Two Day Northeast Regional Sensitization Workshop for Community Health Officers (CHOs) on MNS and Emergency Care - Manipura, Meghalaya, Mizoram, Nagaland, and Sikkim

(23rd -24th June 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 Manipura, Meghalaya, Mizoram, Nagaland and Sikkim was organised by Regional Resource Centre for NE States (RRC-NE) from 23rd to 24th June 2025 in Guwahati. A total of 47 CHOs, 12 State Representatives including State Nodal Officers attended the Workshop.

2. Resource Persons:

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. Ajeet Singh Bhadoria	Master Trainer, NHSRC	
3	Dr. G Balamurugan	Assistant Professor, NIMHANS	Facilitated in-person & other team members facilitated on virtual platform.
4	Dr. Sonam Ongmu Lasopa	Sr Clinical Psychologist, State Program Coordinator, NMHP, Sikkim	Facilitated in-person.
5	Team of Sangath	Sangath, India	Facilitated in-person.
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.

Training on the Expanded Package of Services for the CHOs have already been completed in the States of Manipur, Meghalaya, Mizoram, Nagaland and Sikkim.

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 team of NIMHANS).

5. Day 1:

Inaugural Session:

Dr. Raj Prabha Moktan, Director, RRC-NE extended warm welcome to all the participants, Resource Persons. She explained the objectives of the Workshop and emphasized on its importance in the context of the Northeastern (NE) region having distinguished geographical terrain and topographical setting calling for a strong healthcare delivery system, especially in terms of accessibility and timely interventions during emergency situations.

Speaking on Emergency Care, she added that 'response at the correct time' is crucial, while on the other hand, accessibility to specialist care and support systems are much needed to ensure delivery of better mental health care to the community. Citing the example of Noklak district of Nagaland which is located at a far flung area from the State Head Quarter with communication and transportation challenges, Dr. Moktan explained the importance of quick response in the golden hour itself. She stressed on strengthening communication between the State Nodal Officers and CHOs for better delivery of Emergency and Mental Health Services in the Northeastern States, thus reiterating the importance of the Workshop. In conclusion, the Director encouraged all the participants to optimally utilize the platform for cross learning, collaborating, communicating and learning from each other.

Dr. G.B. Singh, Advisor to CP-CPHC , NHSRC graced the occasion through virtual mode and addressed the participants. He started with his address stating that Universal Health Coverage (UHC) should be on the mind of every CHO, and it is their prime responsibility to take it to the grassroot level. Highlighting the challenges in the North Eastern region in terms of geographical and topographical setting Dr. Singh, emphasised that MNS and Emergency Care should be given special attention wherein the CHOs play a very crucial role. Further, MNS Care in the region is augmented by the added issue of high drug abuse cases, said the Advisor. Dr. Singh appealed the CHOs to optimally utilize the learning opportunity offered by the Workshop, share with their respective team members and apply the same at the grassroots to bring in positive health outcomes among the community. He further stated that handholding and support from State machinery to the CHOs is important. Dr. Singh concluded his address by expressing his gratitude to Director of RRC-NE and the team for organising the Workshop and the Resource Persons for their consent of participating in the Workshop. The inaugural session concluded with vote of thanks offered by Dr. Devajit Bora, Senior Consultant, CP-CPHC, RRC-NE.

After the inaugural session, the participants were asked to write down a question in connection to MNS and Emergency Care to be addressed in course of the technical discussions.

6. Technical Sessions:

Introduction to Mental Health & Mental Disorders:

In the first technical session, Dr. Ajeet Singh Bhadoria highlighted the significant burden of mental health issues in India, citing the following data of NCRB 2019 --

- Total 1,39,123 suicides were committed in 2019.
- Daily, approximately 381 suicides are committed.
- Every hour, approximately 16 suicides are committed.
- For every 225 seconds, 01 suicide takes place.

Dr. Bhadoria further spoke on the situation of suicide attempt in the country which is highlighted by WHO report of 2019 according to which for every death by suicide, there were 20 attempted suicides. According to the National Mental health Survey, 2016-2017A sample population of 39,532 individuals across 720 Clusters from 80 Taluks in 43 Districts of the 12 selected States of India was studied. It was found that psychiatric morbidity is 13.7% of an average lifetime and current mental morbidity stands at 10.6%.

Psychiatric Morbidity	**10 %** of 140 crore people
Severe Mental Disorders	**0.8%** of 140 crore people

While discussing findings from the National Survey on Extent and Pattern of Substance Abuse in India, conducted in 2019 by the Ministry of Social Justice and Empowerment Dr. Ajeet highlighted the following data –

- **Alcohol Use in India:** Out of total 16 crore alcohol users in India, 2.9 crore users are dependent on alcohol. 5.6 crore alcohol users are involved in problem drinking.
- **Cannabis Use in India:** There are 3.1 crore users of cannabis in India. Out of this, 72 lakh people are problem users, and 25 lakhs are dependent users.
- **Use in India:** There are 2.3 crore users of opioid in India, who use it either as a drug abuse or for medicinal dependency. While 77 lakhs are problem users, 28 lakhs are

dependent users. 25 lakh people are dependent on opioids. Opioids are used in different forms, 10 lakh people use it in the form of cocaine, 18 lakh people are dependent on amphetamine, and 12 lakh people are dependent on hallucinogens.

Dr. Bhadoria then talked about Comprehensive Primary Health Care (CPHC) which included MNS after the current situation stated above with aim is to take care of and address mental health issues right from the grassroot levels. Dr. Ajeet reiterated that the purpose of the Module for CHOs on MNS is to help them screening mental illnesses/conditions and thus address it at the Primary Care level.

Citing the WHO definition of Health the Resource Person stated that taking care of mental health goes parallel with taking care of physical health. He further commented that without mental health, physical health may take a downward path which is not vice versa. This was exemplified through Stephen Hawking, the eminent scientist who was physically challenged and bound to supportive equipment but was mentally agile and known for his scientific achievements.

Talking about Mental well-being, Dr. Bhadoria highlighted that mental well-being of an individual implies that an individual can -- **realize his or her own potentials, cope with the normal stresses of life, work productively and fruitfully and contribute to her or his community**. Absence of these components may lead to mental disorders. He stated that in most cases mental illnesses go unnoticed. This was explained with the analogy of the ice-berg phenomena. Like an iceberg, only a small percentage of the mental status of a person is seen, while 99 % of the issues underlie beneath what is visible. They may look asymptomatic and thus may look mentally healthy. However, showing some of the symptoms on the surface may not always mean the person is suffering from mental illness. The ability to cope with these issues is pertinent. A mentally well person has resilience, self-esteem, social well- & emotional well-being and social connectedness, which shall help them to cope with daily life. He then discussed the causes of mental health, signs & symptoms and the groups of mental disorders. At the end Dr. Bhadoria highlighted the existing treatment gap in mental health domain in India. The treatment gap is 76-80% for existing mental health disorders.

After the session, Dr. Maya asked all the participants about the challenges they faced at the grassroots and how they managed them. Following this discussion each State presented on implementation and Emergency of MNS and Emergency Services at AAMs.

State Presentations on Implementation of MNS and Emergency services at AAMs:

Each State was allotted 10 minutes to present on the current implementation of MNS and Emergency Services at AAMs. Major challenges of implementation that were observed from the State presentations include -- weak referral linkages, taboo among different groups/communities and shortage of adequately trained staff. To address the challenges, State initiated certain activities. In the State of Meghalaya, Jan Aarogya Samitis and VHSNCs were activated for better cooperation of patients. The State of Sikkim initiated a portal similar to the NIKSHAY portal for better referral linkage. Additionally, the States presented success stories as the follows –

- **Nagaland:** ASHA identified a 21-year-old male alcohol abuser which helped deployment of DMHD counsellors for his aid.

- **Sikkim:** Regular Jan Samwad – a dialogue between health providers and communities wherein PRI members are involved for better responses and assistance and strengthening local governance for improving transportation/communications for better referral linkages etc. The VHSNCs and SATs (Social Accountability Teams) are also made a part of these meetings.

- **Manipur:** Providing psychological support to children in relief camps and support system to those who lost their family member in the recent law and order situation in the State.

Common Mental Disorders (CMDs) and Severe Mental Disorders:

In this session signs and symptoms and treatment were discussed. The session was facilitated by a team of experts from NIMHANS and moderated by Dr. Balamurugan. Conditions discussed and key take aways from the session are as presented below:

Cases	Conditions	Key Takeaways
Common Mental Disorders (CMDs)		
Case 1	**Depression**	▪ Prevalence in rural districts: 15.2 % ▪ Minimum 2 symptoms must be present for at least 2 weeks most of the day and most of the time ▪ Psychoeducation is important in its management. ▪ Screen and refer to nearest higher centre
Case 2	**Anxiety**	▪ Persistent negative thoughts, intense fear, overwhelming and restlessness often accelerated by severe feelings of panic or distress ▪ Prevalence in rural districts: 5.3 % ▪ 2 or more symptoms must be present for more than 6 months most of the day most of the time ▪ If patient comes with complaint in two weeks, provide counselling.
Severe Mental Disorders		
Case 3	**Psychosomatic Disorders**	▪ Repeated presentation of physical symptoms without an identifiable physical cause ▪ Prevalence in rural districts: 13.5 % ▪ Observe patients who repeatedly visits the health facility despite being completely fine. Not to neglect such patients. ▪ For diagnosis, 2 or more symptoms must be present for at least 6 months.
Case 4	**Schizophrenia**	▪ A serious mental illness that affects how a person thinks, feels, and behaves. ▪ Symptoms can be -- talking to self, believing that others may harm, hearing voices that are not there, socially withdrawn, sleep disturbance, reduced energy. ▪ 2 or more symptoms must be present for most times for at least 1 month.
Case 5	**Bipolar Disorders**	▪ Characterized by a combination of mania and depression.
All cases of severe mental disorders must be mandatorily referred and admitted in special facilities, as stated by Dr. Balamurugan.		

Substance Use Disorders		
Case 6	**Alcohol Use Disorder**	▪ The key difference between SUDs and other mental health disorders is that in substance abuse cases, the patients have insight, that is, they know that they have a substance abuse problem. ▪ Patients show a strong desire to use the substance with an inability to control the amount. They show withdrawal symptoms if they don't use it. ▪ Such patients are not to be criticized. Educating them is important.
Case 7	**Tobacco Use Disorder**	
Child and Adolescent Mental Health Disorders		
Case 8	**Conduct Disorder**	Aggression, usage of toys like weapons, involves robbery and stealing, blaming others repeatedly
Case 9	**Attention Deficit Disorder**	Shows inattention, hyperactivity and impulsivity.
Case 10	**Oppositional Defiant Disorder**	*Given as a homework to participants to study

Suicide: In 2022, suicide cases increased by 4.4% from 2021. It has seen its highest number in 56 years. According to WHO, every 40 seconds, an individual loses his life by suicide.

Five Red Flags of Suicide	
Presence of Psychiatric Illness	Chronic Physical Illness
Record of Previous Attempt	No social support
History of suicide, alcoholism or mental illnesses in the family	

Dr. Balamurugan stressed that CHOs are to be able to identify these symptoms. Common psychiatric emergencies are suicide or self-harm, violent and aggressive behaviors, acute anxiety and EPS (Extrapyramidal Syndromes). Panic attacks must be considered an emergency.

Group Activity:

In this session, the participants were divided into 10 groups (each group consisting of 6 members). They were provided with Case Studies and asked to refer Annexure 9. The groups were instructed to prepare Role Play based on the Case Scenario with- one participants playing the role of patient, another CHO. Through the Role Play the groups were to conduct interpretation of the situation and the actions that could be done at the AAM in reference to the concerned Case Study (included in **Annexure II).**

Home Work:

Before winding up for the day, the participants were given the following Home Work –

- ❖ List out the Referral Centres for Mental Health nearest to the AAM. Enlist the Services available in such Centres.

DAY 2:

The second day of the Workshop started with a recap quiz session facilitated by Dr. Maya Mascarenhas.

Management of Mental Health Program with special focus on Suicide Prevention:

The first presentation of the day was taken by Dr. Sonam Ongmu Lepcha. Major highlights from her presentation are as follows –

The State of Sikkim has a population of 6.5 lakh, having a sex ratio of 890 females per 1000 males. As per NCRB (National Crime Records Bureau) 2022, the State was leading in suicides rates. While National rate stands at 12.4 % suicides per lakh population, Sikkim has a staggering 43.1% per lakh population of suicide cases. More than 50% of suicides in the State take place due to social factors and family problems. Other causes include- illnesses, drug abuse, and alcohol dependence.

SPAN- Suicide Prevention Action Network Project, 2019: The government of Sikkim along with NIMHANS launched the SPAN project in 2019. The vision was not to strengthen the pre-existing efforts initiated in the State for suicide prevention. The broad goal was to reduce Morbidity and Mortality Rate due to psychological issues, substance abuse, and depression.

Three strategies under SPAN:

- **Deliver Multi-Level Suicide Prevention**: An innovative "gatekeeper training" was given to community leaders such as PRI members, key persons of villages etc. by Healthcare Providers to identify behavioral, verbal and medical signs to identify those on verge of suicide. Life Skills Education was imparted to the youth to help them cope better with stress in the current socio-demographic context. This was facilitated by team member of NIMHANS. During COVID, DMHP teams were deployed at quarantine facilities. "Psychological first aid" training was imparted to people. During glacial outburst of 2023, Tele-MANAS services were leveraged. Further, Mental Health Helpline with TISS, NDMA and SDMA was set-up by the Govt. of Sikkim.

- **Enhance efficiency of general Health Care Service responses to suicidal behaviors and substance abuse/ dependence:** Training on mental health and suicide prevention was imparted to Health Care Service Providers (MO, SN, Psychological Counsellors from Public as well as Private facilities) and Peer Support Groups. They were trained to identify the red flags of suicide. Online training was conducted with the help of NIMHANS.

- **Facilitate and strengthen Multi-Sectoral & Inter-Sectoral collaboration:** An increase in intersectoral collaborations were induced such as collaboration with counsellors of RKSK (Rashtriya Kishore Swashthya Karyakram). Selected college students were trained to screen their peers for mental health support. The Tele-MANAS number was displayed during events such as-- Women's day, Sports day etc. In school, "Sanyogi Mitras" were trained to help their peers getting mental health support. Targeted interventions such as the "Nasha Mukt Sikkim Program" were also initiated in convergence with the line Departments.

Impact of initiatives, 2019-2024: An increasing number of new cases as well as follow-up cases were visible at facilities, which were then provided with services. In 2019, follow-up cases were 3056 in number, which increased to 7802 in 2023-24. The number of people screened under the SPAN project increased to 10,794 in 2023-24 from 1244 in 2019-20.

Sikkim Inspires Program: This program was developed to create economic opportunities for women and youth and in non-farming opportunities with an aim to remove barriers to economic progress of the common people. Focus was given on soft skill development with the goal to empower, employ and enable.

Collaboration in schools: To increase knowledge, inculcate positive attitudes and enhance life skills to promote healthy behaviors among school children, linkages were created between Schools and AAMs & AFHCs to ensure a continuum of care between AAMs, higher facilities, schools, and communities. Further, collaboration with RKSK was done to train and orient school heads.

Localization of Project Atmiyata (a community-led, evidence-based intervention introduced in Mehsana district of Gujarat): The State of Sikkim has planned to introduce a cascade model of training has been planned in the State wherein Master Trainers will be trained, who shall then train teachers under them. Furthermore, a Multi- Stakeholder consultation on Youth Mental Health & Suicide Prevention was held from 9th to 12th September 2024 with CMHLP. A draft on "Integrated Mental Health and Suicide Prevention Strategy" was made which was eventually launched on the 50th State day of Sikkim on 16th May 2025.

Mental Health and Suicide Prevention Strategy, 2026-2023 to strengthen mental health and suicide prevention focusing on six core areas. It calls for stronger governance and leadership to prioritize mental health funding and include civil society in policy making. Mental health services to integrate into primary and secondary care, with community-based approaches like peer support. Evidence-based suicide prevention strategies to be developed in collaboration with communities and media, alongside improved data systems. The strategy also addresses prevention, treatment, and recovery for substance use and addictions. It also emphasizes building research capacity and creating a state-level research agenda to inform effective mental health interventions.

Emergency care and Basic Life Support training:

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).

Airway, Breathing and Circulation

Airway	Head Tilt and Chin Lift	For medical cases such as Chronic diseases. Avoid tongue fall, use OPA (oropharyngeal airway) to support the tongue muscles.
	Jaw Thrust	Applied in trauma cases.
Breathing	Supplemental Oxygen	Support patient is breathing using an Ambu bag
	Ventilation	Provides artificial respiration support to the patient
Circulation	Torniquet	Participants were taught to make torniquet with available items in the accident area.

- **CPR- Cardio-Pulmonary Resuscitation:** When the patient has no response, is not breathing and there is no pulse, CPR must be done. The team demonstrated CPR.
- **BLS Ambulance Demonstration:** Lifting and moving techniques were taught to participants, and then hands-on practice was done.
- **Hand on Practice Session**: All the participants then did hands-on practice of the BLS and emergency training session. Participants focused on CPR technique and made torniquet using bandages.

Implementation on Mental Health Program – experience sharing by SANGATH:

At the beginning of the session, brief introduction to the work of SANGATH was given. Followed by this, 'Approach to Patients with Mental Illnesses and Communications Skills & Counselling' was discussed. The participants were divided into groups and provided case scenarios. The groups were instructed to discuss the case scenario and prepare a skit/roleplay.

Roleplays	Situation	Communication and Counselling Techniques
Roleplay 1	Stigma and SMDs (Schizophrenia)	Validation of issues of the patient is very important. Listen carefully and show empathy to such patients. Involve people who can help reduce the stigma. CHOs play a very crucial role when it comes to trusting someone.
Roleplay 2	Dementia	Use gentle language to ask about their memory and stress. Never confront their family members without evidence. Do not assume dementia and refer. Refer appropriately.
Roleplay 3	Substance Abuse	Ask about safety first. See if the women in the house are safe. Do not ignore signs of violence, if any.
Roleplay 4	Suicidal thoughts	Talk to the patient in these cases. Understand who is the significant other and inform them. However, make sure to maintain confidentiality of the patient. Let the patient vent out, as that reduces half the thought of suicides. Involve friends and close ones, but keep in mind the confidentiality and privacy of the patient. Never cross your boundaries.

The importance of good communication was stressed throughout the session. The five Cs of communication, i.e., clarity, concise, correct, complete and concrete to be present in any conversation between the Health Service provider and patients.

Integration with State and District Mental Health Program with AAMs and Way Forward:

The major highlights from the State wise presentation are as follows –

Manipur: The State has a higher rate of people suffering from MNS than the National average. DMHP has been implemented in total 16 districts. There is gap of trained Human Resource (HR) and sufficient number of psychotropic drugs in the AAMs. Upon enquiring about Supply Chain Management by Director, RRC-NE, the team clarified that DVDS (Drugs and Vaccine Distribution System) is in place but yet to be functional.

Meghalaya: In 100 AAMs of the State MNS has been operationalized. The services have been started at the primary, secondary and tertiary care level. The State further aims to de-stigmatize mental health issues at community level and raise awareness.

Sikkim: The State has emphasized community engagement and concerted efforts involving different stakeholders. As a special initiative, the State has planned to train "faith healers" as they are widely trusted and favored by the community. MNS are yet to be implemented across all the AAMs in the State. Limited/small Resource Envelope was cited to be one of the major reasons. The State has also aimed to increase community engagement, printing and distributing IEC materials to generate more awareness.

Nagaland: The team highlighted that individuals with MNS disorders are to be treated with dignity and respect protecting human rights. Along with the availability of medicines, accessibility is also to be ensured, said the team. The team emphasized utilizing digital tolls for mental health screening, education, and making treatment possible for those living in remote areas improving access and overcoming geographical barriers.

Mizoram: The State has aimed to strengthen the e-Sanjivani system to Strengthen Psychiatry Consultation within a period of six months. To ensure easy and proper & prompt referral from the AAMs a system of written and visual references has been planned to be kept. Also, Data monitoring and supervision has been focused on. The team highlighted the absence of a proper/full-fledged Department of Psychiatry in the State and requested interventions in this regard.

Remarks from Director, RRC-NE:

The session was formally concluded with a distinguished address by Director, Regional RRC-NE. In her closing remarks, the Director emphasized the necessity for robust and effective implementation of various health programs and systems across the States. She underscored that while frameworks and initiatives are in place, its success depends upon diligent execution at every level.

- **Emphasis on Emergency Care Systems:** To illustrate her point, the Director referenced the State of Mizoram, where an emergency care system is operational. However, she noted that the current system is fragmented and lacks integration, which significantly hampers its effectiveness. She called for coordinated and sustained efforts to ensure optimal utilization of the system and seamless functioning, thereby improving emergency response outcomes for the population.

- **Mandate for MNS and Emergency Care in PIPs:** The Director further advocated for the inclusion of activities under Mental, Neurological, and Substance Use (MNS) disorders and Emergency care within the Program Implementation Plans (PIPs) of all

States. She stressed that such inclusion should not be optional but rather a mandatory component to guarantee comprehensive Healthcare Delivery.

- **Addressing Budgetary Constraints:** Recognizing the concerns raised by some States regarding insufficient budget allocations for smooth implementation of MNS and Emergency Care Services, the Director assured of raising the same at the forthcoming National level meetings. She reaffirmed the commitment of the RRC-NE to support the States in overcoming financial and operational challenges.

- **Acknowledgement and Future Directions:** In conclusion, the Director expressed her sincere gratitude to all participants for their active engagement and presence at the training session. She highlighted the value of such capacity-building initiatives and recommended that similar training programs be organized regularly in the future to ensure continuous professional development and system strengthening.

The session ended on a note of appreciation and a collective commitment to advancing healthcare implementation across the Northeastern region.

Concluding remarks from Resource Persons:

In the concluding remarks Dr. Maya Mascarenhas encouraged all participants to make the most of the knowledge and skills gained during the Workshop. She specifically instructed all CHOs to map the jurisdiction of their respective AAMs, enlisting nearest referral health facility for Emergency Services, the estimated travel time from the AAM. She stated that such exercise would significantly enhance emergency preparedness and response at the grassroot level. To reinforce the key contents covered during the training, an interactive memory game was conducted, allowing participants to revise their learning in an engaging manner.

Feedback from participants:

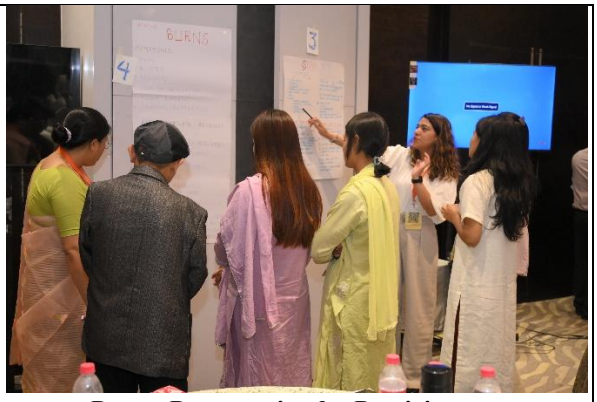
The session ended with the collecting of feedback from the participants to aid in understanding the effectiveness of the Workshop and guiding future Workshops.

Participants expressed their appreciation for the innovative teaching methods employed during the Workshop. The practical, hands-on training on Basic Life Support (BLS) was particularly well received, with all attendees finding it both engaging and enjoyable. One team specifically highlighted the acquisition of micro-communication skills essential for diagnosing mental health issues from the concerned session making them more competent in this area. The introduction of MNS screening tools was universally acknowledged as a learning experience. Additionally, the Workshop enhanced their communication abilities, developing confidence in interacting both with patients and their team mates. There was a strong desire among participants for similar learning opportunities in the future, with one team recommending the organization of such online sessions on a quarterly basis. Furthermore, participants requested that future programs may emphasize more emphasis on the development of emergency skills.

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

Photo Gallery

Group Work facilitated by Resource Person

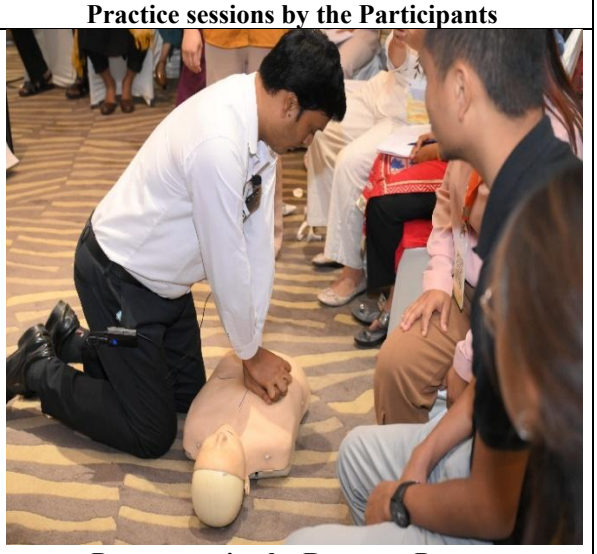


Poster Presentation by Participants

Group Work facilitated by Resource Person

Practice sessions by the Participants

Participants Participating in Poster Presentation



Demonstration by Resource Person

Annexure I

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Annexure II

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.

Annexure 3 (SRQ 20) & 4 from the Training Manual on MNS Disorders Care for CHO to be referred by CHOs this Case Study.

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.

Annexure 3 (SRQ 20) & 4 from the Training Manual on MNS Disorders Care for CHO to be referred by CHOs for the Case Study.

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.

Annexure 3 (SRQ 20) from the Training Manual on MNS Disorders Care for CHO to be referred.

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.

Annexure 7 (AUDIT) from the Training Manual on MNS Disorders Care for CHO to be referred.

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.

Annexure 5 & 6 from the Training Manual on MNS Disorders Care for CHO to be referred.

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.

Annexure 9 (CIDT) from the Training Manual on MNS Disorders Care for CHO to be referred.

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.

Annexure 5 (MMSE) from the Training Manual on MNS Disorders Care for CHO to be referred.

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.

Annexure 7 (AUDIT) from the Training Manual on MNS Disorders Care for CHO to be referred.

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.

Annexure 4 (Role Play, focus on Counselling) from the Training Manual on MNS Disorders Care for CHO to be referred.

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 9 (Psychosis, Page No. 107) from the Training Manual on Training Manual on MNS Disorders Care for CHO to be referred.

Annexure III

Agenda			
Time Period	**Duration**	**Session**	**Resource Persons**
Day 1 – (23.06.2025)			
09:00- 9:30 am	30 minutes	Welcome Speech & Objectives of the workshop Keynote Address & Presentation on MNS & Emergency Care	RRCNE Advisor, CP CPHC
9.30-9:45 am	15 minutes	Pre- Test Introduction to Mental Health & Mental Disorders	RRC NE Dr. Ajeet Bhaduria
9:45 -10:00 am	**Group Photograph followed by Tea Break (**15 minutes)		
10:00-11:00 am	60 minutes	State Presentation on implementation of MNS & Emergency services at AAMs.	CHOs/ HWOs **(10 minutes for each State)**
11:00 -11:45 am	45 minutes	Common Mental Disorders (CMD) and Severe Mental Disorders (SMD) Case Presentation and Discussion.	Dr. Maya & Dr Balamurugan
11:45-12:45 pm	60 minutes	Suicide Prevention & Substance use disorders (Alcohol, Tobacco) Case Presentation and Discussion.	Dr. Ajeet & Dr Balamurugan
12:45- 1:15pm	30 minutes	Case Presentation and Discussion on Child & Adolescent Mental Health Disorder.	Dr. Maya & Dr Balamurugan
1:15- 2:00 pm	**Lunch Break (45 minutes)**		
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. Ajeet
3:45 pm-4:00pm	**High Tea (15 minutes)**		
4.00-4.45 pm	45 minutes	Management of Mental Health program with special focus on Suicide Prevention	Dr. Sonam, Sr Clinical Psychologist, Sikkim.
4:45– 5:45 pm	60 minutes	Basic Life Support (AVPU, ABCDE, Recovery Position)	Dr. Maya & Dr. Ajeet

Day 2 (24.06.2025)			
09:00–09:45 am	45 minutes	Role of CHO in Emergency Care	Dr. Ajeet
9:45-10:45 am	60 minutes	Poster Carousel session- Management of Fractures, Trauma, Bleeding, hemorrhage Choking, Poisoning, Snake & Dog bite, Burns and Trauma cases, Obstetric, Neonatal, Heart attack, Epilepsy, and Near-Drowning.	Dr. Maya/Dr Ajeet
10:45 – 11:00 am	**Tea Break (15 minutes)**		
11:00 – 11:45 am	45 minutes	Demonstration on Basic life Support	Dr Maya, Dr Ajeet & GVK EMRI
11:45–1:15 pm	90 minutes	Demonstration on Basic life Support	GVK EMRI
1:15–2:00 pm	**Lunch Break (45 minutes)**		
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 – 4:45 pm	60 minutes	Integration with State and District Mental Health Program with AAMs and way forward.	Moderator / State Presentation by SNOs (10 minutes for each State)
4:45 – 5:00 pm	15 minutes	Valedictory session	Director, RRC NE