



Two Day Northeast Regional Sensitization Workshop for Community Health Officers (CHOs) on MNS and Emergency Care -Arunachal Pradesh and Assam

(15th-16th May 2025)



Organised by

Regional Resource Centre for NE States (RRC-NE)
Branch of National Health System Resource Centre (NHSRC)
Ministry of Health and Family Welfare (MoHFW)
Government of India (GoI)



1. Introduction:

A two-day Northeast Regional Sensitization Workshop for Community Health Officers (CHO) on MNS (Mental Neurological and Substance Use Disorders) and Emergency Care for the States of Arunachal Pradesh and Assam was organised by Regional Resource Centre for NE States (RRC-NE) from 15th to 16th May 2025 in Guwahati. A total of 57 CHOs, 03 State Nodal Officers and 02 other State level Officials attended the Workshop.

2. Resource Person:

The Workshop was facilitated by the following Resource Persons-

SL.	Name	Designation	Remarks
1	Dr. Maya Mascarenhas	Master Trainer, NHSRC	Facilitated in-person.
2	Dr. Vineet Kumar Pathak	Master Trainer, NHSRC	
3	Ms. Larista Dohling,	National Trainer Principal, GNM School of Nursing, Ri Bhoi, Meghalaya	
4	Dr. Naveen Kumar (along with team)	Professor of Psychiatry, NIMHANS	Facilitated through virtual platform.
5	Dr. Anant Bhan (along with team)	Sangath, India	
6	Team of EMRI Green Health Services, Guwahati, Assam		Demo on life saving skills and patient transportation to Ambulance.

3. Objectives:

The Workshop was organised with the following objectives:

- 3.1. Sensitization of the CHOs for better implementation of CPHC Expanded Packages, focusing on MNS and Emergency Care, by equipping them with essential skills as outlined in the Modules for CHOs on the Expanded Packages.
- 3.2. Strengthening the pool of District Trainers by building the capacity of CHOs to deliver MNS and Emergency Care services effectively.
- 3.3. Foster peer learning to enable trained CHOs to share knowledge with their counterparts in their respective districts.
- 3.4. Create a common platform for State Nodal Officers for Emergency and Mental Health to collaborate and drive effective implementation at the state, district, and AAM level.

4. Background & methodology:

The Northeastern states have already completed the capacity building of the CHOs on the Expanded Package of Services and the rolling out of these packages are in various stages of progress. The States have achieved the milestone of implementing the Comprehensive Primary Health Care making the vision of Universal Health Coverage a reality. However, the field visit reports from throughout the region show that there are still gaps to be filled and issues to be addressed in the expansion of these services. The need for further handholding of the AAM teams, especially in MNS and Emergency care was evident at the grass root level.

The State and District level officials from the NE States have time and again shared the need for additional training for MNS and Emergency Care for CHOs to implement the services in

the field with a uniform and systematic way for ensuring optimum use of the services at the primary care level.

In the first batch of the workshop, the States of Arunachal Pradesh and Assam were included. Training on the Expanded Package of Services for the CHOs have already been completed in the state of Arunachal Pradesh while the State of Assam have completed 88% of training.

Selection of Participants: The States were asked to select the CHOs having the experience of imparting training to other cadres like Field Level Workers (FLW). One (01) CHO was selected from each District of each State.

Agenda:

Considering the volume of content in the Modules for CHO on MNS and Emergency Care and constraints in the duration of the Workshop, an online meeting was conducted with the SNOs (CPHC, MNS & Emergency Care) and the CHOs to have an understanding in the training gaps so that the most relevant and appropriate content could be added in the agenda. Further, a session was also conducted with the CHOs for sharing their experience in implementing MNS and Emergency Care. On the basis of the feedback a draft Agenda was prepared.

This was followed by another meeting with all the Resource Persons on a virtual platform to finalize the agenda using the feedback received from the SNOs and the CHOs in the previous meeting and after a detailed discussion the Agenda was finalized.

Method of impartation:

A mixed method of physical as well as online sessions was followed in the Workshop which included - PPT presentation, demonstration of skills, Group Work, Group Presentation, Poster Presentation, Role Play, Case Presentation through video followed by discussion (by NIMHANS & Sangath who joined online).

5. Day 1:

Inaugural Session:

Dr. Raj Prabha Moktan, Director, RRC-NE welcomed all the participants, Resource Persons, State Nodal Officers (SNOs) for CPHC, MNS and Emergency Care for the States of Arunachal Pradesh and Assam. While speaking on the objectives of the workshop she informed the house that workshop was planned on basis of the field visit experiences at the Ayushman Arogya Mandirs (AAM) by RRC-NE across the Northeastern region. The various developments in the implementation of the CPHC was seen during the visits at the grassroot level with the efforts of the proactive and dedicated Primary Health Care Team and the Field Level Workers (FLWs). Such field level firsthand knowledge also helped RRC-NE team in having a deeper understanding of the gaps in Programme implementation and training needs.

In conclusion, Dr. Moktan encouraged all the participants to optimally utilize the platform for cross learning, collaborating, communicating and learning from each other.

Dr. Jadumoni Kotoky, Additional DHS (Director of Health Services) cum State Programme Officer (SPO), Non-Communicable Diseases (NDC), Assam graced the occasion as a special guest cum participant conveyed greetings to RRC-NE, all the participants and Resource Persons. Dr. Kotoky spoke on the importance of the workshop, and he stated that the workshop was a great learning opportunity for all the CHOs who had been diligently working at the field

level and delivering/rendering Comprehensive Primary Health Care to the community. He spoke on the importance of learning from each other and also urged all the CHOs to communicate with the concerned District Nodal Officers (DNOs) to join hands in fighting against the burden of NCD. He also informed that, Standard Operating Procedure (SOP) for the concerned Programme(s) were already available, referring which was of great significance considering the high priority of the NCD Programme.

Dr. G B Singh, Advisor, CP-CPHC Division, NHSRC, delivered the Keynote Address on virtual platform. At the outset, he greeted all the participants and thanked Director, RRC-NE and team and Additional, DHS, Assam, and Resource Persons Dr. Maya, Dr. Vineet Pathak, Ms. Larista Dohling, Dr. Anant Bhan and Dr. Naveen.

He then spoke on the major shift in the burden of diseases witnessed in India that called for CPHC Expanded Package of Services. Referring to the significant improvements shown in the RMNCAH+N (Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition) indicators, the Advisor pointed out the current phase to be the right time of implementing CPHC. Dr. Singh mentioned that keeping the vision of moving from illness to wellness- health promotion activities for disease prevention has been prioritized under CPHC and community outreach activities to reach the last mile through the Field Level Workers (FLWs) like ASHAs, ANMs is of great importance in achieving this.

In regard to management of NCDs, he stressed on strengthening and streamlining the follow-up mechanism to ensure that beneficiaries reach the right place at the right time. Dr. G.B Singh specifically highlighted the important role played by the SHC-AAM team under the leadership of the CHO. Concerning Emergency Care, he pointed out the significance of identifying situation/case and the utmost care to be taken in handling/managing cases as per guidelines/SOPs before referring the case at the right time to the right health facility. On MNS, he specifically spoke about PHQ 2 which is a set of questions included in the Community Based Checklist (CBAC) used/administered by ASHAs to screen mental disorders. Followed by PHQ 2, the individuals (scoring more than 03) are referred to SHC-AAM, where the CHO uses/administers PHQ 9 (a more detailed tool) and provide appropriate advice. Dr. Singh highlighted that in MNS Care it is very important for the CHOs to receive timely feedback on treatment. An important aspect, according to him is paying attention/observing and identifying mental disorders, if any, when the beneficiaries come for treatment of other conditions at the OPD.

He stressed on the importance of conducting community awareness activities on mental health with the help of ASHA, ANM and utilizing platforms like JAS, VHSNC and MAS. He specifically urged the CHOs to focus on identification of conditions, management (as per guidelines) at the SHC-AAM, referral at the right time and follow-up.

Dr. Singh concluded expressing his hope on the workshop being helpful for the participants in gathering knowledge. He specially thanked Dr. Jadumoni Kotoky, Additional DHS cum SPO, NDC, Assam for attending the Workshop considering the important role played by the Regular Health Services.

With this, the inaugural session concluded with vote of thanks offered by Mr. Amit Raj Roy, Consultant, CP-CPHC.

6. Technical Sessions:

Introduction to Mental Health & Mental Disorders:

In the first technical session, Dr. Vineet Pathak highlighted the significant burden of mental health issues in India, citing data like 1.39 lakh suicides in 2019, with an estimated 28 lakh suicide attempts annually. He also mentioned about the National Mental Health Survey (2015-16) which reported a 13.7% lifetime prevalence of mental disorders and a 0.8% prevalence of severe mental illness. Again, substance use disorders are also widespread, with millions dependent on alcohol, cannabis, opioids, and other substances. Dr. Pathak stressed that mental health is not only the domain of specialist but even at the grassroots, CHOs plays a crucial role, as 20–30% of patients at Health Centres may have mental health issues. He introduced the Biopsychosocial Model and discussed common symptoms across physical, psychological, behavioural, and perceptual domains. The session concluded with a call to recognize the high treatment gap in mental health which is around 70–86% and the importance of early identification and prompt referral at the primary care level.

Addressing Stigma & Mental Health Promotion in the Community:

In the second technical session of the day, Dr. Maya Mascarenhas introduced Psychological First Aid (PFA) as the initial support provided to individuals experiencing mental distress or crisis until professional help becomes available. She explained about the main purpose of PFA being to preserve life, provide comfort and facilitate access to treatment, following the five key steps defined in the table (1) below:

Table (1)

Listen without judgment	Be empathetic and avoid criticism or unsolicited advice
Assess risk of suicide or harm	Look for signs of helplessness, ask about suicidal thoughts, and ensure immediate safety.
Give reassurance and correct information	Normalize mental illness, explain it's treatable, and offer hope.
Encourage self-help	Promote sleep, healthy eating, exercise, relaxation, and avoidance of substances
Facilitate professional help	Refer to CHOs or PHC doctors and involve families in the care process.

Dr. Maya highlighted the vital role that families and caregivers play in supporting individuals experiencing mental health challenges. She encouraged the participants to provide emotional reassurance to both the families and the beneficiaries to participate in psycho education and assist in linking them with relevant community-based services. She also spoke about the negative impact of stigma on mental health care access and stressed the importance of fostering “an accepting and supportive environment” around the individual, in which the CHOs along with their team have a crucial role to play. Furthermore, Dr. Maya acknowledged the significant role of Frontline Health Worker (FLWs)—especially ASHAs and MPWs—in recognizing early signs of mental health concerns, offering initial assistance, and ensuring prompt referral for appropriate care.

Case Scenario: Group activity & presentation:

In this session the participants were divided into five (05) groups, each assigned a specific scenario to analyse and present their observations and insights. Group 3 initiated the session with a presentation on postpartum depression. This was followed by Group 5, who discussed

domestic violence, and then Group 4, who covered substance abuse. Group 1 revisited the topic of postpartum depression in the fourth presentation. The session concluded with presentation on stigma by Group 2. **The case scenarios included in Annexure I for reference.**

Case-based presentations by NIMHANS on key mental health topics:

A series of original case studies from different regions of Chhattisgarh was presented, featuring recorded consultations between Community Health Officers (CHOs) and NIMHANS specialists. These real-world cases, sourced from the ongoing TORENT project in the State, offered valuable context-specific insights into Mental Health Care delivery. The presentations highlighted key community level challenges and practical intervention covering a diverse range of conditions including - Common Mental Disorders (CMD), Severe Mental Disorders (SMD), Neurological issues, Child and Adolescent Mental Health Disorders (C&MHD), and suicide-related cases.

Each case was used to facilitate in-depth discussions among participants, highlighting the symptoms, possible interventions, and care pathways. The session also included an interactive discussion on the use of the MERIT Tool—an essential screening instrument used in the said project. The team of NIMHANS facilitated the CHOs in applying the tool effectively for early identification and categorization of mental health conditions in community and clinical settings. This exchange allowed the participants in understanding practical screening approaches and their role in strengthening mental health service delivery at the grassroots level.

Case-Based Role Play:

In this session, a total of ten (10) groups were formed, each assigned with a case for Role Play, demonstrating how to apply screening tools effectively at the AAM level. The Participants were instructed to refer the Module for CHOs on MNS (Annexure 3 to Annexure 9) for preparing the Role Play. Due to time constraints, only four (04) groups were able to present their Role Play which are given at the Table (2) below: -

Table (2)

Condition	Tools applied <i>Reference: Training Manual on Mental, Neurological and Substance Use (MNS) Disorders Care for CHO</i>
Depression	PHQ-9 (screening tool to identify and assess the severity of depressive symptoms).
Anxiety	SRQ-20 (Self-Reporting Questionnaire) for screening.
Substance Use	AUDIT (Alcohol Use Disorders Identification Test) to evaluate patterns and risks related to alcohol consumption.
Dementia	EASI (Everyday Abilities Scale for India) and MMSE (Mini-Mental State Examination) tools to assess cognitive decline.

Following the Role Play, a detailed discussion was held on each of the tools. The discussion included – way of administering the tool, interpretation of scores, and understanding severity conditions. The session concluded with reflections on the applicability of these tools at the community level and the importance of early detection and timely referral. **The cases have been included in Annexure II for reference.**

Homework: These ten (10) groups were assigned with homework for Poster Presentation on specific topic for the second day.

7. Day 2:

The second day of the Workshop started with a recap quiz to help participants remember the major highlights of the previous day. It was an interactive activity engaging all participants.

Session 1: Poster presentation:

As assigned on day one, the following groups presented the posters during this session.

Group 1: Depression	Group 6: Other Psychotic Disorders
Group 2: Anxiety	Group 7: Suicidal Ideation
Group 3: Psychosomatic disorders	Group 8: Alcohol & Tobacco dependence
Group 4: Schizophrenia	Group 9: Epilepsy
Group 5: Bipolar disorder-mania & other psychotic disorders	Group 10: Dementia

Each poster followed a structured format that included-

- ❖ Name Type of disorder.
- ❖ Causes & risk factors.
- ❖ Symptoms.
- ❖ Relevant screening tool.
- ❖ Role & responsibility of CHO.
- ❖ Referral guidelines.
- ❖ Involvement of AAM team members (ASHA & ANM)

Due to time constraints, only a limited number of posters were presented during the session. The selected posters highlighted key mental health conditions. These included – focusing on anxiety disorder, addressing Other Psychotic Disorders, Depression, Epilepsy, Dementia.

Each poster provided concise yet relevant insights for the mentioned conditions, including symptoms, management approaches, and challenges observed in community settings. Following the presentations, a group discussion was held, encouraging the participants to share their perspective, clarify doubts, and reflect on field-level experiences related to the topics. This exchange fostered collaborative learning and deeper understanding of the CHOs concerning the mental health conditions.

Emergency Preparedness- Poster Presentation:

The participants were divided into 14 groups, and each group was assigned with a specific topic on Emergency Care to develop a Poster and present. The goal was to enhance understanding and readiness in managing common medical emergencies at the community level. The Poster included the followings:

- ❖ The emergency situation.
- ❖ Recognizable symptoms.
- ❖ Immediate treatment to be provided at AAM.
- ❖ What to do and What not to do.

The assigned topics covered a broad array of emergencies commonly faced in both primary healthcare and community settings:

Topic 1: Fracture	Topic 5: Bee sting/scorpion sting	Topic 9: Near Drowning	Topic 13: Acute abdomen pain
Topic 2: Choking	Topic 6: Burns	Topic 10: Acute chest pain	Topic 14: Obstetrics emergencies
Topic 3: Snake bite	Topic 7: Poisoning	Topic 11: Acute breathlessness	
Topic 4: Dog bite	Topic 8: Seizures	Topic 12: Stroke	

The activity encouraged group collaboration, critical thinking, and practical application. It provided the CHOs with an opportunity to strengthen their ability to respond effectively in real-life emergency scenarios within the community and health facility context.

Hands-on Basic Life Support (BLS) Training by GVK, EMRI:

A team from GVK EMRI facilitated interactive and hands-on Basic Life Support (BLS) and Patient movement/transportation. The session was designed to provide practical exposure to life-saving techniques necessary in community and primary care settings.

The participants were split into two groups- one group was taken outside the training hall to demonstrate on safe handling and transporting patients by Ambulance during emergencies. They were also explained on medical tools and equipment kept inside the ambulance. Simultaneously, the other group was imparted demonstration Basic Life Support (BLS) on the followings-

Jaw Thrust and Head Tilt: To open the airway in unconscious individuals.

Abdominal Thrust: For managing choking incidents.

Bleeding Management: Techniques to control bleeding using direct pressure.

CPR for adults & children: Along with placing patients in the recovery position.

Participants practiced helmet removal procedures and CPR techniques on each other under the supervision of the Resource Persons. Additionally, discussion was held on Advanced Life Support (ALS), with a focus on understanding and using an Automated External Defibrillator (AED) in cardiac emergencies. The session enhanced theoretical understanding of the CHOs as well as provided crucial hands-on experience to respond effectively during real-life emergency situations.

Mental Health Program Implementation: Patient Approach, Communication, and Counselling by team Sangath:

The session began with a brief introduction to Sangath, highlighting its background, research focus, and notable contributions in the field of mental health. The impact journey of Sangath was showcased, emphasizing its evolution, milestones, and the positive changes brought through the community-based interventions. The team also presented the key focus areas- including mental health, child development, and integrated care models. A detailed explanation was provided on the SAHARA initiative (Supporting All Mothers And Children Universally), which aims to ensure equitable mental health support for mothers and children.

The participants were introduced to various tools and techniques used by Sangath to identify and support individuals with mental health conditions, particularly depression. The Optimize-D study team was also introduced, along with an overview of the project's goals and ongoing work. Then the discussion moved on to recognizing signs of depression, where practical methods and behavioural indicators were explained. Participants were then guided on capturing crucial intervention moments that can significantly influence treatment outcomes. The session included a description of the local mental health scenario, shedding light on field-level realities and service gaps. Challenges related to delivering effective treatment in community settings were also discussed. These issues were contextualized within the broader framework of health system limitations and cultural factors.

The session concluded with, a Role-Play and this interactive segment allowed the participants to apply their learning in a real-world context, enhancing their practical understanding and

empathy in mental health care delivery. The following Table (3) shows the major highlights from the discussion held in this session-

Table (3)

Question from CHO	Response from Resource Persons
How to deal with the aggressive behaviour and Psychosis when they come to my centre?	<ol style="list-style-type: none"> 1. Never approach an aggressive patient alone. 2. Attempt to de-escalate the aggression. 3. Restrain the patient, if necessary. 4. Arrange for an ambulance without delay. 5. Refer the patient promptly to a higher-level facility for admission and further management.
How can I encourage someone with depression to visit my facility for support?	<ol style="list-style-type: none"> 1. Build trust by maintaining a strong rapport with both the patient and their family. Trust encourages openness and willingness to seek help. 2. Clearly explain the possible complications of untreated depression to the family, as they may be able to communicate more effectively with the patient. 3. Visit the patient regularly to show genuine care and concern, which helps foster a sense of safety and support. 4. Be consistent in your conduct and communication to increase trust over time.
How can we support and care for someone exhibiting suicidal behaviour?	<ol style="list-style-type: none"> 1. Suicide is a psychiatric emergency that AAMs are not equipped to handle, similar to aggression cases. 2. However, CHOs can offer immediate emotional support during a suicidal crisis or after an attempt. 3. In cases of attempted suicide, provide basic care and urgently refer the individual to the nearest higher facility. 4. For individuals with self-harm or suicidal thoughts, inform families about TELE-MANAS (Tele Mental Health Assistance and Networking Across States) a 24x7 mental health helpline available in 20+ languages (Helpline No.: 14416).
What are some of the mental health emergencies?	Suicidal thoughts, Violence and Aggression, Panic Disorder, & Medication side effects.

After this session, Dr. Vineet urged the participants not to jump into any conclusion even if the score in the PHQ 2 is high. He also asked to co-relate the symptoms with other conditions e.g., in cases like complain of weakness, test for Hb may be done. He further clarified that a high PHQ 2 score does not necessary mean that the person/beneficiary concerned is depressed.

8. Feedback from SNOs & other State Officials:

Dr. Raja Dodum, SNO, NUHM, Arunachal Pradesh appreciated RRC-NE for incorporating practical demonstration in the Workshop and further suggested to add one more day in the future batches considering the importance of MNS & Emergency Care and the vastness of the content. He specifically mentioned that in the future batches, the third day may be devoted for field visit by all the participants at the primary, secondary and tertiary care level. He also spoke on screening and management of NCD at the SHC-AAM and PHC-AAM level. Sharing his experience of conducting Assessment of Health Facilities in the State of Tripura in the year 2017 as a National Assessor under National Quality Assurance Standards (NQAS), Dr. Dodum informed all the participants that the State of Tripura implemented Mental Health at the primary health care level way before launch of CPHC Expanded Package of Services. The State initiated assessment through checklists specifically for mental health at the Primary Health Centres and even provision was also made for prescription of some medicines. Summing up the SNO stated that over the years the Health Care Delivery System in the Country has witnessed significant changes, more so with the community members showing trust on the Health Service Providers including the CHOs who have been well trained.

Talking about Emergency Care, Dr. Dodum pointed out lack of convergence as one of the major hindrances in Program implementation and requested RRC-NE to help the States in identifying gaps for corrective actions. Inter departmental convergence including - General Administration, Police Department, Health and the like is crucial and there should be system at place for all the line departments to meet on a common platform monthly, quarterly or any other scheduled time at a regular interval, said the SNO. He also stated that intra-departmental convergence among CPHC, Vertical Health Programs, 108 Services etc. should also be given much importance. He requested RRC-NE to evaluate the situation in the States for corrective actions. Concerning Monitoring & Supervision he said that a common checklist involving all the concerned divisions -CPHC, Emergency, 108 Services etc. may be prepared. He informed that the State of Arunachal Pradesh has been included in a study on Emergency Care initiated one year back with joint efforts of the Govt. of India, AIIMS, New Delhi and ICMR pan India and a total of 12 SHCs, 04 PHCs, 02 CHCs, 01 SDH and 01 DH were included from the State. He concluded expressing hope for the CHOs of both the States of Arunachal Pradesh and Assam to continue doing good in serving the community.

Dr. Rahul Sarma SPO, CPHC, Assam, thanked RRC-NE and NHSRC for organising the Workshop which was interactive and a good learning experience. Addressing the participants, Dr. Sarma urged to continue the process of learning by having constructive peer discussion on different cases as well as programmatic aspects. He also appealed them to take the help of Tele-MANAS and the District Mental Health Program team. He assured the participants of Assam for extending help from the State and District level, as and when needed, for implementation of the Expanded Package of Services.

Dr. Jadumoni Kotoky, Additional DHS, Assam, thanked RRC-NE and the Resource Persons and wished the participants very best for the future course of action. He agreed to the points shared by SNO, NUHM, Arunachal Pradesh on the initiative taken by the State of Tripura (using checklist for assessing mental health). He also agreed that there is lack of convergence among different department as well as within the department, an issue which should be addressed for ensuring ownership of programs. He stated that implementation of the Expanded Package of Services like MNS at the primary health care level and use of assessment tools like PHQ 2 and PHQ 9 are likely to bring positive changes at the health scenario.

He informed that the focus of the Mental Health Program is to screen as many individuals as possible through CBAC. Speaking more elaborately on this he highlighted the followings-

- a. Psychosomatic disorder is a mental bearing, manifested as physical symptoms like sleep disorder, loss of appetite, constipation, body pain which are vague.
- b. Depression cannot be treated alone by the CHO and the patient need to be referred to the MO at the linked PHC-AAM or District Mental Health Programme.
- c. Depression should not be left untreated as it leads to physical symptoms, making a person go in isolation, wasting their potential of a productive life.
- d. PHQ 2 is a screening tool only, hence, based on the score one should not arrive at a conclusion. Cases need to be observed over a period of time and referral to a higher facility (may be District Mental Health) is very crucial in this regard.

He also mentioned about Tele- MANAS team with 7-8 trained personnel to take **inbound** (a phone call received by the helpline from individuals seeking mental health support) as well as **outbound** call (initiated by a counsellor or psychiatrist on the helpline to follow-up with a caller after they have received an initial call) and handle emergency psychiatric problem.

Success story: A call received from one of the districts of Assam about a suicide attempt. It was either by the individual concerned or someone close to him informed that he was going to commit suicide. The Tele-MANAS team immediately contacted officers at the DMHP (District Mental Health Programme) of the concerned district who took over the case and with their efforts the suicide was aborted.

Referring to the status of Assam, Dr. Kotoky, pointed out the poor reporting on AAM-Portal, flagged by the National Mental Health Program. He informed that since AAM Portal reporting is poor in the State therefore a Google link has been developed with 10 questions concerning Mental Health Program to be filled at the grassroots. Therefore, he urged all the CHOs from Assam to fill-up the Google link and submit.

Then he emphasized on four important key points i.e., screening, referral, counselling, follow-up. Talking about convergence he specified the available centres like -Drug De-addiction Centres and Old Age Homes under Social Welfare Department, Centres for Homeless Mentally ill and said that scope of PPP lining with such could be explored for comprehensive and dedicated delivery of services.

9. Way forward:

Dr. Devajit Bora, Senior Consultant, CP-CPHC assured to make the Agenda of the future batches more concise. He stated that the SHC-AAMs (being represented in the Workshop) would be a Model SHC-AAM for implementing MNS and Emergency care in the respective Districts. He said that a request letter would be sent to the States from RRC-NE to provide the concerned SHC-AAM all the formats for MNS and equipment required for Emergency Care. He also stated that after six months, team of RRC-NE would visit the respective SHC-AAMs to conduct a rapid review of the implementation status. RRC-NE would further inform the respective States to engage the participants in their future training programs under CPHC Expanded Packages, especially MNS & Emergency. He concluded with the following key highlights-

- a. CHOs are to communicate with the District Mental Health teams.
- b. Details of District Mental Health team to be collected from office of the District Medical Officer (Arunachal Pradesh) and office of the Joint Director of Health Services (Assam).
- c. Importance of reading/referring of the Modules on regular interval for correction of Programmatic errors. For the state of Assam, the CHOs were requested to collect the same from the district .
- d. The State of Arunachal Pradesh was requested to provide the hard copies to the CHOs as approval for it has already been received. If the hard copies are not available, the soft copies are to be referred.

Agreeing to the points mentioned by the Senior Consultant, Dr. Vineet requested the CHOs to share the learning experiences with their respective team members (ANMs and ASHAs).

With this, the Workshop concluded with vote of thanks conferred by Mr. Amit Raj Roy, Consultant, CP-CPHC, RRC-NE.

Photo Gallery



Group Presentation by participants



Poster Presentation by Participants



Live demonstration on CPR by GVK EMRI



Practice sessions by the Participants



Participants Participating in Poster Presentation



Live demonstration on Life Saving Skills

Annexure: I

Situation 1

- A daily wage labourer who is the only working member of his family has just recovered from an injury sustained during a construction job.
- He is refusing to return to work, saying “kaam mein mann nahi lagta (my mind is not in my work)”.
- This has created tension in his family, with his wife threatening to leave him.

What can the CHO do here?

Situation 2

- A family has been searching for an appropriate match for their youngest daughter for a long time.
- They are facing resistance from families in the community because there are rumours that their daughter is “unstable”.
- A few years ago, during her college days, she had a panic attack during an exam.

What can the CHO do here?

Situation 3

- A woman delivered her first baby, making it a very joyous occasion for her and her family.
- A few days after the delivery, the mother-in-law noticed that the woman has been crying endlessly and refusing to pick up the baby.

What can the CHO do here?

Situation 4

- A man is known in his community as the local drunkard.
- One day, he has a dream in which his deceased grandfather tells him to stop drinking. When he wakes up, he tells his wife he wants to start a de-addiction program.
- They realise they do not have enough money to afford the program offered at the nearest centre.

What can the CHO do here?

Situation 5

- A couple moves into a locality from a different area.
- Soon loud sounds start to emerge from their house at night: a man shouting, of objects like furniture being moved around, glass breaking.
- The neighbours worry that the man is verbally and physically assaulting his wife.

What can the CHO do here?

CASE 1

Patient: Seema, 35-year-old homemaker

Complaint: Fatigue, poor appetite, excessive crying

History: Husband is a migrant laborer; she's raising three children alone. She avoids neighbors and rarely goes out.

Observation: Flat affect, slow speech, reports insomnia.

What do you think this person has?

Which screening tool will you use? Fill up and see the result.

CASE 2

Patient: Jitendra, 29-year-old male shopkeeper

Complaint: Palpitations, fear of fainting, sweating episodes

History: Financial loss during COVID; constantly worrying about dying from heart attack.

Observation: Restlessness, avoids crowd.

What do you think this person has?

Which screening tool will you use? Fill up and see the result.

CASE 3

Patient: Rehana, 42-year-old school teacher

Complaint: Burning sensation in chest, body pain

History: All lab reports normal. She believes something is "wrong inside."

Observation: Anxious about illness, multiple OPD visits.

What do you think this person has?

Which screening tool will you use? Fill up and see the result.

CASE 4

Patient: Mahesh, 39-year-old autorickshaw driver

Complaint: Frequent arguments at home, stomach pain

History: Drinks 4–5 times/week, sometimes misses work.

Observation: Alcohol smell, defensiveness.

What do you think this person has?

Which screening tool will you use? Fill up and see the result.

CASE 5

Patient: Sharda Devi, 71-year-old widow

Complaint: Forgets gas stove, misplaces money

History: Son reports that she repeats stories and can't manage housework

Observation: Confused about date and time

What do you think this person has?

Which screening tool will you use? Fill up and see the result.

CASE 6

Rani, a 30-year-old woman from a rural village, visited the AAM repeatedly with vague body pains, fatigue, and headaches. Despite normal blood reports, she remained convinced something was "wrong inside her." She also complained of poor sleep, difficulty concentrating, frequent crying spells, and feelings of nervousness. Her ASHA noted that she had stopped participating in community gatherings and avoided going out.

CASE 7

Ram Swaroop, a 72-year-old retired farmer, was brought to the AAM by his son, who was concerned about his increasing forgetfulness and confusion. He often misplaced household items, repeated questions within minutes, and once left the stove on. He had trouble remembering familiar routes and people's names.

CASE 8

Sunil, a 34-year-old rickshaw puller, came to the AAM with abdominal pain. During the history-taking, the CHO noticed the smell of alcohol and questioned him further. Sunil admitted to drinking 3–4 times per week, consuming about 180 ml of country liquor each time. His wife reported increased irritability and occasional verbal abuse. He had tried to quit drinking but relapsed multiple times.

CASE 9

Rekha Devi, a 38-year-old homemaker, visited the AAM on the advice of her ASHA. She had been experiencing persistent sadness, fatigue, disturbed sleep, and low appetite for over two months. She reported crying frequently, losing interest in activities she once enjoyed (like gardening and interacting with her neighbours), and feeling overwhelmed by household responsibilities. She expressed guilt for not being a “good mother.” During the CHO's evaluation, Rekha appeared tearful, and responded in a low tone with delayed speech.

CASE 10

Shankar, a 28-year-old unmarried man, was brought to the AAM by his elder brother and the village schoolteacher. He had started behaving abnormally over the past month — talking to himself, avoiding food, and claiming that neighbours were “spying on him.” He also started locking himself in a room and stopped bathing. The family initially sought help from a local faith healer but with no improvement.

Annexure: III

Assam					
SL.	Name	Designation	Place of posting	Contact no.	Email Address
1	Dr. Jadumoni Kotoky	Addl. DHS, NMHP	DHS	9435115160	
2	Dr. Rahul Sarma	SNO, CPHC	NHM	9735147226	spo.ncd.assam@gmail.com
3	Dr. Prakash Barman	State Consultant, NMHP	NHM	9678716350	prakashbarman220486@gmail.com
4	Muktadir Alom Barbhuiya	CHO	Barnibriz T E AAM	7002801608	muktadir123@gmail.com
5	Abhinash Malakar	CHO	Jhaskal Pt 3 SC AAM	8876292331/9678672144	chojhaskal3@gmail.com
6	Muktadir Hussain	CHO, RHP	Lalmati AAM	9954757032/ 9101125001	mukta.mh3@gmail.com
7	Dhunti Sonowal	CHO	Guijan SC-AAM-Tinsukia	8876754297	dhuntisonowal3@gmail.com
8	Pranjal Das	CHO	Choukhuty AAM	7002735536	pranjal1387.pd@gmail.com
9	Palash Boruah	CHO	Morikhabolu AAM (Lakhimpur)	8474074531	palashboruah943@gmail.com
10	Archana Deka	CHO	Gati AAM	7002367334	dekaarchana2018@gmail.com
11	Deepsikha Medhi	CHO	Manikpur SC-AAM	9101736114	medhideepsikha35@gmail.com
12	Jayanta kumar Nath	CHO	Khanamukh AAM	9101510991/ 9435667086	jayantakumar20@gmail.com
13	PORANJIT GOGOI	CHO	Bokolai AAM	8638211734/ 9401153122	poranjitgogoi.pg@gmail.com
14	Kamleswar Saw	CHO	Thakurpur AAM	8011938443	kamleshwarsaw@gmail.com
15	Karobi Kalita	CHO	Gumoria SC AAM	9365899812	karobi070kalita@gmail.com
16	Limi Konwar	CHO	Borahi SC-AAM	7002232101	limikonwar72@gmail.com
17	Rizma Begam Laskar	CHO	Nizjoynagar AAM	9954171302	rizmabegam786@gmail.com
18	Kusum Jyoti Kumar	CHO	Dalongghat SC-AAM	8486142587	kusumjyotikumar@gmail.com
19	Rituparna Hazarika	CHO	palashaguri SC-AAM	7002727401	rituparnahazarika171@gmail.com
20	Nozrul Islam	CHO/RHP	Hashdoba SC AAM	9954671824	nozrulislam.in@gmail.com
21	Jannatul Haque	CHO	Thaijuwari AAM	9395261580	jannatulhaque122@gmail.com
22	Golam Mohammad Reza	CHO	SIMLAKANDI AAM	6009527284	knihal581@gmail.com
23	Sunirmal Nath	CHO	Keutkona AAM	7002976219	sunirmaldr@gmail.com
24	Surajit Borah	CHO	Borchakabaha AAM	7635925446/ 9854368945	borahsurajit1986@gmail.com
25	Pranjal Baruah	CHO	Potia Sumoimari AAM	8011886341	pranjalb863@gmail.com
26	Nasrin Sultana	CHO	Jalimura AAM	8638104810/ 9435765303	nasrinrangapara98@gmail.com
27	Rahul Payeng	CHO	RAYANGKULI AAM	7002131316	dpc.ncd.dhemaji@gmail.com/ rahul_payeng12@gmail.com
28	Subham Saha	CHO	CHATIPUR AAM,CHIRANG	8404045044	subhamsaha775@gmail.com
29	Apurba Kumar Bhuyan	CHO	Dimoruguri AAM	7002585562	apurbabhuyan84@gmail.com
30	Debabrat Deuri	CHO/RHP	Dakhin Kalabari AAM	7002498624	ddeuri25@gmail.com
31	Jyotika Khakhari	CHO	Bhooteachang TG AAM	8133929416	jyotikkhakar@gmail.com
32	Kashmiri Saikia	CHO	Bojalkata Aam	9401600575/ 8638912546	ksaikia56@gmail.com
33	Anjelin Dhan	CHO	Niz Mancotta AAM	8133970129	anjelindhan34@gmail.com
34	Madhusmita Saikia	CHO	Donkamokam, West Karbi Anglong	8471824433	mamumadhu321@gmail.com
Arunachal Pradesh					
SL.	Name	Designation	Place of posting	Contact number	Email Address
1	Dr. Raja Dodum	SNO Emergency Care	NHM	8132886678	r.dodum@gmail.com
2	Dr Appir Apang	SNO	HWC	9436050945	appirapang@gmail.com
3	Pura Usha	HWO	HWC Pichola	8119091561	puanana1134@gmail.com
4	Majem Takaliang	HWO	HWC Mekailiang	9366442453/ 8794894825	ninny.smile@gmail.com
5	Kamem Pertin	HWO	HWC Silluk	9402633621/ 7005724396	pertinkamem13@gmail.com
6	Monglih Monwangham	HWO	HWC Khasa	7483920030	monglihmonwangham@gmail.com
7	Chajuan Sumpa	HWO	HWC Charju	8787312919	Chazuansumpa@gmail.com
8	Anung Yao	HWO	HWC Patte	7085317016	anungyao4@gmail.com
9	Umpi Milli	HWO	HWC Yorkum	8131847581	Milliumpi@gmail.com
10	Tatung Mama	HWO	HWC SC Restaring	8486009606	tatungmama171@gmail.com
11	Otiman Tamuk	HWO	HWC SC Jona Iii	9378058426	muktiji18@gmail.com
12	Roannym Agan	HWO	AAM/SC	8837462657	Aganfamily4@gmail.com

			Kherembisa		
13	Bharat Yalla	HWO	HWC Emuli	9233796150	baratyala28@gmail.com
14	Kaling Padung	HWO	HWC Siet	8472084696	kaling5padung@gmail.com
15	Honali Degio	HWO	HWC Sangti	8413007691	degiohonali@gmail.com
16	Ms. Kime Aku	HWO	HWC Pampoli	841999841	akukime2@gmail.com
17	Sunam Pertin	HWO	HWC ASALI	7005288027	hwoasali@gmail.com
18	Mojum Kato	HWO	HWC Dali	8794259227	mojumkato28@gmail.com
19	Tui Patuk	HWO	HWC Gumto	9402271736	Tuipatuk25@gmail.com
20	Curie Tali	HWO	HWC Parong 1	9233149948	talicurie84@gmail.com
21	Jumyir yomcha	HWO	HWC Kombo Tarsu	8414960975	Jumyiryomcha11@gmail.com
22	Opat Libang	HWO	HWC Dalbing	9863358338	opatlibang36@gmail.com
23	Ms Ingam Koyu	HWO	HWC Seren	9436434594/ 7005746423	ingamkoyu98@gmail.com
24	Taba Yana	HWO	HWC Chebang	7086795286	yanataba591@gmail.com
25	Ms. Kipi Pinggam	HWO	HWC Yapik	9233570938	kipipinggam@gmail.com
26	Takhe Mumpa	HWO	HWC Siiro	8258988517	takhemumpa29@gmail.com
27	Tenzin Pema	HWO	HWC Thingbu	9663076251	tenzinpema1002@gmail.com
28	Katti Yolu	HWO	HWC Param	8413055437	kattiyolu01@gmail.com

Time Period	Duration	Session	Resource Persons
Day 1 – (15.05.2025)			
09:00- 9:30 am	30 minutes	Welcome Speech & Objectives of the training Keynote Address & Presentation on MNS & Emergency Care	NHSRC/RRCNE Advisor, CP CPHC
9.30-9:50 am	20 minutes	Introduction to Mental Health & Mental Disorders	Dr. Vineet Pathak
9:50 -10:10 am	20 minutes	Group Photograph followed by Tea Break	
10:10-10:45 am	35 minutes	Addressing Stigma & Mental Health Promotion in the Community	Dr. Maya Mascarenhas
10:45 -11:45 am	60 minutes	Common Mental Disorders (CMD) and Severe Mental Disorders (SMD) Case Presentation and Discussion.	Dr. Maya & Dr. Naveen
11:45-12:45 pm	60 minutes	Suicide Prevention & Substance use disorders (Alcohol, Tobacco) Case Presentation and Discussion.	Dr. Vineet Pathak & Dr. Naveen
12:45- 1:15pm	30 minutes	Case Presentation and Discussion on Child & Adolescent Mental Health Disorder.	Dr. Maya & Dr. Naveen
1:15- 2:00 pm	45 minutes	Lunch Break	
2:00 pm -3:45 pm	105 minutes	How to manage Mental Health, Neurological and Substance Abuse (MNS) Program at AAMs and Role of AAMs. Screening Tools (PHQ-9, CIDT), Identification and Referrals.	Dr. Vineet & Ms. Larista
3:45 pm-4:00pm	15 minutes	High Tea	
4:00 – 5:30 pm	90 minutes	Basic Life Support (AVPU, ABCDE, Recovery Position) Practice session	Dr. Maya & Ms. Larista

Day 2 (16.05.2025)			
09:00–09:45 am	45 minutes	Role of CHO in Emergency Care	Dr. Vineet
9:45-10:45 am	60 minutes	Management of Fractures, Trauma, Bleeding, hemorrhage Choking	Dr. Maya
10:45 – 11:00 am	15 minutes	Tea Break	
11:00 – 11:45 am	45 minutes	Poisoning, Snake & Dog bite, Burns and Trauma cases- Referral, Safe transportation	Dr. Vineet
11:45–1:15 pm	90 minutes	Obstetric, Neonatal, Heart attack, Epilepsy, and Near-Drowning Referral, Safe Transportation	Dr. Maya & Dr. Vineet
1:15–2:00 pm	45 minutes	Lunch Break	
2:00–2:45 pm	45 minutes	Implementation on Mental Health Program- Experience Sharing by SANGATH	SANGATH
2:45–3:30 pm	45 minutes	Approach to patients with Mental Illness + Communication Skills + Counselling	SANGATH
3:30 -3:45 pm		High Tea	
3:45 – 4:30 pm	45 minutes	Integration with State and District Mental Health Program with AAMs and way forward.	Moderator / State Presentation by SNO of both States
4:30 – 4:45 pm	15 minutes	Valedictory session	