

Health Adaptation Plan for Mental Health

Climate change and mental health

Attribution of mental health outcomes directly to specific climate change risks remains challenging, and more empirical research in this domain will advance our understanding.

Yet, we do know that the risks and impacts of climate change on mental health, are:

- a. manifested in several direct, indirect, and overarching effects, that
- b. disproportionately affect those who are most marginalized (including special populations – children, the aged and women) and
- c. occur alongside other physical-medical, social and economic consequences of climate change.

Mental health refers not just to mental illness, mental problems, and mental disorders, but includes *states of mental wellness, emotional resilience, and also psychosocial wellbeing* (i.e. interplay between social and psychological conditions that shape human welfare).

In India, the prevalence of mental health issues is extremely high even without considering the added mental health consequences of a changing climate, and that there is already a very high treatment gap of over 80-90% for most severe and common disorders (National Mental Health Survey 2017).

Mental health interventions, thus need to focus on first strengthening the available pathways to care, especially in populations at high risk for climate outcomes and need to be co-ordinated with other health and social welfare interventions to be effective.

Mental health problems in addition to other health and livelihood problems can arise due to:

A] 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, depression, complicated grief, survivor guilt, vicarious trauma, recovery fatigue, substance abuse, and suicidal ideation

B] Incremental climate changes - such as rising temperatures, rising sea levels, and episodic drought, can change natural landscapes, disrupt food and water resources, change agricultural conditions, change land use and habitation, weaken infrastructure and give rise to financial and relationship stress, increase risks of violence and aggression, and displacement of entire communities. Apart from causing despair and hopelessness, these can add to long term changes in rates of suicide, violence anxiety-depression and other common mental disorders including alcohol and other substance use disorders.

C] Climate change anxiety –especially among young people

Adaptation strategy and action plan for mental health problems sensitive to climate variability

A] 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

- 1] Psycho-social Support and Mental Health Services (PSSMHS) in Disasters [National Disaster Management Authority]
- 2] District Mental Health Programme delivery structures
- 3] Ayushman Bharat- Health and Wellness Centres
- 4] National Health Mission Elements

- A] 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)
- B] Reproductive, Maternal, New-born, Child and Adolescent Health [RMNCH+A] – (developmental interventions for infants, children and adolescents)
- C] Rashtriya Bal SwasthyaKaryakram(RBSK)–(awareness, early detection and coping skills)
- 5] Human Resource Development Education department -School and College; NCERT (awareness, climate mitigation responses in curriculum)
- 6] Directorate General Labour Welfare; National Skill Development (reskilling and employment)

B] Aim to reach

1. Populations affected by disaster and acute climate events
2. Populations at high risk a] due to living in zones affected by climate change
 - b] due to marginalisation – urban poor; children-adolescents; women; aged
 - c] workers – organised and unorganised

C] Sensitise and train 1) Nodal health officers in states; b] Health delivery personnel; c] counsellors in various schemes (NCD counsellors, DMHP staff, Anganwadi workers, ASHA workers, Village Rehabilitation Workers, HIV counsellors, Tobacco counsellors etc)

D] In Order to provide

1. Universal interventions: These interventions shall be a part of promoting mental wellbeing for the whole population. The interventions shall focus on sensitization, knowledge attitudes, practices and positive health strategies
2. 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
3. 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

The materials for providing the above-mentioned interventions have been provided below (in the PDF file attached) that shall include psychosocial and non-pharmacological treatments.



Brochure 12 nos.pdf

4. Early warning-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 the following indicators/parameters:



AUDIT_indicators & parameters.docx

4.1. Candidate observatories: a] Disaster prone areas-Coastal Odisha/WB, Uttarakhand; b] Areas facing desertification and rising sea levels; c] existing mental health cohorts e.g. cVEDA, etc.

4.2. a]Examining the process and enablers of resilience to climate change using social ecological model of resilience (file containing elaboration attached below); b] People’s perception of climate change and its impact on their mental health, patterns of coping behaviours related to climate change and their correlates, perceived barriers to engaging in behaviours that facilitate adaptation to climate change; c] Examining the role of preventive and promotive interventions to enhance self-care for mental health and adaptive coping and enhance engagement in volunteering actions related to creeping climate change and positive mental health outcomes



social ecology of
resilience.docx

E] Utilising existing infrastructure and personnel

1. Personnel: see above

2. Infrastructure:

2.1. National Digital Academy (NDA) for Mental Health training and telementoring under DMHP

2.2. State NHM and DMHP

3. Training and IEC material:

3.1. a)Training manuals for Community Health Workers [WHO-India]; b) DMHP and Disaster – Mental Health training modules and material; c) NDA training modules

3.2. Focusing 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) Therapeutic skills training – how to help another; Deliberate self-harm – suicide and violence; Alcohol and substance misuse
Mitigating Climate Change at personal and local levels -Psychological adaptation

Detailed action plan:

1. Logistics required at the health care facilities

Resource	Suggested Quantity
Infrastructure	Dedicated space in the District Hospital to house DMHP staff; wellness centres Broadband networks
Human Resource (with TOR & R&R)	Medical Officers of Primary Health Centres Staff of DMHP (Same TOR applicable for Medical officers of PHCs) (Word files attached below the table containing the TOR) Government Psychiatrists of medical colleges and the Health Departments;

	Private medical colleges Other paramedical and mental health professionals including NCD counsellors, Anganwadi workers, ASHA workers, Village Rehabilitation Workers, HIV counsellors, Tobacco counsellors, counsellors in Ayushman Bharat Wellness Centres
List: Drugs including list of psychological first aid, Testing kits, reagents	Drugs available in DMHP – Essential Drug List under NMHP as per the notification of the Ministry of Health and Family Welfare, Govt. of India dated 08.05.2018: (attached below the table as PDF) List of psychological first aid: Document attached below the table containing material on psychological first aid
Equipment: essential & Desirable	Telemedicine set up in all Health and wellness Centres, Primary Health Centres (essential), taluk hospitals



All DMHP Staff TOR with qualifications.doc



TOR for Social Workers under Taluk



Essential Drugs List under NMHP.pdf



list of psychological first-aid.doc

2. Preparedness of health system and personnel

TASKS FOR NODAL OFFICER IN THE STATE

1. IDENTIFY

- 1.1. Identify climate sensitive zones in state, ie. areas where a] repeated extreme weather events occur; or b] Incremental climate changes are occurring
- 1.2. 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
 - a. Tertiary facilities-mental health centres (under DMHP); Medical college departments of psychiatry; designated/empanelled private psychiatrists to treat severe, treatment resistant and referred cases
 - b. 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.
 - c. Agencies capable of raising awareness and sensitisation especially to at-risk groups
- 1.3. Identify personnel available for mental health interventions – both trained mental health professionals and trainable personnel (for potential task shifting and skilling)

2. ARRANGE

- 2.1. Arrange Training of trainers (local mental health professionals and regional experts) and subsequent training of doctors- and counsellors under NHM-NCD, Ayushman Bharat- Health and Wellness Centres for limited exposure to sensitization/screening and basic counselling skills and coping skills

- 2.2. Arrange Training of counsellors from various NHM schemes (and counsellors working in NGOs)- higher level training in the Health and Wellness skills for counselling, appropriate treatment of CMD, PTSD, SUDs and Positive Mental Health processes; arrange for availability of medicines through NHM.
- 2.3. Arrange Training by utilising existing resources and protocols
- Existing in the state
 - Training protocols for Disaster and Mental Health [NIMHANS]
 - Training and distance learning protocols for mental health intervention [National Digital Academy – NIMHANS Bangalore, LGBRIMH Tezpur, CIP Ranchi, AIIMS New Delhi, PGIMER Chandigarh]
- 2.4. Arrange training of trainers for Raising awareness and sensitisation with a focus on schools/colleges, NGOs working in community development and financial uplift to promote sensitisation workshops repeated at discreet intervals and focusing 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

3. AUDIT

The Program Officer of the DMHP shall conduct an audit half yearly on the indicators/parameters that has been mentioned already in Sub-Section 'D' under the section 'Adaptation strategy and action plan for mental health problems sensitive to climate variability'. The audit shall 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



AUDIT_indicators & parameters.docx

TASK FOR COE

1. IDENTIFY

- 1.1. Identify the team to work on Climate Change and Mental Health at the COE and assign responsibilities, as well as potential partners to develop resources

INTRA MURAL	Department	Role
Prof. Vivek Benegal	Psychiatry	Co-ordination; Surveillance
Prof. K. Sekar	Psychiatric Social Work	Disaster & Mental Health
Dr.Jaikumar	Psychiatric Social Work	Disaster & MH; Surveillance

Prof. C Naveen Kumar	Psychiatry - Community	DMHP & Climate MH; Dissemination
Prof. Suresh Badamath	Psychiatry - Community	DMHP & Climate MH; Legal-Advocacy
Prof. Prabhat Chand	National Digital Academy	Distance education & dissemination
Prof. Pratima Murthy	Psychiatry	Training of Medical Officers' Manual
Dr. Gautham MS	Centre for Public Health	Public Health and surveillance strategies
Prof. Shivaram Varambally	Centre for Integrated Medicine	Yoga and Integrated Medicine
Prof. Seema Mehrotra	Clinical Psychology	Positive Mental Health
Prof. Paulomi Sudhir	Clinical Psychology	Counselling skills
Dr. Senthil Reddi	Psychiatry	Suicide
Dr. Lekhansh Shukla	Centre for Addiction Medicine	SUDS; Long term MH impact
Dr. Jayant Mahadevan	Centre for Addiction Medicine	SUDS; IEC
Dr. KS Meena	Health Education	Information, Education, Communication
Dr. Eesha Sharma	Child and Adolescent Psychiatry	Children and Adolescents
Dr. Santhosh Loganathan	Geriatric Psychiatry	Elderly
EXTRAMURAL PARTNERS		
Dr. Rajani Partha Sarathy	Deputy Director Health, NHM GoKar	State Level Dissemination and Suggested Nodal Officer for Karnataka
Dr. Geetha Narayanan	Director, Srishti School of Art and design, Bangalore	IEC strategies

2. ARRANGE

- 2.1. Arrange resources for training and monitoring; website for storage of electronic training / monitoring resources and dissemination; Creation of public awareness and training material
- 2.2. Arrange for training and monitoring processes and personnel
- 2.3. Arrange for demonstration project(s) in consultation with state partners (NHM, Karnataka)

3. AUDIT

- 3.1. Audit and evaluate working of programme annually on the indicators/parameters already mentioned elsewhere



AUDIT_indicators & parameters.docx

- 3.2. Conduct longitudinal assessment of the impact of climate change on mental health in India utilising existing population cohort studies and research studies on specific aspects of mental health and climate change.