

COMMUNITY HEALTH LEARNING PROGRAMME

June 2011 to October 2011

REPORT

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ACKNOWLEDGEMENT

This Report is a brief account of my reflections, new learnings, Insights that happened during my short internship programme for the past 4 months community health programme. I am very glad to say that I could see another person in me. It has made a paradigm shift in my life, attitude & skills. I believe this shift will really have a good impact in my life. At this juncture I wish to acknowledge my indebtedness to all those who had been source of inspiration and support to me during the infancy of my journey

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

I must deeply appreciate Dr. Thelma Narayan who had keen interest in my journey and gave me wise and constructive advise to overcome my guilt my over my attitude to the past institutional & personal life. I owe my heart felt respect and love to Dr. Ravi Narayan ,Ms. Joyce, Mr. premdas, for their efforts to make me grasp the dynamics of community health .My warm appreciation is extended to all my young friends who accommodated me in their circle of " Fellow 2011"

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WHAT MADE ME TO JOIN CHC

I am a trained nurse by profession. I completed my bachelors in the year 2002. Since then I am working in different fields like Hospitals and nursing colleges. Wherever I worked I had some questions running around in my mind. Whether money is an important tool for the people in the society to get whatever they want ?, starting from education to treatment. This brought more pain in my heart. I have decided to quit the work and find a place where there is no corruption. I get to know about the internship programme through Joyce, CHC accidentally. I should thank god for the door he has opened to ventilate my inner feelings and I feel happy that there is someone to listen to us. CHC is a place where they provide us the space to grow.

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

THE ORIENTATION PROGRAMME

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

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

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

INTRODUCTION

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

LEARNING OBJECTIVES

Overall Objectives:

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

STRATEGIES TO MEET THE OBJECTIVES

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

Methodology

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

Caregiver Stress Test

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

or that “life is passing you by”?				
Do you feel that your loved one is completely dependent upon you?				
Do you worry that you should be doing a better job in caring for your loved one?				
Do you think about leaving the care of your loved one to someone else?				
Emotional well-Being				
Have you felt that you don't have enough time for yourself because of the time you spend with your loved one?				
Do you feel that you don't have much privacy as you'd like because of your loved one?				
Do you feel emotionally drained by the care you provide?				
Do you ever feel embarrassed by the behaviour of your loved one?				
Do you resent or feel angry having to care for this loved one?				
Point values: Never(0),Rarely(1),Sometimes(2),Frequently(3)				

- ▶ 0-15=Minimal stress Stress levels are easily managed. Keep evaluating your stress level periodically to see if your stress level increases.
- ▶ 16-30=Mild stress your stress level is tolerable, but you should also consider asking for some help or taking more time for yourself. Setting some time aside for yourself each week or joining a caregiver support group can help a great deal in reducing your stress level.
- ▶ 31-45=Moderate stress Taking some time off should be considered to help reduce stress. Asking family members for support or looking into respite care or day care might be a good option. You can also find other caregiving services in your area.
- ▶ 46-60=Severe stress you should seriously consider working with a home care agency to support your caregiving at home. Please find out day care services in your area or avail the interventions provided by centres like APD.

RESULTS

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

NEED FOR THE STUDY:

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

Details of my case study:

Families selected for my study are as follows;

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

Case A: Mrs.Suganthi(PWSMI)

Case B: Mrs.Sugirtha (PWMMI)

Case C: Mrs.Rajeshwari (PMMiMI)

Brief description about the cases with Mental illness:

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

▶ **Case No-A (PWSMI)**

- ▶ Name :Mrs.Suganthi
- ▶ Age : 40yrs
- ▶ Sex : Female
- ▶ Children :Daughter-21yrs
Son-18yrs

- ▶ Caregiver : Mother (Mrs.logamma-60yrs)

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

▶ **Case No-B(PWMMI)**

- ▶ Name :Mrs.Sugirtha
- ▶ Age : 32yrs
- ▶ Sex : Female
- ▶ Children :Daughter-13yrs
Son-10yrs

- ▶ Caregiver : Mother (Mrs.Arputham-50yrs)

- ▶ The PWMI was identified by APD 6yrs back. The field staff is Mrs.Selvi (vice-President) of federation. She used to accompany her all the time to Hospital when sugirtha had severe mental illness. Later her mother accompanies sugirtha.Now the condition is better and has Moderate illness.

- ▶ Present complaints by family are she becomes angry whenever she get head ache, Heavy binge of eating, sleeping most of the time, uses filthy words, careless in handling cash, but do shopping for up to Rs.100.
- ▶ Patient complaints of heaviness of head & headache, body pain, feeling sleepy all the time.
- ▶ On my observation she responded well & relevant to my questions. She returns back home safely wherever she goes, likes to sleep most of the time, sharing things with others like food, utensils.

▶ **Case No-C (PwMiMI)**

▶

- ▶ Name :Mrs.Rajeshwari
- ▶ Age : 41yrs
- ▶ Sex : Female
- ▶ Children :Sons-03
- ▶ Caregiver :Daughter-in-law(Mrs.Kalavathy)

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

Book Picture about stress:

STRESS:

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

TYPES OF STRESSFUL SITUATIONS:

- ▶ Death of spouse
- ▶ Divorce
- ▶ Marital separation
- ▶ Death of close family members
- ▶ Personal injury or illness
- ▶ Marriage
- ▶ Retirement
- ▶ Pregnancy

- ▶ **Change in the health of family members**
- ▶ Sexual difficulties
- ▶ Addition of new family members
- ▶ Major business readjustment
- ▶ Being fired from job
- ▶ Jail term

STRESS MANAGEMENT TECHNIQUES: (Tips)

- ▶ Massage
- ▶ Deep breathing exercise
- ▶ Psychological technique(filters)
- ▶ Practice of meditation
- ▶ Relieve stress through senses
 - smell,cry,sense of humour,belly laugh,crying,listening to music

INTERVENTIONS:

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

Techniques used among the caregivers are;

- Deep breathing exercise
- Psychological filter technique
- Relieve stress through senses
(smell,cry,sense of humour,belly laugh,crying,listening to music)

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

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

MY REFLECTION:

I have learnt a lot through implementation of what I read. I could really analyze the importance of putting text into context. The feedbacks given by them were such an encouraging tool for me to involve more in community health care. I could feel the real joy in my heart.

VISITS:

Visit to paraspara trust:

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

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

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

Participation in caregivers meeting:

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

- . Corruption in K.C.G Hospital to avail all the health care facilities.

.Newly married migrants couldn't avail free health care services due to the delay in the enrollment of their names in the Ration card.

.Their expectation towards federation members to accompany them and to be with them all the time in the hospital.

.About daycare facility for the PWMI.

Plans of action:

1. To stand united and fight against corruption at Hospital.
2. To inform health commissioner and if no actions were taken place then to protest.
3. To discuss with medical commissioner for newly married migrants.
4. Explained them about the concept of communitization and made them clear to be independent. And gave awareness about health as human rights & their responsibility.
5. Mobilizing government resources to form day-care centre for PWMI.

These were the plans & actions taken place.

Participated in federation members meeting:

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

a) About registration of federation as a own body:

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

b) Conducting quarterly meeting:

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

volunteered themselves to support federation members in the process of Report preparation and presentation.

c) Celebration of World mental health Day:

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

d) Supports for federation members:

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

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

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

Issues discussed:

There are some issues discussed on the meeting.

1) Regarding Bribes in Hospitals:

.Planned to meet Mr.Rajanna(commissioner for disability) and discuss this existing problem.

.To meet Medical commissioner also and to explain the problem and find the solution.

.To submitt the Written complaints from the affected individuals & vedike members to the commissioner.

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

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

Visit to the Joint commissioner office:

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

Then we discussed about the issues regarding daycare in malleswaram. It was a follow-up visit.

New learning's:

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

Learning's from my objectives:

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

