COMMUNITY HEALTH LEARNING PROGRAMME 2013-2014

SOCHARA, BANGALORE

Acknowledgement

I thank God almighty for his grace and guidance and strength throughout the year which I spend with SOCHARA. Community Health Learning Programme facilitated me a tremendous learning opportunity about people's health. It is my great joy to express my gratitude to all those who supported along the way. I take it as privilege to thank Dr.Thelma Narayan for her support, guidance and encouragement at my every decisions. I am

Foundation of community health

My journey begins with SOCHARA on June 3rd 2013. I was curious to know about community health. It was absolutely new filed for me. Like a child who explores the wonders in nature I started slowly to know basic lessons in community health. Of course, I have learned medical social work but never taught about community health. The whole discussions on medical social work in our MSW class room were about institutionalized setting. I got trained in Medical social work in one famous hospital in Bangalore but still I was not able to find the poor or needy gets benefits from their service. If you have money and education you treated well, respected and given proper care. A clear discrimination I observed at that setting. I was disturbed with this kind of hospital setting. This led me to think about the health of the poor in different community. As I look back now I realize the politics of health and inequality in health services. Community health learning was a wonderful experience, encouraged by the visionaries of community health, supported by fellow workers and mentors made me comfort as I continue in community health.

In search of meaning on community health

Collective sessions always given a platform to express ideas, learn from each other and to plan a sketch for our journey. We began our journey by hearing the life stories of each fellow traveler. As we crossed our life journey mile stones I understood a life can speak about community health. in fact human is all about health it has a longing for wholeness, a complete health. The book Health for all now! Was a guide in my path the book provoked my thoughts for action. We discussed, reflected from the bible of community health.

Basic Lessons- "A reflection on Health for all now- people health source book"

The book helped me to have a current understanding of globalized world and health the inequity and denial of justice to poor. It talked about beautiful concept of primary health care. It also taught me challenges in achieving people's health and well being. It took me to 'a world where we matter' shown me the whole picture of marginalized and vulnerable, women's health focusing on the poor, cruelty to children, the differentially able and un reached Aged.

Understanding what globalization dose to peoples health is very important as a community health worker. Yes globalization dose widening the gap between the rich and the poor, it exploits and mock at the poor by its redefined policies. The uneducated poor becomes the slaves of so called developed countries. The World bank and International monitory funds lend their economic

support with or with out knowing. Third world countries sold it property of health into the hands of them. The structural adjustment programme was designed to cut the government spending on health and education and to privatise and to devalue the local currency. It encouraged to export more to pay back loans open up foreign multi national companies and reduce tariff on imports. In short it affected all the areas of human life from birth to death slavery to globalised world.

Understanding primary health care

Primary health care offers the social model of health and it must be implemented through the Government. Understanding the politics of health and well being in a comprehensive manner helps us to look into basic determinants of ill health. Malnutrition, unsafe drinking water and sanitation, poor living condition, poor working condition, patriarchy, stress lack of good health services all pointed to ill health, the Alma Ata Declaration accepted health as a fundamental human right. The first step to reach people regardless their culture, cast or economic status. The bhore committee report which was independent India's charter on health begins with the opening statement " no citizen should be denied an adequate quality of health care merely because of His or Her inability to pay for it. Primary health care offered a decentralized health planning and building panchayth capabilities and facilitating community participation.

Making a life worth living

The third section of the book talked about the basic civic aminities, models of health care and basic education and securing peoples lively hood. It also shown the womens struggle inorder to secure the health of the family and children. Drinking water and sanitation remains the big challenge in developing countries even that also privising so that poor can not reach. Education is one of the major determinants of health. it is rather a socialization of health.

A world where we matter

The marginalized and vulnerable that are more prone to illness and more exploited, their special needs to be treated in an equitable manner. the women health ignored starting from birth as we just look at the sex ratio in India gives the depth of discrimination. Education, occupation, empowerment of women is matter to a healthy family. Family planning targeted on women folk showing the clear gender discrimination.

"Community" Reality and conceptual crisis

Session on community was a thought that challenged the existence of community in reality. It helped me re examine the definitions I studied back in my sociology classes. The understanding of concept of community as a group of people living in a defined geographical area and having common sense of belongingness and we feeling and common goals. As we look at closer the existence of community its self challenged with its diversity and there comes the need of building a community in reality.

Community health

Health can be a meaningful, productive and quality life without disease and involves emotional social and spiritual balance. Community health is building on everyone's needs through participation. It is an organized way of attaining health. Equal opportunity to livelihood balanced with ecology. My personal perspective of community health can be defined as "Community health is sate where people have the right to access healthy environment, utilization of resources in an equitable manner in order to have physical, mental and social and spiritual well being." To achieve this aspiration community health there has been many struggles and movements.

Axioms of community health

As we look at community health the ten axioms which proposed in the book named as community health in search of alternative process. It is important to consider because any efforts on community health is based on those. Community health is not only observed as ***right*** but also it is a ***responsibility*** that ensures people participation in it. As community health workers we enable people to demand their rights. And more importantly people should have ***autonomy*** over health in terms of opportunities, knowledge and supportive structure which makes health possible. ***Integration of health and developmental activities***, health cannot be viewed as an independent entity. It must be integrated with education agriculture or whatever field that he or she works. ***Building a decentralized democracy at community and team level***, people in the action decision, action and evaluation process gives the meaning for decentralized democracy. ***Building equity and empowering community beyond social conflicts***. Conflicts are natural phenomenon in any community but an equity principle and empowering needy have to take into consideration. ***Promoting and enhancing the sense of community.*** A sense of belongingness and we feeling need to be encouraged in order achieve health. ***Confronting Bio-Medical Model*** with a new attitude skills and approaches, over emphasis on bio medical concepts and the sovereignty of medical professional in primary care should be confronted and the as possible the roles and responsibilities

must decentralize. ***Confronting the existence of medical structure of health care***, the lack of more people oriented, more community oriented, more socio epidemiologically oriented more democratic and more accountable health systems should come into place.

Learning from the community health movements in India

As I observe a movement is any collective form of organized activism with the participation of people to achieve a common goal. The struggle to achieve community health started even from pre independence. In 1946 the bore committee set the guiding principle which recognized the right to have a healthy living paved the way for community health movements.

Community health values

Values must be valued and valid in community health in order to realize the concept of health for all. As PAHO document states the importance of values as *"values are essential for setting national priorities and for evaluating whether or social arrangements are meeting population needs and expectations. They provide a moral anchor for policies and programmers enacted in public interest."* As we explore the values it could be different in deferent situations. But there are common values to be discussed. ***Equity***, first and foremost value of community health, reaching the unreached and equal treatment for all subjects, It is social inclusion of all and reaching beyond the geographical barriers. ***Gender***, health is closely linked with the role and responsibilities which is mostly referred in terms of gender. The exposure and risk vulnerability associated with social constructed roles often lead to health issues which we need to address. ***Solidarity***, it is working together to achieve a common good. Building solidarity is one of the strength in community health. ***Social justice***, the un just socio economic political cultural system causes ill health and equality of opportunity to poor and disadvantaged should ensure by the health system. ***Health as a right***, ultimately health is right of every individual it must be recognized and valued.

Plurality of health systems

India has a rich heritage of medical pluralism. Identifying various medicines and the integration of it

Involving community in Health Action

People's participation in community health action will definitely helps in effective implementation of any health activity. It makes a sense of responsibility and ownership which helps community to

use it effectively and efficiently. It is more sustainable than any welfare activity implementing by anyone without people participation. Therefore the people need is higher and must be respected.

Participatory Rural Appraisal (PRA) as Participatory approach

To perceive peoples actual need we need to engage with people by developing a mutual trust and understanding. In PRA any development worker must be playing the role of a careful observer. Participation is the power to talk and PRA should be based on the principles of democracy for the people by the people and of the people. He reminded us about that the almost all PRA's conducted in the country for some kind of NGOs, Government and not for the people. So PRA meant to be:

- Help people to understand their problem
- Help them to identify the solution
- Help them to implement the solution

Guiding principles

- Make an extra effort to come down (Be one among the people)
- create an environment where people can speak
- Make sure people are interested in the process
- Understand PRA tool as Quantitative there for try to picture form so that everyone could able to understand.
- Start with the place where the process begins lead queries what next?
- make sure that people themselves are engaged in the process
- it should be immediately evaluated and locally corrected
- Do not bring all the people at first phase, two or three people enough to start with.
- create a tool which could useful afterwards

PRA has another Expansion that is Poke and Run Away! He mentioned that this is what happening most of the time.

It was an insightful learning which more emphasized on peoples need and participation. Social mapping is a tool to understand and prioritize need. Social map is different from other regular map in significant ways, for one it is made by local people and not by experts, for another it is not drawn to scale. It depicts what the local people believe to be relevant and important for them.

Health and constitutional rights

HEALTH IN ACTION

Community Action for Health in Tamil Nadu

Community action for health in Tamil Nadu keeping in mind NRHM goals and strengthening approaches covered various part of the state to ensure reducing infant mortality rate, maternal mortality rate through community involvement capacity building, flexible financing, human resource management, and monitor against agreed milestone. Training to enhance the capacity of panchayathiraj members to control and manage public health services. Village health and sanitation committee to monitor health services availability through specialized tools. It also strengthens PHC and CHC.

I was also encouraged to observe the inter-sectoral coordination in the matter of health. People fighting for their rights as well performing their duties through the intervention of community action for health, through the process of data collection to understand the implementation by using various technique like Opinion were collected from services provider via PHC infrastructure, equipment, institution based services monitoring Peoples opinion on the institution was collected through voting Cell phone technology was used to digitalise the data – SMS based data entry system

This programme is one of the successful intervention helped Panchayath members to be more concerned about health system and is helpful in building a good rapport between health and panchayth. There are now forums for discussing health and related issue at these levels where information can be shared and concerns can be expressed. Communities are now more aware of their entitlements and this considerably strengthens the demand side. While institutional strengthening is happening, sometimes the community continues to have misconceptions about the services, quality and availability etc. and continue to underuse the services. Communities able to identify gaps in service provision

THE ANT – the action northeast trust

Hearing from an NGO works for the north east development initiatives was an encouraging session. Empowering women, education and health personal in order to build a healthy society in the north eastern land of India. The name caries hard working small but pretty efforts, organized work in the community, edurance and so on. The ant started with an objective of Start development work which is sustainable and focused on rural poor of all communities. The six wings of ant dose

work at village level developmental work including better health, women empowerment, alternative livelihood, quality education, child and youth development, peace building and justice.

Starting from livelihood and promotion of traditional craft empowering women to take action engaging youth in health action

REFLECTIONS ON

WORKSHOP, SEMINARS AND TRAINING PROGRAMMES

PSYCHO SOCIAL SKILL TRAINING

PLACE: SHANTI SADAN, BANGALORE

Introduction

Approximately 75 million people live in India with mental illness and we have a very few professionals and paraprofessionals to care them. We have well structured systems, programs, policies, laws but still the intervention in mental health is lacking. Yes its need of the hour! Basic Need India is a NGO strives for promotion and community based rehabilitation of mentally ill patients. Basic needs India was established with a mission to actively involve person with mental illness and their care givers to enable them to meet their basic needs and to ensure that their basic rights are respected and fulfilled.

Psycho social training aimed at to understand the basics psycho social aspects and mental health is inseparable and moved on to what we need in order to work in this field- the major learning was we need self awareness as well awareness about human behavior.

Self awareness and human behavior

Right attitude, awareness of self and human behavior and skills are very essential in psycho social intervention. Understanding of various things that influence human behavior through group discussions helped to draw seven areas like Values and beliefs, Genetics, Health , Past experiences, Childhood , Family Situation

In every society human behavior are influenced by various factors like above stated and as we understand an individual we have to keep in mind the situations that influence one person it helps us to reach in an empathetic understanding. To understand our self we also did a test. There was a psychological test which looks at our control on ourselves and others control on us. 24 questions parallel which is little confuses every one. But it was good to get to know the thinking pattern and maturity level of participants.

An insight through Johari Window

Understanding Johary window helped to discover h psychological dimensions and understanding of self at various levels. Open self as the one which I know as well as everybody knows. Hidden self in individuals says that there are things which I know but others don’t know (Secret self). Blind self gives there are things which we do not know but others knows. Dark part is the unknown part which nobody knows. Better self understanding helps us to engage ourself with better psycho social interventions.

Defense mechanism

Defense mechanisms are a set of unconscious ways to protect one's personality from unpleasant thoughts and realities which may otherwise cause anxiety. The notion of defence mechanism is an integral part of the psychoanalytic theory. Although often described as detrimental and negative ways that an individual deals with overwhelming stressors; these mechanisms can also be applied positively when dealing with conflicts. Used sparingly, they help people face difficult life situations. However, a defense mechanism can also lead to a neurosis if it causes a person to adopt ineffectual or inappropriate coping strategies. There are various kind s of defense mechanisms that helps in the psycho social practice.

Understanding mental illness

The theoretical input of what do we meant by mental illness is given as is when someone lacks the ability to manage day to day events and/or control their behavior so that basic physical and emotional needs are threatened or unmet. Mental illness is a physical condition just like asthma or arthritis. But still society believes that a person who is mentally ill needs to show more will power to be able to pull them out it.

Psycho social impact of mental illness

Psycho social impacts of mental illness on individual, family and care giver, individual with disability are discussed in various groups. It was an eye opener to understand the networking of problems that arises out of mental illness. People with mental illness distressed with their own self and the family has to take care the person often the lack of scientific knowledge about mental illness and stigma related to it even worsening the condition of mentally ill. In treating mentally ill patients there should be followed timely medication and psycho social intervention at three levels includes: family, neighbors and the community. Often the lack of early identification and treatment of the illness leads into complications and sudden out burst of behavioral symptoms.

Psycho social interventions

The wider understanding of psychological state of persons living with mental illness and their families helped to think about the intervention through and empathetic form of understanding. Stabilizing the bio chemical imbalance through timely and regular medication, insight into illness and motivation to improve, family collaborations, supportive environment, productive involvement in activities, regaining lost life skills and role will definitely help patients to recover from their illness and lead a normal life.

Personal Reflection

- *This training was helpful in exploring self (skills, attitude and knowledge)*
- *Psycho social competencies and skills discussed*
- *team work brings various ideas on psycho social practices*
- *encouraging and motivating each others*
- *individual, family and neighborhood could be a network that attacks the complexities of mental illness*
- *understanding of treatment modalities and challenges helped to equip myself with skills and knowledge*
- *well organized learning*

TRAINING ON TRANSACTIONAL ANALYSIS

Introduction

The understanding of human transaction of communication was interesting session where we learned to respond to various situations in more effective way. Transactional analysis is universally useful for anyone who wants to be real autonomous person. Autonomous person is the one who speaks and behaves spontaneously in a rational and trustworthy manner with decent consideration for others. This training helped to understand the play of parent and child communication which is unhealthy in many time and ends with some troubles or issues. As community health workers analysis of our transactions are very important as we approach people at various level starting from administration to people in the community.

Learning's

Personal Reflections

- *Understanding of theoretical aspects of Transactional*

Medico friend circle 40th annual meet

INTRODUCTION

Medico friend circle is grown as the India's largest health debates network over the past four decades. People with different ideas, thoughts and actions gathered together in the 40th annual meet of Medico fried circle held at Indian Social Institute, Delhi from February 13-15, 2014. The theme of this year was on Social discrimination and health.

KNOWING MFC

The Medico Friend Circle (mfc) is a nation-wide platform of secular, pluralist, and pro–people, pro-poor health practitioners, scientists and social activists interested in the health problems of the people of India. Since its inception in 1974, mfc has critically analyzed the existing health care

system and has tried to evolve an appropriate approach towards health care which is humane and which can meet the needs of the vast majority of the people in our country.

The existing system of health care is not geared towards the needs of the majority of the people, the poor and the rural segments of our society. Thus, it requires fundamental changes. Since the health care system is only a part of the total system, these would occur as part of a total social transformation in the country. We believe that, to achieve this goal, measures however small have to begin here and today, in all spheres of human social life. mfc is trying to build a nation-wide current committed to this philosophy. Briefly outlined here is mfc's position on the existing health-care system in India.

After independence there has been a rapid growth in health care services organised by the government. Yet, the private sector has increasingly become the major provider of medical care in India. However, like any other commodity in the market it is accessible only to those who have the money to pay. Medical care now resembles any other commercial sector and therefore, medical professionals are increasingly becoming driven by profit rather than by concern for wellbeing of people. Commercial competition and personal interests of doctors lead to several kinds of malpractice.

This behaviour is encouraged and promoted by profit-oriented drug companies, which dump many useless or even harmful drugs on to the consumer through the doctors. All the above tendencies will be exacerbated with further privatization of medical services and medical education.

MFC believe that medical and health care must be available to everyone irrespective of her/his ability to pay. This requires strengthening of public services. Also that medical intervention and health care be strictly guided by the needs of our people and not by commercial interests.

TRAVEL TO DELHI

I personally had a time of fun, discussions, debate on Health and discrimination on our way to Delhi. Since I come from so called developed state Kerala I thought why to talk about discrimination and health. Even though I understand the nature of discrimination I was reluctant to accept in its full form. As I crisscrossed the country I saw the rich and poor, normal and abnormal, hardworking men and lazy fellows and diversified culture and religion. Then I found meaning in the topic discrimination and health. As we arrived at Delhi, It shown me another picture

of poverty and richness the one part of Delhi especially near the railway track I found people who took bath sat down on railway track. Children who roaming around carelessly and rag pickers open defecation. The other side where the MFC meet happened Lodi Garden one of richest area in Delhi clean and neat not crowded. Houses so furnished and beatified in its own way. The immediate question crossed my mind was; is that not discrimination? I hopefully and eagerly moved ahead to hear, learn and to contribute something to MFC.

MEETING THE MFC MEMBERS

Experts, students on community health from all over India gathered at ISI to discuss about Discrimination and health. It was really exciting to know they were from different background and with different ideology starts from Gandian to extreme Marxism. Dr. Binayak Sen most respectful personality I ever met in the public health field. To name there are many who committed to community health and visionaries of healthy India. In fact it was four generation who gathered there. Handing over lamp from generation to generation, I was proud to be a part of that session and hopefully it enlighten my future as I go forward. The way that introduced MFC to me by the convenor was so interesting “for the past many year MFC was interested in the discussions of socio-political epidemiology of health, it’s thought current here happens electrified debates”.

OBSERVATION VISITS

KANKPURA

Green foundation, seed bank, organic farming, traditional cultivation methods attended sanitation training

NIMHANS WELLNESS CENTER

SAKKALWARA PHC

RAJENDRA NAGAR SLUM, BANGALORE

HAKKI PIKKI COLONY

Reflections on Research articles, Journals and Books

1) **Insecurities of Roaming working children- A case study of Kolkata; Article by Anwesha Paul ; published in Economic and political weekly January 4,2014**

   An exploratory study of children who live on the street without any contact with their families or those who are roaming working children looks at the relationship that these children share with the people around them and the insecurities in this relationship. The children develop friendship with complete strangers which influence their life style and decision making process.the study was located in and around seadah railway station where many such children lives. This article says about the street children friendship, protection and support, risk taking behavior, spending and saving, power, abuse and sexual exposure under the title if friendship and insecurities. Relationships are on a temporary basis.

   As I reflect on this article street children's are in their own world of making relationships even though it's temporary. These children's are often used by antisocial people and some save money some spend money lavishly. The unconditional love each other share is very interesting.

2) **A tragedy unfolding: Tribal children dying in Attappady by Manikandan AD, January 11, 2014**

   This study brought out shocking evidences on malnutrition in Kerala. It happened in attappady a tribal block there were many studies which compined in this article a study by kerala institute of local reveals that 48% of the tota;l tribal households are poor. Recent survey conducted by Thampu, a non governmental organization dealing with tribal rights, found that out of 300 tribals affected by malnutrition two hundred were children. K.V venugopal the district medical officer said that 412 cases of anemia and 67 cases of malnutrition had been noticed by the health department.

   This article also discussed about causes of malnutrition the main cause foundwas extream poverty the shift from traditional agricultural practices, land alleniation of tribls, poor performance of MGNREGA, this report reaveals that a state with remarkable achievement in human social indicators has excluded the tribal group from its so called achievements.

3) **Closing the gap in a generation: health equity through action on the social determinant of health (source: www.thelancet.com) Vol 372, November 2008.**

   The study report summarise the key finding and recommendation which the commission on social determinant of health brought out. This study shows the inequity in health services.

4) **Narrative Research methods in palliative care contexts: two case studies; published in journal of pain and symptom management, vol.37, 5 may 2009**

This article helped to understand significance of narrative research method through semi structured interview with terminally ill patients. Narrative research methods invite people to talk or write about their experiences in naturalistic and storytelling manner. The two cases described in the article brought out the interwoven nature of problems. It was an in-depth analysis which helps the readers to understand the attitude, behavior and responses of their chronic patients into their situations.

As I reflect on the article it helped me to know the writing of a narrative research article. And this kind of interview might help the patients to express their feeling.

DISTRICT MENTAL HEALTH PROGRAMME

THIRUVANATHAPURAM, KERALA

"Team work is dream work."

DMHP TEAM WITH RESOUCERS PERSONS

UNMISTAKABLE SIGNS OF HOPE IN THE MIDST OF GLOOMS AN EXPERIENCE WITH DMHP- THIRUVANATHAPURAM, KERALA

Mental health is one of the crucial milestones on the road to individual health. It is the driving force in the development of a community or society. Unfortunately it is the ignored, associated with taboos and is alienated, therefore focused attention must be given at the grassroots level. On this accord The Government of India initiated the National Mental Health Programme in1982 with the objective of improving mental health services at all levels of health care (primary, secondary, and tertiary) for early recognition, adequate treatment and rehabilitation of the patients with mental health problems within the community and in the hospitals. Our country also implemented a District Mental health Programme (DMHP), under the National Mental Health Programme 1996–97, which was successfully developed and implemented by National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore at Bellary district of Karnataka, and later conceived

as a model and adopted by all States for implementation. This was one of the historical mile stone in the promotive, preventive, curative and rehabilitative aspects of mental health.

The objectives of this programme are:

a. To provide sustainable basic mental health services to the community and to integrate these services with other health services;
b. Early detection and treatment of patients within the community itself;
c. To ensure that patients and their relatives do not have to travel long distances to go to hospitals or nursing home in cities;
d. To take the pressure off from mental hospitals;
e. To reduce the stigma attached towards mental illness through change of attitude and public education; and
f. To treat and rehabilitate mental patients discharged from the mental hospital within the community.

On my journey to Thiruvanthapuram, the capital city of Kerala, as soon as I walked out of railway station I saw a man walking though the street- suddenly I stopped and looked at him and murmured to myself which I later jotted down on a notepad. Here are the lines of this reflection:

O I see the wandering mind at the street...
Weared toned cloths, unshaved, unclean, wanderers of a dreamy world..
Some of them are lonely... and depressed....
Who made them lonely... Who made them mad...
don't they had a beautiful childhood where they dreamed reality...
Didn't their mothers dream a beautiful future for them...
But we just ignore... Seale them as mad....
Just to see them as human, just to accept them as they are...
Unless we do that we are mad...
Just because we do not accept reality

Meeting the team

It was my privilege to meet the team led by Dr.Kiran the Nodal officer and psychiatrist of DMHP, and professionally assisted by Ms. Amrutha who is the clinical psychologist, Mr. Vinod the Psychiatric social worker, Mr. Santhosh the Psychiatric nurse, Ms. Megha the clerk and Mr. Pathmarajan the attender. As they move across the district they visualize 'team work is dream

work'. The integrity and quality in service, equity in reaching rural poor and tribal, empathetic understanding and action are the core values I could observe from the team. Moreover they enjoy their journey and work. I must not ignore school mental health team, trainees and other volunteers who join with them in this journey for a short period of excellent training and to contribute to DMHP services. This collective action spreads throughout the district offering different forms of psychiatric services.

Care for patients

One of the major services is conducting outpatient clinics in collaboration with Primary health center, Community Health Center and Taluk hospitals in the district. Treatment, counseling, psycho-social education to patient and care givers, maintaining case record, functional services, and referral to mental health center are the main activity in these clinics.

Patients receive the treatment regardless cast, gender, age and economic status. The goal of primary health and mental health care to all is realized through case detection with the help of student trainees under the guidance of ASHA workers, mental health camp including three review camps, maintenance of case records, and initiative of medical officers of concerned centers for rehabilitation of patients to ensure a comprehensive and complete treatment.

Information, education and communication

Stigma existing at the community level prevents those with mental illness to receive treatment therefore DMHP is engaged with providing information, educating and communicating to general population and also grass root level community workers such as ASHA, ICDS, Kudumbasree, self-help groups etc. These awareness programmes are conducted as street plays, puppet shows, art and essay competitions, exhibitions, and presentation of mental health awareness chart in all health care centers. It increased health seeking behavior to a large extent. This programme brings an end to ignorance about government mental health services and to remove the stigma attached to mental illness. It also helps in building support systems.

Targeted interventions and more

School mental health (Thalir)

A unique programme developed by DMHP Thiruvanathapuram, Thalir, helps in addressing the mental health needs of children in the district. It includes awareness creation at school level through puppet shows, documentary screening, and classes by trained professionals, life skill education, teachers and parents training, school counseling camps, and case detection and referral to DMHP clinic. This covers preventive, reconstructive and rehabilitative aspects. So far this programme has reached more than 115 schools across the district. The major issues at school level are scholastic backwardness, low I.Q, Attention deficit hyper activity, anti-social behavior, issues related to relationships, family disharmony, financial problems, alcoholism in father; single parenting issues, internet and porn addiction, poor inter personal skills etc. This programme provides the children a space to resolve their issues with the help of counselors and teachers. School mental health could be consider as mental health promotion it helps in developing personal skills of students and also provides a creative supportive environment by providing education to teachers and parents. This programme also helps in reorienting health services includes making aware and enable them to access curative services.

Geriatric mental health (Thanal)

Ageing become another daunting challenge in Kerala, though increased life expectancy is a good sign of health there is an another side to it. Lack of attention given to the aged has led to them having a poor quality of life. The migration of Keralites to all over the world has led to the aged being left alone at the home s(empty nest syndrome). Mental health of aged must be promoted and cared for. The problems like memory loss, dementia, deteriorating physical health and related stress are common among the elderly. DMHP as a team visits various old age homes run by government and conducts health check up, dementia screening, counseling and recreational activities.

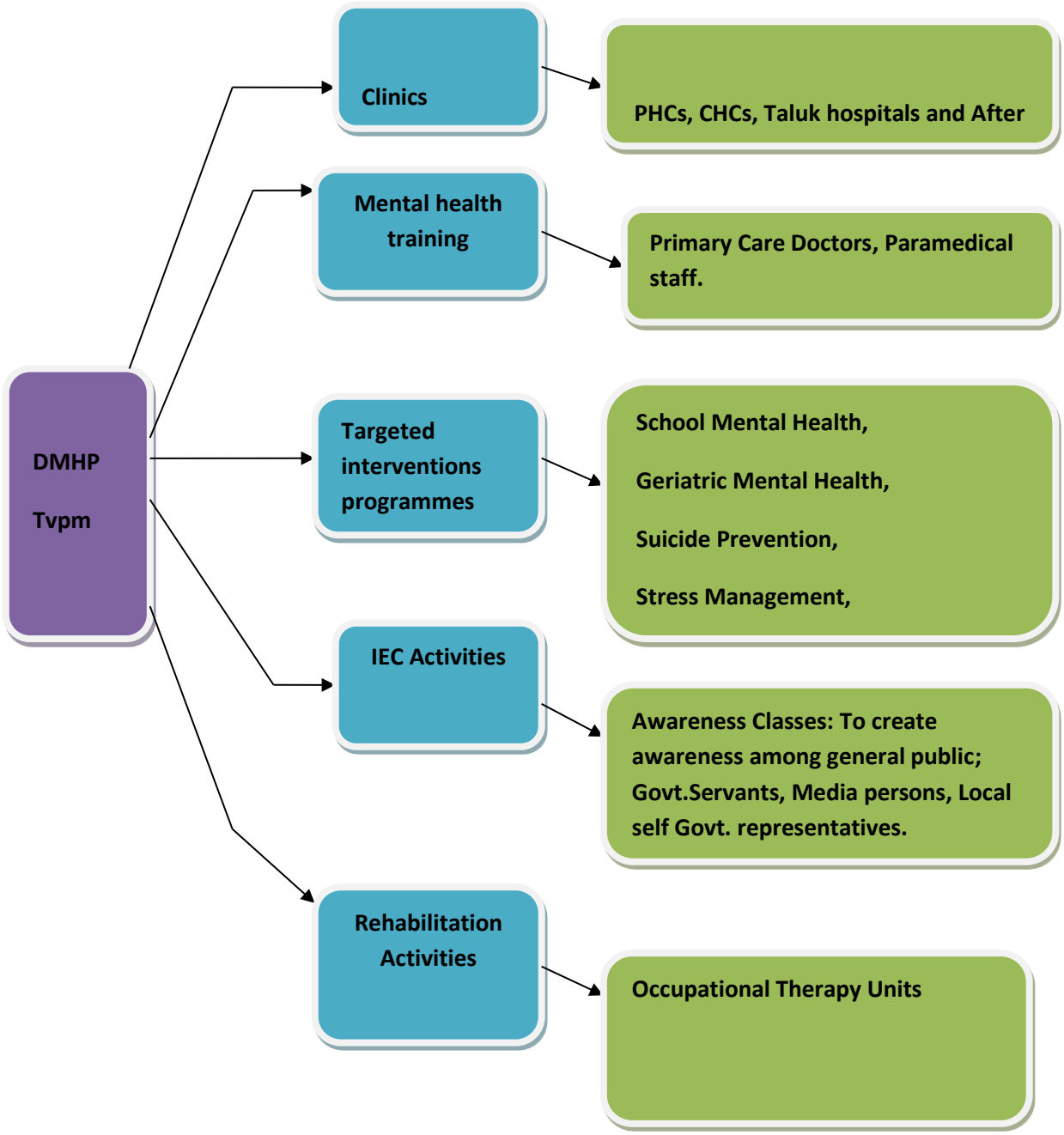
Occupational Rehabilitation

I was privileged to visit one of the rehabilitation center run by DMHP in association with mental health authority and local self-government at Mangalpuram Panchayat. Mangalapuram rehabilitation center was established on 1st September 1998 with an aim of rehabilitation of people with mental illness especially those who back home after treatment from mental health centers.

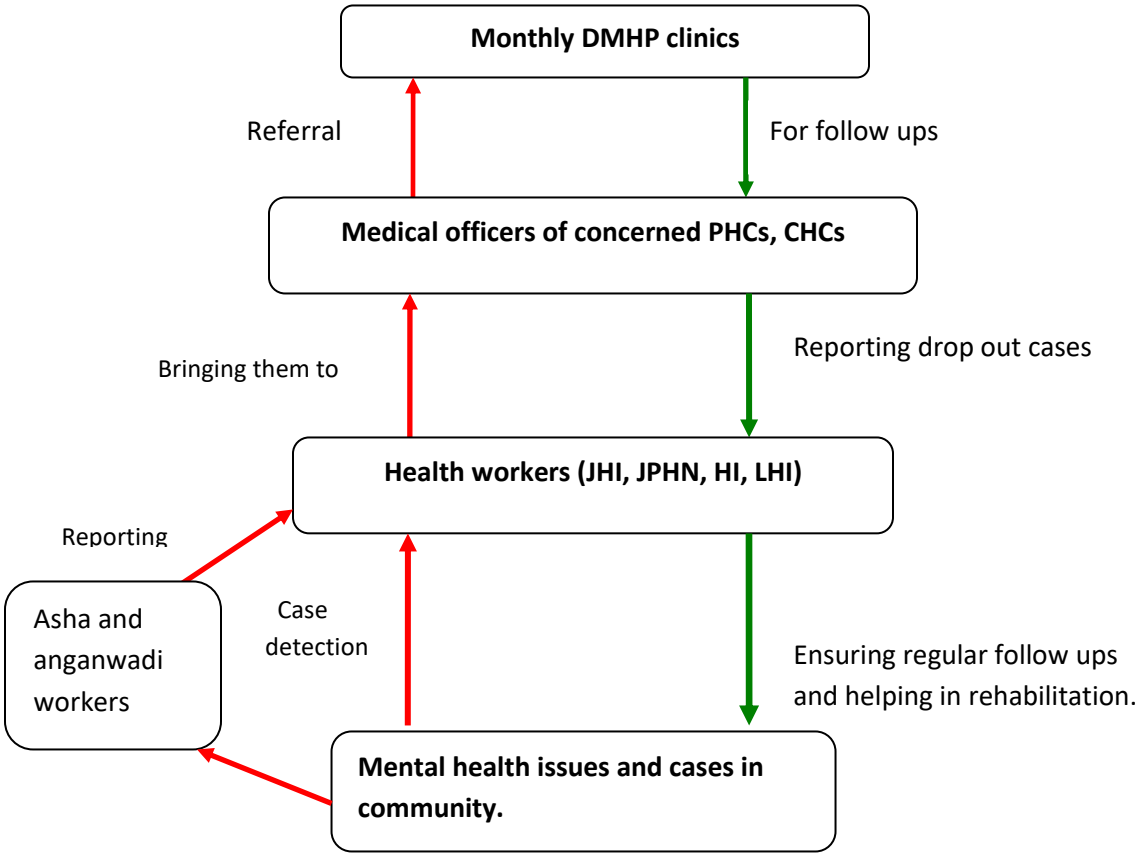
One of the former state mental health authority secretaries Dr.Surajmani and Dr. Najeeb (former Medical officer of Magalapuram PHC) have set up a community board for the implementation of rehabilitation center. DMHP has been implementing occupational based rehabilitation at the center for the past few years. The main activities undertaken are medicine cover making and gardening. This model is currently being tried in other parts of the district.

There are other various programmes like Bodhana stress management programme, Jeeva Raksha-suicidal prevention and so on. It is really an unmistakable hope given that India has shortage of psychiatrists, less number of paramedical professionals. I believe that we have a strong programme in DMHP, and if it is implemented in a proper manner like DMHP Thiruvananthapuram it gives us hope for the current and future mental health wellbeing of India. This is an unmistakable sign of hope in the midst of gloom.

Activities of DMHP at a Glance



Functional levels of Primary Care under DMHP Tvpm



(Source: Prepared by DMHP Tvpm 2011)

Primary care integration in psychiatry has significant importance at the community level since India lacking mental health professionals and Para professionals. Thiruvanathapuram DMHP became the first model of primary care integration model as it claims completed training training and implementation. From March 2012, after the successful implementation of Psychiatric care through Primary care centers, trained Medical officers of 21 PHC's,CHC's,THQH conducts 3 weekly psychiatric clinics and medicines are dispensing from pharmacies of concerned hospitals itself. Cases of relapse or which need detailed evaluation referred back to DMHP clinics. DMHP conducts monthly Psychiatric clinics as before to the 22 centers of Tvpm district. Case sheets of the patients are filled and kept under the supervision of pharmacists.

Primary care integration was done in 3 phases.

PHASE I (Initiation)

1. **Training** for Doctors, Nurses, Pharmacists, Health workers, and ASHA workers of hospitals where DMHP conducts clinics (22 in number).
2. Trained doctors to conduct **Psychiatry OP** in each hospital.
3. **Psychiatric drugs** to be dispersed by concerned trained pharmacist of each institution.
4. **Case sheets** to be prepared for each patient to be kept in concerned PHCs & CHCs.
5.

PHASE II (Consolidation)

1. Consolidation of the integration process
2. Assigning follow-up cases to weekly psychiatry OP conducted by trained primary care doctors.
3. Preparation of Case taking Performa and Treatment protocol for Doctors.
4. Preparation of Case detection forms and Follow up form for Health workers.
5. Preparation of Posters and Leaflets on signs and symptoms of mental illness and treatments available, to be distributed and displayed in Primary care institutions across the district.

PHASE III (Extension)

1. Extending the integration process to all other PHCs & CHCs in the district.
2. Doctors, Pharmacists, Nurses and Health workers in these institutions to be trained in primary mental health care.
3. Weekly Psychiatry O.P to be conducted in all PHCs & CHCs by trained doctors.
4. Follow-up cases in the first 22 clinics (of Phase -I) to be re-assigned to their nearest PHCs or CHCs.
5. This will reduce the number of follow-up cases in each institution to 10-50 (from the current 100-180 patients)
6. DMHP team will conduct clinics in 22 CHCs.
7. New cases and follow-up cases which are symptomatic to be referred by primary care doctors to nearest DMHP clinic. After regular follow-ups, once these patients become stable, they will be referred back to the doctor of concerned PHCs.
8. Mental Health Awareness and orientation regarding primary care integration to be given to all staff members of PHCs, CHCs and also to elected representatives of Local Self Governments.

DMHP – SCHOOL MENTAL HEALTH PROGRAMME ADOPTED MODEL FOR KERALA STATE

School mental health scheme in all Kerala districts

The Health Department has decided to scale up the School Mental Health Programme, currently implemented in Thiruvananthapuram, to all districts from this academic year. 'Thalir,' the school mental health project being implemented as part of the District Mental Health Programme (DMHP) in Thiruvananthapuram for the past three years, has been chosen as the model for replication across the State. The training of personnel to lead the programme in other districts is expected to start this month itself. The programme is being scaled up across the State utilising a part of the funds — Rs.20 crore — allocated to Kerala by the Union Ministry of Health for the implementation of a Comprehensive Mental Health Programme in the State under the 12th Plan. Each district will be allocated Rs.39 lakh for implementing Thalir, while the rest is to be utilised for mental health rehabilitation projects in districts.

'Thalir' is one of the successful targeted intervention programmes launched by the DMHP in the district. It has covered over 22,000 students in 112 schools. The programme aims at the holistic

development of schoolchildren by making them aware of the importance of mental health along with physical well-being, offering them counselling, and addressing behavioural issues. The programme works in coordination with the Adolescent Reproductive and Sexual Health programme and the School Health Programme being implemented in schools by the National Rural Health Mission.

Acting as a link

"We train school counsellors and School Junior Public Health Nurses to be the link between students and teachers and the DMHP unit. Thalir is implemented as a total package for teachers, parents and students," says P.S. Kiran, nodal officer for DMHP. Counsellors and teachers receive training from the panel of resource persons of the DMHP on how to identify problems among children and how to respond to these as part of the programme. School counsellors receive continuous training inputs from DMHP team.

Focus areas

'Thalir' focusses on addressing behaviour and emotional issues among children, helping them stay away from substance abuse, suicide prevention, stress management, life-skills education, and also managing childhood problems like learning disability and conduct disorder. Students are encouraged to seek help from school counsellors.As part of scaling up the programme across State, counselling centres will be opened in 1,926 schools this year.

Private schools have not been excluded from the programme, though government schools will have the priority. K.O. Ratnakaran, Principal of Navodaya Vidyalaya, Vithura, points out that most parents are aware of the psychological stressors that children are up against. Demand for regular school-based counselling has been coming from parents themselves. "As teachers, we are trained to recognise issues that children may have but as part of Thalir, all of us were given a new perspective into the way children react psychologically to problems. The issues of today's children certainly require a more sensitive handling," Dr. Ratnakaran says. "In the initial year, we had a lot of trouble persuading schools to take up the programme. In the second year, though more schools were willing to try it out, they were not keen on involving teachers and parents. But we do not offer 'Thalir' to schools if the teachers or PTAs are not willing to be part of the programme,

because parents and teachers play a crucial role in molding a child's personality and attitude," says Dr. Kiran.

Community based Rehabilitation - Occupational therapy Units at primary care settings

Rehabilitation and mainstreaming patients with severe psychiatric illness are key issues when we are focusing quality health care to all. There are many patients under treatment for mental illness who do not have active illness and are in remission. These patients need not be in hospital but should be cared for at home so that they can slowly be brought to the mainstream. But very often, after being discharged, these patients end up being a burden on their families. Unemployment and rejection could drive them to alcohol or drugs; they could miss medication and finally end up in hospital again. Occupational therapy helps them to build their self-esteem, confidence and also help them to come into the main stream of life like any other individual.

Objectives

- To rehabilitate the patients who are under treatment but in remission.
- To provide occupational opportunities so that the patients can be gainfully employed.
- Helping people acquire the skills to care for themselves.
- To impart basic skill so that the dignity and self-worth of the individual can be sustained through receiving remuneration for the skilled work done.

This is best achieved by establishing occupational therapy units in Primary Care Settings. DMHP Tvpm started the first community based Occupational Therapy unit ('Santhwanam') in Kerala at PHC Mangalapuram,Tvpm on19th march 2012.