

Community Health Learning Programme 2015- 16

Fellowship Report

Society for Community Health Awareness, Research and Action, Bangalore

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First Collective

The first collective was very insightful with plenty of learning to offer – not just about community health, but about people, their stories, communication and several other things which will get highlighted in the course of this report.

The collective began with all the fellows sharing their life stories, which I personally feel was very nice, as it helped everyone get to know each other, their motivations, experience and perspective. It was a very nice way to beginning the collective by getting to know one another – not just the fellows, but also the learning facilitators.

Through the course of the fellowship there were several things which were spoken of, such as the politics and economics of health, SEPCE analysis, social determinants of health, various health policies in the country and various organizations working on health related issues and issues of caste, gender and discrimination.

Learning about the Socio – Economic – Cultural – Political – Ecological analysis and the social determinants of health was highly interesting. It helped me relate larger micro issues to the larger macro issues and seeing how the two affect each other. Through the discussions during the collectives and the field work, I understood how there are several factors apart from just physiology that affect an individual and community's health and the role these factors play in determining – physical and mental well being.

The sessions on policy making taken by visiting faculty Justine and by Prasanna, were quite eye opening. As being someone who did not understand much about policy making processes the sessions taken by Justin were very knowledgeable. They helped me understand how policies get formulated, the process that are involved and the process that ideally should be involved; and how policies get affected by beliefs and ideologies of those who formulate them. From Prasanna's sessions it was very interesting to understand how the neo – liberal economy works so hard to ensure people aren't healthy and how health is considered to be an economic failure. Based on these discussions I was able to draw links to mental health (my area of interest) and the problem of over medicalization. Based on these conversations one thing that I understood a lot more about was about the politics of mental health and how it does not purely fall under the discourse of health but also politics, economics and so much more. Today when I read about mental health issues, based on the discussions held at SOCHARA, I am now able to analyze the policy better and understand the various factors at play in determining the policy decisions.

The discussions regarding gender, caste, discrimination and other marginalized groups was interesting, however, it felt a little like a repeat of my masters. That being said, the discussions

nonetheless were insightful since they helped me understand that people's experiences in everyday life and their surroundings shape their perspective and ideology and therefore the difference of opinion must not be frowned upon. As most individuals form opinions based on their everyday interactions and experiences, thus there is bound to be a difference of opinion. Through those discussions and conversations I learnt how even though one may differ in perspective it is essential to hear the other person out and be flexible in adjusting one's own perspective. One must not be rigid in opinions and be open to new perspectives and ways of understanding. Another important thing I learnt during those conversations was that you may be saying the right thing, but what is more important is how you say it and word it; and that that must be adjusted as per the person being spoken to.

Another wonderful and very insightful opportunity and experience was that of attending the Medico Friend Circle (MFC) conference in Pune on the theme of Mental Health. The conference helped me better my understanding of the politics of mental health and gave me a better idea of the prevailing situation in the country – related to policy, treatment options, user/ survivor stories, alternatives available and the various kinds of models being used by different organizations in the field. One of the big outcomes from attending the conference is my realization about the role privilege plays when it comes to access to treatment options and the need for social security. The knowledge gathered during the MFC and from the brief experience I had during fieldwork I understood how the lack of basics; social and economic security and community support can contribute to mental distress and can be a trigger/ stressor for those experiencing mental ill health. The MFC experience also helped me come up with my own model for Rehabilitation taking into mind all the discussions and situational analysis that happened during the conference.

Since the conference took place quite early during the fellowship, I was later able to come back and draw links between what I gathered at the MFC and what was being discussed during the collective sessions, which immensely contributed to my understanding of mental health issues in India. Another very interesting learning during the collective was the link between sanitation and mental health. Previously, I had never thought of there being a link between the two. The relationship between the two – I found to be extremely important and interesting. Another interesting learning from the Water and Sanitation class was learning how to build toilets and the history of toilets.

Learning about the 4A's & 1Q; axioms of health and policy process was also very insightful. Based on my reading of these and the discussions around them which took place I was again able to draw the link between micro and macro issues and points from these can also be related to issues other than health. It made me understand that all areas are inter – connected and each affects the other and therefore a convergent approach towards rather than a divergent one is required.

Field Work

The other interesting aspect of the Fellowship for me was the brief period of fieldwork that I was able to undertake. During the fieldwork I came across several interesting insights and learning opportunities. While visiting various clients during the fieldwork, my perspective about how the lack of social insecurity must cause mental distress also evolved. I realized how almost a majority of the country's population must live in perpetual distress due to the lack of basics like food, shelter and clothing. The house of one of the clients I visited was made purely of plastic and cardboard. While we were visiting them, it was raining outside, thus they had lit a fire inside the house to keep themselves warm. While interacting with them, at the back of my mind I couldn't help but worry about the fire that was lit considering the whole 'house' was made of plastic and cardboard. Reflecting back I think if in that one hour I felt so anxious about that fire, how the people living in the house must feel. They must possibly be waking up several times in the night to check nothing is burning! The fact that the geography of the region makes it prone to landslides and other natural calamities must be adding to the distress already being experienced by them among other worries about their health and financial condition. Another client whom I have visited under the Open – Burans project was a part of a nomadic tribe. They lived in something similar to what is called a 'juggi' – a tent like structure; with no provisions for sanitation, clean drinking water or nearby accessible health facilities. During the interaction with the client she even mentioned that the frequent change from one place to another is what makes her symptoms and conditions worse. The interaction with this client made me think about the mental health status among nomads and migrants, many of whom may not have any form of permanent settlement to go back to or a place they call 'home.' Another observation made while I was in this area where the nomadic community resided was that every family has 4 or more children. It made me wonder why people belonging to the lower economic strata of society have so many children; they are not foolish or naïve that they do not understand the economic burden of it; they do have access to contraception which is in many areas accessible – then why is it that despite all their hardship they have so many children that they find hard to take care of? It is often said that procreation is recreation among the poor, but I find it hard to believe such a simplistic explanation of. It is something I want to further explore and understand. In the three days that I visited several clients, listening to them and their stories, observing their living conditions and speaking to them, I feel my argument (for the lack of a better word) about why we need social security has become even stronger. Reflecting on my own anxieties, even though I have my basic

needs provided for, the lack of financial security causes anxiety, because I know I will be provided for but only till my parents are there; after which if I am not financially secure, I might have to struggle for my own basic needs. Being much more privileged than the clients I visited in the field, if these anxieties can cause me enough mental distress to experience a breakdown, it must be so much worse for those who from the very beginning of their lives have been struggling to make ends meet. Not knowing when a storm may blow the roof of their house away, whether there will be food in the house tomorrow or not, not having money to access health care or afford education, not knowing if they will find a place to sleep or worrying that the cops may come chase them away in the middle of the night (in case of nomads or migrants) – with these constant and everyday worries how can an individual experience emotional well – being and mental health? That is not to say that they are unable to cope, they find their ways to cope and build their resilience but the constant distress and anxiety I strongly feel must be hampering their emotional well – being and mental health and could also be a possible explanation of the extensive alcohol and substance abuse, violence and other social problems that are faced within these sections of society.

On the whole even though my fellowship stint was a short one, it was very insightful and has really contributed to my growth and helped me develop and build upon my own discourse and ideas regarding mental health; understanding the politics of health and the various existing systems.

SOCHARA was more a personal journey, while I learnt a lot professionally, I also learned a lot personally. The fellowship gave me an opportunity to not just learn about health and other related issues, I also learnt a lot about myself and people. The fellowship helped me discover my self – my intellectual and other abilities. The four months were a personal journey with a lot of reflection and self discovery.

In conclusion, I would like to end with a poem since SOCHARA helped me come face to face and engage with my own anxieties and realities.

'Face your fears'
She said to herself,
And walked into the woods.

But little did she know,
Her fears did not reside in the woods,
Sometimes they hid,
Deceiving her into believing

They were gone,
That she had defeated them.
Just as she would attempt
To move on,
They'd jump out,
From their hiding place
Laugh in her face,
Tease her,
Torment her
And be gone again.

Some days she was happy,
On some a wreck,
Some days she was hopeful,
On some she couldn't get out of bed.
She would tell her friends,
'I wish I was named Maya',
Her fears and mind,
They heard,
They got together,
And conjured for her several Mayas.

Foolish girl,
Was always told,
Be careful what you wish for,
But she wouldn't stop dreaming
Sending wishes into the universe.

Now there she is,
Wrestling with life
And it's many Mayas.