सत्यमेव जयते

Ministry of Health And Family Welfare
Government of India

Azadi Ka Amrit Mahotsav

Surveillance for Climate Change and Mental Health

National Programme on Climate Change and Human Health

MINISTRY OF HEALTH AND FAMILY WELFARE

National Programme on Climate Change and Human Health

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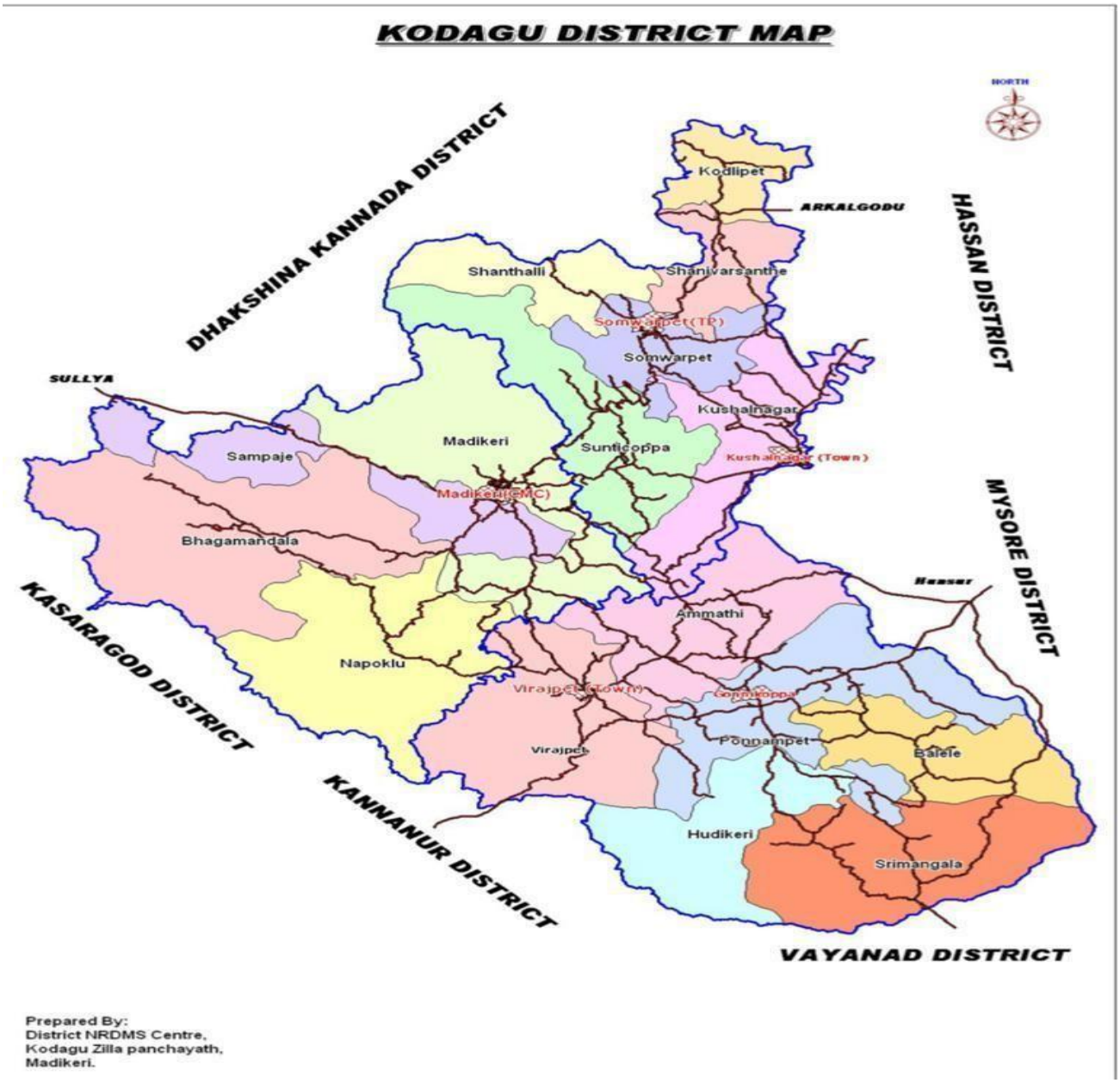
SURVEILLANCE FOR CLIMATE SENSITIVE MENTAL HEALTH PROBLEMS IN KODAGU DISTRICT

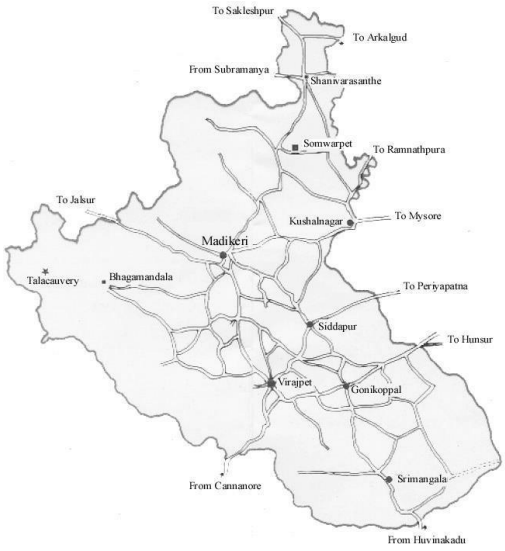
Kodagu, also known as Coorg, is the smallest district in Karnataka. It is a scenic hills district in southern Karnataka, on India's Western Ghats, and is regarded as one of the state's most attractive hill stations. It is currently part of the Mysore Lok Sabha Parliamentary Constituency and is divided into three taluks: Madikeri, Somwarpet, and Virajpet.



GEOGRAPHY

Kodagu is located in the Western Ghats. Its boundaries are Dakshina Kannada district on the northwest, Hassan district on the north, Mysore district on the east, Kannur district of Kerala on the southwest, and on the south Wayanad district of Kerala. There are several wildlife sanctuaries and national parks in Kodagu. The Brahmagiri, Talakaveri, and Pushpagiri Wildlife Sanctuaries, as well as the Nagarhole National Park, also known as the Rajiv Gandhi National Park, are among them

The primary river in Kodagu is the Kaveri (Cauvery), which starts in Talakaveri on the eastern edge of the Western Ghats and drains most of Kodagu with its tributaries. Tadiandamol, the highest mountain, rises to 1,750 metres (5,740 feet),). Madikeri is the main town and district capital, with a population of roughly 30,000 people. Madikeri, Virajpet, and Somwarpet are the three administrative talukas that make up the district.



Rainfall and Climate

The region has a typically tropical climate with low to moderate humidity. The monsoon season extends from June until the end of September, and the district receives heavy rainfall in some areas, even in the post-monsoon months of October and November.

The days are hot and humid in October. The cold season lasts from December through February, with sunny weather, misty mornings, and cool evenings. The summer season extends from March till the end of May.

The highest maximum temperature recorded at Madikeri was 39^0 C on the 11th of May 2014, and the lowest minimum temperature ever recorded was 8.9^0 C on the 20th of February 1936. The average annual rainfall for the district (1997- 2006) is 2552.54 mm, and the number of rainy days ranges between 85 and 153, with an average of about 118 rainy days in a year.

The amount of rainfall and the number of wet days within the district vary greatly. The highest rainfall (Average of 3302.46 mm) was recorded in Madikeri taluk, and the lowest (Average of 2105.22 mm) was recorded in Somvarpet taluk. The impact of topography on rainfall may be seen in the spatial distribution. As a result, rainfall decreases as one travels from the western to the eastern parts of the area.

Average Rainfall Statistics in Kodagu District

Taluk	Normal Rainfall	2014	2015	2016	2017
Madikeri	3286.70	3933.07	3397.51	2708.70	3140.94
Virajpet	2661.20	2310.84	1861.74	1206.80	1790.83
Somwarpet	2206.10	2082.29	1606.60	1308.04	1732.19
Total	2718.00	2775.40	2288.99	1741.16	2221.31

DEMOGRAPHY OF THELAND

Kodagu is Karnataka's least populous district, with a population decadal growth rate of 1.09 percent in the previous decade. The district's decadal population growth rate has continuously been lower than the state's. In 2011, Kodagu accounted for 0.91 percent of the state's total population.

Demographic Features of Kodagu district from 2001 to 2011

Description	2001	2011
Actual Population	548461	554519
Male	274831	274608
Female	273730	279911
Population Growth	12.31%	1.09%
Density/ Km/sq	134	135
Sex Ratio(per 1000)	996	1019
Child sex ratio (0 to 6 Age)	977	978
Average Literacy	77.99	82.61
Male Literacy	83.70	87.19
Female Literacy	72.26	78.14

57.39 percent of Kodagu's population is under the age of 35. With a population density of 135 people per square kilometre, it has the biggest share of the rural population in the state (85.39%)

The sex ratio in the population grew from 996 in 2001 to 1019 in 2011 (1019 women for 1000 males). The number of children aged 0 to 6 in the area decreased by 21.33 percent between 2001 and 2011.

Scheduled Caste and Scheduled Tribes Population of the district

S. No	Description	Total Population	Urban	Rural
1	Schedule Caste	67472	8134	59288
2	Schedule Tribes	46115	1219	44896
	Total	113587	9353	104184

KODAGU DISTRICT ADMINISTRATIVE SETUP

Kodagu district consists of three revenue taluks, namely, Madikeri, Somwarpet and Virajpet

Sl.No	Taluk	Hoblis	Revenue Circles	Gram Panchayaths
1	Madikeri	4	31	22
2	Somwarpet	6	34	40
3	Virajpet	6	44	36

SOCIO-ECONOMIC PROFILE OF THE DISTRICT

Many high-value plantation crops, like coffee, black pepper, and cardamom, are the district's economy and tourism foundation. Regarding gross per capita income, Kodagu is one of Karnataka's wealthier districts (Rs 68,965 in 2008-09). The cumulative annual compound growth rate (CAGR) of the District Domestic Product (DDP) was 6.81 percent (GDDP), with the primary sector showing the greatest CAGR (9.63 percent).

AGRICULTURE

Agriculture is the district's principal economic activity. Coffee is the most popular plantation crop, particularly the Coffee Robusta kind, while the Arabica species is also frequently farmed. The climate is ideal for developing coffee, pepper, orange, anthurium, and other plantation crops. In addition to coffee, Kodagu produces a diverse range of horticultural crops. Some of the district's most important horticultural crops are cardamom, black pepper, orange, banana, ginger, areca, cocoa, and cashew. Some of the minor horticultural products are floriculture, mango, vanilla, pineapple, sapota, and jackfruit.

In the taluks of Somwarpet, the district has two dams that span the Harangi and Chikli holes.

Production of crops as follows:

Sl. No	Taluk	Rice (in tons)	Coffee (in metric tons)		Maize	Fruits (in tons)	Oil seeds	Spices (in tons)
			Arabica	Robusta				
1.	Madikeri	36299	800	26850	0	34417	0	3894
2.	Somwarpet	62683	18268	6995	25850	32455	0	6983
3.	Virajpet	63010	1710	82793	0	38527	0	14838
	Total	161992	20778	116638	25850	105399	0	25715

GEO MORPHOLOGY OF SOIL TYPES

The district's soils have a diverse profile and are made up of lateritic debris in various degrees of weathering and lateralization. The fertile loamy soils in the valleys and slopes are excellent for farming. Dark clay soils predominate in the eastern zone. Throughout the monsoon, they get waterlogged, and large fissures emerge during the summer months.

Loamy soils predominate in the centre zone. Loamy soils predominate in the centre zone. The soil in the western zone is heavily leached and tends to be relatively shallow due to its lateritic component.

EDUCATION

In 2011, Kodagu's average literacy rate was 82.61 percent. Male and female literacy rates were 87.19 percent and 78.14 percent, respectively, according to the gender analysis. However, the district's literacy rate in 2011 was 2.39.

Compared to other surrounding districts, the number of technical and vocational education institutions in the Kodagu district is less.

The Number of Educational Institutions is as follows: Higher education institutions in Kodagu (2011)

Details of Educational institutions	No .of colleges
PU colleges	54
Polytechnic Colleges	2
Degree Colleges	10
Technical (Engineering) Colleges	2
Dental College	1
Medical College	1

Some of the notable college institutions of the region are:

- Coorg Institute of Dental sciences, Virajpet
- Government Engineering College, Kushalnagar.
- College of Forestry, Ponnampet, University of Agricultural Sciences (B). Coorg
- Institute of Technology, Ponnampet.

- Field Marshal K M Cariappa Degree College, Madikeri
- Medical College, Madikeri.

LAND UTILISATION DETAILS

Sl.No	Taluks	Geographical area	Forest	Non agricultural land	Wasteland	Total	Cultivable land	Pasture
1	Madikeri	145045	47514	35931	2158	85603	55333	4109
2	Somwarpet	99999	20849	24943	2569	48361	48118	3520
3	Virajpet	165731	66234	9429	2702	78365	81111	6255
	Total	410775	134597	70303	7429	212329	184562	13884

INFRASTRUCTURE

Despite its steep topography, Kodagu is adequately provided with banks, schools, health, and road amenities. On the other hand, the absence of railway connectivity is undoubtedly the most prominent element of Kodagu's infrastructural situation.

Sl.No	Infrastructure	Madikeri	Virajpet	Somwarpet	Dist Total
1.	Nationalised Banks	37	32	35	104
2.	Grameena banks	6	7	6	19
3.	Co-op Banks	5	5	3	13
4.	Police Station	5	7	5	17
5.	Fire stations	1	2	1	4
6.	Government General Hospitals	8	12	14	34

7.	Private Hospitals	5	8	3	39
8.	Primary health centres	6	11	13	30
9.	Lower Primary School	46	43	49	138
10.	Higher Primary Schools	78	84	52	214

11.	High schools	11	23	13	47
12.	PU colleges	14	18	22	54
13.	Medical Colleges	1	0	0	1
14.	Engineering Colleges	0	0	1	1
15.	Nursing colleges	0	0	0	0
16.	Ayurvedic college	0	0	0	0
17.	Rain gauge stations	13	14	13	40

CRITICAL INFRASTRUCTURES OF THE DISTRICT

Critical facilities are defined as facilities that are essential for the District of Kodagu to carry out emergency response activities. The list of critical infrastructures in Kodagu District.

- Energy and Utilities
- Communications and Information Technology
- Finance (e.g. banking, securities and investment
- Health Care (e.g. hospitals, health care and blood supply facilities, laboratories and pharmaceuticals)
- Food (e.g. safety, distribution, agriculture and food industry)
- Water (e.g. drinking water and wastewater management)
- Transportation (e.g. air, rail,)
- Safety (e.g. chemical, biological, radiological and nuclear safety, hazardous materials, search and rescue, emergency services, and dams
- Government (e.g. services, facilities, information networks, assets and key national sites and monuments)

The critical infrastructure consists of those physical and information technology facilities, networks, services and assets which, if disrupted or destroyed, would seriously impact the health, safety, security or economic well-being of the District of Kodagu.

KEY RESOURCES OF THE KODAGU DISTRICT

DETAILS OF RIVERS AND DAMS

Sl.No	Taluk	Rivers	Dams
1.	Madikeri	1	0
2.	Virajpet	1	0
3.	Somwarpe t	1	1
	Total	3	1

DANGER LEVEL OF RIVER WATER IN KODAGU DIST.

Sl.No	Name of the River	Flood Gauge Station	Danger	Extra Level
1.	Kaveri (Harangi)	Harangi	2859 feet (max)	above 2859 feet

DETAILS OF DRINKING WATER

Sl.No	Taluk	ULB Source	MLDs per Day	Rural Source	MLDs per Day
1.	Madikeri	4	5.20	872	6.30
2.	Virajpet	1	2.25	1566	8.46
3.	Somwarpet	4	2.24	2540	13.36

ROAD NETWORK

Madikeri is well connected by road with Mangalore, Hassan, Mysore, Bangalore and Kannur, Thalassery, and Wayanad of the neighbouring state Kerala. There are three Ghat roads for reaching Kodagu from Kerala and Karnataka coastal regions. The nearest airports are Mysore and Mangalore. The nearest seaport for Kodagu is New Mangalore Port at Panambur in Mangalore, 145 kilometres from Madikeri.

DETAILS OF ROAD:

Sl.No	Taluk	NH	State Highway	Major Dist Roads (in kms)	Other District roads

			(in kms)		
1.	Madikeri	0	129.36	263.20	0
2.	Virajpet	0	156.51	340.70	0
3.	Somwarpet	0	252.10	248.80	0
Total		0	537.97	852.70	0

DETAILS OF MEDIA AND COMMUNICATIONS

Sl.No	Taluk	Local TV channels	Local Radio Channels	Local newspapers
1.	Madikeri	4	1	3
2.	Virajpet	0	0	0
3.	Somwarpet	0	0	0
Total		4	1	3

DETAILS OF POWER-GENERATING INDUSTRIES

Bhoruka Power Corporation Ltd started executing the 2x5MW Manjanadka Mini Hydro Project across River Manjanadka near Karike village, about 22 kms from Bhagamandala in Kodagu District, in February 2007.

Sl.No	Taluk	Hydro Electric Plant	Capacity	Thermal Power plant	Capacity
1.	Madikeri	1	2x5 MW	0	0

2.	Virajpet	0	0	0	0
3.	Somwarpe t	0	0	0	0
	Total	1	2x5 MW	0	0

DETAILS OF INDUSTRIES

Sl.No	Taluk	Small scale	Employment	Medium scale	Employment	Large scale	Employment
1.	Madikeri	554	3060	0	0	0	0
2.	Virajpet	434	2181	0	0	0	0
3.	Somwarpe t	632	3388	0	0	0	0
	Total	1620	8629	0	0	0	0

VULNERABILITY AND RISK ASSESSMENT

A hazard is a natural physical event that can potentially convert into a disaster, causing widespread injury or deaths and damage to public or private property or the environment.

Vulnerability means the inability to resist a hazard or respond when a disaster has occurred. It depends on several factors such as people's age and state of health, local environmental and sanitary conditions, as well as the quality and state of local buildings and their location concerning any hazards

Kodagu district in Karnataka state lies in the southern part of the Western Ghats with high-range hills. The region's topography is sensitive, and any land-use changes cause landslide or slope failures affecting the population. The factors generally responsible for the landslides or slope failures viz., lithology, structure, slope, morphometry, geomorphology, land use/land cover and drainage density.

HAZARD ANALYSIS OF THE DISTRICT

Type of Hazard	Time of Occurrences	Damage Impact	Region of effecting in the district		Vulnerability
Flood	July	roads submerge	Madikeri Taluk	Bhagamandala, Talacauvery, Napoklu, Aiyengeri, Bolibane	Severe
			Somwarpet Taluk	Nelliahudikeri, Bettadakadu,	Severe

			Virajpet Taluk	Betri, Karadigodu, Poojikallu(Kutta), Nittur(laxmanathirtha), Kondangeri, Guhya, Keerehole (Gonikoppa), Balyamandoor, Harihara	
Landsliding	July & August		CMC	Mangaladevinagar, Mallikarjunanagar, Putaninagar, Chamundeshwarinagar	Severe
			Madikeri taluk	Karike, Bhagamandala, Talacauvery	Severe
			Somwarpet taluk	Chettalli, Abyathmangala	Severe

SURVEILLANCE SYSTEM ON MENTAL ILLNESSES DUE TO CLIMATE CHANGE (PILOT)

Establishing a surveillance system for impacts of climate change on mental illnesses – a pilot proposal

Surveillance is "an ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health." Analysis of mental health and other health issues has shown significant associations between mental illness and health risk behaviours (e.g., smoking, obesity, physical inactivity) and chronic disease (e.g., arthritis, diabetes, cardiovascular disease, asthma), leading to morbidity and mortality. Mental health problems have also been associated with the impact of climate change, such as air pollution, heat waves, extreme weather conditions, floods, drought etc. So, having a surveillance system that can help predict the trends of psychological issues due to climate variability will enable us to provide preventive and promotive mental health services at the community healthcare level and for decision-makers to frame policy.

Though mental health data is collected in the National Mental Health Programme (NMHP), it has not been integrated into other surveillance programmes like HIV, TB, IDSP, etc. A proposal has been envisioned to establish a surveillance system at selected states and districts by integrating mental health and meteorological data to observe trends and early warning signals so that preventive and promotive mental health actions are undertaken at the healthcare facilities.

Overview:

NPCCHH proposes a strategy for addressing the impact of climate change on mental health issues by establishing an integrated surveillance and response mechanism within the existing National Mental Health Programme (NMHP). Keeping this in mind, a pilot is considered in disaster/climate change prone areas such as coastal Odisha, coastal West Bengal, Uttarakhand, and Karnataka. Out of these disaster/climate change prone areas, District Kodagu of Karnataka is identified as a pilot district and Karnataka as a pilot state for setting up surveillance systems for the impacts of climate change on mental health issues.

The main objective of establishing surveillance for climate change and mental health issues is:

- To integrate with the existing DMHP reporting system to collect data on the impacts of climate change on mental health issues for generating early warning signals so that timely and effective response can be initiated.

The health care facilities identified under NMHP for collection and reporting of data are the implementing units of pilot District and State. Under NMHP, data collection and reporting are done quarterly (quarter-wise). Data is collected from all the healthcare facilities and reported to the district and state levels. The same method (i.e. reporting system and quarterly reporting) existing in NMHP is followed in the pilot district and state. Within the existing reporting formats of NMHP, climate change parameters such as impacts of extreme weather (heat waves, floods, drought, etc.) are included for the data collection on the effects of climate change on mental health issues. However, data collection is done routinely (daily) in case of extreme weather/disaster etc. and periodically, as mentioned above.

The Indian Meteorological Department (IMD) will be involved in providing climate variables for correlating the impacts of climate change on mental health conditions. Other stakeholders will be responsible for organised response mechanisms for preventing and promoting health.

As per the data available, Floods and landslides are quite common in the Kodagu district. The surveillance for mental health problems needs to be done immediately after the disaster and periodically, as mentioned. The surveillance needs to be in periodic intervals of three months(quarterly). The relevant data will be collected from all the primary, secondary and tertiary healthcare facilities.

Organisation structure:

Under NPCCHH, the District Environmental Health Cell (DEHC) has been established in all the districts across the country. The DEHC will be the nodal point for collecting, collating, and analysing the surveillance report. Below the district, all the health care facilities, such as PHC, CHC, sub-district hospitals, District Hospital, Medical Colleges etc., will be the reporting units for the surveillance system. The District Environmental Health Cell in the Districts has been manned by a District Nodal officer and Data Entry Operator. The District Nodal officer will be responsible for implementing the surveillance system at the district level and also will

coordinate with other stakeholders such as IMD, DMHP and other programme officers for sharing early warning signals to concerned departments for organised response measures. The respective healthcare facilities' Medical officers will collect, collate, and share quarterly reports with DHEC. The District and State Nodal Officer of Climate Change will provide timely feedback and follow-up actions concerning the surveillance data.

LEVELS OF DATA FLOW OF SURVEILLANCE:

Data Management:

The data format for the respective healthcare facilities under NMHP will be utilised, with additional information on climate change and mental health issues incorporated into the format. The updated format, including climate change and mental problems, is placed in Annexures A to C for each healthcare facility (PHC, CHC, Sub District Hospital, and District Hospital/Medical College of Kodagu). A questionnaire-based tool is also developed for community-level screening for extreme events and mental health issues - Mental Health Screening and Counselling Tool for Field Level Workers of India (MERIT). The digital format (excel format) is utilised for data entry, and completed formats are shared electronically with Kodagu DHEC every quarter. The data collection on climate change and mental issues include the following:

Total no. of new patients with mental health problems seen in the OPD due to extreme weather events (floods/cyclones/heat waves/earthquakes/other disasters)
Total no. of follow-up cases with mental health problems in the OPD in the reported quarter related to extreme weather events (floods/cyclones/heat waves/earthquakes/other disasters
Total no. of cases with mental health problems referred to tertiary care hospitals in the reported quarter related to extreme weather events (floods/cyclones/heat waves/earthquakes/ other disasters

At the district level, data related to extreme weather events will be provided by the Nodal Officer of IMD office. The District Nodal officer of Kodagu will collaborate with IMD and will collect and collate meteorological data regarding the quarterly distribution of mental health cases.

The details of case patients diagnosed with mental health issues due to extreme events in the outpatient department (OPD) will be entered into the assigned format of the healthcare facilities (PHC, CHC, Sub District Hospital, and District Hospital/medical college). These daily OPD data will be consolidated quarterly from each healthcare facility (PHC, CHC, sub-district hospital, and District Hospital/medical college). In case of disaster/extreme events such as floods, drought, heat waves etc., the collection will be daily in the health care facilities (PHC, CHC, sub-district hospital, and District Hospital/medical college) located in the affected areas of extreme weather events.

The consolidated quarterly reports prepared by each healthcare facility (PHC, CHC, sub- district hospital, and District Hospital/medical college) will be shared electronically with Kodagu DHEC every quarter. The reports should be complete, consistent, timely, and shared with Kodagu DHEC. The reports received by Kodagu DHEC are consolidated concerning each healthcare facility. A final report is prepared as per Annexure D. The report is then shared with

the Karnataka State Environmental Health Cell (SEHC) as per Annexure E under NPCCHH at the State level.

Levels of Data flow in Kodagu district

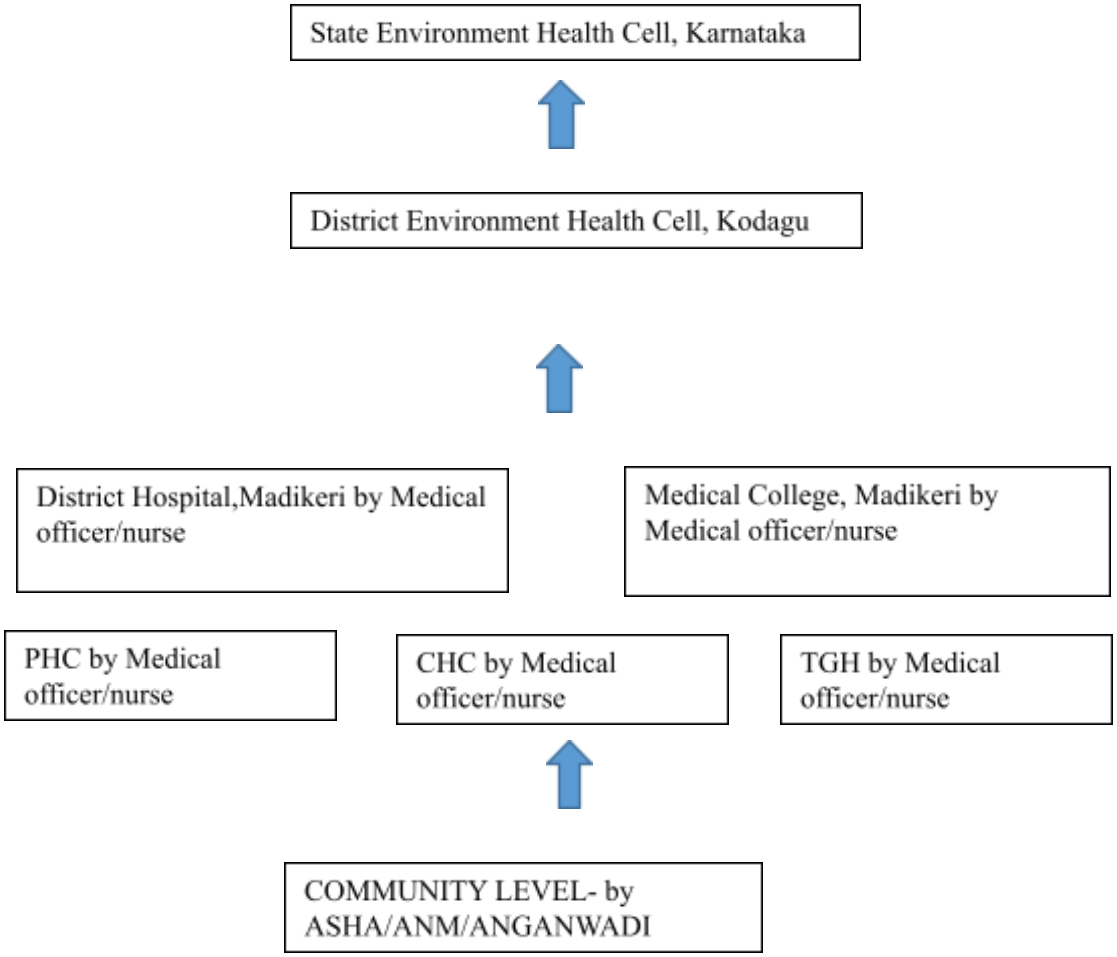


Table depicting the surveillance data collection at various levels

LEVEL	**CENTRE**	**DATA COLLECTION BY**
Village	HWC	CHO, ASHA
	Sub centre	CHO, ASHA, Nurse
	PHC	Nurse, Medical officer
Sub-district	CHC	Nurse, Medical officer

District	District hospital	Duty Medical officer, Nurse
	Medical colleges/Tertiary centres	Duty Medical officer, Nurse
	District Environment Health Cell	District Nodal Officer/District Health Officer/District Coordinator
State	State Environment Health Cell	State Nodal Officer

At Community Level:

Role of ASHA, Community Nurse, CHO at the community level:

The primary role of ASHA, Community Nurse and CHO at the village level is to conduct interviews using the tool (MERIT Tool-in annexure F) with respect to mental health problems in their respective areas in Kodagu. The patients who are found to have mental health issues will be referred to HWC or Sub centre. The patients who require basic psychosocial support would be referred to PHC for treatment.

At the Primary Health Care level of Kodagu

There are 30 PHCs in the district of Kodagu. At each PHC, the medical officer can assess and diagnose mental health problems in these referred individuals.

List of PHC in Kodagu district

Sl.No	Name of the Hospital	Office Number
1	Napoklu PHC	08272-237232
2	Cheyandane PHC	08272-259067
3	Murnad PHC	08272-232345
4	Cherambane PHC	08272-235431

5	Bhagamandala PHC	08272-243212

6	Sampaje PHC	08272-239793
8	Suntikoppa PHC	08276-262444
9	Chettalli PHC	08276-266386
10	Nanjarayapatna PHC	08276-226744
11	Hebbale PHC	08276-276231
12	Kudige PHC	08276-278037
13	Gowdalli PHC	08276-285051
14	Alur siddapura PHC	08276-286751
15	Shirangala PHC	08276-246210
16	Shanthalli PHC	08276-288002
17	Beligeri PHC	08276-289046
18	Surlabi PHC	
19	Madapura PHC	08276-275268
20	Kodlipet PHC	08276-280077
24	Hudikeri PHC	08274-253376
25	Kakotuparambu PHC	08274-254684
26	Kannangala PHC	08274-252526
27	Kuttandi PHC	08274-283828
28	Birunani PHC	08274-238033
29	Srimangala PHC	08274-246210
30	Kanoor PHC	08274-235321
31	Balele PHC	08274-292113
32	Thithimathi PHC	08274-263489
33	Maldare PHC	08274-259800
34	Chennankote PHC	08274-291369

Role of Medical officer in PHCs of Kodagu:

The Medical Officers screen patients with mental health issues using the CSP manual (Annexure G) and provide psychosocial treatment as per Comprehensive Primary Mental Health Services under Ayushman Bharat.. The Medical Officer enters the mental health case records into the surveillance form of NMHP incorporated with climate change questionnaires (pilot state). The

Staff Nurse collates and consolidates all the cases of patients

of mental health into the register. A quarterly updated surveillance format of aggregated patients with mental health issues will be shared with the District Nodal Officer.

At CHC/Sub District Hospital/District Hospital of Kodagu:

The district has 5 CHC and 2 Taluk Government Hospital (TGH). At each CHC/Sub District Hospital, the medical officer can assess and diagnose mental health problems in these referred individuals.

List of CHC /TGH in Kodagu

S. No	Name of the Hospital	Office Number
1.	Somwarpet TGH	08276-282700
2.	Shanivarsanthe CHC	08276-283330
3.	Kushalnagar CHC	08276-274238
4.	Virajpet TGH	08274-257324
5.	Siddapura CHC	08274-258444
6.	Polibetta CHC	08274-251108
7.	Gonikoppa CHC	08274-247444

Role of Medical officer in CHC/Sub District Hospital/District Hospital of Kodagu:

The Medical Officers screen patients with mental health issues using the CSP manual (Annexure G) and provide psychosocial treatment as per Comprehensive Primary Mental Health Services under Ayushman Bharat.. The Medical Officer enters the mental health case records into the surveillance form of NMHP incorporated with climate change questionnaires (pilot state). The Staff Nurse collates and consolidates all the cases of patients with mental health issues into the register. A quarterly updated surveillance format of aggregated case patients of mental health will be shared with the District Nodal Officer.

At District Hospital/Medical College of Kodagu:

In the district of Kodagu, there is one district hospital in Madikeri and one medical college, i.e., Madikeri Medical College.

Role of Duty Medical officer in District Hospital/Medical College of Kodagu:

The Duty Medical Officer's screen patients with mental health issues using the CSP manual

(Annexure G) and provide psychosocial treatment as per Comprehensive Primary Mental Health Services under Ayushman Bharat. The Duty Medical Officer enters the mental health case records into the surveillance form of NMHP incorporated with climate change questionnaires (pilot state). The Staff Nurse collates and consolidates all the cases of patients with mental health issues into the register. A quarterly updated surveillance format of aggregated case patients of mental health will be shared with the District Nodal Officer.

Role of District Nodal Officer (DNO) in the District Environment Health Cell of Kodagu: The DNO for climate change will be responsible for collecting surveillance forms/data from the PHC, TGH, District hospital, medical college/tertiary centres in the district of Kodagu. The surveillance forms from each of these health facilities will be collected at an interval of three months, i.e., every quarter of the year. The DNO will collate all this surveillance data collected from various levels (as per Annexure D) and send it to the State Environment health cell quarterly. In addition, DNO will also collect data from the meteorological department regarding climate events every three months. DNO will analyse mental health trends against climatic events (data from the meteorological department) in the respective district. DNO will take necessary adaptation/mitigation measures in the district, such as strengthening the existing infrastructure, enhancing the awareness generation activities, focusing on training, and preventive measures, including planning for targeted intervention in liaison with DMHP.

Role of State Nodal Officer (SNO) at the Karnataka State Environment Health Cell Karnataka SNO will coordinate with all the DNO's for the timely collection and collation of the data. SNO will collate and analyse all surveillance data collected from various levels (as per Annexure E) and share it with NCDC, and NPCCHH each quarter (three months).

Monitoring & Evaluation:

All surveillance activities must be constantly monitored using standard performance indicators. The District Nodal Officer will monitor the surveillance system at the primary health care, Taluk and District levels. The following parameters will be used for monitoring and evaluation:

1. Total number of new patients with mental health problems seen in the OPD in the reported quarter
2. Total number of follow-up patients with mental health problems seen in the OPD in the reported quarter

3. Total number of referrals done for patients with mental health problems seen in the OPD in the reported quarter
4. Total number of Psychotropic medications dispensed in the reported quarter
5. Total number of IEC activities conducted for climate change related mental health problems

Analysis and Response:

The reports are to be analysed at all levels from the periphery to DEHC for timeliness, completeness and regularity of reports shared with Kodagu DEHC. The data collected with respect to climate change and mental health from all the healthcare facilities are analysed along with the meteorological data in the Kodagu District Environment Health Cell

- Expected outcomes:
    - For observing the trends of psychological problems associated with climate change in any area in the piloted District(Kodagu).
- Response mechanism:
    - There will be an increase in psychological issues corresponding to changes in the climate in the piloted district (Kodagu).
    - Increase in training and capacity building in mental health for healthcare professionals and prepare to strengthen healthcare facilities to address mental health issues due to climate change
    - Increasing awareness generation activities on climate change and its impact on mental health conditions such as depression, anxiety, grief, fear etc

ANNEXURES

ANNEXURE A: Surveillance form for mental health issues related to climate change at the primary health centre (PHC) level - Kodagu

Reporting Quarter & Year:1st /2nd/3rd/4th Quarter_____(Year) Name of the PHC: BLOCK:

DISTRICT: Kodagu STATE: Karnataka

1.	**Mental Health Services- Out-Patient Department (OPD) and referral services at Primary Health Centre (PHC) level**	
1.1	Total no. of new patients seen in the OPD in the reported quarter	
1.2	Total no. of follow-up cases in the OPD in the reported quarter	
1.3	Total no. of cases referred to tertiary care hospital in the reported quarter	
2.	**No Essential Psychotropic Drugs Dispensed**	
2.1	Classification of drugs	
2.2	Antidepressant	
2.3	Antipsychotic	
2.4	Anticonvulsant	
2.5	Anxiolytic/ hypnotic	
3.	**Mental Health Services-related to Climate change**	
3.1	Total no. of new patients with mental health problems are seen in the OPD due to extreme weather events (floods/cyclones/heat waves/earthquakes/ another disaster)	
3.2	Total no. of follow-up cases with mental health problems in the OPD in the reported quarter related to extreme weather events (floods/cyclones/heat waves/earthquakes/other disasters	

3.3	Total no. of cases with mental health problems referred to tertiary care hospitals in the reported quarter related to extreme weather events (floods/cyclones/heat waves/earthquakes/another disaster)	
4.	**Number of cases based on Diagnosis**	
4.1	SMD/Psychoses	
4.2	CMD(Depression/Anxiety/PTSD/Somatoform)	
4.3	Substance Use Disorder	

ANNEXURE B: Surveillance form for mental health issues related to climate change at community health centre (CHC) level/taluk government hospital (TGH) -Kodagu

Reporting Quarter & Year:1st /2nd/3rd/4th Quarter_____(Year) Name of the CHC/TGH: BLOCK:

DISTRICT: Kodagu STATE: Karnataka

1.	**Mental Health Services- Outpatient Department (OPD) and referral services at Community Health Centre (CHC) level/Taluk Government Hospital (TGH)**	
1.1	Total no. of new patients seen in the OPD in the reported quarter	
1.2	Total no. of follow-up cases in the OPD in the reported quarter	
1.3	Total no. of cases referred to tertiary care hospital in the reported quarter	
2	**No Essential Psychotropic Drugs Dispensed**	
2.1	Classification of drugs	
2.2	Antidepressant	
2.3	Antipsychotic	
2.4	Anticonvulsant	
2.5	Anxiolytic/ hypnotic	
3.	**Mental Health Services-related to Climate change**	
3.1	Total no. of new patients with mental health problems are seen in the OPD due to mental health problems of extreme weather events(floods/cyclones/heat waves/earthquakes/ another disaster)	
3.2	Total no. of follow-up cases with mental health problems in the OPD in the reported quarter related to extreme weather	

	events(floods/cyclones/heat waves/earthquakes/ another disaster	
3.3	Total no. of cases with mental health problems referred to tertiary care hospitals in the reported quarter related to extreme weather events(floods/cyclones/heat waves/earthquakes/ another disaster	
4.	**Number of cases based on Diagnosis**	
4.1	SMD/Psychoses	
4.2	CMD(Depression/Anxiety/PTSD/Somatoform)	
4.3	Substance Use Disorder	

ANNEXURE C: Surveillance form for mental health issues related to climate change at the Madikeri medical college/ Madikeri District Hospital - Kodagu

Reporting Quarter & Year:1st /2nd/3rd/4th Quarter_____(Year)

Name of the DISTRICT: Kodagu

STATE: Karnataka

1.	**Mental Health Services- Outpatient Department (OPD) and referral services at District Health Care Level**		
1.1	Total no. of new patients seen in the OPD in the reported quarter		
1.2	Total no. of follow-up cases in the OPD in the reported quarter		
1.3	Total no. of cases referred to tertiary care hospital in the reported quarter		
2.	**Mental Health Services- Inpatient Department (IPD) at District Health Care Level**		
2.1	Total no. of patients admitted to IPD		
3.	**Mental Health Services- after treatment continuing care services at District Level**		
3.1	Total no. of Patients availed services at Long Term Residential Continuing Care Centre		
3.2	Total no. of patients availed services at Daycare Centers		
4.	**Mental Health Services- Out-reach Services**		
4.1	Total no. of cases examined in the outreach camps		
4.2	Total no. of Cases referred at the District level for management		
4.3	Total no.of cases referred to rehabilitation/counselling		
5.	**No. Essential Psychotropic Drugs Dispensed**		
5.1	Classification of drugs		
5.2	Antidepressant		

5.3	Antipsychotic	
5.4	Anticonvulsant	
5.5	Anxiolytic/ hypnotic	
6.	**Mental Health Services-related to Climate change**	
6.1	Total no. of new patients with mental health problems seen in the OPD due to extreme weather events (floods/ cyclones/ heatwaves/ earthquakes/other disasters)	
6.2	Total no. of follow-up cases with mental health problems in the OPD in the reported quarter related to extreme weather events (floods/cyclones/heatwaves/earthquakes/other disasters)	
6.3	Total no. of cases with mental health problems referred to tertiary care hospitals in the reported quarter related to extreme weather events (floods/cyclones/heatwaves/earthquakes/other disasters)	
7.	**Number of cases based on Diagnosis**	
7.1	SMD/Psychosis	
7.2	CMD(Depression/Anxiety/PTSD/Somatoform)	
7.3	Substance Use Disorder	

ANNEXURE D: Surveillance form for mental health issues related to climate change at the district level-Kodagu (District Environmental Health cell by the District Nodal Officer)

Reporting Quarter & Year:1st /2nd/3rd/4th Quarter_____(Year)

DISTRICT: Kodagu **STATE: Karnataka**

		PHC	CHC	TGH	DISTRICT HOSPITAL	MEDICAL COLLEGE /TERTIARY CENTRE
1	Total number of new patients seen in the OPD in the reported quarter					
2	Total number of follow-up cases in the OPD in the reported quarter					
3	Total number of cases referred to tertiary care hospital in the reported quarter					
4	Total number of patients admitted to IPD					
5	Total Number of Patients availed services at Long Term Residential Continuing Care Centre. (Department of Social Justice and Empowerment)					
6	The total number of patients availed services at Daycare Centers. (Department of Social Justice and Empowerment)					

7	Total number of cases examined in the outreach camps					
8	Total Number of Cases referred at the District level for management					
9	Total number of cases referred to rehabilitation/counselling					
10	Total number of women attending the OPD (including referral from the RCH program)					
11	Total number of children receiving services					
12	Total Number with Alcohol Use Disorders receiving services					
13	Total number with other Substance Use Disorders receiving services					
14	The total number of patients who availed Disability certifications? (Department of Social Justice and Empowerment)					
15	The total number of patients availed Disability certification allowance? (Department of Social Justice and Empowerment)					
16	Total Number of Persons with Mental Illnesses accessing services from the Community Mental Health Workers					

	(Department of Social Justice and Empowerment)					
17	Total Number of Persons with Mental Illnesses included in Government sponsored Schemes that promote livelihood, such as the Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGA) (Department of Social Justice and Empowerment)					
18	Total number with mental illnesses receiving any form of care for comorbid Physical health problems					
19	Total number of mental illnesses Relapses					
20	Total number of suicides					
21	Total number of persons with mental illnesses who have dropped out of care					
22	Total Number of Antidepressants dispensed					
23	Total Number of Antipsychotic dispensed					
24	Total Number of Anticonvulsants dispensed					
25	Total Number of Anxiolytic/ hypnotic dispensed					

26	Total no. of new patients seen in the OPD due to mental health problems of extreme weather events (floods/ cyclones/ heatwaves/ earthq uakes/ another disaster)					
27	Total no. of follow-up cases in the OPD in the reported quarter related to mental health problems of extreme weather events (floods/ cyclones/ heatwaves/ earthquakes/ other disasters)					
28	Total no. of cases referred to tertiary care hospital in the reported quarter related to mental health problems of extreme weather events (floods/ cyclones/ heatwaves/ earthquakes/ other disasters)					
29	Total no of cases of					

	SMD/ psychoses					
30	Total no of cases of CMD (depression/anxiety/PTSD/ somatoform)					
31	Total no of cases of substance use Disorder					

ANNEXURE E: Surveillance form for mental health issues related to climate change at the state level- Karnataka

Reporting Quarter & Year:1st /2nd/3rd/4th Quarter_____(Year)

STATE: Karnataka

		DISTRICT 1	DISTRICT 2	DISTRICT N	TOTAL
1	Total no. of new patients seen in the OPD in the reported quarter				
2	Total no. of follow-up cases in the OPD in the reported quarter				
3	Total no. of cases referred to tertiary care hospital in the reported quarter				
4	Total no. of patients admitted to IPD				
5	Total no. of Patients availed services at Long Term Residential Continuing Care Centre. (Department of Social Justice and Empowerment)				
6	Total no. of patients availed services at Daycare Centers. (Department of Social Justice and Empowerment)				
7	Total no. of cases examined in the outreach camps				
8	Total no. of Cases referred at the District level for management				
9	Total no. of cases referred to rehabilitation/counselling				
10	Total number of women attending OPDs (including referral from the				

	RCH program)				
11	Total number of children receiving services				
12	Total Number with Alcohol Use Disorders receiving services				
13	Total number with other Substance Use Disorders receiving services				
14	Total number of patients availed Disability certifications (Department of Social Justice and Empowerment)				
15	The total number of patients availed Disability certification allowance? (Department of Social Justice and Empowerment)				
16	Total Number of Persons with Mental Illnesses accessing services from the Community Mental Health Workers				
17	Total Number of Persons with Mental Illnesses included in Government sponsored Schemes that promote livelihood, such as the Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGA). (Department of Social Justice and Empowerment)				
18	Total number with mental illnesses receiving any form of care for comorbid Physical health problems				

19	Total number of mental illnesses Relapses				
20	Total number of suicides				
21	Total number of persons with mental illnesses who have dropped out of care				
22	Total Number of Antidepressants dispensed				
23	Total Number of Antipsychotic dispensed				
24	Total Number of Anticonvulsants dispensed				
25	Total Number of Anxiolytic/ hypnotic dispensed				
26	Total no. of new patients seen in the OPD due to mental health problems or extreme weather events(floods/cyclones/heatwaves/ earthquakes /other disasters)				

27	Total no. of follow-up cases in the OPD in the reported quarter related to mental health problems of extreme weather events (floods/ cyclones/ heatwaves/ earthquakes/ other disasters)				
28	Total no. of cases referred to tertiary care hospital in the reported quarter related to mental health problems of extreme weather events (floods/cyclones/heatwaves/ earthquakes/another disaster				
29	Total no of cases of SMD/Psychosis				
30	Total no of cases of CMD(Depression/Anxiety/PTSD/Somatoform)				
31	Total no of cases of Substance Use Disorder				

ANNEXURE F: Mental Health Screening and Counselling Tool for Field Level Workers of India (MERIT)

ADDRESS:	**NUMBER OF FAMILY MEMBERS:**	**DATE OF SCREENING:**
PHONE NUMBER:	**No. of Adults:** **No. of Children:**	**FAMILY INCOME :**

Medical History: Ask for Hypertension, Diabetes, Anaemia, Tuberculosis (TB), and Others. If present, Mention below

Sl No	**QUESTION**		
A	**ALCOHOL AND TOBACCO ABUSE**		
1	Have you or anybody in your family been consuming alcohol in the past few months **If YES,**	**YES**	**NO**
	1a.) Has that caused any health problems?		
	1b.) Has that caused difficulty in regularly working / problems in your relationship with family/ friends?		
2	Do you or anybody in your family consume BEEDI/GUTKA/CIGARETTES/ KAINI/ KADDI PUDI - early in the morning (Just after waking up from bed) in the past few months	**YES**	**NO**
B	**ANXIETY**	**YES**	**NO**
3	Have you or any member of your family experienced uncontrolled anxiety/stress/tension/worries/nervousness for no reason or trivial reasons in the past few weeks or months		
C	**SADNESS /SOMATOFORM Symptoms**	**YES**	**NO**

4	In the past few weeks/months, have you or anybody in your family experienced **sadness or felt tired** without any reason or have experienced **multiple physical or bodily complaints** despite assurances by the doctor against the presence of a physical ailment?		
D	**PEOPLE WHO ARE DISORGANIZED, VIOLENT, FEARFUL**	**YES**	**NO**
5	Has anybody in your family heard voices in isolation/seeing things that others don't see and Smile or talk to himself/herself or behave in a strange manner anytime in the past few weeks or months ?		
6	Has anybody in your family experienced suspiciousness/ odd beliefs or making tall claims such holding super powers etc in the past few weeks or months ?		
7	Does anybody in your family have poor self-care (not bathing or changing clothes for many days) or wanders aimlessly in the past few weeks or months		
8	Has anybody in your family experienced excess happiness without any apparent reason, overtalkativeness, hyperactivity and increased self-esteem in the past few weeks or anytime in the past		
9.	Have you or anybody in the family experienced suicidal ideas or attempted suicide recently or in the past?	**YES**	**NO**

DETAILS OF FAMILY MEMBERS WITH POSSIBLE MENTAL ILLNESS					
Sl No	**Name**	**Gender /F/ thers**	**Age**	**Medical History**	**Mental Health issue (YES/NO)**
1					
2					
3					

Basic Counselling by CHWs (or Field Level Workers)

Individual with mental illness and family members both should be involved in counselling

General Counselling

- ✔ Informing and educating about the presence of possible mental health issue
- ✔ Explaining the need for doctor's evaluation – starting treatment early to prevent further dysfunction and enable early improvement
- ✔ Informing them about various resources for treatment – Availability of doctors who will evaluate and initiate treatment at Local PHC/ District Hospital/ Tertiary care Centre (Medical College or Specialised Institute)

Treatment Counselling

Once a doctor evaluation is done, and medication or other advice is given

- ✔ **The onset of action** of psychiatric medications is slow- it takes around 2-3 weeks before the effect of the medications starts
- ✔ **Longer duration of treatment**: Treatment needs to be continued even after complete improvement is achieved as per the doctors' advice. For a few conditions, treatment goes on for a few months and for others, it may be longer
- ✔ **Do Not stop medications suddenly**: Medication should be continued as per advise of the doctor

Follow-up Counselling

- ✔ Check about their well-being, ask about the improvement they have achieved
- ✔ Ask if they are experiencing any side effects of the medication
- ✔ Advice to follow up with the doctor regularly
- ✔ Follow-ups should be done even after complete improvement is achieved as long as the doctors suggest – it is best to discuss with the doctors about this issue.
- ✔ Medications should be continued even after complete improvement is achieved
- ✔ Encourage the patient and family to discuss their doubts about the treatment, if any with you and the treating doctor

What to do if the person stops treatment?

First and foremost, do not get angry or criticise patient

- ✔ Enquire about the reason for stopping with an intention to help them with that reason.
- ✔ Check for relapse of symptoms
- ✔ Advise them to consult the doctor at the earliest
- ✔ If a person with Alcohol addiction or problems due to other habit-forming substances resumes using the substance- discuss with the person and family and advice them to seek help from the doctor at the earliest

<u>Psychological First Aid for Suicide attempt</u>

If you come across somebody who has recently attempted suicide or expressed suicidal ideas or plans to commit suicide, provide Psychological First aid (steps given below)

If the suicide attempt is within a few hours or in one day, check for any medical complications and refer to the nearest hospital immediately. No attempt should be taken lightly

If the attempt is sometime before,

1. **Provide support**: allow person to talk about their feelings and distress
2. **Look for support systems**: inform the family members about the attempt and tell them the following: being non-critical, allowing the person to talk and express their feelings;
3. **Refer to a doctor** for further assessment, treatment and counselling

Follow up with the person after assessment/ treatment is carried out

ANNEXURE G: Clinical Schedules of Primary Care Psychiatry (CSP) V2.3 for Medical officers

Clinical Schedules for Primary Care Psychiatry: Version 2.3 (COVID-19)

N Manjunatha, C Naveen Kumar, Suresh Bada Math, Jagadisha Thirthalli

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- ✓ *This schedule is prepared for the clinical use of **Primary Care Physicians** (PCPs) to screen during this Corona Virus outbreak and aftermath of the outbreak.*
- ✓ *In India, PCPs are also referred to as 'General Practitioners' (GPs), 'Family Physicians/Doctors' (FPs/FDs), 'General Doctors' (GDs)etc.*
- ✓ *This contains guidelines for screening, referral, early diagnosis, first line treatment and routine follow-up of an **ADULT** patients with psychiatric disorders at routine **OUT-PATIENT** primary health care or GPs clinics.*
- ✓ *The contents of this schedules are an adopted version of psychiatric classification, diagnostic criterias, & treatment guidelines for wider utilization by GPs of India.*

WHAT ARE THE EXPECTATIONS FROM GPs/PCPs during this Corona Virus outbreak?

A. *In first contact/ new patients with or without Corona Virus Exposure*

- ✓ *GPs should be able to do rapid screening in all adult patients for possible psychiatric disorders.*
- ✓ *GPs should be able diagnose & provide a first line of treatment that consists of medication and brief counselling.*
- ✓ *If patient shows improvement with treatment in 3 - 4 weeks, consider following them up under their own care.*
- ✓ *If case diagnosis is unclear, consider referral to a psychiatrist.*

B. *In stable patients referred by a psychiatrist for routine follow-up*

- ✓ *Along with patients, family/friends are a reliable source of information for better follow up.*
- ✓ *Enquire about clinical condition on every visit, check for common side effects, and prescribe same medications when clinical condition is same or when there is no worsening.*
- ✓ *If any patient does not improve, worsens, does not take regular medication, has severe side effects, becomes suicidal or aggressive, consider referring them back to psychiatrists.*
- ✓ *Consider referral to a psychiatrist for second opinion whenever patients/families concern about how long the medication should continue, despite your advice for a particular period!*

WHAT KIND OF PATIENTS IN GENERAL PRACTICE ARE LIKELY TO HAVE PSYCHIATRIC DISORDERS?

*Any patient/s who are likely to get **repeated prescriptions** from GPs for the following medication has higher probability of having psychiatric disorders. These medications are*

1. *Analgesics/Pain killers (Diclofenac, Ibuprofen, Nimesulide, etc)*
2. *Multivitamins in tablets/capsules/tonic bottle forms*
3. *Tonic seekers & Energy syrups*
4. *Antacid / H2 Blockers /Proton Pump Inhibitors (Ranitidine, Omeprazole, Pantoprazole, etc)*
5. *Benzodiazepines (Alprazolam /Diazepam/ Chlordiazepoxide/ Nitrazepam, etc)*
6. *Repetitive Infusion of Intravenous fluids on demand from patients/family*

Hence, it is suggested that GPs shall pro-actively search for psychiatric disorders in these kinds of patients in their clinical practice during this Corona Virus outbreak.

Part I: SCREENER / CASE RECORD FORM

Hospital No: ..... **Date:** ..... **Aadhaar No:**
Name: ..... **Age:** ..... years, **Gender:** .....
Postal address with parent/Guardian name:

Any pre-existing medical illness and treatment history YES/NO (record details, if YES)
Any Pre-existing mental illness (including substance use) and treatment history YES/NO (record details, if YES)

Presenting complaints with its duration:

1. ..... 2. .....
3. ..... 4. .....

Physical examination findings: .....

Can you explain above symptoms and signs with known medical illness?

YES → Please proceed with your diagnosis & your Rx

NO → If illness is ***< 2 weeks,*** *reassure & ask patient to follow-up if symptoms persists*

NO → If illness is ***≥ 2 weeks,*** *check for possible* ***psychiatric disorders*** *as below!!!*

Please begin with these general enquiries!

1	How is your sleep?	Normal / Disturbed
2	How is your appetite?	Normal / Disturbed
3	How is your interest in doing your daily work?	Normal / Disturbed

Now, begin with specific questions for possible psychiatric disorders!!!!

4	*In the past year, are you drinking alcohol heavily or regularly?*	*YES / NO*	If YES to any, check for ***Alcohol Disorder***
5	*In the past year, are you not getting sleep without alcohol?*	*YES / NO*	
6	*In the past year, does your hands/body parts tremble whenever you abruptly reduce or stop using alcohol?*	*YES / NO*	
7	*Do you use Beedi/Cigarettes/Gutka or other tobacco products within an hour of getting up from bed in the early morning?*	*YES / NO*	If YES, check for ***Tobacco Addiction***
8	*In the past few weeks, did you get sudden attacks of fear or anxiety?*	*YES / NO*	If YES to any, check for ***Panic disorder (PD)***
9	*In the past few weeks, does the above attack/s come without any reason/s?*	*YES / NO*	
10	*In the past few months, are you often getting tensed/stressed out without any reason or for small trivial reasons?*	*YES / NO*	If YES to any, check for ***Generalized Anxiety Disorder (GAD)***
11	*In the past few months, are you unable to control or stop this tension, thoughts, images, flash back episodes or memories of a particular event?*	*YES / NO*	
	Note: If 'YES' to any of the above items 8 to 11 and it is primarily attributed to infection or apprehension of infection of Corona Virus to self or loved ones check for **'Adjustment Disorder'** (less than one month) or ***'Acute Stress Reaction'*** (less than one month) or ***'Post Traumatic Stress Disorder'*** *(more than one month)*		
12	*In the past few weeks, have you been feeling tired all the time?*	*YES / NO*	
13	*In the past few weeks, have you lost interest or pleasure in your regular daily activities?*	*YES / NO*	If YES to any, check ***Depressive disorder***
14	*In the past few weeks, have you been feeling sad / depressed?*	*YES / NO*	
15	*In the past many months, does this patient have any physical symptom/s (listed in diagnostic criteria of Somatization disorder) which is unexplainable with current medical knowledge or with depression/anxiety?*	*YES / NO*	If YES to any, check for ***Somatization Disorder***
16	*In the past many months, has this patient shown signs of doctor shopping (repeatedly consulting you or other doctors) for these similar physical symptoms?*	*YES / NO*	
17	*In the past few weeks, does he/she has irritability, talking or smiling to self / suspiciousness/hallucination/delusions/poor self-care/aggressive behaviour?*	*YES / NO*	If YES to any, check for ***Psychotic Disorder***
18	*In the past few days, did he/she have suicidal, self-harm or aggressive behaviour*	*YES / NO*	*[$] PFA & Refer*

Note: *Items 1-15 for patients, 17 for family & friends, 17 & 18 for clinical interpretation of doctors*
[$] Provide ***Psychological First Aid*** & refer to a psychiatrist

Behavioural observation/s: .....

Diagnosis: *(Tick appropriately)*

1	**Alcohol Disorder:** *Harmful use (Frequent / Infrequent type)/ Addiction*
2	**Tobacco Addiction**
3	**Common Mental Disorders (CMDs)/ Neurosis**
	a. Predominantly Depressive Disorder
	b. Predominantly Anxiety Disorder (Panic Disorder/Generalized Anxiety Disorder/Adjustment Disorder/ Acute Stress Reaction/Post Traumatic Stress Disorder)
	c. Predominantly Somatization Disorder
	d. Mixed Disorder (Depressive, anxiety or somatic symptoms)
4	**Severe Mental Disorders (SMDs)/ Psychotic Disorders:** *Acute / Episodic / Chronic*
5	**Other**.....

Rx plan:

1. **Prescription**	2. **Brief counselling or Psychological First Aid provided: YES / NO**
3. **Follow-up notes with dates**	

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Part II: MANAGEMENT GUIDELINES

I. DIAGNOSTIC GUIDELINES

- ✓ The diagnoses of psychiatric disorders are based on cluster of symptoms and signs described below.
- ✓ Many medical illnesses in clinical practice can present as typical psychiatric disorders. Hence, it is advisable to ***rule out these medical conditions*** based on clinical symptoms and signs of medical illness, if present.
- ✓ Thyroid and cardiac dysfunctions are common medical conditions which can mimic psychiatric disorders.
- ✓ If medical illness is found, priority to be given on treatment of this medical condition.

Alcohol Disorders:

Alcohol Harmful use- *(Two types: Frequent /Infrequent) [Frequent type: ≥ 4 drinking sessions per month]*

1. Heavy alcohol use leading to socio-occupational and/or health problems, even if not regular use

Alcohol Addiction

1. Regular use of alcohol almost every day, especially early morning drinking
2. Experience of withdrawal symptoms whenever he/she reduces or stop alcohol such as tremors, sleep disturbance, sweating, palpitation, etc.

Tobacco Addiction

Person uses any tobacco products regularly and/or heavily and unable to control its quantity

DIAGNOSTIC CRITERIA OF PANIC DISORDER

The characteristics of attack of severe anxiety or fear **(panic attack)** as follows

1) Repetitive (more than one attack) 2. Spontaneous (sudden onset without any reasons) and 3) Unpredictable

These panic attacks are usually associated with

1. Sudden onset of palpitations, chest pain, difficulty breathing/choking sensations, dizziness, dry mouth, and feelings of unreality are common.
2. There is also a secondary fear of dying, losing control, or going mad.
3. Having a fear of *'anticipatory attack'* leading to avoidance of certain situations where these attacks occurred.
4. These attacks begin abruptly, reach a peak in minutes and resolution occurs in 10-20 minutes.

However, panic attack which is not spontaneous and predictable could be panic attack as a part of GAD/Depressive disorder, may not be panic disorder per se.

DIAGNOSTIC CRITERIA OF GENERALIZED ANXIETY DISORDER

An experience of excessive and uncontrollable anxiety /tension/worries/nervous with no obvious or trivial reasons for many months (often for ***> 6 months)***. ***The characteristics of these anxiety /tension/worries/nervous are***

1. Generalized in nature (involving several aspects of life involving family, health, finances, or work, such as family tragedy, ill health, job loss or accidents even when there are no obvious signs of trouble).
2. Persistently (present throughout day)
3. Free floating anxiety (means anxiety does not have an obvious cause / without pinpointing any source of worry/anxiety, but with capability to move on freely without being connected to one cause/source of anxiety **(unattached/uncommitted to a cause/a situation /independent of a cause, but capable of relatively free movement)**

These anxiety symptoms usually present with the following multiple symptoms.

1. ***Mental tension / Apprehension*** (nervousness or exaggerated and uncontrolled *"worries about future misfortunes"* of everyday events and problems, feeling "on edge", difficulty in concentrating, etc.);
2. ***Physical / Motor tension*** (being restless fidgeting, *tension headaches*, trembling, *inability to relax, trouble sleeping*);

Physical arousal / Autonomic over-activity *(light-headedness*, sweating, tachycardia or tachypnoea, *epigastric discomfort, dizziness*, dry mouth, etc.).

DIAGNOSTIC CRITERIA OF ADJUSTMENT DIORDER

1. *Triggered by stressful event (within one month) such as exposure to Corona Virus*
2. *Sadness, anxiety, anger or worry (or mixture of these)*
3. *Feeling of inability to cope or plan ahead or continue in the present situation*

DIAGNOSTIC CRITERIA OF ACUTE STRESS REACTION (< one month) or POST TRAUMATIC STRESS DISORDER (>one month)

1. Exposure to severe traumatic event
2. Intense fear or horror or intense panic anxiety or anger outburst
3. A constant state of hyperarousal or complete emotional numbness
4. *Autonomic signs of (tachycardia, tachypnoea, tremor, sweating, flushing) are commonly present.*
5. Intrusive recurring thoughts or images of the traumatic event
6. Reliving the event in nightmare or flashbacks
7. Active Avoidance of people, places, and things connected with the traumatic event

DIAGNOSTIC CRITERIA OF DEPRESSIVE DISORDER

The **core symptoms** are 1. *Depressed mood*
2. *Loss of interest or pleasure in activities that were usually pleasurable earlier &*
3. *↓ Energy level or ↑fatigue/tiredness.*

Additional symptoms

1. *Disturbed sleep*
2. *Disturbed appetite*
3. *↓Concentration & Attention*
4. *↓ Activity/thinking level*
5. *↓Sexual interest*
6. *↓ Self-esteem /self-confidence*
7. *Ideas or acts of self-harm or suicide*
8. *Ideas of guilt and unworthiness*
9. *Bleak and negative view of future*
10. *Weight loss*

Presence of ***at least 2 of above core symptoms*** and ***at least 3 of additional symptoms*** pervasively (in almost all activities) & persistently (present throughout the day) **for more than TWO WEEKS** confirm the diagnosis of "depressive disorder".

DIAGNOSTIC CRITERIA OF SOMATIZATION DISORDER

These patients presents with various physical complaints without a physical explanation determined by a full history and physical examination. These symptoms may be single, multiple and variable physical symptoms referred to any part or system of the body.

Following list includes the commonest symptoms.

1. Pain symptoms at multiple sites (such as abdominal, back, chest, dysmenorrhea, dysuria, extremity, head, joint, rectal) is often present.
2. Gastrointestinal sensations (pain, belching, regurgitation, vomiting, nausea, etc.),
3. Abnormal skin sensations (itching, burning, tingling, numbness, soreness, etc.) and blotchiness.
4. Sexual and menstrual complaints (ejaculatory or erectile dysfunction, hyperemesis of pregnancy, irregular menses, menorrhagia, sexual indifference) are also common.

For definite diagnosis of somatization disorder

1. For many months (at least 6 months) of symptoms of illness explained above
2. Doctor shopping (repeated visit to doctor/s and/or repeated investigation reveals no abnormality).
3. Some degree of social and family dysfunction.

DIAGNOSTIC CRITERIA OF PSYCHOSIS- Acute *(up to 6 months)****/Chronic*** *(> 6 months)* ***/Episodic*** *(more than one episode)*

1. Agitation or restlessness
2. Bizarre behaviour
3. Hallucinations (false or imagined perceptions, e. g., hearing voices)
4. Delusions (firm beliefs that are plainly false, e. g., patient is related to royal family, receiving messages from television, being followed or plan to kill/harm)
5. Social withdrawal (sitting alone, not interacting with others, etc)
6. Low motivation or interest, self-neglect (poor self-care, not going for work, etc)
7. Un-understandable speech
8. Over cheerfulness/ Over talkativeness/ reduced sleep/ hyperactivity/ grandiose thinking

II. INVESTIGATIONS GUIDELINES

- ✓ Laboratory or radiological investigations are NOT used routinely in psychiatric disorders
- ✓ The need for investigations depends on clinical findings to exclude other medical conditions which can explain psychiatric symptoms
- ✓ Serum thyroid stimulating hormone (TSH), & Electrocardiogram (ECG) are commonly used investigations
- ✓ CT/MRI of Brain are rarely used in routine clinical psychiatry.

III. TREATMENT GUIDELINES

A. General Treatment Guidelines of psychiatric medications

- ✓ ***Onset of action*** *is slow, i.e., around 2 to 3 weeks and takes 4 to 6 weeks for full action.*
- ✓ ***Longer course of medications****: Once improvement occur with any medication, there is a need to continue medication at* ***same dose*** *for at least 6 months.*
- ✓ ***DO NOT stop medications abruptly*** *until & unless it is an emergency such as severe side effects, etc*

No	Diagnosis	First line Rx	Probable duration of Rx
1	**CMDs**		
A	Adjustment Disorder and Acute Stress Reaction	BZDs + Counselling	2-3 weeks
B	Predominantly Depressive Disorder	SSRI ± BZDs + Counselling	SSRI for 9 -12 months BZDs for initial 2-4 weeks
C	Predominantly Anxiety Disorder	SSRI ± BZDs + Counselling	
D	Post-Traumatic Stress Disorder	SSRI / TCA± BZDs + Counselling	
E	Predominantly Somatization Disorder	TCA + Counselling	2 year
F	Mixed Disorder (Depressive, Anxiety/Somatic symptoms)	TCA > SSRI + Counselling	1-2 year
2	**SMDs/ Psychosis**		
A	Acute	Atypical antipsychotics	6-9 months
B	Chronic	Atypical antipsychotics	2 years
C	Episodic	Need psychiatrist referral	Variable
3	**Alcohol Disorder**		
A	Alcohol Harmful use – Not so frequent type	Counselling + B1 vitamin	Follow up advised
B	Alcohol Harmful use – Frequent type	SOS Naltrexone 25 mg ½ hour before every drinking session	
C	Alcohol Addiction	Anti-craving medications + B1 vitamin ± BZDs detoxification	9-12 months
4	**Tobacco Addiction**	NRT/Bupropion	3-6 Months

B. **Medications (Anti-depressants and Antipsychotics)**

Antidepressants (All are oral adult dose in mg) This is an empirical guideline for the clinical use of antidepressants at primary care.

Name	Initial dose	Max dose (GPs)	Max dose (Psy)	Common side effects (usually dose dependent)			Sexual side effects	Remarks, if any
				Sedation	Orthostatic hypotension	Anticholinergic		
Selective Serotonin Reuptake Inhibitors (SSRI)								
Fluoxetine	20	40	80	± insomnia	0	0	++	Preferably in morning
Escitalopram	10	20	30	±	±	0	±	Hyponatremia especially in old age
Citalopram	20	30	60	±	±	0	±	
Sertraline	50	100	200	±	±	0	Delayed ejaculation	Safe in old patients & medical comorbidities
Paroxetine CR	12.5	25	37.5	+	0	±	Retrograde ejaculation	Agitation
Fluvoxamine	25	100	300	±	±	±	Anorgasmia	
Newer antidepressants								
Duloxetine	20	30	60	±	±	±		Dry mouth, ↓ appetite
Venlafaxine ER	37.5	75	225	±	±	±	↓sexual drive	BP monitoring
Desvenlafaxine	50	100	400				Sexual dysfunction	
Mirtazapine	7.5	15	45	+++	+	±	Very less	
Burpropion	150	300	450	Activating	0	0	Very less	Priapism & seizure at higher dose
Tri Cyclic Antidepressants								
Amitriptyline	10	50	300	+++	+++	+++	++	Avoid in old patients & comorbidities
Imipramine	25	75	300	++	++	++	++	
Dotheipin				+++	+++	++	++	Relatively Cardio safe
Clomipramine	25	75	300	++	++	++	++	
Nortryptyline	50	50	200	+	++	+	+	

Severity of side effects is graded as 0 = Absent; ± = Probable/Very little; + = Mild; ++ = Moderate; +++ = Severe. Anticholinergic side effects are dry mouth, constipation, blurred vision, urinary retention, giddiness, etc. Max-Psy: Maximum dose used by psychiatrist, Max-GPs: Maximum dose recommended for General Practitioners.
*There is a risk of **manic switch** (< 5%) with antidepressants (TCA > SSRI); to be managed by stopping antidepressants and refer to a psychiatrist.*

ANTIPSYCHOTICS- ORAL (All are in adult dose in mg). *This is an empirical guideline for the clinical use of antipsychotics by GPs.*

Name	Initial dose	Max dose (GPs)	Max dose (Psy)	Common side effects (Mostly dose dependent)					Remark
				Sedation	Hypotension	EPS	Weight gain	↑ Prolactin	
Atypical Antipsychotics *[Safer than typical antipsychotics]*									
Risperidone	2	4	8	+	++	+	++	+++	
Olanzapine	5	10	30	++	+	±	+++	+	
Quetiapine	25	200	800	++	±	0	++	0	
Aripiprazole	7.5	15	30	0	0	0	±	0	
Paliperidone				0	+	+	++	+++	
Amisulpride	100	200	800	±	+	+	+	+++	
Levosulpride	50	100	300						
Clozapine*	25	100	600	+++	+++	0	+++	0	Seizure risk above 600 mg, Agranulocytosis (at any dose), cardiomyopathy
Typical Antipsychotics									
Chlorpromazine	25	100	600	+++	++++	+	++	++	Anticholinergic side effects
Flupenthixol	1	3	6	+	+	++	++	++	
Haloperidol	0.5	10	30	+	+	+++	+	+++	Cardio safe

** EPSE means Extrapyramidal side effects are graded as 0 = Absent; ± = Probable/Very little; + = Mild; ++ = Moderate; +++ = Severe.*
Increased prolactin lead to Amenorrhea, galactorrhoea and other sexual side effect
****Clozapine to be begin under supervision of a psychiatrist***

Antipsychotic- Depot Preparations$

No	Name	Route	Dose (in mg)	Frequency
1	Inj Fluphenazine Decanoate	IM	12.5 to 100	Every 2 to 4 weeks
2	Inj Flupentixol Decanoate	IM	20 to 60	Every 2 to 4 weeks
3	Inj Haloperidol Decanoate	IM	25 to 100	Every 4 weeks
	Inj Zuclopentoxol Decanoate	IM	200 to 400	Every2 to 4 weeks
4	Inj Olanzapine Pamoate	IM	150 to 300	Every 4 weeks
5	Inj Risperidone Consta	IM	25-50	Every 2 weeks
6	Inj Paliperidone Palmitate	IM	39, 78, 117, 156, and 234	Every 4 weeks

$To be given only for patients who does not take medicine regularly leading relapses. These depot injections preferable to begin by a psychiatrist and follow up may be done with their GPs

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*

C. EXTRA-PYRAMIDAL SIDE EFFECTS (EPS) includes

No	Name	Description	Likely onset*	Rx
1	Dystonia	Twisting of arms/legs/eye balls	Within few hours (10 minutes to 4 hours)	Inj Phenargan (Promethazine) 25 /50 mg deep IM/ slow IV or Diazepam 10 mg IM/ slow IV *STAT* & then begin tab. Trihexyphenidyl 2-4 mg for 2 to 3 weeks
2	Akathisia	Motor restlessness	Within few days (1 to 4 days)	Reduction or change of offending drug. Beta blocker like Propranolol up to 40 mg/day or Benzodiazepines (BZDs). i.e., Clonazepam 0.5 – 1 mg
3	Drug Induced parkinsonism	Tremor & slowness	Within few weeks (1 to 2 weeks)	Trihexyphenidyl 2 to 6 mg. It is often added as prophylactic agent

* *after of administration of antipsychotics*

D. BENZODIAZEPINES tablets

No	Name	Type	Dose /day	Addiction potential	Schedule
1	Clonazepam	Long acting	0.5-6 mg	±	OD /BD
2	Diazepam	Long acting	5-30 mg	+++	OD /BD
3	Chlordiazepoxide	Long acting	10- 100 mg	++	OD /BD
4	Nitrazepam	Long acting	5-20 mg	++	OD /BD
5	Lorazepam	Short acting	0.5-2 mg	++	BD/TDS
6	Oxazepam	Short acting	15-60 mg	++	BD/TDS
7	Alprazolam	Short acting	0.25 – 4 mg	++++	BD/TDS

E. Counselling

- ✓ *It shall be brief in duration (to be completed in < 5 minutes).*
- ✓ It is one of the non-medication treatment modality practiced by all doctors in their everyday practice, often without their knowledge.
- ✓ Similarly, same thing shall be offered for patients with psychiatric disorders also.
- ✓ *The core contents of counselling shall include an education about illness and setting realistic expectations from treatment and practical tips to handle stressors, whenever present.*
- ✓ Counselling shall include information about nature of illness, when to expect benefit from medication, how long to continue, and need for repeated follow up.
- ✓ Sleep hygiene to be discussed
- ✓ Please provide practical tips to handle stressor whenever present.
  - ➢ ***Psychotherapy (talk therapy) is a specialised form of counselling aimed to relieve symptoms which takes multiple sessions of 40 -60 minutes each.***
  - ➢ ***Please don't confuse counselling with psychotherapy which psychiatrists practice.***

F. ALCOHOL AND TOBACCO DISORDERS

A general guideline

1. *Please do remember patients with alcohol & tobacco addiction need* ***MANY TREATMENT ATTEMPTS*** *as several relapses (may be 3 – 4 times) are common and relapses are rule than exception (even with proper treatment) for complete stopping.*
2. For any kind of alcohol & tobacco disorders, advice always to stop completely. If willing for Rx, follow below guidelines
3. ***If patient/s not willing to stop,*** *a) Never force any patient/s to begin treatment, b) Inform about availability of medications to stop, c) Counsel about benefits of abstinence and damages of continued use, d) Always ask them to come whenever they wish to stop. These steps build up better doctor-patient relationship for long term treatment for addiction Rx.*
4. Encourage their friends & family to cooperate and help patient for multiple treatment attempts.

Alcohol Disorders

Alcohol harmful use (Infrequent type)- Counselling includes benefits of stopping and loss (short term and long term) of continued use. You may prescribe thiamine supplementation. Advise for regular follow up.

Alcohol harmful use (Frequent type)- SOS use of Naltrexone 25 mg ½ an hour before every drinking session (Sinclair method). This method gradually reduces the harm by reducing the quantity of alcohol and eventually helps to stop alcohol completely.

Alcohol Addiction:

1. Detoxification with BZDs only if there are withdrawal symptoms (Diazepam preferred up to 40 mg/day on 1st & 2nd day, 30 mg/day for 3rd & 4th day, 20mg/day for 5th & 6th day, 10mg/day for 7th & 8th day, then stop).
2. Thiamine supplementation up to 300 mg/day for first 3 months.
3. ***Anti-craving medications*** (gradual hike is advised) such as Topiramate to 100 mg/day, Baclofen up to 40 mg/day, Acamprosate up to 999mg/day (333 mg TDS) may be used for 9 months to 1 year.

These anti-craving medications can be given from first day of Rx. They reduce craving, reduce quantity of alcohol even if person drink alcohol on it. Hence, anti-craving medications can also be given even if person is continued to drink alcohol, this help reduces/prevents withdrawal symptoms / hangover / craving of next morning.

> ***Disulfiram*** *is an aversive drug (NOT an anti-craving) not advisable for use at primary care level. In case GPs prefer, please use with caution preferably after informed consent from patients and supervision by a family member. Start ONLY after 5 days of completely stopped alcohol. Dose is 250 mg OD preferably in the morning.*

Tobacco Addiction

1. Nicotine Replacement Therapy (NRT)
   Nicotine transdermal patch to apply on clean, dry, non-hairy area of skin (typically upper arm or shoulder) in 21/14/7 mg regimen: 21 mg OD for 6 weeks, then 14 mg patch OD for 2 weeks & then 7 mg patch OD for 2 weeks) and
   Nicotine gum to be used in chew and park technique (2 & 4 mg: Max 16 mg/day, to be used hourly for first 2 weeks then gradual taper and stop in 3 months). Please be aware that nicotine gum has poor acceptability and unpredictable effects, i.e., may not get desired effects.
2. **Bupropion** is available in 150 & 300 mg tablets. To be given preferably in morning; begin 150 mg for first 5 days & then 300 mg for 3 to 6 months.
3. **Varenicline** is expensive. Days 1-3: 0.5 mg OD, days 4-7: 0.5 mg BD, then 1 mg BD for 3 to 6 months.

G. *MANAGEMENT OF PSYCHIATRIC DISORDERS IN COMORBID MEDICAL ILLNESS*

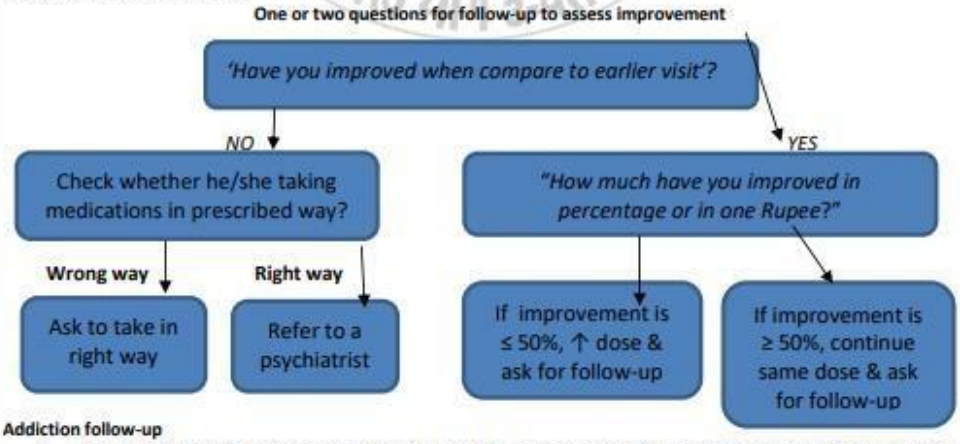
- ✓ *Psychiatric disorders can be present in patients of diabetes mellitus, essential hypertension, ischaemic heart disease, stroke, cancers, etc.*
- ✓ *Avoid poly-pharmacy.*
- ✓ *Begin low (dose), go slow (for escalation of dose)*
- ✓ *However, this schedule contains reasonably safe medications which to be prescribed at lower dose which is considered in safe always.*
- ✓ *If doubt, refer to a psychiatrist.*

H. *TREATMENT OF PSYCHIATRIC DISORDERS IN PREGNANCY AND LACTATION*

- ✓ *General rules of Pregnancy and Lactation is applicable for psychiatric disorders also such as avoid in first trimester, caution in 2nd & 3rd trimesters.*
- ✓ *Preferable to refer to a psychiatrist*

IV. FOLLOW UP GUIDELINES

Frequency of follow-ups: *First follow-up at 2 weeks (to assess side effects), second at 4 weeks (to assess effects), and then every month (for maintenance).*



Addiction follow-up

1. *Check whether he/she stopped completely or not. If stopped completely, continue anti-craving Rx for 9-12 months*
2. *If not stopped completely, consider increasing the dose of anti-craving medication*
3. *Refer to psychiatrist, in case person goes back for repeated drinking episode despite on adequate dose of anti-craving Rx*

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1.Rx for Depressive & Anxiety Disorders

1. Tab. FLUOXETINE 20mg, 1-0-0 2. Tab. CLONAZEPAM 0.25mg ***OR*** Tab. DIAZEPAM 5mg, 0-0-1 X 10days & then **STOP**	**OR**	1. Tab. ESCITALOPRAM 10mg, 0-0-1 2. Tab. CLONAZEPAM 0.25mg ***OR*** Tab. DIAZEPAM 5mg, 0-0-1 X 10days & then **STOP**	**OR**	Tab. AMITRYPTILINE 25mg, 0-0-1/2 X 4days 0-0-1 X 4days 0-0-2 (continue)
Counselling to include, Begin its action: 2-3 weeks, Full action: 4-6 weeks & Course of treatment: 6-9 Months				
Follow up @ 1 Month	**If improvement, follow-up yourself.**			**If NO improvement, Refer to Psychiatrist.**

2. Rx for Somatization Disorder

Tab. AMITRYPTILINE (25mg) 0-0-1/2 X 4days 0-0-1 X 4day 0-0-2 (continue)	**Counselling to include,** Begin its action: 2-3 weeks, Full action: 4-6 weeks & Course of treatment: 2 years.	
Follow up @ 1 Month	**If improvement, follow-up yourself.**	**If NO improvement, Refer to Psychiatrist.**

3. Rx for Psychotic disorders

1. Tab. RISPERIDONE 2mg,0-0-1 X 4days 0-0-2 (Continue) 2. Tab. THP 2mg, 1-0-0	**OR**	Tab. OLANZAPINE 5mg,0-0-1 X 4days 0-0-2 (Continue)
Counselling to include, Begin its action:2-3 weeks, Full action:4-6 weeks &Course of treatment:6-9 months		
Follow up @ 1 Month	**If improvement, follow-up yourself.**	**If NO improvement, Refer to Psychiatrist.**

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PRESCRIPTION MODULE (Cont.)

4. Rx for Alcohol Addiction

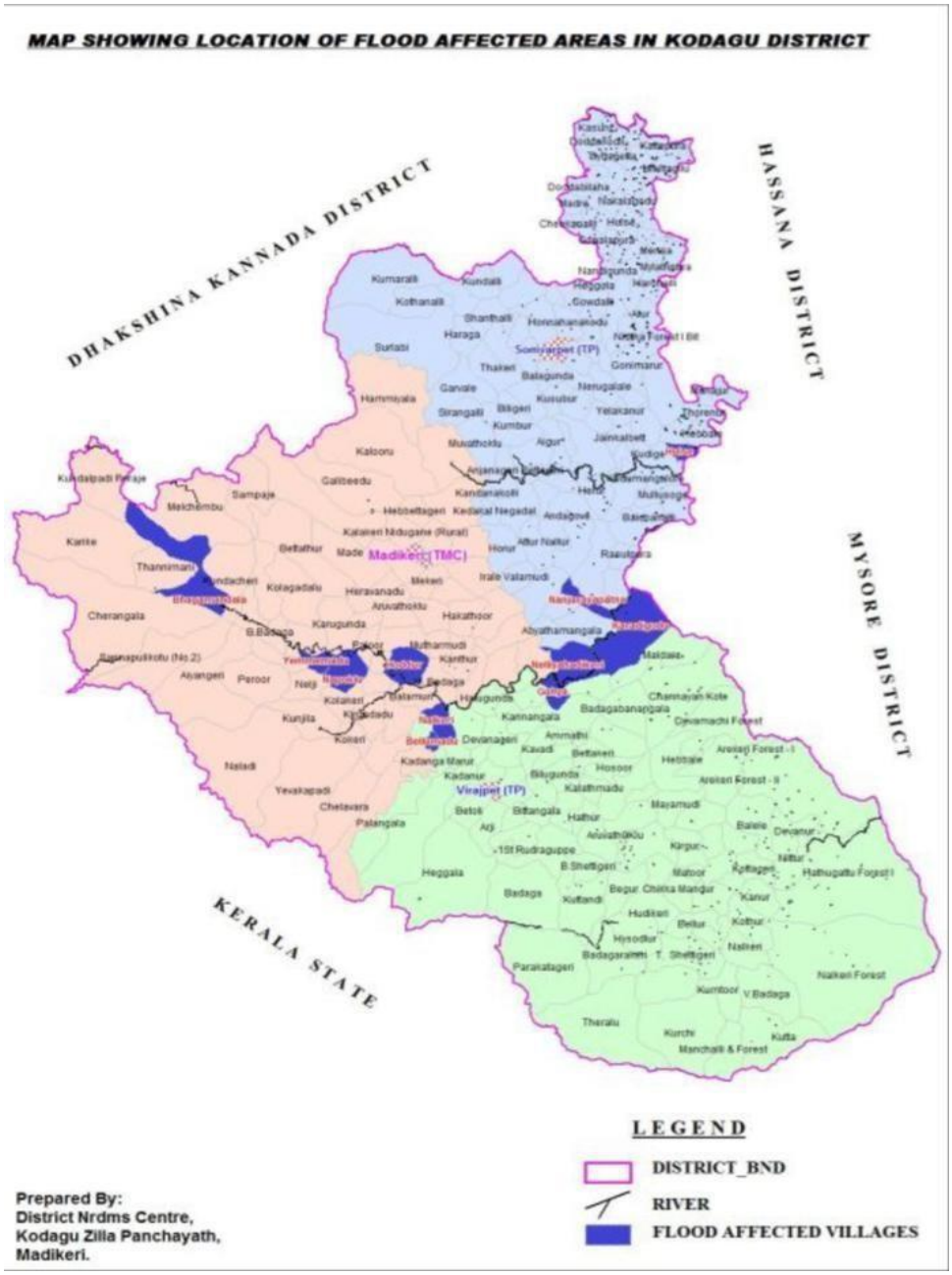
1. Inj. OPTINEURON FORTE (containing thiamine 33mg) 1 ampule deep IM once a day for 5days. 2. Tab. DIAZEPAM 10mg,1-1-2 X 2days 0-1-2 X 2days 0-0-2 X 2days 0-0-1 X 2days then **STOP** 3. B-Complex tablet containing a high dose of THIAMINE (100mg/day) 0-0-1 for 3months.	4. Tab. BACLOFEN 10mg, 0-0-1 X 1day 1-0-1 X 1day 1-1-1 X 1day 1-1-2 (Continue) **OR** Tab. TOPIRAMATE 25mg, 0-0-1 X 2days 1-0-1 X 2days 1-0-2 X 2days 2-0-2 (continue)
Counselling: Please refer to page-7 of CSP. **Follow up after 10 days.**	**Treatment course with anti-craving medicines for 9months to 1year.**

5. Rx for Tobacco Addiction

Tab. Bupropion XL (150mg) 1-0-0 X 5days 2-0-0 (continue)	
Counselling: Please refer to page-7 of CSP.	**Treatment course for 4-6 months.**
Follow up once every 30 days.	

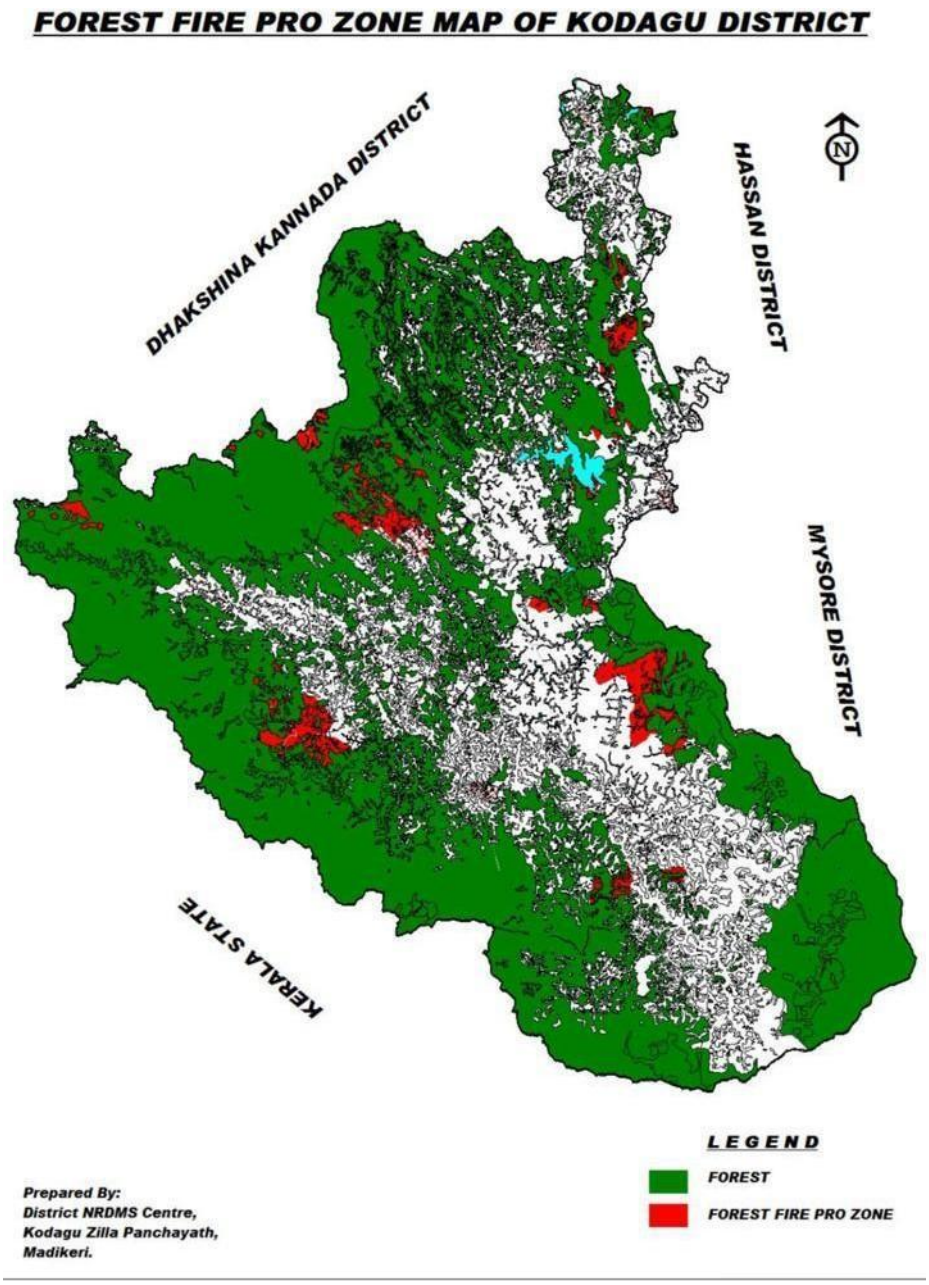
****

ANNEXURE H: Map showing the location of flood-affected areas in Kodagu District



ACKNOWLEDGEMENT: The details of the geography, infrastructure, vulnerability and risk assessment of Kodagu used in this document are adapted from the Kodagu Disaster Management Plan

ANNEXURE I: Forest Fire pro zone map of Kodagu District



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ANNEXURE J: Map showing the public health facility of Kodagu District

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National Programme
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MINISTRY OF HEALTH AND FAMILY WELFARE