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Report of the Community Health Learning Programme

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Submitted by

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PREFACE

I am a MBBS graduate from Bangalore Medical College. I have written the entrance exams for post graduate course and inclined to take up any post graduate course, with no exact preferences for a particular course.

Now being at the end point of entrance exams I had to choose any one subject. So came a choice of taking up psychiatry.

I had an opportunity to meet Dr .Ravi Narayan who happens to be community health advisor of Community Health Cell and also my mentor for Community heath learning programme. He gave me several ideas as to what I can do in the next one and half months of free time. Though I found my plans of enjoying myself with my friends at beach side resort were going to end, I did not want miss the chance of take up the suggestions of Dr. Ravi. Entering into the scene was one of classmate and very close friend of mine Dr.Vinay.H.R, who also happened to be taking up Psychiatry as a profession with me in the same institute. Dr. Ravi addressed both of us and gave an opportunity to take up Community Health Learning program fellowship on a short term- flexible basis. Completely elated, we both, I and Dr.Vinay.H.R agreed for the same.

I would like to thank Dr. Thelma Narayan, Dr. Sukanya, Dr. Vinay Vishwanatha and Mr. Eddie Premdas for consolidating the plans for CHLP short term fellowship programme and schedule the learning programme as per our needs.

Dr. KEERTI

The academic programme schedule

Dr. Ravi suggested us (this include me and Dr. Vinay.H.R)

1) To plan and visit various NGOs which work towards community mental health
2) To observe the functioning of these organisations
3) To interact with the mental health professionals and the users in these NGOs
4) various materials to read as a part of our fellowship programme
5) To utilize library for various reference materials.
6) To interact with the team of Community Health Cell.
7) To think and reflect back our experiences during the learning programme.
8) To discuss any queries or any issues of learning interest with the CHC team.
9) To write a report regarding the learning in CHLP.
10) To give formal presentation regarding our reflection to CHC team.

Uniqueness of CHLP Programme at CHC

There are many uniqueness of this programme. Learning experience here at CHLP is not just like the academic programmes in university.

CHLP has helped in understanding my roots and my responsibility as a healer. I have met so many dedicated intellects (dedicated to community health) in this programme. This has certainly rebooted my interest in psychiatry. Why CHLP is different than the mediocre courses:

1. It is here where one learns what one wants to learn and do not learn what is being thought. It is customised for ones need.

2. Here I learnt the role of basic doctor in the community and was also oriented towards the role of the mental health professional in the society. Here I want stress a point that these things are unfortunately not thought in our main stream academics, though all the educators think it is avery important one.

3. It is here I unlearnt many things what a doctor shouldn't do. For example we doctors will be discussing on a certain patients health with the family members without involving the patient perspective of the illness.

4. For the first time I am experiencing the mentor-student relation. The stimulus one gets from this mentor- student session seems to be an ever lasting phenomenon.

5. The knowledge one gains here is not just from books and materials but from personal experiences of the faculty.

6. I had a constant company of Dr. Vinay.H.R who had also participated in the same learning programme as of mine and has a similar academic background as mine and similar inclination towards community health. This helped me keeping myself more involved in CHLP. We used to discuss various issues in community mental health and functioning of various NGOs. We both provided each other the critique and answers on these issues.

APSA(Association for Promoting Social Action)

This is the first NGO me and Dr.Vinay had the opportunity to visit in our CHLP fellowship.
APSA is a child-centred community development organisation.
We met Mr. Lakshmipathy co-founder of APSA who gave us a brief introduction of the functioning of APSA.
We were introduced to various wings of APSA:

1) NAMMANE: It is a crisis intervention centre for children in acute distress. Runaway kids, child labourers, street children, young victims of domestic violence find residential support here.
2) National child labour project : APSA provide education to rescued and rehabilitated children in the age group of 8-15. They provide both formal and non-formal education to children based on the individual interest and preferences.
3) Kaushalya: is a vocational training centre: Here students aged 16-18 years receive professional training in desktop publishing, tailoring, basic electronics, screen printing and stationery making.
4) Child Line 1098: It is a 24×7 toll free telephone line for children in distress. Interventions range from medical help, shelter and reparation to protection from abuse and rescue.

Observations and reflections:

1) APSA is located amidst shelter homes of construction workers and coolies which supports the theme of the organisation which intends to cater to the urban slum community.
2) The child crisis intervention centre 'Nammane' meaning our home - the name itself attracts the children in distress to the organisation. There is protocol followed after the rescue of the child is done and is brought to the centre. A child undergoes a thorough medical check-up followed by a counselling session with the child. In these sessions the lay counsellor gets to know the child, understand the problems faced by the child. The issue is discussed with the committee which decide upon the next course to rehabilitate the child – either short term or long term. The rehabilitation processes also involve retracing the psychosocial support of the child.
3) The community formed in this centre is really an inspiring one. Here there is a bala panchayat is organised among the inmates which takes decision regarding the maintenance of the routine

activities of hostel. This develops responsibilities and sense of belonging among the children. Here one can observe how a child is mature and bold enough to make its own decision.

4) The 24 hour child-line is not all that we understand from outside world. It takes lot more than courage and commitment in rescuing and rehabilitating a child. The child-line personnel need to be shrewd enough to nail the child abusers and also gentle enough to care the rescued child. Some of the personnel also reported how they are under stress when they rescue an abused child (usually child labour) from an influential family.
5) The vocational training is innovative in a way that it also runs a parallel placement services also. This centre encourages the trainees to save money for their future endeavours. The centre maintains a track of each of its student and run a programme once every 3 months where in the placed students will share their experiences, difficulties and solutions with each other.
6) The innovative approach of educating the children of construction workers through Tent schools. Classes will be taken to children near the construction sites and are tracked so as to ensure they complete basic education of 10th standard.
7) The whole experience at the organisation gave me chance to peek into the psyche of rehabilitated children and the strength of micro community among the children of the organisation.

Bosco Mane

It is like a first referral unit for child under distress. It is located in Chamarajpet Bangalore.
1) It caters as a short term rehabilitation centre for children under distress. The user group include runaway kids, child labourers, street children, young victims of domestic violence.
2) It also runs a 24 hour child help-line. The child-line is co-ordinated with APSA and Makkala Sahayavani.
3) This organisation runs a juvenile justice unit. This unit caters to children booked under juvenile justice act. It is a known fact that juvenile offenders are treated as adult criminals in not only the community but also under police custody. Here is where the juvenile justice wing of Bosco Mane starts to act. The unit members visit the police station make a detailed note of the circumstances form which the child committed the crime, the present physical and mental health status and psychosocial support of the child. The Juvenile justice unit intervene and provide support in the above mentioned regards.

Observations and Learning:
1) In this organisation I participated a meditation session for children. The meditations really mellowed down the hyperactive kids. Initially before entering into the session room one could easily make out that certain children were pulling other children's shirt, poking, pinching each other.
But when they were coming out of the meditation most of the kids were well behaved and were comparable to angels. Meditation would have certainly helped them to calm down.
2) Run away kids, street children are intelligent and brave enough to face the challenges of the mean world. Community has to identify their capacity and has to redirect them towards productive endeavour.
3) The problem of run away kids or street kids is not a unilateral one but has multiple roots like: family discord, educational/ academic pressure, peer pressure, and very rarely so called personality or temperamental disorders. Very less emphasis has been provided to the prevention aspects of this run-away problem. What one follows is crisis intervention rather than a crisis prevention programme.

HOSPET Visit

Objectives:

1. Meet Dr. Ajay Kumar, consultant psychiatrist and know about his community approach in his practice.
2. Meet Dr. Bhagyalakshmi, director of 'Sakhi'- a NGO working on various issues in Hospet.

Meet with Dr. Ajay Kumar:
Dr. Ajay is a consultant psychiatrist practising in Hospet. He completed his undergraduate in JNMC Belgaum and postgraduate in MAHE Manipal. Though he had pressures to go abroad for his career, he decided to work in his native-Hospet. Hospet is a taluk in Bellary district. As there is dearth of psychiatrists in neighbouring taluks and districts, he has extended his service in neighbouring places like Gangavathi, Koppal, Kanakagiri, Hadagali, etc…He has adopted several community based therapies for his clients, some straight from the texts and some innovatively developed by him.

Punyakoti foundation:

This is an individual's committed effort to give it back to the society. 10% of his income goes to Punyakoti foundation. This foundation runs several activities like Manochetana and Mukthi(refer below).

Manochetana:

Dr. Ajay starts his work every day by visiting a school for mentally retarded and mentally challenged kids. He has named this school Monochetana that means energy of the mind. He strongly believes that every kid is special and has an alternative means of understanding the world around them.
The school is situated in one of the residential areas of Hospet. It occupies 5000 sq feet and caters to 12 children. But has the capacity to include more children. He has designed every inch of this school with utmost attention. He explained us the importance of using basic colours for the walls. The walls have projections of individual bricks with gutters in between them. This helps the children to develop sensory perception. The same is with the doors, which has small square projections. There are chairs and tables specially designed for kids with mental retardation associated with hyperactive disorder. This is just to mention a few examples of the environment created for child to improve its skills. Perhaps one has to visit personally to understand the design of the school.

There is a team of MSW professionals trained schoolteachers and volunteers working along with Dr.Ajay. He devotes his time in the school by training the team and the parents. He gives appointments to parents on opd basis for his school. Here he trains them regarding the practices that are to be adopted at home. Dr. Ajay has adopted methods like meditation and music therapy apart from the usual rehabilitation for the kids in the school.

Mukthi:

Dr. Ajay treats the acute episode of alcohol withdrawal and other substance abuse in a hospital setup. He has an in-patient setup for this purpose. However, the rehabilitation part is taken up in a different manner. The trained counsellors help the clients to recover and maintain the abstinence. There are motivation classes and sessions with thepatient and family where in the counsellors look into all the aspects which would lead a substance abuser to relapse into abuse. Finally they discuss the plan to tackle or to prevent the relapse.

Observations and reflections:

1. A consultant's responsibility increases if he decides to work in semi-urban set up. Dr. Ajay dons the role of a primary mental health worker when he runs an out reach clinic and also of a consultant in tertiary centre.
2. Community Psychiatry is not a separate field of practice. Community approach can be adopted in day today practiced.
3. Psychiatrist need not be least religious person in the community. Maintaining neutrality in religious context but promoting the spiritual part of all the religion is very much essential especially in the field of mental health.
4. Cultural Psychiatry is the need of the hour. Understanding the culture of a particular community will smoothen the client approach and yield better treatment out come.

Meet with Dr. Bhagyalakshmi:

Four main issues were discussed With the director of 'Sakhi':

1. The problems faced by adolescent girls in the social and domestic context

2. The devadasi cult.
3. The upper caste dalits.
4. The regional problem of illegal and unethical mining of ores in and around Hospet.

Learning and reflection:

1. The problems faced by adolescent girls are among the least addressed. (it is to be noted that problems faced by adolescent boys much more worse as males in a family discuss much less regarding the sexual health when compared to females in the family discussing such an issue much more openly with each other.) The main problems 'Sakhi' has addressed are: 1) Less financial support for the girls for education. 2) These age group females tend to fall in the hot cauldron named "LOVE". It is one of the most difficult problems to handle. Dr. Bhagya feels that these age group girls are mature enough to understand the relation but not mature enough to understand the reality. She reports of these TRIANGLE love stories where an adolescent is in love/ or is attracted towards 2 male peers and is undecided to which way to move. And moreover a girl is pre-occupied with ideas of love that she would concentrate less on her studies or career. 3) Pre-occupied with many myths related to health. 4) exam stress. 5) The help from mental health worker is a remote possibility in the peripheral parts of the state.
2. The DEVADASIS are a sect of traditional prostitutes more common in northern parts of Karnataka. Though such practices were more open and religious places allowed such activities seem to be stopped. But this just on a superficial look. Dr. Bhagya reports that now also traditional prostitution is very much common and has switched places from religious sanctum to residential areas. 'Sakhi' works with these groups encouraging the present generation of adolescent children of devadsis to take of education or alternative jobs to make a living.
3. Dr. Bhagya spoke elaborately on the issue of upper caste Dalits. These people are basically dalits who were fortunate enough to benefit from the policies of the government and raise to comparable status in the society. But problem with most of such beneficiaries is that they demonstrate less responsibilities towards their own caste or community from which they arose.
4. Dr. Bhagya's heart swells up when she speaks of the problem of illegal mining in the surrounding area. She explains how she has to

face the problems with the mining tycoons when she and her team tried to capture the illegalities of mining operation and the ground realities of the people's problems.

5. It is unfortunate to say that most of the health professionals are busy curing the illness rather to prevent them. This discussion made me wonder are whether a doctor really addresses the problem at its root cause. The answer was a clear NO.

STATE LEVEL ANNUAL CONVENTION OF SEXUAL MINORITIES and LAWYER'S COLLECTIVE

State level annual convention of sexual minorities was organised in Indian Social Institute, Bangalore. It was organised in co-ordination with 3 NGOs-Sangama, Suraksha, and Samara, all working for the cause of Sexual minorities.
My activity in this convention: I had an opportunity to participate in this convention for a day. I was involved in 2 group discussions among the sexual minorities, social workers, social scientist and journalists. The topic of the discussion was mainly of the problems faced by the sexual minorities and probable solutions for it.

Lawyers Collective is a non profitable organisation working towards various social causes. Ensuring human rights of Sexual minorities is one among them.
My activity: Participated in a group discussion involving sexual minorities, lawyers, and social workers.

These two circumstances opened a new world to me. In my experience as a doctor I found Sexual minorities (Hijdas /Transvestites) only in railway stations, bus stand or sometimes in traffic signals. Usually these people are found clapping their hands loudly in awkward manner making sure of their presence. I had never tried before to understand them in the community context.
What I understood: 1) Sexual minorities have a normal psyche as every other individual in the society (may be that they are bit more pre occupied with sexual thoughts or fantasies).
2) The problem of sexual minorities being differentiated from the community starts from home itself. First the parents identify that their child is sexually different from others. They try to bring their kid to main stream society but fail badly. This causes a gap in the relationship between the parents and their sexually different child.
3) This difference in the relations gradually increases in intensity. The child would be more comfortable with people similar to itself. This makes the child to search for Hijdas as popularly called in India. Child gradually drift from family boundries and enter into a new community of sexual minorities.
4) These sexual minorities in India are well organised traditionally. These people represent a sub-community or a micro-community of their own.

But the problem with such organised group is though they are organised, it is filled with lot of ignorant and illogical and sometimes dangerous traditional practices. Social discrimination is a minor problem for them. It is the harassment from the police and the public which bothers them the most.

5) There are many NGOs which are trying to strengthen the this community in terms of providing them awareness regarding health, their rights as humans and encouraging them to be collectivised rather than just being organised. The advantage of being collectivised is people here can raise a voice their own and demand for their rights.

MEDICO-PASTORAL-ASSOCIATION

It is one of the first voluntary organisations caring for the mental health – rehabilitation needs of the Indian society.
The efforts of this association are targeted towards empowering caregivers and beneficiaries through training programmes.
It is a halfway home running at three levels

1. Crisis intervention
2. Behavioural modification
3. Occupational therapy

Navajeevan: It's a short term staying facility (usually in months) for rehabilitation. This hostel provide the the recently mentally stabilised people to experience more independent living.

Extended care services: This provides a rehabilitative process for a longer duration sometimes running years together.

Day care services: Here all the boarders in the hostel and also some clients of mental health rehabilitation from outside the hostel join the daily activities. The activities is scheduled in such a way it keeps the users busy from morning till evening.

Sahai helpline: It's a suicide prevention helpline. It is run by trained volunteers. It provides telephone based suicide prevention counselling services.

Our (me and Dr. Vinay) activities:
1. We participated in few of the activities designed for the clients. These activities were like drawing or paper cutting or similar sorts which involved colours and a bit of art in it.
2. Interacted with few of the boarders. Experienced their stay in the hostel by befriending some of them.
3. Participated in of the group activity- picture dramatisation.
4. Interacted with the personnel of Sahai Helpline.

My observations and Interpretations:

1. What attracted me most in this institution is the quote written next the association's name: Step into my shoes, wear my skin; See what I see, Feel what I feel.... This quote says little but conveys a **demystifying** message to whoever reads and tries to understand. It

is to note that the so called mentally ill are at a different level of perceiving the surrounding and self. The so called normal people very rarely succeed in understanding them.

2. The daily activities practised might get real boring that too if done routinely. Keeping up the interest of the user in such activities seeks a higher level of creativity in the caregiver.
3. The job of the counsellor at the Sahai- suicidal prevention helpline is a tough one. Her job was similar to that of a business entrepreneur. She needs to help people over phone which means she has to solve some of the problems of the client over the phone. She had a vast reach of contacts of many professionals ranging from teacher to lawyers. She has to be smart enough to communicate in such a way that she would reach to the cause of the problem of the client. Then she should ensure that she gains the rapport with the client and then a possible solution can be charted out.

Richmond Fellowship

Richmond fellowship society provides rehabilitation therapy in short- and long-term care homes, vocational training plus outreach care and mental health programmes in rural areas. It also believes passionately in training the next generation to deliver the professional services this disadvantaged group need. It has its uniqueness of both adopting and popularising therapeutic community approach to the client.

The best part of RFS is that it trains various mental health professionals and offer degrees like MSc in psychosocial rehabilitation and counselling.

Here we (me and Dr. Vinay) were oriented towards the functioning of various wings of RFS.

ASHA is a half way home wherein the home-like environment is provided for the user. This residential care is provided to 6 months to a year.

Jyothi is a halfway home all similar to ASHA but here the care is extended to more than a year, sometimes for life-time.

Chetana is a day-care centre catering to clients with various disabilities like schizophrenia, Mental retardation with behavioural problems.

My observations and interpretations:

1. Here they have adopted a model of mental health spectrum. Mental health is seen as a dynamic spectrum rather than as a state of being healthy or diseased.

2. Understanding the need of halfway homes: these models of therapeutic community approach give relief not only to the users but also the family members of the users.

3. The best part of the organisation is that they avoid the term patient and use the terms as clients or users or residents. Though they may use the technical terms only when it is utmost necessary and inevitable. This

model of micro community proves the fact that it can do wonders when taboo of labelling the person as a patient/mentally ill is removed.

4. These models of half way homes are suited for urban areas and would cater to only to the financially affordable families/ clients. These are not socially replicable models in the rural areas of our nation. But still one gets to know how the approach can be given to the clients through halfway homes and we need to come up the ideas of models that has more wider application in the society.

FEDINA

It is organisation working towards the empowerment of the marginalised especially the aged in urban slums.

My involvement in FEDINA: Group discussion with the volunteers and the personnel involved in the field activities. I got a briefing about their activities and experiences in the field of mental health.

What I understood:

1. Though there are many self help groups and NGOs working on the target of social empowerment they lack the concept of holistic approach in which health is considered as a component of the empowerment.
2. There exists a wide difference in the mental health status in different genders in the older age group. The whole group unanimously expressed that women are more worried about the future than the males. Women were more committed to family than the males.

OTHER ACTIVITIES DURING CHLP:

I met a few interesting and enthusiastic personalities during my CHLP.

1. Professor Dr. Mohan K Isaac – consultant Psychiatrist
2. Professor Dr. Sarah Bhattacharjee
3. Mr. Naidu of Basic needs.
4. Mr. P. Sainath Editor of THE HINDU daily.

Their inputs though were very brief, but without them my CHLP would be filled with a lacuna.

Presentation: At end of my CHLP programme there was a presentation given by me and Dr. Vinay.H.R. This presentation was regarding our learning and interpretation of the experience during 2 months of CHLP. This presentation was chaired by Dr. Thelma Narayan. There were inputs by Dr. Vinay Viswanatha and Dr. Sukanya. Dr. Anirudha.T.J, Dr. Harishkumar and Ms. Lakshmi shared their experiences during our presentation