COMMUNITY HEALTH LEARNING PROGRAMME

June 2011 to October 2011

REPORT

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Intern, Community health Cell

(June-2011 to october2011)

CONTENTS:

WHAT MADE ME TO JOIN CHC

I am a trained nurse by profession. I completed my bachelors in the year 2002.Since then I am working in different fields like Hospitals and nursing colleges. Wherever I worked I had some questions running around in my mind. Whether money is an important tool for the people in the society to get whatever they want? ,starting from education to treatment. This brought more pain in my heart. I have decided to quit the work and find a place where there is no corruption.

I get to know about the internship programme through Joyce , CHC accidentally. I should thank god for the door he has opened to ventilate my inner feelings and I feel happy that there is someone to listen to us. CHC is a place where they provide us the space to grow.

Instead of the slogan “Health is wealth” it became “wealth is health”. Now a day’s even the Hospitals has become the business centre where they can make more money compare to the other industry. Everywhere corruption rules the country. This made me to come out of the private sector. That is how my journey started in CHC.

ACKNOWLEDGEMENT

This Report is a brief account of my reflections, new learning's, Insights that happened during my short internship programme for the past 3 months community health programme. I am very glad to say that I could see another person in me. It has made a paradigm shift in my life, attitude &skills. I believe this shift will really have a good impact in my life. At this juncture I wish to acknowledge my indebtedness to all those who had been source of inspiration and support to me during the infancy of my journey

I immensely extend my gratitude to all the staff of CHC-administrative, technical and supportive who helped me with their generously. I would not allow this report to appear without paying special thanks to Ms.Joyce Premila my mentor who provided me the best opportunities to gain a wider knowledge and experience in community health as well as gave time to express my feelings freely, bearing with tantrums on all occasions.

CHC library has been of great help to me and I have borrowed books for my references.Mr.Swamy has been a great help to me that he had smile no matter how many times I disturbed him to take the books from the library.

I must deeply appreciate Dr. Thelma Narayan who had keen interest in my journey and gave me wise and constructive advise to overcome my guilt my over my attitude to the past life.

I owe my heart felt respect and love my field mentors Dr.Mani, Mr.Guru, Ms.Aparna,Mr.Janardhanan for their guidance and support

I thank all the facilatators Dr.RaviNarayan ,Dr.Thelma narayan,Fr.Claud,Sr.Aquanius,Ms.Valli,Dr.Sunil, Mr.premdas, Ms.Lavanya,Dr.Shiridi,Dr.Prakash Rao,Mr.Chander for their efforts to make me grasp the dynamics of community health .

My warm appreciation is extended to all my young friends Mr.Santhosh,Ms.Veena,Mr.Suraj,Mr.Oblesh who accommodated me in their circle of " Fellow 2011"

I thank my Husband for been a support all through my internship. Without his cooperation I could have not completed my CHLP.

Learning Objectives

During the period of my CHLP orientation programme I found my area of interest in the field of mental illness where I didn't have any experience in the community. I have planned to conduct a case study on the caregivers of PWMI.I had a deep feeling & thinking about the stress caregivers undergo in their day today life. It strike me there that they are the vulnerable group to develop the Mental illness in future due to various factor. Based on my interest I formed my learning objectives as follows;

Overall Objectives:

- To conduct a study at Bangalore urban slum to understand the stress level of three types of caregivers viz
    - Having a family member who shows signs of mild mental illness
    - Having a family member who shows signs of moderate mental illness
    - Having a family member who shows signs of severe mental illness
- To understand the different types of mental health care services available in Bangalore for people with mental illness (PWMI).

STRATEGIES TO MEET THE OBJECTIVES

- To visit organizations involved in mental health issues
- To go for field visits which is covered by those organizations
- Identify a particular community where they speak the language I know (i.e. Tamil)
- Planned to Take 3 families needed for my case study
- Regular home visits to maintain good IPR &to gain their confidence
- Give Prior information to the families about the date and time of my visit to get them prepared
- Conduct & attend the caregivers meeting in the field as well as in the organization
- Observe and reflect with my mentors to analyse the problem and to find solution
- Maintain daily report and documentation of observations I made in the community
- Interact with likeminded people who are already animating such initiatives in these organizations which I visit
- Meet with mentors to reflect on each other and to know more about myself
- Refer relevant books and materials to add more value to my content and to learn more.
- Interact with federation members for PWMI to know more about the cases taken in the area where they live.

- Accompany the PWMI to the hospital at the time of their regular check up along with the caregiver.

THE ORIENTATION PROGRAMME

The orientation programme was scheduled by CHC for 10 days for all 5 interns who volunteered to undergo the community health learning programme (CHLP). 1st of June sessions started with the introduction about SOCHARA by Mr.Premdas.later we had many sessions for the following days. Really these sessions were more innovative and informative.Ofcourse I had lots of confusion with questions. There I could meet a diverse group who joined this fellowship with different background and experience. We learnt many things from each other's experience. We really enjoyed those sessions. We could feel a homely atmosphere.

Each session had its own values.Truely speaking I could understand the real meaning of health & community health which is worth remembering. I felt very bad that so far I was a floor mopper rather than a tap turner. Unless until we close the tap we should continue doing floor mopping as a Doctor and nurse. We get to know the about the importance paradigm shift in our life. During orientation we were also made aware of our own strengths, skills & dedication needed to work in a community. A book named "Health for all" is really an eye opener to all to know about the health system in india.We had few organization visits to APD & BNI .Briefly speaking after the orientation all of us have been boosted up with our area of interest.

During this period CHC celebrated Fr.Claud's 80th birthday.That was wonderful day and opportunity for us to be a part in that celebration.We heard the testimony of many social activist who got inspired and encouraged by Fr.Claud during 1970's.one of our fellow put a word saying that, "it is an ideal parliament".We were overwhelmed by the presentation of the real life activists.

Field visits

I had gone for field visits to different areas like Malleswaram, K.G.Halli, D.J Halli, and Srirampura along with the federation members. I could visit some of the houses where they have PWMI in their family. Most of the PWMI are female population according to my observation. And the other aspect I noticed were most of the caregivers is also women. They shared their life stories with me briefly. The common cause for the illness which I could find is broken family pattern especially separation of husband & wives .Which affected them mentally and lead to psychoses. When I enquired about the social welfare programmes I could see the awareness they have about the programmes. I am glad to see that change. But the pension scheme has been withhold temporarily due to some corruption. This was the problem shared by them in welfare programmes. These visits gave me an insight on the problems and awareness people have in the community.

Visit at Malleswaram

As per the plans we made i had been to malleswaram along with Mrs.Sharadhamma ,president of the vedike. We have visited 5 families where they have PWMI at home. I have taken to a family where they have 2 children with congenital mental retardation. Among them the first daughter still has 100% illness. She doesn't even talk to any one. The other boy has some kind of improvement after the medications. Now he is better in handling g things. For e.g. can purchase the basic items like vegetables, provision items for home. When we talk to them about the plan to have daycare they were so happy to hear.Because the caregiver who is their mother was in need of some kind of ventilation.E.g.She shared that she couldn't attend any of the family functions due to the responsibility of taking care for their children.

The next house we visited was a man who has moderate mental illness has had the attack of stroke. From that time he couldn't move his right hand & leg due to paralysis. He is married and has 2 school going children. The care giver is her mother & wife. His mother is aged and there is no proper income for the family.Hiswife doing domestic work and meet all the expenses of the family including rent. Here they have lots of issues like poor socioeconomic status, poverty & health of the women & children has been affected. No time to think even about women health in this case.

The other family i visited where the breadwinner and caregiver was the mother of a young boy with severe mental illness. When we spoke to the mother i could see the tears all the time on her face. The stress she has undergone is so much. She shared that managing each day is like managing year. By the time she goes for her domestic work her son go somewhere and create some problem one or the other day in the public. Daily his mother has to go and solve the problems which happen daily. The neighbours stay near by their home are quiet understandable. But if he goes to the next street when he simply stands and stares at any women they beat him up very badly and send him back. So apart from the stress she has, she has to spend rest of her timings to solve those problems. She is a widow. She has long suffering where her mental health also has to be taken care.

Visit at Srirampura

I had gone to visit this place along with the other fellow from BNI.There we met Ms. Panjavarnam who is a federation member residing in the same area. First we were taken to her sister house where her mother itself is suffering from severe mental illness. The caregiver is her daughter. When we referred to the previous history her mother was seriously ill. They lost the hope. By the time Ms.Panjavarnam heard about the health facilities for PWMI.Once the treatment started to her mother she could some changes in her mother.For.eg.Her mother didn't took medicine for 3 months. Once the treatment started only she has started to take food & responded little. This gave the hope to Ms.Panjavarnam and has started to work for PWMI.

The other family where we were taken was a man who has Moderate mental illness. He was the bread winner of the family. Due to some loss in the business he acquired mental illness for the past 6 years. His wife shared her feelings and problems she is facing. She is having 2 school going daughters. She was worried about the future of her girl children. She goes for domestic work to feed the family. Apart from that she has to take care of her husband. This changed her routine life itself for the past 6 years. By the time we entered itself she was looking for a financial support from us. These were my observations in Srirampura.

Visit at K.G.Halli

Other day I had been to K.G.Halli from APD along with Ms.Selvi federation member and field staff of APD.We had been to 4 houses where i could spend some time with them to know the life story of each case. The cases I have taken for my case study are these families. They have cooperated well with me.

When we come to the life story of Ms.Sugirtha, she started to get this illness after her first delivery. She has taken treatment in Nimhans Hospital for some time and stopped later. Since 6 years she is continuing her medicine in Victoria Hospital. When i enquired the federation member about the commitment she has to work for the PWMI, she replied by saying that initially when her husband was suffering from mental illness she took him to all type of traditional healers. But the condition worsened.Finally she came to know about the treatment available for mental illness through some awareness programme. Then she took him to the Hospital and could see some improvement.This incident made her to commit her whole life to bring awareness to the public regarding Mental illness and to take them to the Hospital .I was really impressed by her testimony. I could see the fire in her eyes.

NEED FOR THE STUDY:

Caregivers are usually so involved in caring for the needs of their loved ones that they can easily lose sight of their own needs. To get a better idea of the level of stress they undergo I had a desire to deal with primary caregivers.

Details of my case study:

Families selected for my study are as follows;

3 families living in K.G.halli (Near B.S.A Road)

Case A: Mrs.Suganthi(PWSMI)

Case B: Mrs.Sugirtha (PWMMI)

Case C: Mrs.Rajeshwari (PWMiMI)

Brief description about the cases with Mental illness:

Following are the cases to which the care givers are giving care at home. The caregivers of the following cases I have taken for my case study

Case No-A (PWSMI)

- Name :Mrs.Suganthi
- Age : 40yrs
- Sex : Female
- Children :Daughter-21yrs
  Son-18yrs
- Caregiver : Mother (Mrs.logamma-60yrs)
- The PWMI was identified by APD 10yrs back. The field staff is Mrs.Selvi (vice-President) of federation. She used to accompany her all the time to Hospital when suganthi had severe mental illness. Later her mother accompanies suganthi.Now the condition is better from severe to Moderate illness. Present complaints by family are she becomes angry whenever she get head ache, and episodes of aura stage of epilepsy at least 3-4 times a month. Present complaints of body pain and stiffness of the body. Some times difficulty in speaking, loss of appetite.
- Patient complaints of heaviness of head & headache, body pain, lack of sleep, difficulty to speak and feeling confused all the time.
- On my observation she responded well & relevant to my questions. She couldn't returns back home safely wherever she goes, sharing things with others like food, utensil, swollen lips due to mouth biting. She has other health problems like uterine prolapsed.

Case No-B(PWMMI)

- Name :Mrs.Sugirtha
- Age : 32yrs
- Sex : Female
- Children :Daughter-13yrs
  Son-10yrs
- Caregiver : Mother (Mrs.Arputham-50yrs)
- The PWMI was identified by APD 6yrs back. The field staff is Mrs.Selvi (vice-President) of federation. She used to accompany her all the time to Hospital when sugirtha had severe mental illness. Later her mother accompanies sugirtha.Now the condition is better and has Moderate illness.
- Present complaints by family are she becomes angry whenever she get head ache, Heavy binge of eating, sleeping most of the time, uses filthy words, careless in handling cash, but do shopping for up to Rs.100.
- Patient complaints of heaviness of head & headache, body pain, feeling sleepy all the time.
- On my observation she responded well & relevant to my questions. She returns back home safely wherever she goes, likes to sleep most of the time, sharing things with others like food, utensils.

Case No-C (PWMiMI)

- Name :Mrs.Rajeshwari
- Age : 41yrs
- Sex : Female
- Children :Sons-03
- Caregiver :Daughter-in-law(Mrs.Kalavathy)
- The PWMI was identified by APD 3yrs back. The field staff is Mrs.Selvi (vice-President) of federation. She used to accompany her all the time to Hospital when she had depression, type of mental illness. She had first episode of convulsion when she was 28yrs old. Since her husband was an alcoholic she started to get affected mentally. Her son & daughter –in-law are the caregivers. Now the condition is better and has Mild mental illness.
- Present complaints by family are she becomes angry & get head ache, inadequate food intake.
- Patient complaints of headache often due to which she becomes angry all the time and shouts at children.

<u>My literature review related to stress</u>

STRESS:

- Stress can be defined as may be an internal state which can be caused by physical demands on the body such as disease,exercise,extremes of temparature,professional hazards and so on or by environmental and social situations which are evaluated as potentially harmful, uncontrollable,
  Or exceeding our resources for coping.

- Stress can also be defined as a failure to adapt.

TYPES OF STRESSFUL SITUATIONS:

- Death of spouse
- Divorce
- Marital separation
- Death of close family members
- Personal injury or illness
- Marriage
- Retirement
- Pregnancy
- Sexual difficulties
- Addition of new family members
- Major business readjustment
- Being fired from job
- Jail term
- ***Change in the health of family members - This is the cause for the families I have taken for my study***

STRESS MANAGEMENT TECHNIQUES: (Tips)

- Massage:

  Massage reduced the level of glucocorticoids and epinephrine in depressed mother with infants.
- Deep breathing exercise:

  The first step is to bring your breathing under control;
  - Exhale completely
  - Then slowly breathe in through your nose
  - Expand your diaphragm/belly to bring air into the lower portion of your lungs.
  - As you gradually fill your lungs from bottom to top, expand your chest
  - At the end lift your shoulders for a last bit of volume
  - Briefly pass your breathing
  - Then relax and let the air flow smoothly and fully out through your mouth
  - Pull in your stomach at the end to expel the last bit of air
  - Enjoy the emptiness for a few seconds
  - Then begin another breath
  - As we do this a few times pay attention to the sound and sensation of your breath. If you get lightheaded at first then breathe normally.
- Physical exercise;

  One of the most obvious ways to relieve stress is to do what the body was meant to do under those circumstances. Exercise proves to be an excellent mechanism for stress reduction. It helps;
  - To lower the level of nor epinephrine released in response to stress
  - To improve infection fighting capability
  - To significantly reduce the negative effects of stress

- Practice of meditation
- Relieve stress through senses
  - Smell, cry, sense of humour, belly laugh, crying, listening to music

Use your sense of humour. Seek belly laugh which makes you feel good as well as more stress proof.

Crying relieve stress

Using music also reduce stress especially slowed down rhythm.

INTERVENTIONS:

There are some interventions which I carried out based on the stress management techniques.

Techniques used among the caregivers are;

- Physical activity
- Deep breathing exercise
- Massage
- Relieve stress through senses
  (Smell, cry, sense of humour,belly laugh,crying,listening to music)

FEEDBACK GIVEN BY THE SAMPLES I HAVE TAKEN (CAREGIVERS):

- 'I feel better now after I do this relaxation technique which you taught'
  -Mrs. Arputham
- 'I am getting better sleep now a days and & stopped thinking too much'
  -Mrs. Logamma
- 'I started to accept my mother-in-law's anger and whenever I get anger and head ache, the deep breathing exercise taught by you reduce my heaviness of the head. I am happy that I could manage everything now'
  -Mrs.kalavathy

MY REFLECTION:

I have learnt a lot through implementation of what I read.I read a book called stress-Burnt out to balance.Which gave me an insight on the different techniques to manage stress level at home.I applied my learnings into practise.I could see a better response from the community. I could really analyze the importance of putting text into context .The feedbacks given by them were such an encouraging tool for me to involve more in community health care. I could feel the real joy in my heart.

As an Intern at BNI

Since my objectives were based on the mental illness I was posted at BNI, Banaswadi.My field mentor was Dr.Mani.I was guided by my mentor during my field placements. I had been to Different organizations like APSA, Paraspara, and APD for an orientation. They are the partner organizations of BNI.These organizations work for PWMI too. They conduct awareness programmes, Advocacy for PWMI.And I planned my daily activities along with Ms.Aparna programme co-ordinator at BNI as per Dr.Mani's Instruction. Every Tuesday's I have planned to go to BNI .I have reflect with my mentor on the observations I made and analysed some issues like bribes in Government hospitals, Denial of the general healthcare for the PWMI, Alternatives for the caregivers who are old age. Some reflections analysed are to give awareness to the federation members regarding right to avail free health services. So that they can create awareness among public. I spent some of my times in the library at BNI office to gain information regarding social welfare programmes, mental health services at Bangalore. I could participate in the federation meetings conducted at BNI. The issues discussed on the meeting were;

- Registration of Federation for PWMI as an independent body
- Tentative planning's for the intervention to be carried out for the next two years
- Conducting Review quarterly community meetings with office bearers
- Field staffs requirements
- Budget plan for two years including salaries

During the time I spent at BNI I did documentation of my works. After my field visits I have chosen K.G.Halli & D.J.Halli to conduct my study. These places comes under the coverage of APD.I approached Mr.Janardhan, programme coordinator from APD to chose the families from their field area . The reason why I have chosen is I was comfortable with the language Tamil. Later I have chosen my cases for the study at K.G Halli itself. One of the cases I have taken from D.J Halli was not co-operative because they expected some financial support during my visits. During my each visits they started to avoid me by telling they have fasting, need rest & so on. So after the failure of all my efforts I have decided to take one more family from K.G.Halli itself. I have taken 3 families of different categories. I have started to go for regular visits on every Wednesday, Thursday & Friday's. During my first visit I have taken Ms.Selvi federation member cum field staff to the houses taken for my case study.

My second visit onwards I carried out myself.Initally I could gain confidence of the family members by maintaining good IPR (Inter personal Relationship).The good thing is they accepted me as one in their family which gave me a foundation to conduct my study.

Mid-term & Final collective session

I have planned to spend all the Mondays at CHC to refer the resources available in Library and from my mentor. I got the opportunity to share my thoughts & views with Ms.Joyce, my mentor. I made use of the computer they provided for documentation & reference point.

We had midterm collective sessions & final collective sessions at CHC & CPHE. This was again the source of knowledge and courage. We had sessions by different expertise. I got to know the new term called communitization, how communitization works.The experiences shared by Dr.Rakhal do was inspiring. We discussed that interventional gaps can be filled by inputs of people & how we can bring voice or idea of people.

Health as human rights session done by Mr.Premdas gave us an insight on the rights we have and constitutions on right to healthcare. I got some information on IPHS standards from central to peripheral level, Importance of strategic thinking when we start to approach vulnerable group.Eg.Madagaskar technique used by ANT trust in paddy forming to approach the people. I personally learnt a lot during these sessions. We discussed about dysfunctional family and addiction cycle, brought some new ideas and thinking about how these issues directly or indirectly affect the member in the family.

During our final collective session we had sessions by Dr.Ravinarayan, Dr.Thelma narayan, Dr.Mohammad, sr.Aquainus, Fr.Claud & Ms.Valli. These informations we never get in any book source which was really enriching our knowledge. The session done on Johari window was informative and useful practically. Session on inward learning itself taught me how to look inward myself and brought some positive changes. Bio ethics is something which we all should practice in the medical field. The important principles of ethics like beneficiency-maleficence, Autonomy, Informed consent & social justice should be kept in mind .I learnt newly about groups to avoid in research.

We had the session by Dr.Adithya made me to think about the negligence of occupational health in our country. It was a subject taught to me during my nursing as a least important syllabus & not much in detail. I felt guilt about myself for not done anything for occupational health hazards. The life story shared by Mr.Oblesh was really a challenge to the society to evolve changes in Paurokarmika community. He himself is an example to come out from their traditional employment. It was fun & thought provoking listening to him about his experience as an activist. I learnt about 102 different caste systems in Karnataka.

The session we had about life skill & critical thinking was amazing. This session taught me to talk less and work more, Importance of critical thinking & no one can come to a conclusion about anything. All I liked about his session is exercises given related to the topic he covers. This method of learning kept us physically & mentally present. I had a session about inner healing by Dr.Shirdi Prasad .This was the first time I listen to inner healing in my lifetime. He gave us an insight about the connection between Body mind & soul. Here & now mechanism which he taught me was really brought some inner healing. Tools he gave

for inner healing started to work in me & my family. Alternative system of medicine like AYUSH should be utilized by the people. We need to create awareness more to public regarding the importance of alternative systems of medicine.

Methodology

The method which I have used in my case study is Questionnaire, through which I can understand the stress level of the care givers of PWMI.The subjects I have taken to my study are care givers of patients with mild, moderate & severe mental illness. I have taken measures to conduct the study by gaining their confidence through regular home visits. Through regular visits I got the approval by the caregivers to conduct my study. The questionnaire which I used for my study as follows;

Caregiver Stress Test

Physical health	Never	Rarely	Sometimes	frequently
Have you noticed that your own health is suffering or you are getting ill more frequently?				
Have you noticed a disturbance in your sleep patterns because of the care you provide for your loved ones?				
Do you feel physically exhausted by the amount of care your loved one needs?				
Have you had difficulty keeping your mind focused on what you are doing?				
Social Relationships				
Do your family members or friends say you seem stressed out?				
Is your caregiving taking a toll on your job?				
Is your caregiving taking a toll on your family life?				
Do you feel that your social life has suffered because you are caring for a loved one?				
Do you feel you need more support from your family members with your caring?				
Do you feel that your care giving efforts are not appreciated enough by your loved one or family members?				
Personal demands				
Do you feel that the amount of care your loved one requires is too overwhelming?				
Do you feel like you are “missing out on life” or that “life is passing you by”?				
Do you feel that your loved one is completely dependent upon you?				
Do you worry that you should be doing a better job in caring for your loved one?				
Do you think about leaving the care of your loved one to someone else?				
Emotional well-Being				
Have you felt that you don’t have enough time for yourself because of the time				

you spend with your loved one?				
Do you feel that you don't have much privacy as you'd like because of your loved one?				
Do you feel emotionally drained by the care you provide?				
Do you ever feel embarrassed by the behaviour of your loved one?				
Do you resent or feel angry having to care for this loved one?				
Point values: Never(0),Rarely(1),Sometimes(2),Frequently(3)				

- 0-15=Minimal stress Stress levels are easily managed. Keep evaluating your stress level periodically to see if your stress level increases.

- 16-30=Mild stress your stress level is tolerable, but you should also consider asking for some help or taking more time for yourself. Setting some time aside for yourself each week or joining a caregiver support group can help a great deal in reducing your stress level.

- 31-45=Moderate stress Taking some time off should be considered to help reduce stress. Asking family members for support or looking into respite care or day care might be a good option. You can also find other caregiving services in your area.

- 46-60=Severe stress you should seriously consider working with a home care agency to support your caregiving at home. Please find out day care services in your area or avail the interventions provided by centres like APD.

RESULTS

CARE GIVERS	SCORE	LEVEL OF STRESS
Mrs.Logamma (Mother of case-A)	38	Moderate
Mrs.Arputham (Mother of case-B)	46	Severe (early stage)
Mrs.Kalavathy (Daughter in law of case-C)	15	Minimal

NEED FOR THE STUDY:

Caregivers are usually so involved in caring for the needs of their loved ones that they can easily lose sight of their own needs. To get a better idea of the level of stress they undergo I had a desire to deal with primary caregivers.

Details of my case study:

ORGANIZATIONAL VISITS:

Visit to paraspara trust:

I got the opportunity to visit the organization through BNI .I have interacted with Mrs.Bhagya, Managing Trustee .She gave me the outline of what Paraspara is doing for the society. I have interacted with the field staffs Ms.Yashodhamma & Mr.Murthy who are mental health workers and federation members. They shared their field experience. The organization initially started during 1995-96.Initially they worked for child rights and advocacy, Later they included women health & women empowerment.

Since 2004 they started to work for mental health issue. They do identify PWMI & refer them to psychiatrist in government Hospitals like Nimhans, Victoria&K.C.G.Later they do the follow up care. These field staffs are the PWMI (vedike) Federation members who belong to the same community. One of the reasons why paraspara had the urge to work for PWMI is that the children couldn't go to school because they were suppose to take care of person with mentalillnes in their families. This motivated Paraspara to involve care for PWMI.So that children burden could be reduced.

Since from 2004 to 2006 paraspara was supplying the drugs for PWMI which was prescribed by Psychiatrist. Later Federation members with public protested and availed the Medicine supply from the government hospitals itself. The area covered by paraspara are 8 wards,34 slums. They do have IGP(Income Generation Programme) to help those with disability .They give capital amount of Rs.2000-5000 to start their own business. They arrange subsidiary loans too. They got the State award 2006 for child & women Rights. These were my Observations & new learning's of my Organization visit to paraspara.

Participation in caregivers meeting:

I had a visit to malleswaram, Bangalore urban slum. There I met Mrs.Sharadamma (president) Federation for PWMI.We had care givers meeting. The issues discussed were about,

- Corruption in K.C.G Hospital to avail all the health care facilities.
- Newly married migrants couldn't avail free health care services due to the delay in the enrolment of their names in the Ration card.
- Their expectation towards federation members to accompany them and to be with them all the time in the hospital.
- About day care facility for the PWMI

Plans of action:

1. To stand united and fight against corruption at Hospital.

2. To inform health commissioner and if no actions were taken place then to protest.

3. To discuss with medical commissioner for newly married migrants.

4. Explained them about the concept of communitization and made them clear to be

independent.

And gave awareness about health as human rights & their responsibility.

5. Mobilizing government resources to form day-care centre for PWMI.

Participated in federation members meeting:

I had visit to APD and attended Federation members meeting .The members participated were Mr.Guru, Ms.Aparna, Ms.Veena & myself represented BNI, Mr.Devaraj from APSA, Mr.Basaiah Ms.Champa from APD, Mrs.Selvi, Ms.Panjavarnam, Ms.Sharadamma, Ms,Rathnamma, Ms.sugirtha, Ms.Logamma from federation, Mr.Murthy from Paraspara. There we discussed on the Agenda as follows:

a) About registration of federation as an own body:

Federation members were given instruction about after registration done what are their responsibilities.Mr.Guru explained the up's & down's which comes in future. Members got an insight about how dedicatedly they should work to grow the federation. Finally they concluded by saying that they want some time do discuss and get the confirmation to register. But planning to register within this month with the acknowledgement of vedike members. The organizations promised to support for maximum3 years financially.

b) Conducting quarterly meeting:

They have decided to meet every 3 months to have review meeting. Last meeting held on 17/08/2011.Next review meeting planned in the month of November. Feb-April quarterly report presented by Mr.Devaraj from APSA, May-August report has to be prepared by Mr.Murthy from Paraspara trust.Sep-Nov report will be prepared by Mr.Basavaiah from APD. These are the senior field staffs from various organization volunteered themselves to support federation members in the process of Report preparation and presentation.

c) Celebration of World mental health Day:

Planned to celebrate World Mental Health Day along with the review of quarterly meeting. Budget of Rs.25000 is needed to spend on those days. Fund raising programme they planned to conduct. One of the idea is DMHP is telecasting a T.V show on Mental health programme in DD channel every Monday at 8.30pm. Dr.Chandrasekar from K.C.Genearl Hospital sent a proposal to BNI to conduct the survey on the awareness of public regarding Metal illness based on the T.V show. They have 8000 application forms with the questionare.Each filled forms will get the remuneration of Rs.90.Mr.Guru from BNI explained about this proposal .He suggested the Federation members that they can raise fund by accepting this proposal & 50% of remuneration they can have and 50% they can keep for federation. They have planned to prepare palm plate on mental illness.

d) Supports for federation members:

As per the plan Total 6 member's organizations planned to support. Among them BNI accepted to support 3 member, and other 3 members will get support from organizations like APSA, PARASPARA & APD one each. Each member will be getting the remuneration of Rs.2000 per month. The names of the executive body members are as follows;

1. Mrs.Sharadamma (President)
2. Mrs.Selvi (vice-President)
3. Mr.Prakash (secretary)
4. Ms.Panjavarnam (member)

2 members yet to be decided by the president. Mr.Prakash as a secretary yet to be confirmed due to the reason that he couldn't spend fulltime in the federation. These 6 members name list will be confirmed within 2 weeks.60 members are in the process of volunteering themselves in this federation. An interesting part is PWMI also joined this membership. All these federation members belong to the same comunity.Executive body members got training from BNI.

Issues discussed:

There are some issues discussed on the meeting.

1) Regarding Bribes in Hospitals:

- Planned to meet Mr.Rajanna (commissioner for disability) and discuss this existing problem.
- To meet Medical commissioner also and to explain the problem and find the solution.
- To submit the written complaints from the affected individuals & vedike members to the commissioner.

2) Regarding the reason for temporary with hold of pension schemes:

The actual reason was the pensions distributed are more compare to the statistical information of no of widows, death rate, PWMI and so on. To stop this consumer corruption government withholds the schemes for a short while.

Visit to the Joint commissioner office:

On 17th of September I went to Joint commissioner office to meet the welfare officer along with sharadamma to ask about the schemes for SC&ST, along with mental health coordinator Mrs.Sunandha & Ms.Veena, Intern from BNI we went to meet the welfare officer. We spoke about the welfare schemes .Later They guided the President of federation Mrs.Sharadamma to go & approach the slum Board office for this scheme.

Then we discussed about the issues regarding day care in malleswaram. Because federation members planned to keep a daycare centre based on the expectation of public. So far they have sent this issue to the commissioner office and awaiting for the reply. It was a follow-up visit.

Visit to Basic needs India

Introduction

Mental Health in India

The Indian Government estimates that 1-2% (10 to 20 million) of the Indian population suffers from major mental disorders, with around 5% (50 million) suffering from minor, depressive disorders. According to WHO Project Atlas 2002, based on data collected between October 2000 and March 2001, the India Profile shows availability of 2.51 psychiatric beds for a population of 100,000. India has 3,500 psychiatrists, 1000 psychiatric social workers and 1,000 clinical psychologists – all serving a population of **one billion**.[1] This clearly explains the magnitude of the problem and the very scanty resources. Poverty is an important context for mental health. Over one third of the Indian population lives below the poverty line. This means 70-90% of their incomes goes to food and related consumption (Duggal 2002:2). About 70% of the population lives in rural India. National health policy 1983, Mental Health Act 1987, National health policy 2002, and District Mental Health Programmes have been there on paper. Policies and legislation relating to mental illness have been strongly criticised in India, on the charge that they are of little relevance to the lives of persons with mental illness.

The society attaches stigma to mentally ill people and their family members. They suffer shame and are objects of fun and mockery. It is this ostracism that makes it so difficult for mentally ill people with mental health problems to be a part of standard poverty reduction programmes and constantly remain marginalized[2]. Human rights abuse is yet another common feature. In the year 2000, 23 persons with mental illness who were chained in a faith healing place charred to death in Ramnad district of Tamil Nadu[3]. Any facility that exists, it is in the urban areas that catering to those who could afford. State of a poor mentally ill person from a village is any one's imagination.

Basic Needs India is a registered non-governmental organization established in the year 2001; the registered office is located in Bangalore. Having recognized the growing needs **of** mentally ill people **and** their families **in** rural areas **and lack of opportunities / facilities, Basic Needs India programme has a strong focus on** poor people **with mental illness in rural areas. It strongly believes that every human being has the potential, if tapped well, to manage his/her own life. It equally emphasizes on sustainable development leading to poverty reduction / eradication. In the whole process, Basic Needs India visualizes a community where persons with mental illness and family members are accepted and fully participate in all aspects of life including social and cultural meaning they get included in the development process. Vision**

Basic Needs India seeks to satisfy the essential needs of all people with mental illness in India and to ensure that their basic rights are respected and fulfilled

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Mission
Initiate programmes in India, which actively **involve** mentally ill people and their carers and enable them to satisfy their basic needs and their basic rights respected. In so doing, stimulate supporting activities by other organizations and **influence** public opinion

Objectives

- To restore mental health and human dignity through appropriate interventions thus resulting in acceptance, de-stigmatization and relief to care givers.
- To support people with mental illness to exercise their rights through new initiatives in mental health and development.
- To bring financial stability to these families through economically viable income generation activities designed for mentally ill people and family members.
- To develop and promote social horticulture / land related activities appropriate to the community.
- To promote and carry out action research (involving people with mental illness) and disseminate the information / results so as to contribute to the overall body of knowledge in the area of community mental health and development.
- To work with established government organizations / NGOs to enable them to have the capacity to adapt their programmes to take into account the needs of people with mental health problems.
- To focus on 'advocacy', 'proper legislation' and 'gender and equality issues'.

Coverage
Basic Needs India works in parts of 48 districts of Southern India, Bihar, Jharkhand, Orissa and Maharashtra. The total no. of families addressed is around 16000.

Approach
Basic Needs along with its partners has developed a model called "Community Mental Health and Development" which strongly believes in **consultations** with all stakeholders. This model was developed in consultation with people with mental illness, their carers and field staff of organizations. Basic Needs India works in partnership with other organizations involved in disability and development and advocates inclusion of mental health in existing development programs. This innovative intervention ensures involvement of people with mental illness in their own development and is rights based in its approach.

The Programme has, at present, five modules which have been developed after extensive consultation with mentally ill people, their carers and the CBO's. The five modules are:

1. Community Mental Health
2. Capacity Building and Animation
3. Sustainable Livelihood
4. Research
5. Administration.

Values

The organisation should be informal, transparent and accountable and should be a strong

advocate of equal opportunities with particular emphasis being placed on mental illness, gender equity and poverty.

BasicNeeds should be open to positive and supportive criticism. In this context we need to be responsive to our monitoring structures and to evaluations of our work both at an informal and formal level. The Trust will institute a social approach to audit from early on thus encouraging a culture of disclosure, openness and accountability.

This approach should permeate all of the work of the Trust including its fund-raising; Internet based information, annual reports and other documents. The belief and value system of the organisation should be related to the quality of our work and the quality of our relationships.

The Community Mental Health and Development Programme emerged, as the needs of the mentally ill have been overlooked and the visibility of human rights violation. Although the central and state government health plans include mental health in the national programme and have provided support for mental health program in the five year plans since 1982, India faces the twin challenges of **very limited professional resources** and large numbers who require services. Therefore, in addition to the existing institutions and professional services available, the focus is very much required on **community care** and **community resources**. Thus, this paradigm gives opportunities for innovation and **barefoot workers** addressing the issues in the community. Non-governmental organizations have a vital role to play in the area of Community Mental Health. In addition to the mental health act of 1987, another significant development is the enactment of 'The Persons with Disabilities Act' (PDA), 1995, as it has included mental illness under the definition of disability. The act provides for education, employment, social security, non-discrimination, affirmative action, prevention, research and human resource development.

Visit to APSA(Association for Promoting social Action)

I could visit APSA during field placements. This visit was really an eye opener for me to understand what an NGO can achieve. It's a 32 yrs old organization. Organization provides training & education for children rescued from domestic violence & child labour. They provide shelter for the children in the name of "Namma mane". After the bridge course sheltering provided only for girls for a year till they are employed. For male children group living system has been encouraged.

It's a right- based child- centred community development organization. They work towards the development of community through a systemic process of empowerment. Their partners in its process are communities of street children child labourers and other children in distress including abandoned and run away children, child victims of abuse & prostitution, children of sex workers as well as the larger communities of the urban slums.

APSA believes in the strength of the people and their ability to fight for their own rights.

They provide bridge course facility. They have approximately 60 -70 staffs in APSA, Bangalore.80% they run outreach programme. They get funds from multi organization.40% fund raised by the organization itself. They conduct training & education programmes. They give training on tailoring, Printing, Multimedia, Electronicworkshop.Theyget orders from different companies on production they make in their own institution. These are the achievements of APSA .

They have classes like life skills education. Where they teach them about time management, money management, Sex education through some materials .Those materials are really worthy to make the children understand about sexdifferences and make them understand the changes which happen in their body. The class rooms they constructed also by students plan, especially the infrastructure which reminded me the days of gurukulam study method. They have 7th & 10th classes where they will be placed in the n\mainstream education once they complete their 10th & 7th classes in APSA.The children they fond in street & orphans their life time expenses including food, shelter & education was born by the organization. Really after the visit there was a kind of satisfaction which i felt because of the work done by the organizations like this. I was very glad to hear the amount of children they rescued so far. Again this give hope for the children who are suffering.

Visit to Streisand Foundation

It's a Non Governmental organization works for the dropped out children. This organization was started on 20/10/2010.It has been a year completed. Now they have their 5th Batch. Each batch they select about 30-50 students. First month regular classes.2nd & 3rd month onwards field placement to supermarkets like More, total & beauty parlours .Later people from different sector interview them and place them in the job according to their potentiality. They train them by sessions by different experts from different fields for 3 months. Then they place them in their area of interest like beautician, salesboy, B.P.O's and so on. I got an opportunity to volunteer myself to take sessions on Health & Hygiene. Where my mentor Ms.Joyce also volunteered herself to take some session on health & sexuality. I was encouraged by her. This was my Experience in Streisand foundation.

Criteria they have to select dropped out children are;

- The Monthly income of the family should be Rs.5000 and below.
- The age should be between 18-26yrs
- The candidate should have an urge to come up in life.

  These are the criteria for selection.

SOCHINI (Society of Community Health Nurses of India)

INTRODUCTION:

Change and advancement is inevitable in any sphere of a profession. Community Health

Nursing is no exception. Any individual requires the satisfaction of their survival needs, security needs and a sense of belonging to be met before they function at their optimum level. An association therefore, primarily caters to the individual rights of its members so that each one can effectively and efficiently function to fulfil the common goal.

Therefore, the Society of Community Health Nurses of India [SOCHNI] supported by its members hopes to serve its individual members in enabling and empowering to serve the community at large and to promote and protect professional interest of Community Health Nurses.

Society of Community Health Nurses of India was formally registered on 24th March 2009 at Bangalore. Registered office will be at Bangalore, however the Head Office will be Vellore.

VISION OF SOCHNI:

The vision of our Founder *MEMBERS IS THAT COLLABORATION FOR CONTINUED EDUCATION AND PROFESSIONAL DEVELOPMENT OF COMMUNITY HEALTH NURSES TO EXPAND THE SCOPE OF COMMUNITY HEALTH NURSING PRACTICE IN INDIA.*

OBJECTIVES:

1. To establish & sustain a bond of abiding friendship & fellowship among the COMMUNITY HEALTH NURSES IN INDIA
2. To keep the COMMUNITY HEALTH NURSES informed of the current events and the developments.
3. TO SUPPORT COMMUNITY HEALTH NURSING EDUCATION IN INDIA
4. To instil in the minds of members an interest in professional development by conducting conferences, seminars, workshops etc.
5. To encourage students and teachers OF COMMUNITY HEALTH NURSING to UNDERTAKE QUALITY PUBLICATIONS.
6. To raise funds for the activities of the Association.
7. To PROVIDE A COMMON PLATFORM TO COMMUNITY HEALTH NURSES TO EXCHANGE IDEAS, carry out RESEARCH ACTIVITIES, provide consultation and undertake projects.
8. TO CONTRIBUTE TO IMPROVING THE STANDARDS OF COMMUNITY HEALTH NURSING PRACTICES.

ACTIVITIES:

SOCHNI conducted a National workshop on “Defining Community Health Nursing Practice”, on 12th February 2010 at Dhanavantri Hall, Rajiv Gandhi University of Health Sciences, Bangalore. Resource faculty were drawn from various strata of the academicians and administrators who included Director of CHAI, WHO consultant, lawyers, women activists, nursing faculty & community nurses. The delegates and resource faculty who participated were of the opinion that India needs to wakeup to the need of the hour of having an Independent Nurse Practioner in the community in order to meet the Millennium needs.

PARADIGM SHIFT IN MY LIFE

MOVING FROM	TOWARDS
Medical model	Community model
Individual approach	Collective Approach
Public Health	New Public Health
Instead of Supporting community	community to participation
Active speaking	Active listening
Equality of healthcare	Equity of health care
Rule follower	Rule breaker if ethical
More Academic &little Activity	Academic,Active,Laboratory,Action to be more & equal
Medical Ethics	Humanistic Ethics
Deep Thinking	Critical Thinking
Looking outward	Looking inward

Medical model Vs community model

So far my thinking about community model is 20% is only the need & medical model is 80% and most needed for the public. But now my eyes are opened enough to knoe the importance of community model.

Individual approach Vs collective approach

Due to the reason i worked in Hospital set up my concentration was only on the individual. But now i learnt about the collective approach which plays an important role to make a huge change in the health of an individual.

Community participation

Without community participation it is very difficult to make a change in the community. Health education & training programmes at the community level create the awareness among pubic. Instead we do everything for them we should teach them to demand their own needs.

Holistic Development

So far I read lot and practiced little. But now could limit myself equally in academic performance ,laboratory ,Reflective & Active. This is the major change happened in my life.

Active listener

Before I joined the CHC I was more speaker than a listener. But now i became a Active listener.

Humanistic Ethics

I was very much keen to practise medical ethics. But now I start to think the ethics in Humanistic way.

MY NEW LEARNINGS

Learning's from my objectives

- Caregivers are the most vulnerable (mental illness).
- Management of stress at early stage gives positive results.
- Importance of regular home visits
- Majority of PWMI are female
- Majority of care givers are also female
- Importance of daily report and documentation

New learning's:

- The meaning of community & community health
- What & how do NGO's contribute to health?
- Regarding child help line at APSA
- About JAA-BU network
- About social welfare programmes for people with mental disability
- Federation for PWMI
- How Streisand foundation for dropped out works
- Capacity building from peripheral level
- About an budding organization called SOCHINI
- Community participation
- Unity is strength

Learning's from my objectives

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- Majority of care givers are also female
- Importance of daily report and documentation

Looking Inward

- I could identify the potentialities in me
- Felt like being a part in the community

- My views and perspectives about N.G.O's changed
- My perspective about community health changed.
- Learnt that Involvement of community is most important factor to change the society.
- Change happened like I could break the cell around me and started to be like balloonist to see the problems from above
- Different scopes a nurse has to choose
- Inner healing took place
- Stress management techniques I taught to the care givers helped me personally.
- I learnt how to be humanistic in ethics
- Change in my approach to the community members
- A kind of satisfaction in my home visits
- I could wake up the another shereen in me
- Gained more information & knowledge regarding health systems in India
- The real meaning of equity

SUMMARY

On the whole I gained many experience during this learning programme .As we know learning never ends. I am in the process of learning in my life. During my CHLP I had gone for visits to many NGO's to know its functions and role in the society.

After my orientation programme I formed learning objective to understand the stress level of the caregivers of PWMI.Based on the results I could apply some of the stress management techniques to those caregivers. This gave a positive feedback from the caregivers.

Instead of expecting people to come to us, we should go and find solution to the problems. I could see the reflection and give my reflections in the meetings which I have attended. I could say really a paradigm shift is happening from my institutional life to community oriented life. Books like "Health for All Now" will really bring sense and worth to our life to be an activist rather than a pessimist.

ANNEXURES

Methodology

The method which I have used in my case study is Questionnaire, through which I can understand the stress level of the care givers of PWMI.The subjects I have taken to my study are care givers of patients with mild, moderate & severe mental illness. I have taken measures to conduct the study by gaining their confidence through regular home visits. Through regular visits I got the approval by the caregivers to conduct my study. The questionnaire which I used for my study as follows;

Caregiver Stress Test

Physical health	Never	Rarely	Sometimes	frequently
Have you noticed that your own health is suffering or you are getting ill more frequently?				
Have you noticed a disturbance in your sleep patterns because of the care you provide for your loved ones?				
Do you feel physically exhausted by the amount of care your loved one needs?				
Have you had difficulty keeping your mind focused on what you are doing?				
Social Relationships				
Do your family members or friends say you seem stressed out?				
Is your caregiving taking a toll on your job?				
Is your caregiving taking a toll on your family life?				
Do you feel that your social life has suffered because you are caring for a loved one?				
Do you feel you need more support from your family members with your caring?				
Do you feel that your care giving efforts are not appreciated enough by your loved one or family members?				
Personal demands				
Do you feel that the amount of care your loved one requires is too overwhelming?				
Do you feel like you are “missing out on life” or that “life is passing you by”?				
Do you feel that your loved one is completely dependent upon you?				
Do you worry that you should be doing a better job in caring for your loved one?				
Do you think about leaving the care of your loved one to someone else?				

Emotional well-Being				
Have you felt that you don't have enough time for yourself because of the time you spend with your loved one?				
Do you feel that you don't have much privacy as you'd like because of your loved one?				
Do you feel emotionally drained by the care you provide?				
Do you ever feel embarrassed by the behaviour of your loved one?				
Do you resent or feel angry having to care for this loved one?				
Point values: Never(0),Rarely(1),Sometimes(2),Frequently(3)				

- 0-15=Minimal stress Stress levels are easily managed. Keep evaluating your stress level periodically to see if your stress level increases.

- 16-30=Mild stress your stress level is tolerable, but you should also consider asking for some help or taking more time for yourself. Setting some time aside for yourself each week or joining a caregiver support group can help a great deal in reducing your stress level.

- 31-45=Moderate stress Taking some time off should be considered to help reduce stress. Asking family members for support or looking into respite care or day care might be a good option. You can also find other caregiving services in your area.

- 46-60=Severe stress you should seriously consider working with a home care agency to support your caregiving at home. Please find out day care services in your area or avail the interventions provided by centres like APD.

RESULTS

CARE GIVERS	SCORE	LEVEL OF STRESS
Mrs.Logamma (Mother of case-A)	38	Moderate
Mrs.Arputham (Mother of case-B)	46	Severe (early stage)
Mrs.Kalavathy (Daughter in law of case-C)	15	Minimal

About BNI
The work

Initiation

During January 1999 Chris, along with Trustees of World in Need, visited Bangalore to understand the situation of people with mental illness in India. They visited some facilities and met important people involved in the work. In addition, on 25th Jan 1999, The Association of People with Disability (APD) hosted a workshop. 25 people from South India participated and the need to work with poor mentally ill people, the most marginalized lot, for their overall development clearly emerged.

Chris and Nicholas had a formal chat with Naidu about initiating a programme in India and Naidu agreed to work from February 2000. Both Chris and Naidu have been involved in the development work of people with disability for more than two decades. Naidu visited various places working with/for mentally ill people in the North & South India. An advisory group comprising Valli, Hema and Sanghamitra were reviewing the work carried out by Naidu and guiding him in the plans. After contacting some organisation, Naidu found SACRED in Andhra Pradesh and Narendra Foundation, Mitra Jyothi, GASS and APD in Karnataka worth having further consultations.

During September 2000 Chris, Naidu and Sony George held series of consultations with mentally ill people, their caregivers and staff of CBOs. The 'voices' of the participants were the potential seeds initiating the programme. It dispelled the myths and laid a solid foundation for inclusion of people with mental illness into the development process.[4] All the stakeholders sitting in a circle expressed their determination to take the cause further. This new initiative was followed by another consultation, defining the relationships' with two partners where the model emerged.[5] Access to treatment, economic independence, social integration, and advocacy surfaced very clearly as basic needs and the vehicle to meet these needs is exercising rights. Dr. Sekar and Dr. Kishore Kumar of NIMHANS, Bangalore agreed to extend their support in training and treatment.

The advisory group, along with Naidu, decided to register the organisation. Accordingly BasicNeeds India was registered as a Trust on 22nd March 2001. The registration number is 642.

Field consultations

Partnership development

In the beginning of 2000 Thippanna of SACRED, Ananthapur, and Rajanna of Narendra Foundation, Y N Hoskote were consulted separately about exploring the possibilities of

including people with mental illness into their existing CBR work. They were reminded of the People with Disability Act, 1995 including people with mental illness as one of the categories of disability. Both gave their consent. A daylong consultative workshop was held with staff. The prevalence of mental illness and their status in the communities were reviewed and the revealing aspect was that of realising mentally ill are the most marginalized, neglected and subject to human rights abuse. The staffs expressed their own apprehensions to include people with mental illness. Some volunteered to meet such people and to record people met, conversations with them and information gathered. When they presented their experiences in the next sitting, there was enough confidence to work with them and other colleagues got inspired. The consultations lead to a firm agreement to initiate a programme. Later similar consultation was held with GASS, Doddaballapur. Interestingly, these three organisations work with disabled people and they are called CBOs as they come from the same communities and located in the same area. Currently these three are the *primary partners.*

Similar consultations had been held with Mitra Jyothi that did not take off. Consultations with bigger NGOs like Nav Bharath Jagrithi Kendra (NBJK) in Jharkhand, SAMUHA & Action on Disability and Development India (ADDI) and Vidya Sagar have been fruitful. Here the consultations were held with key staff and in turn they take it others. They cover huge areas, 29 districts in three states.

Programme development

Fascinating consultations took place in the field with mentally ill people, their carers and the staff. Chris, Sony and Naidu developed the topic guide (Annexure 'B') after long discussion. Animation is the key word in consultation and it is drawing from people and echoing their voices. The participants were divided into three groups i.e. people with mental illness, carers and staff of CBO and were asked to discuss and depict the world of people with mental illness. Carers expressed their apprehensions about mentally ill people discussing about themselves. When it came for presentations, the presentation of mentally ill people was nothing but truth and other presentations were coloured by their own misconceptions and intentions. This was a revelation. This exercise was followed by 'needs' and 'what next'. In all the consultations the need for both mentally ill and carers to meet often on a common flat form was conspicuous and they all wanted access to treatment, enhanced family incomes, social integration, training and other capacity building. This exercise has been followed with all the partners. At the end of the day debriefing sessions contributed to the depths of understandings. The processes have been documented and analysed.[6] The other field consultations include family visits, workshops for staff, workshops for caregivers, monthly meetings, self-help group meetings, community meetings, etc. All these field consultations are aimed at awareness building, knowledge about mental illness and management, life skills, livelihoods, social integration and importantly relieving from human rights abuse and restoring their rights.[7] Significant area of field consultations is introducing research component. Staffs are capacitated to gather relevant information, update the personal files and analysis of the information to track changes over a period of time and to disseminate.

[6] Process documents and Process analysis documents
[7] Workshop reports & visit reports

Consultations at various levels

Emergence of the model

After the initial field consultations with Mitra Jyothi, SACRED and Narendra Foundation it was felt necessary to consult the project heads and the staff to give meaning to bottom-up approach and more importantly to arrive at the approach to meet the expressed needs. SACRED & Narendra Foundation participated in the consultations. Chris, Dr. Kishore and Naidu facilitated the process and Sony George documented the process.[8] The whole exercise was guided by the first consultation's 'needs' and 'what next'. The needs list was classified broadly into appropriate treatment at local level and follow-up, economic independence and social integration. Training and skill development was from the staff. To make these happen heads of the organisation expressed strong administration and management support. BasicNeeds said that when such an important work for the most needy people, the whole process and the learning need to be recorded in the required fashion. The nomenclature of these elements is as follows:

- Community Mental Health
- Income Generation
- Capacity Building
- Research
- Administration and Management

Thus the model emerged and each of the above became the modules. Later Income generation was renamed as Sustainable Livelihoods. The work under each module was discussed and agreed upon. Further discussions defined the roles and responsibilities of the participants to implement the model. This model has been considered good and has been implemented by all other partners who joined later.

Content (our work with the partners)

The above model may be regarded as an attempt to provide a methodology for implementing the WHO 10 recommendations for working with mental illness in the community.[9] To implement effectively this model a MoU has been signed with each partner incorporating the expected outcomes under each module.

Community mental health

"The condition of health is not a static state of perfect wellness; it is, among others, a condition of ongoing healing process"

About 150 field staff members from three primary partners and four secondary partners have been trained in identifying, screening, referring to treatment and very importantly following up regular treatment & addressing side effects with the help of five resource

[8] Defining the relationship document
[9] Chris – A model in mental health & development

organisations and five resource persons.[10] These barefoot workers have been the turning point in giving meaning to the community mental health.

The diagnosis and treatment varies from place to place. The approaches include camps organised by NIMHANS, camps organised by partners, people going district hospitals, mental health institutes, and private psychiatrists.[11] Some access alternative treatments like homeopathy & ayurveda.

2,250 people have been identified and over 1000 people have been regular for treatment. Each partner has a mental health co-ordinator who takes the responsibility for the implementation of the work. Majority of those who are regular get stabilised. Very few relapses were noticed. So far people with major mental illness have been identified. Such people are highly symptomatic and obviously their behaviour is seen as major problem and family members give up hopes; when they see changes for the better in fairly short time, they find it dramatic and magic. Concerns about dropouts, drug regime and other physical ailments associated with mental illness.

Sustainable livelihoods

'One of the main reasons that people find it hard to accept mentally ill people as equal members of their communities is that they do not see them as capable of contributing to the household or the community. In poor rural communities the 'value' attached to an ability to earn income is great and often is the defining factor for a person's standing within the family'.[12] In every consultation, people with mental illness and their caregivers expressed 'increased family income' as their next important need to 'cure' or 'treatment'. This conforms with the theory of illness leading to poverty and poverty leading to illness. After stabilisation, consultations take place both with the affected group and the family members regarding some gainful occupation. After taking all illness related issues into consideration the first preference would be given to 'going back to the previous work'. Necessary preparation and training is given to all concerned i.e. mentally ill person, caregiver and field worker. In some case where previous work does not suit in further stabilisation a new enterprise is developed. Assessing the skills, market, financial viability and coping abilities are necessary components of this venture.

About 150 people out of 417 people have gone back to their previous work and 45 persons have undertaken new jobs and the rest do participate in domestic and field work from the primary partners.[13] In the case of chronic illnesses, family members have been supported. In this module family is considered as one unit and there fore the entire family's needs and their current income patterns help planning the income generation project. Even recently started programme in Bihar & Jharkhad 7 people are gainfully employed.[14] Another important feature of this module is people joining the self-help groups, micro credit groups and accessing loans as members. Currently an effort is made to link such groups in Karnataka to The Bridge Foundation, professionals in micro-finance. People also access

[10] Training reports
[11] Partners reports (CMH module)
[12] Anil K Patil & Nicholas Colloff – sustainable livelihoods paper
[13] Output to purpose report
[14] Quarterly report from NBJK (third quarter)

money from government schemes and financial institutions.

Lakshmana, from SACRED project area, said that he was denied opportunities to learn his family trade of weaving and openly confronted his mother in the very first consultation meeting. He emotionally told no body eats gold; all eat salted food when an issue of loss surfaced.[15] The same Lakshmana today is weaving, earning around Rs.2,000 a month and is married. This story tells the process of interventions and completing the circle i.e. treatment, income, social integration and the same status like that of his brothers in the family. This one story is self-explanatory.

Capacity building

Capacity building has clear focus on the levels, i.e. person with mental illness, family members, community, organisation involved and others.

The techniques used are animation and facilitation either in a meeting or in workshop as detailed in the field consultations. It has always been drawing from people and not preachy. Therefore, the building capabilities at all levels takes place in a planned way meaning home visits, group meetings, staff meetings, workshops for caregivers, staff, local communities, review meetings, plans & budgets, etc., are the occasions. Awareness building on existing laws, government schemes & concessions and preparing them to lobby for their rights and networking among partners is an important aspect of capacity building. Partners are involved in annual reviews and preparation of plans and budgets.

Nick Hewson, well-wisher participating in a world mental health day organised by SACRED attracted media attention demonstrating solidarity.[16]

During the year 2002, it became very clear working with big NGOs is essential to scale-up the operations and the concept of secondary partnership emerged. NBJK, in Jharkhand, SAMUHA in Karnataka and ADD India & Vidya Sagar were identified. All of them have been capacitated to include people with mental illness. Together, they operate in 29 districts. It is a substantial breakthrough to make the organisations presence felt.

Consultations have been held for staff development, organisation development and in any required training e.g. Chris conducted training in animation to all the primary and secondary partners; one in Hazaribagh and another in Chennai.[17]

Research

Initially the value of action research was recognised and from the beginning field staff have been trained to collect data from the field and to file properly. At partner level, individual files with relevant data are maintained and updating files is mandatory. In the month of

[15] Process document
[16] Nick's visit report
[17] Vandana – Animation training

May 2001 Chris had a small session with the team and the following themes were felt very necessary:[18]

- Empirical research
- Life stories
- User-led research

Life stories have been followed regularly and on other two issues it could be called more data collection and documentation. Life story writing is an intense process by which mentally ill people begin to narrate their experiences, situation in their own 'Voice'.[19] Training was imparted to field staff to gather data and to record the same in a manner that helps the worker, organisation and to disseminate such information for the good of the users of service. The outcome of the training was the format for individual files.[20] Life stories have been edited and used. Two more associates have joined the team. Jointly with partners a format has been devised recently for sending quarterly reports. It is a very comprehensive format that gives qualitative and quantitative information regularly.

The partners feel the advantage of this module to track changes in each individual case.

Management & Administration

In this area Firdaus takes care of the financial needs of our partners as per the Memorandum of Understanding. Janardhana is the project manager for three primary partners, Anil for SAMUHA and ADD India & Vidya Sagar and Naidu for NBJK. The project managers closely work with the partners right from the preparation of plans & budgets and other responsibilities include arranging required training for all the modules, monitoring the progress, getting quarterly reports and financial statements and analysing them. Conducting annual reviews and evaluations and taking mid course corrections, supervising and ensuring proper implementation of research module, disseminating all the necessary information, arranging visits with prior intimation, getting audited financial statement of annual accounts form the important elements of management. Project managers work in close relationship with the mental health co-ordinators.

Four organisations namely APD, Mobility India, APSA, and Paraspara working in Bangalore slums have been consulted in two workshops and a programme has been conceived to work with urban poor mentally ill people in Bangalore.

Series of consultations have been held with APD involving Thrive, UK to introduce social horticulture for mentally ill people along with other disadvantaged groups.

[18] Report on Chris's training
[19] Shoba – Wide canvas

SOCHINI (Society of Community Health Nurses of India)

INTRODUCTION:

Change and advancement is inevitable in any sphere of a profession. Community Health Nursing is no exception. Any individual requires the satisfaction of their survival needs, security needs and a sense of belonging to be met before they function at their optimum level. An association therefore, primarily caters to the individual rights of its members so that each one can effectively and efficiently function to fulfil the common goal.

Therefore, the Society of Community Health Nurses of India [SOCHNI] supported by its members hopes to serve its individual members in enabling and empowering to serve the community at large and to promote and protect professional interest of Community Health Nurses.

Society of Community Health Nurses of India was formally registered on 24th March 2009 at Bangalore. Registered office will be at Bangalore, however the Head Office will be Vellore.

VISION OF SOCHNI:

The vision of our Founder *MEMBERS IS THAT COLLABORATION FOR CONTINUED EDUCATION AND PROFESSIONAL DEVELOPMENT OF COMMUNITY HEALTH NURSES TO EXPAND THE SCOPE OF COMMUNITY HEALTH NURSING PRACTICE IN INDIA.*

OBJECTIVES:

9. To establish & sustain a bond of abiding friendship & fellowship among the COMMUNITY HEALTH NURSES IN INDIA
10. To keep the COMMUNITY HEALTH NURSES informed of the current events and the developments.
11. TO SUPPORT COMMUNITY HEALTH NURSING EDUCATION IN INDIA
12. To instil in the minds of members an interest in professional development by conducting conferences, seminars, workshops etc.
13. To encourage students and teachers OF COMMUNITY HEALTH NURSING to UNDERTAKE QUALITY PUBLICATIONS.
14. To raise funds for the activities of the Association.
15. To PROVIDE A COMMON PLATFORM TO COMMUNITY HEALTH NURSES TO EXCHANGE IDEAS, carry out RESEARCH ACTIVITIES, provide consultation and undertake projects.
16. TO CONTRIBUTE TO IMPROVING THE STANDARDS OF COMMUNITY HEALTH NURSING PRACTICES.

MEMBERSHIP RULES AND REGULATIONS:

a) Member: ALL COMMUNITY HEALTH NURSING STUDENTS AND COMMUNITY HEALTH NURSING FACULTY are entitled to become members of the association.

- The members pay the membership fee, as determined by the Executive committee.
- The membership fee is subject to revision at the discretion of the Executive Committee from time to time.
- The life membership fees is Rs. 2500/- only.
- Membership to the Association in non-transferable for any reason including death of

the member.

- If an existing member wishes to resign from the Association, the Membership fee will not be refunded.

- All members are bound by the constitution of the **SOCIETY OF COMMUNITY HEALTH NURSES OF INDIA-SOCHNI** and the memorandum of the Association.

ACTIVITIES:

SOCHNI conducted a National workshop on "Defining Community Health Nursing Practice", on 12th February 2010 at Dhanavantri Hall, Rajiv Gandhi University of Health Sciences, Bangalore. Resource faculty were drawn from various strata of the academicians and administrators who included Director of CHAI, WHO consultant, lawyers, women activists, nursing faculty & community nurses. The delegates and resource faculty who participated were of the opinion that India needs to wakeup to the need of the hour of having an Independent Nurse Practioner in the community in order to meet the Millennium needs.

Objectives of the workshop:

1. To examine in the Indian context the concept of Independent Community Health Nursing Practice
2. To explore the scope of independent practice across settings in achieving the MDG's [Millennium Development Goals].
3. To discuss the legal and ethical issues in the independent Community Health Nursing Practice in India.
4. To analyze the strategies to overcome the social, professional and policy issues of Independent Community Health Nursing Practice.

Photographs taken in the field