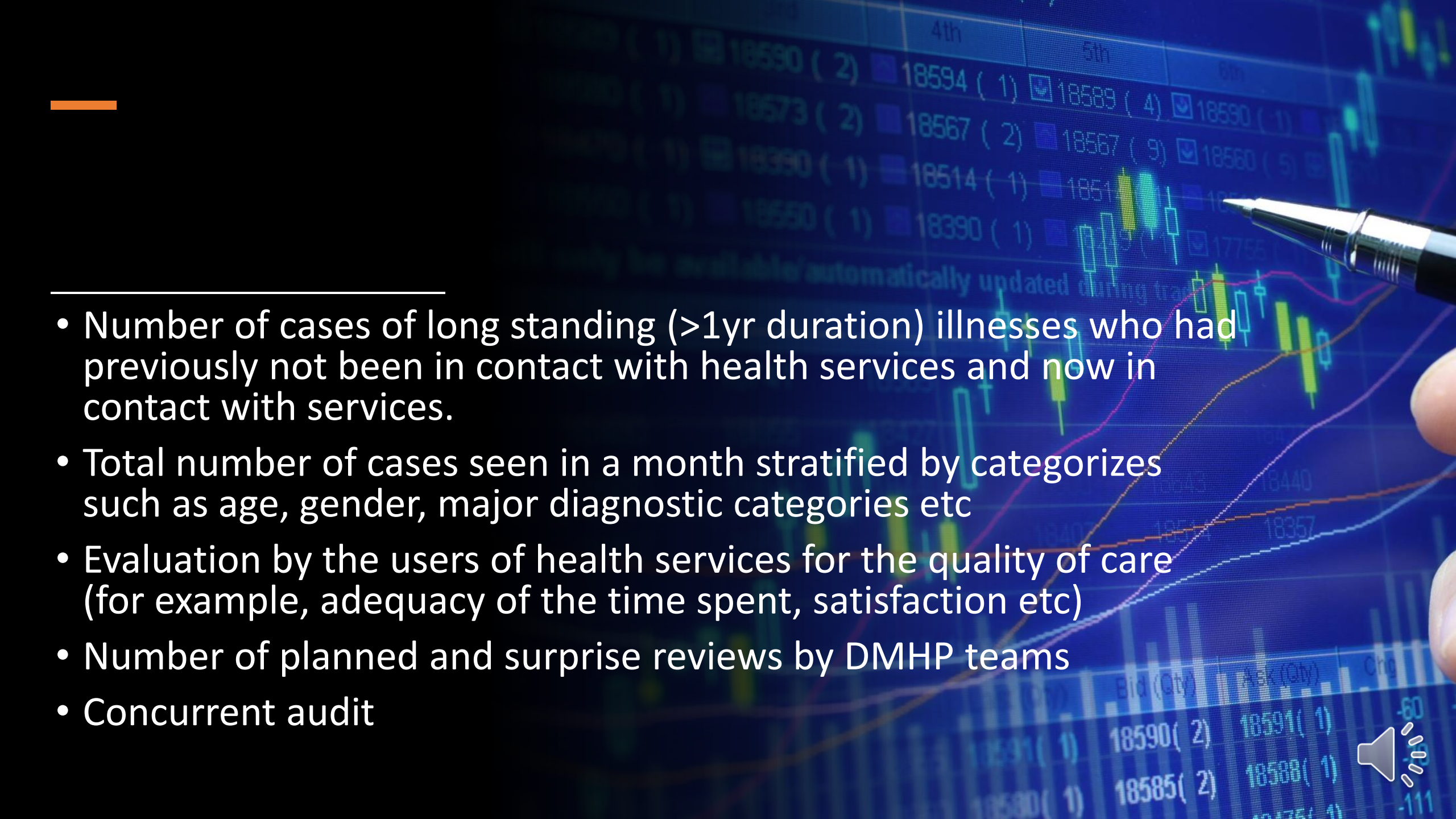


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## • Targeted interventions activities

- Life skills education/suicide prevention/stress management trainings to teachers
- Counselling
- Availability of essential psychiatric drugs
- Exclusive vehicle hired for community activities, travel, monitoring
- Display of the services, norms or standards of the Observatory
- Display of the rights of PWMI
- Display of the Grievance redressal contact numbers



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- The background of the slide is a blue-toned financial chart. It features a grid with columns labeled '4th', '5th', and '6th'. The chart contains various data points, including numbers in parentheses (e.g., 18590 (2), 18594 (1), 18589 (4), 18590 (-1)) and some numbers with arrows (e.g., 18567 (2), 18567 (9), 18560 (5)). A hand holding a silver pen is visible on the right side, pointing towards the chart. In the bottom right corner, there is a small speaker icon with sound waves, indicating audio content.
- 
- Number of cases of long standing (>1yr duration) illnesses who had previously not been in contact with health services and now in contact with services.
  - Total number of cases seen in a month stratified by categories such as age, gender, major diagnostic categories etc
  - Evaluation by the users of health services for the quality of care (for example, adequacy of the time spent, satisfaction etc)
  - Number of planned and surprise reviews by DMHP teams
  - Concurrent audit



- Number of meetings of user and care giver groups held at health facilities
- Budget utilization
- Number of self-help groups and advocacy initiatives launched
- Increase in OPD registrations to show higher help seeking behaviours.
- Estimated coverage of care for mental disorders based on expected number of cases and the number identified
- Types of intervention referred to each case
  - Medications
  - Psychosocial interventions
- Number/population of Homeless Mentally Ill who access DMHP
- Number of other disadvantaged patients accessing DMHP







Number/proportion of persons from different economic states and gender who are diagnosed with and treated

- Number of referrals to higher centers
- Number of patients with mental illnesses receiving continuing care services (day care, home based rehab, short stay residential continuing care services)
- Number of women attending Observatory (including referral from the RCH program)
- Number of children receiving services
- Number with Alcohol Use Disorders receiving services
- Number with other Substance Use Disorders receiving services
- How many availed Disability certifications?
- How many availed Disability certification allowance?
- Number of suicides
- Number of persons with mental illnesses who have had dropped out of care



# Learning

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- Indian subcontinent is vulnerable to climate events and disasters with history of significant impact on humans.
- There is emerging evidence of impact of climate change on mental health
- Need to focus on early warning and response systems
- Nodal officers to play key role in the implementation





***THANK YOU***

