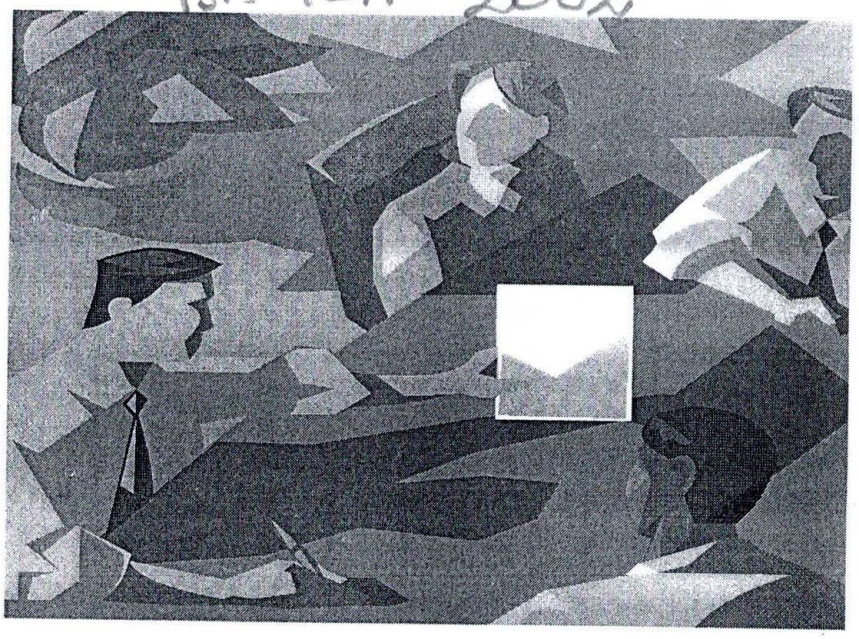
COMMUNITY HEALTH LEARNING PROGRAME

FLEXIBLE INTERNSHIP -2004

At COMMUNITY HEALTH CELL – CHC

[March – April 2008]

BATCH -2002



Mentor: Dr Ravi Narayan

By: Dr Vinay .H.R

Preface

It dates back to my UG days at Bangalore medical college when I developed link with CHC for materials (posters and charts of public health) needed for display in our health awareness exhibition for general public- "MEDEX". So, that's how I had come to know of CHC and its activities. That was a stage when I was having vague idea of the approach I would adopt to pursue my ambitions. Though I had interest in community health and in particular mental health right from my school days, but could never find a mentor to guide, link to progress and opportunity to launch myself, restricting my views and field of work to personal diary notes.

Standing 2 months away from what can be described as a major step towards my long term objective of working in the field of psychiatry, I couldn't have asked for more than finding a short term fellowship at Community Health Cell that too in the area of mental health. Finishing MBBS in 2004, I had to work for 3 yrs for self sustenance and meanwhile was trying in PG entrance exams. I got selected for a PG diploma course in psychiatry at NIMHANS this time and was expecting to join it by the 1st week of May. So it was worthwhile that I had some kind of exposure in terms of getting to know the socio-cultural scenario with respect to mental health that I am going to enter after my post graduation. That's when CHC paved way to pursue my intentions. The complexity that stood before me was to set forth the learning objectives for the brief stay at CHC since the magnitude of learning to be done to understand social aspects of mental health was too high to be covered in 2 months. More over the frame of mind I had was that of a sailor standing before an ocean and merely glancing at it. After a brief interaction with Dr Ravi Narayan, community health advisor at CHC, I found it an apt way to break free from inertial frame of mind to work in a community health learning program. While discussing with him I got to know the process of understanding the society is a continuous one and ever-changing, hence one need not be perplexed. The realistic way to make use of the time at CHC lied in understanding basic concepts of community health, the health situation in India with a special consideration to mental health and experiences & ground realities by having closer look at various community health initiatives. Hence I went ahead along with a friend of mine (Dr. Keerthi sundar) who had similar objectives and had got seat at NIMHANS even, to various organizations working in the field of community health which also addressed mental health directly or indirectly. Apart from these, we had discussions with individuals who had expertise in this field to have proper orientation.

Totally it was a good learning experience and I am thankful to Dr Ravi Narayan, for guiding and creating opportunity to rediscover myself. I solicit my thanks to Dr Thelma Narayan, who mentored us in the absence of Dr.Ravi. I am also indebted to Mr E.Premdas and Dr Sukanya, our coordinator and training associate respectively in supporting us to have pleasant stay and meaningful learning experiences. Our special thanks to Dr Ajay Kumar, psychiatrist at Hospet for introducing to us the different perspective of community psychiatry and for showing us the avenues in the same. I also thank other CHC staff for helping us in smooth functioning at CHC and various organizations mentioned hereafter for their help in trying for our objectives. Though the duration of fellowship was too less to schedule to cover whole of our objectives, it was quite enough to understand concepts of community health and get oriented to current health system and the needs & services with particular interest to mental health. In short the feeling that I became a better person and a better health professional after a brief stint was far more satisfying than disappointments of unfulfilled objectives and expectations due to time constraints.

Learning objectives

- Getting introduced to the concepts of '*Community Health*' and to know the various community health initiatives in the country, and to visit few of them.
- Orientation about current status of health care services and health policy with particular interest on mental health and the role of mental health as a part of broader canvas of Community Health.
- To deepen the knowledge of ***Mental Health*** needs in India and the health services catering them in both governmental and non-governmental sectors.
- On personal front, to enhance communication skills, analytical ability and responsibility handling through a mentoring process.

CONTENTS OF REPORT

'Association for Promoting Social Action' (APSA), Bangalore

(March 13th & 19th, 2008)

Introduction and background: - APSA is an urban development organisation with a focus on child centred community development in urban slums, street children, child labourers and other children in distress (child victims of prostitution, abandoned children, runaway children, etc.). APSA's work is directed towards (child) inhabitants in five slum areas and the street children of the city. They believe that development without the participation of traditionally deprived communities is not development at all. Inspired by the motto *"for development without exploitation,"* they work at macro levels of the state and the country through advocacy and policy planning initiatives. At the grassroots level, they facilitate the empowerment of the urban poor through community-based, interconnected projects to promote human and democratic rights.

My observations

we were lucky in that we got introduction about APSA from the founder himself and we got to know that the organization is currently catering for urban population & has plans to extend into rural side depending on funds and other feasibility factors.

After the introduction we were guided by a volunteer into nearby situated *DREAM SCHOOL* which happened to be the recent most accomplishment of APSA. It provides free education for 160 ex-child labourers, street children and school drop-outs, approximately 60% of who stay in Nammane. The education provided to the children who have been out of mainstream education is non-formal but when the children have grown sufficiently accustomed to the learning environment they are encouraged to either go back into mainstream education at a government or a private school. Often this will happen after they have taken the 7th Standard exams but APSA also offers education up to 10th Standard. There are five classes in the Dream School: National Child Labour Project (NCLP) class (part of a project of the of the government of India), in which ex-child labourers between 10-14 benefit from informal education; a class for "crisis" children who have been rescued through Childline; a class for "migratory" children of the urban homeless living in the surrounding area; and students being prepared for the 7th std and 10th Std exams, either through the State Examination Board, or the National or Karnataka Open Schools.

From there we were taken to *'NAMMANE'*, (meaning "Our Home") which is both Crisis Intervention Center for children in acute distress and also a residential training center for street and working children. We were informed that children come to Nammane from workplaces, the streets or slums – backgrounds which are, at the very least, not conducive to their development, or, at worst, places where they can be abused and drawn into drug abuse, crime and other undesirable social and personal situations after having been identified by APSA's field projects. During their time at Nammane, children receive a safe environment, care, counseling and alternatives which may help them retrieve some part of their childhood. During the visit we had the opportunity to talk to few children and could feel right away the casual attitude of few towards whatever misshapen had occurred earlier in their life and also the bitter expression of few in narrating their odd experiences.

We then moved into APSA's state of the art training center *KAUSHALYA,* which has need directed training as a strategy against poverty and unskilled, underpaid child labor. The skill training project is part of five year rehabilitation continuum that takes the children from their field projects through a process of professional development. The residential training at Nammane ranges from 6 to 18 months and finally a follow-up team takes over the responsibility of providing support for the graduate in the first two years of employment. Their students are as competent as university graduates and are employed in the same workplaces. In the past decade, over 2,000 former child labourers have graduated and been suitably placed. Skills taught vary with the market demand. Currently, training programs include: Desktop Publishing, Tailoring.Screen Printing and Stationery Making and electrical work.

Then came the most interesting part of the visit, MAKKALA SAHAYA VANI – the Child Help Line. It collaborates with the Bangalore City Police to rescue, counsel and rehabilitate children in acute distress. The counseling center is at the Police Commissioner's office and all the police patrol vehicles of the city are prepared for rescue operations. There is assistance for crisis resolution and provision for emergency residence and care for those in need through Nammane. We did listen to task force personnel about their hand on experiences wherein they had rescued children under demanding conditions. One of them said in lighter vein how it has become difficult for them to handle many mischievous calls made to the toll free phone no. We got to know that with MSV, APSA has designed a training module to bring police personnel and children together to learn about each other and that serving as a major trainer for the City Police, they have trained 1,700 personnel while also working regularly with three police stations in follow-up training sessions.

Apart from these projects there are other initiatives taken up by APSA like:

- **Child Labor Project** – it comprises pioneering preventive and rehabilitative programs for urban child labourers.
- **Slum outreach project** - The objective of these federations is to create an opportunity for local slum dwellers to come together at the city level as one force in their efforts to gain basic facilities, dignity and human rights. Activities in this project are based on the principles of 'Right to Awareness', 'Political empowerment', and 'Economic empowerment'.
- **The Disability Project** - APSA has undertaken a Therapeutic and Social inclusion Project for about seventy children with disabilities in seven Bangalore slums, providing mobility aids. physiotherapy, occupational therapy, appropriate active Technology and opportunities for integrated schooling, vocational training and employment.
- **Inchara (The Bird song)** – Here children learn to employ cultural activities as tools for struggle and social mobilization.
- **VIKAS** - Vikas is a student awareness-raising program that orients and motivates youth to participate in development work for the poor.
- **Navajeevana Nilaya** - is an enabling environment for young women at risk, providing them with residential support during the first year of their employment together with opportunities to development of skills necessary for them to live confidently and independently without compromising their security.
- **Juvenile Justice** – for capacity building of Juvenile Justice Functionaries of Karnataka state in collaboration with the Department of Women and child development, Government of Karnataka.

My reflections

I got to know about the migrant population in Bangalore and their needs as temporary inhabitants. The very purpose they have migrated from some other place denotes the socio economic status they hail from and the magnitude of stress they would undergo at work & residence. Besides their unmet basic requirements, the eventual suffers are their children who face the problems like neglect of parents, absent schooling, malnourishment, improper hygiene, abuse, proneness to substance use etc. So, APSA is aptly serving the weaker section of urban slums thus indirectly addressing the mental health needs of a part of community. Here the work is within the community at the grassroots, with the privileged sections of the society and with the government towards preventing exploitation and marginalization of the underprivileged and the purpose is to evolve social paradigms based on values of justice and nondiscrimination with those already in exploitative situations. The psychosocial support is in the form of ensured schooling and residence for distressed children, vocational opportunities for older children.

For an enthusiast in mental health profession it was a good learning experience to know the mental conflicts and uniqueness in response of each child facing adversity. The tent schools, compulsory schooling for children below 14 yrs and legal restrictions for child labour at governmental setup along with non formal education in this organization, for children to bring back into mainstream are collectively laudable efforts as this is the stage when a child is prone to develop behavioral problems. One more instance of governmental and nongovernmental faculty working in liaison is in CHILDLINE, a rescue squad for children in distress. This again proves the fact that it's this kind of joint efforts which will a go a long way in uplifting health care delivery status. It was a chilling experience in itself to listen to first hand experiences from the members of rescue squad when they made particular mentions about rescuing children from noted and highly influential personalities in the society. It seemed that's where the knots are loose even in the legal system of ours. But given the circumstances of moral deterioration in political scenario, surprisingly this project has seen considerable success may be due to transformation in mass psychology that indeed children need special attention and every child has right to live his childhood. One more thing which was obvious throughout our stay at this organization is that it is the facilitating attitude rather than instructing or imposing ways that has to be followed by professionals involved in child care.

As it is known mental health does not exist in isolation but has various dimensions to it like cultural, social, financial, vocational, political, legal etc, it was worthwhile to note that they were all addressed here in this organization in the form of INCHARA for cultural activities, VIKAS for social aspect, SLUM outreach project to take care of financial dimension, KAUSHALYA for vocational rehabilitation, CHILD LABOUR project and juvenile justice serving the political and legal components. There was also a sexual health project based on the philosophy that sexuality is a natural part of life. Its slogan is 'happy, healthy, and responsible' and is based on the inviolability of certain sexual rights and responsibilities. It aims to look at sexuality and sexual health holistically as a part of the lives of street and slum children rather than just focusing on aids prevention. The project aims to provide a comprehensive set of materials that can be used and an intervention model that can be replicated by NGOs in South India to raise awareness of the importance of sexual health and diminish the taboo attached to such issues.

State level annual convention of sexual minorities

(March 18th, 2008)

Introduction and Background: - The convention was meant for collectivization and mobilization of sexual minorities in voicing their problems, rights and needs. It was an extension of last year's event wherein they had initiated the efforts to bring the sexual minorities into mainstream on par with others. The NGO s which supported and participated in the movement was Samara, Suraksha and Sangama.

My observations

As it was a state level convention, there were people ranging from Gulbarga, shimoga to mangalore. Among them were the homosexuals, bisexuals, transsexuals, kothis, hijdas, DD s, F to M, M to F, jogappas etc. together they constituted the sexual minorities called by different names at their local places. Most of them had undergone humiliations; disregard and abuse hence were waiting for a platform to vocalize in their own way.

The objectives they had set are:

- Any sexual act if done with mutual consent between adults should not be regarded as offence. It is repeal to sec 377.
- Sexual minorities should not be discriminated at workplaces, educational institutes, health and social services like ration cards, passports, voting rights..etc
- The surgery and the process of sex conversion should be made available to those who seek.
- Government should see to it that sexual minorities are not abused by police/ Goondas and legal consideration to be given to those who had sex conversion.
- There should be separate scheme for sexual minorities in education, employment, loans, residence and health services (HIV affected)
- There should be a public awareness about existence of sexual minorities and the need for unbiased & de-stigmatizing attitude towards them to be inculcated in textbooks.

My reflections

The very nature of ambiguity in physical and mental orientation towards sex makes these sexual minorities vulnerable to stresses & mental ill health in their life. So, obviously one sees increased incidence of mental illness as compared to general population. Hence, it becomes important to cater to this part of the community if positive mental health has to be maintained in the community. Of course their basic needs of life if meted out resolve the problem more than a half. The majority of their demands deserved to be fulfilled like ration cards, voting rights etc and non discrimination at workplaces, educational institutes, health services. While asking for the unbiased and de-stigmatizing attitude by general public seems logical, but the demand to legalize any sexual act when done with mutual consent between adults is a bit controversial and needs inputs from various groups before consideration as it could affect the fundamental moral and societal structure. Frankly there are doubts over feasibility of sexual minorities mingling with mainstream in coming days as their preoccupation with sexual thoughts and acts keeps them apart from others. The reason may be the very difference that differentiates them from other general population i.e. sexual identity becomes overvalued ideas in them to an extent it becomes hindrance in interacting with mainstream.

Brief interaction with Dr Mohan K Isaac

(March 24th, 2008)

Introduction: - Dr Mohan K Isaac, Former Professor of psychiatry at NIMHANS, with area of interest and achievements – community psychiatry; currently is also the president of Community Health Cell.

We were lucky in that we had the chance to meet the person who had written the foreword for the book we were till then referring for our visits to various NGO s related to mental health. Though it was a brief one, we could gain the information regarding what to look for in NIMHANS and how to make best use of it. Even based on our own backgrounds, we received suggestions in terms of various avenues available in psychiatry that may suit us. With the reminder to inculcate social model along with biological model in health, we were encouraged to continue our own interests like visits and interactions with professionals experienced in same field.

An open discussion with public by P.Sainath

(March 27th, 2008)

Introduction: - The 2007 Ramon Magsaysay Award winner, Palagummi Sainath (born 1957) is one of Asia's leading developmental studies journalist with numerous writings on issues such as poverty and effects of industrialization in India. Through his substantial work on the livelihoods and poverty of India's rural poor, Sainath has been playing a crucial role in changing the nature of the development debate not just in India but also across the world. He is known to spend as much as 300 days a year in the rural interior and had been doing so for the past 14 years. Currently he is the Rural Affairs Editor and Mumbai Chief of Bureau of The Hindu. Heartbreaking as they are, suicides - over 90, last month - are only a symptom of the larger and deep agrarian crisis, reminded the award-winning journalist, touching on the role played by our policy-makers and politicians.

My reflections

The initial talk was focused much on factual aspects of suicidal deaths in farmers of Andhra, Maharashtra and various parts of Karnataka. After that the concept of agrarian crisis was briefed out. With appropriate illustrations the scenario of India shining with poverty was put forward. It was also made clear that the suicidal crisis is not just to do with alcoholism and illiteracy and the farmer's suicidal issue has multifaceted causes like economic divide, policy loopholes, and stressful agricultural practices. To wind up the presentation he stressed on need for connectivity between 'mass media' and the 'mass reality' thus emphasizing the role of media in making the citizens understand or draw opinion regarding ongoing issues.

The statements were good in the sense that it awakens the 'system' and victims, but a lot of round figuring & magnification of statistics does seem to happen, all with good intention to shift the balance towards establishing economic equity. This open discussion with public again stressed the need of legal, political and financial stabilization if mental ill health is to be prevented on large scale.

Bosco Mane (*B*angalore *O*niyavara *S*eva *CO*ota)

(March 25th, 2008)

Introduction and background: - Of paramount concern is the growing phenomenon of street and working children in all major cities in India. The alarming pace of urbanization and the proportionately weakening fabric of our social structure and policies are what are forcing such a large number of children everyday into the cities. Their mission is *to* ***enable these street and working children enjoy their childhood, strengthen ties with their own families where possible and provide the impetus to join the mainstream of society.***

Children, primarily up to 18 years who land up in the street or who have made the streets their home form their target group. Rag picking, sweeping, cleaning vehicles, picking vegetables, shoe shining, reserving tickets, painting and stitching seats are occupations which enable street children earn money. Besides, some work as coolies, construction workers, street vendors, parking boys and sellers of lottery and cinema tickets. Often, they can resort to begging too.

My observations

As it was in APSA, I had the second opportunity to try and orient myself to the psyche of street children & children having conflict with law. First we were introduced to the BOSCO mane, a half way home to street children below 14 years who are persuaded to come away from the streets. At this centre, boys enjoy maternal/paternal care, affection, concern and true fellowship. Some of them are send to other institutions for formal education while others attend training in carpentry, welding, two wheeler repair, tailoring, electrical and book binding. We were allowed to spend time with those children and personnel while they were involved in their daily routine activities. We had orientation talk by one of the staff and became aware of the services that are available at BOSCO mane like counseling, home placement, tracing missing children, education and job placement. About 80-90 children are helped to return home every month. Staff/volunteers take up this onerous task and counsel children and their parents on staying together. There is also a provision of rehabilitation of children on the street by partnering them in their daily struggle to grow off the street into the socially contributing and economically independent young people, building up a powerful movement capable of challenging those situations that leave the young abandoned on the streets. **BOSCO believes that every child on the street is a unique young person with strengths and talents.**

BOSCO also works in symphony with APSA child line and dept of police in rescuing children in trouble. I volunteered myself to attend a case as a part of special juvenile police unit which Bosco has undertaken and on firsthand experience, I could understand the complexities involved in handling juvenile crimes.

My reflections

The family life experiences of most of these children is often much worse than life on the streets and counseling that is undertaken here offers an opportunity to talk about the past and is an indispensable element which restores their confidence. Children are therefore encouraged to return home if the home circumstances are conducive. I got the second opportunity apart from APSA to understand the psyche of street children and the children having conflict with law. After going through two separate visits to the organization I had the impression that though the efforts are on to Enable Street & working children to enjoy their childhood, but there is lack of addressing to the root cause of the phenomenon.

Richmond Fellowship Society, (India) RFS

(March 28th, 2008)

Introduction and background: - The Fellowship offers rehabilitation facilities for people with chronic mental illness like Schizophrenia and Bipolar Affective disorder (manic depressive illness), through residential facilities like halfway home, long stay home (Group Home) and a non-residential day care facility. The **therapeutic community** approach is followed for facilitating the process of rehabilitation.

My observations

"Asha" Halfway Home

Asha" is Sanskrit for "hope", and is an apt name for this urban halfway home. At Asha, residents enjoy safe and structured therapeutic programmes within a home-like environment. Qualified mental health professionals supervise a range of activities that include counseling, creative expression, leisure time, home maintenance, or group meetings. Asha can house up to 10 males and 10 females, whose stay might range from six months to one year. There is a monthly fee for the services provided

"Jyothi" Group Home

Jyothi" in Sanskrit means, "Light". This long stay home caters to those who have been treated in therapeutic communities and need long-term support to function in society. Jyothi can admit up to 6 male and 6 female patients. The duration of their stay can range from over a year to life long support, as per the needs of the resident / family. This home is run on contributions made by the families of residents, which include a refundable interest-free deposit and a monthly fee.

"Chetana" Day Care Centre

"Chetana", "Awakening" in Sanskrit, is a day care centre that offers vocational training for persons with schizophrenia, chronic epilepsy, affective disorders, or mild mental retardation with behavioural problems. Courses of training include tailoring, embroidery, plastic moulding, printing, typing, and introduction to computer skills. "Chetana" also serves as a sheltered workshop by providing a safe and supervised work environment for clients with disabilities, who cannot find employment outside.

My reflections

The following interventions offered in this organization are of course the ideal rehabilitative options for chronic mental illness like schizophrenia :- Personal hygiene and maintenance of living space, compliance in taking medication, work habit, leisure time utilization time and money management, individual and family therapy, social skills, interpersonal relationship and communication skills, home management, crisis management, relapse prevention and insight facilitation.

One of the commonest causes for these illnesses becoming chronic is lack of proper knowledge of the disease and the inability of the families to accept that some one dear to them is actually suffering from a psychiatric illness. Knowledge about the disease, need for medication, duration of treatment and the management of common crisis situation whenever they appear, form part of the rehabilitation programme. This is done at a very opportunity for individuals and families so that their knowledge and acceptance will go a long way in the recovery. This will eventually help in the resident's ability to accept the disease and the need for long treatment, thereby gaining insight into the problem.

Our first presentation

(April 2nd, 2008)

To hone the communication skills by presenting the study and holding discussions with Dr Thelma and other CHC members; and to get feedback regarding the work done so far.

My reflections

As it was my learning objective on personal front to improve the communication skills it became a basic exercise for me to present the study so far and interact analytically with significant others. There were few things for relearning like realizing the benefits of doing systematically and significance of documenting and the need of going through reading materials to have background knowledge to discuss

A Forum discussion on vulnerabilities of sexual minorities

(April 3rd, 2008)

Introduction and background:- Display of documentary films and interactive session by Mr. Manohar from ANEKA, an organization fostering advocacy efforts for the rights of sex workers, sexual minorities, and people living with HIV and Dalit women. The event was held with a support from lawyer's collective which holds weekly sessions of public interest.

My reflections

As it was known from earlier visits to convention of sexual minorities, the tendency of these people to get physically abused & by the virtue of their own habits of high risk behavior they are more vulnerable to acquire HIV or other STDs. So it was necessary that the initiative should come from them in obtaining the facilities to have safe sex and to get educated regarding sexuality & how to make it a responsible act by following safe strategies. The basic understanding about the mode of spread, preventive aspects, early diagnosis and treatment of common STDs & HIV is a prerequisite as like in general population. Apart from vulnerabilities to STDs the sexual minorities are also easy victims to abuse, domination which in turn is a hazard to their mental health. Mass education is a good method to bring awareness and coordinate the health services based on felt needs.

Visit to Manochethana and Manodaya at Hospet

(04th to 06th April, 2008)

Introduction and background:-

Punyakoti Foundation

Not only the common people, but also practising doctors in the region have become increasingly aware of mental retardation. Dr.Ajay Kumar, who earned, an M D degree in Psychiatry from Kasturba Medical College, Manipal, took up the cause with all professional seriousness. The spontaneous society responds and impetus embolded him to launch 'Punyakoti Fundation' to organize several professional mental health services

Manochetana

Manochetana, a day-care center, started in a very humble surrounding, has become a certain pointer for Punyakoti Foundation. The inner décor, with appropriate visuals and designs to energise the mindset of the children and the outer ambience with ideal garden, lawn, foundation, crazy path, pergolas and a large open-air shed – each one meticulously designed and executed – make the environs immediately endearing and absolutely functional. Each component is obviously mentally challenged-friendly; everything in its place and every place has a rationale. Manochetana is active from 10.00am to 4.00 pm, five days a week. Children are picked up and dropped at home by authorized Employees.

Manodaya

Manodaya is psychiatric centre setup offering OPD and inpatient services for the mentally ill people in and around bellary, hospet & koppal districts. Dr Ajay Kumar, the consultant psychiatrist manages single handedly the hospital and a special clinic for deaddiction.

My reflections

Mental retardation also considered as punishment for the caregivers for their sins in previous lives, is medically speaking, arrested or mal development of brain or their intellectual ability causes being several. What I got to know from the brief visit that the complications during delivery or even during antenatal period are the major ones along with hereditary predisposition contributing to mental retardation or syndromal disease in in children. This again establishes the role of maternal health care in prevention of mental ill health in children. Perhaps the obstetrics health services which are deficient in rural areas of Karnataka are to be blamed for mishappens at the time of delivery.

Manochethana focuses on rehabilitation aspect of MR in that it not only lessens the burden of caregivers by offering day care and activity scheduling for mentally challenged children but also counseling & later active involvement of care giver/ parents in rehabilitation of those children. Although no dramatic change would be expected, here I could sense the logical/ plausible explanations behind this special school be it the location, architecture of building, furniture, instruments and routine activities ambience or the pleasurable surroundings. Every thing seemed to be contributing for stimulatory response in disabled children unlike other rehabilitation centers. Manodaya, the psychiatric care centre, is trying to resolve the grossly unmet mental health needs in northern Karnataka and impressed us to consider the option of practicing psychiatry in rural setups.

SAKHI resource centre, Hospet

It's a resource centre for women and an organization addressing various social issues. Under the able leadership of Mrs Bhagyalakshmi, the centre serves its purpose of counseling and guidance to adolescent girls for their problems like relationship conflicts, abuse, rights violation etc. Though we had a very brief session with their members it was quite informative conveying the scenario in and around hospet in relation to status of women in the community.

An interaction with Dr. Sarah Bhattacherjee

Dr Sarah is a professor in community medicine dept. at CMC Vellore. The discussion we had was in regarding the need for doctors to bear in mind how patients look at their own situation and complexities of ethics involved in the care of terminally ill and destitute. By quoting the experiences she had in her illustrious career, she could really open up new line of thinking or perspective which seemed admirable for us. We could find answer to our query like where to draw line between leaving the choice to patients and advising them in what we doctors think is right. The interaction had a good bearing and relevance in that psychiatrists are going to face such circumstances more often than any other specialties.

A brief discussion with Dr. Rakhal Gaitonde

Dr. Rakhal Gaitonde is a Community Health Physician researching occupational and environmental health and above all our CHC team member. Only after discussing with him that I realized the real need to inculcate social model along with biological model of mental illness by psychiatrists and even other mental health professionals. Though there is much literature evidence of drugs used in psychiatric illness causing the most of the desired effects, still it is the social & cultural factors which play important role in altering the course of illness, rehabilitation, intake of medication etc. we were advised to go through few of the literature about societal organization & culture in relation to illness. By the end of discussion we became aware of the recent efforts towards adoption of social model of mental health.

Medico pastoral association (MPA), Bangalore

Introduction and background:- Medico-Pastoral Association (MPA), the first voluntary organization to step into the then unexplored territory of rehabilitating mentally ill persons in India. MPA also addresses areas of suicide prevention, counseling, promotion of mental health and encourages family and community participation.

My reflections

One of very few NGOs working for people with mental illness & also supposed to be the pioneers in field, MPA was recommended by Dr Mohan K Isaac as an organization to visit if someone is focusing on social and rehabilitation aspect of mental. After brief introduction from administrator, a psychiatric social worker was assigned to guide us through the infrastructure, the staff & the target group and the daily routine activities. Like in RFS, the target group comprised of chronically mentally ill patients particularly schizophrenia, bipolar disorder etc. though the organization serves only the affordable and already stabilized patients it caters to a subset of vastly prevalent mentally ill population. Two other

observations that needed mention were – there is need to accept rather than universalize the level of restoration of functional ability in few patients and the monotonous routine does create a 'tiring' phenomenon in both the personnel and the patients.

Fedina

Introduction and background:- FEDINA is Foundation for Educational Innovations in Asia, a secular non-governmental, non-profit organization established in 1983 with its head quarters in Bangalore. FEDINA works towards the empowerment of the marginalized groups of our society : tribals, dalits, poor women, landless labourers, and slum dwellers.

My reflections

Though fedina covers most of the marginalized groups as mentioned in its mission, we were only able to observe the functioning of personnel involved in care of the elderly. With the rapid urbanization and lifestyle changes the joint family becoming extinct & the one of the aftermath is aged being sidelined and their welfare is becoming an issue nowadays. The medical. social and psychiatric illness related to aging make the situation worse. It is really challenging as the near total dependency raises doubts over continued support from caregivers.

Basic Needs

Introduction and background:- Basic Needs India is a registered non-governmental organization established in 2001 in Bangalore, India. The goal of Basic Needs India is to initiate programmes which actively involve mentally ill people and their caregivers, and enable them to satisfy their basic needs and have their basic rights respected; in so doing, to stimulate supporting activities by other organizations and to influence public opinion. Basic Needs works with Community Based Organizations (CBOs) and non-governmental organizations (NGOs) in Karnataka, Andhra Pradesh, Tamil Nadu, Bihar and Jharkhand.

My reflections

The discussion with programme manager Mr. O M Naidu, was really informative about the mental health services and resources in earlier plans and in coming 11th five year plan. It was known that in the whole of India it has been estimated that there are approximately 58 million people with some form of mental illness. There are approximately 3.5 psychiatrists for every 1 million of the population. Whilst this number is no where near as bad as many other countries, all of these psychiatrists are based in cities. This becomes a problem when 75% of the population lives in rural areas. Only treatment given in the few government hospitals is free. Many people have to pay for their treatment and for their medication. For the third of the population who live below the poverty line, getting long-term treatment for a mental illness is a major problem as virtually all their money and time is spent simply trying to survive. Some government policies on mental health do exist but these are really only on paper and have not yet been properly implemented. Apart from these inferences we were made to understand that NGO s should complement rather than trying to substitute government sector. Their 'Community mental health and development programme' for rural areas and its effectiveness is yet to be seen along with their suggestible model of mental health system in public sector.

-------- end of report-------