

Grameena Abyudaya Seva samsthe
 Jeevenshrusti Community Mental Health Project
 Supported by ANURADHA FOUNDATION

Reporting Period:– October 2009 to September 2010

A. Community Mental Health

	Major		Minor		Total Area Wise
Number of PWMI Identified as on s October 2009	133	149	154	207	643 (Gowribidanur)307 (Koratagere) 336
Number of PWMI in active treatment As on September 2009	104	120	105	140	469
Number of new cases included during the quarter October 2009 to September 2010	42	46	70	100	258 (Gowribidanur 122) (Koratagere 136) PWMI. Active treatment 469+258 New identification = 727
Total	146	166	175	240	727

II	<u>Source of Treatment</u>	Number	Location
	1. Camps	332	Madhugire CMHP Camp
		311	Gowribidanur CMHP camp
	2. NIMHANS	30	Bangalore
	3. Others	54	Private hospitals
III	<u>Source of Medicines</u>	Number	Location
	1. NIMHANS	30	Bangalore
	2. Self financing	54	Local
	3. NGO (partner)	139	139
	4. camp		
	a)Gowribidanur Camp	250	Gowribidanur
	b) Madhugiri camp	254	Madhugire

IV	Said effect	22	22 PWMI suffered due to side effect like, vomiting, thirsty and giddiness, speech problem, shaking hands and breathing problem.
V	<u>Relapse¹</u>	12	<p>Description / Narration</p> <p>1. Nagaraju (Psychosis): He started his Agriculture work once he recovered his health. Cultivation was good but due to rain failure he didn't get the good yield of the crops. Again the symptoms reappeared and met the doctor for suggestion. Now he is in regular medication</p> <p>2. Kempamma (Depression) She went to her relatives house to another village. There she stopped the medicines and medicines were not available in that place. So she got relapse. Now she met he doctor and continuing medicines.</p> <p>3. Sunandamma (BPAD): There was misunderstanding in the family after the death of her mother. Her in-laws were not paying attention to her health. They were not giving her tablets regularly. Due to the lack of care from the family she got again symptoms reappeared and now she is in regular treatment and taking medicines after consulting doctor.</p> <p>4. Santhosh Rao (Psychosis) He was taking Respidone syrup because he was not taking tablets. The syrup was not</p>

		<p>available in the medical store. So he stopped taking the medicines. But parents did not care about his health. After the visit of the staff from the organization the liquid was provided from the organization. Then parents realized their carelessness. Now he is regularly taking medicines</p> <p>5. Nanjamma (Depression) She was taking medicines for two years and symptoms were reduced. So she stopped the medicines. But after two months again the symptoms reappeared .. After the counseling by staff and coordinator she continued the medicines</p> <p>6. Ankamma (Depression) She was taking medicines for two years and symptoms were reduced. So she stopped the medicines. But after two months again the symptoms reappeared After the counseling by staff and coordinator she continued the medicines.</p> <p>7. Raghu (Psychosis) He was taking Respridone syrup because he was not taking tablets. The syrup was not available in the medical store. So he stopped taking the medicines. But parents did not care about his health. After the visit of the staff from the organization the liquid was provided from the organization. Then parents realized their carelessness. Now he is</p>
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			<p>regularly taking medicines.</p> <p>8. Ananda (Psychosis) He went to her relative's house to another village. There He stopped the medicines and medicines were not available in that place. So he got relapse. Now he met he doctor and continuing medicines.</p> <p>9. Gangadhar (Psychosis) He went to her relative's house to another village. There He stopped the medicines and medicines were not available in that place. So he got relapse. Now he met the doctor and continuing medicines</p> <p>10. Somashekar (Schizophrenia) He was taking Respridone and THP tablets since 5 years symptoms were not reduced. So he stopped taking the medicines. But parents did not care about his health. Then GASS co ordinator visited this family and did the individual and family counseling. Now he continues the medicine</p> <p>11. Kempamma (Depression) She was taking medicines for one year and symptoms were reduced. So she stopped the medicines. But after one month again the symptoms reappeared After the counseling by staff and coordinator she continued the medicines.</p> <p>12. Teherabegam (Schizophrenia)</p>
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			<p>She was taking olanzepin tablets and this was not available in Govt hospital . During this quarter she was not taking tablets because lack of cooperation from the parents. Again symptoms reappeared. Their economical condition is very poor. Now GASS provide olanzepin tablets and regular follow up by GASS staff</p>			
VI	<u>Number of stabilized 126 PWMI were stabilized till september 2009</u>	Major		Minor		
		M	F	M	F	
		13	22	25	34	
VII	<u>Regularity</u> 1. Regular with medication	145	163	175	224	
	2. Irregular with medication	05	04	04	07	
	Drop outs till September 2010	Number				
		Major		Minor		Reason
		M	F	M	F	Reason
		01	02	02	03	Negligence-03 Migration-05

B. Livelihoods

	PWMI				Caregiver		Total
	Major		Minor		Male	Female	
	Male	Female	Male	Female			
Number actively in livelihood activity as on 30th September 2009	08	07	06	04	11	07	43
New cases involved during the quarter from October 2009 to September 2010	01	01	02	03	03	03	13
Total	09	08	08	07	14	10	56

Purpose:

- a. Animal husbandry
- b. Sheep rearing
- c. Petty shop
- d. Incense stick making
- e. Hotel business
- f. Agriculture, Flower selling

I		PWMI		Caregivers		
	<u>Consultations to discuss livelihood issues</u>	Male	Female	Male	Female	Total
		32	44	35	43	154
II	People gone back to previous work till September 2010	114	150	0	0	264

Taken up new activity with the financial support: From financial institutes

1	Shree shakathi	0	08	0	11	19
2	Local Bank	02	0	04	01	07
3	SHG's Revolving fund	02	02	0	04	08
4	NGO	04	03	03	03	13
<u>Accessed government schemes</u>						
1	Pension	11	14	0	0	25
2	Ashraya yojane home	01	02	03	01	07
3	Disability ID cards	11	12	0	0	23

C. Capacity Building

I.	PWMI's				Caregivers		Total
	Major		Minor		Male	Female	
	Male	Female	Male	Female			
Number actively in SHG activity as on September 2009	20	37	41	76	26	73	273
New cases involved during the quarter October 2009 to September 2010	09	17	12	36	05	40	119
Total	29	54	53	112	31	113	392

II	PWMI's	Caregivers	Staff	Others (Specify)	Total
Number of awareness workshop: 87	---	----	-----	Women SHG' & ANMs, Anganavadi workers, GP members, School students, Village Rehabilitation Workers	6828 Beneficiars

	Number of people included in community groups (PWD SHG & WOMEN SHG) During the report period	74	45	N/A	N/A	119
	Number of cultural and other events conducted	-----	-----	-----	-----	-----
	1.Sports	02	02	04	12	20
	2.Rallies	19	33	04	34	90
	3.Street theatre	0	01	10	4 Volunteers	15
	4.Exposures	0	0	0	0	0
	Marriage of people with mental illness	04	01	N/A	N/A	05
	Death of people with mental health problems	01	04	N/A	N/A	05 PWMI Committed suicide

N/A – Not applicable for these groups

PWD- Persons with disabilities

PWMI- Persons with mental illness

D. Advocacy and policy

		<u>Program mes</u>	No of Participa nts	Description / Narrative
	Efforts made to address the following and by whom			
	Discussion of Gender issues	8	550	Debate competition was conducted in high schools on gender issues in mental health
	Human rights abuse			Two unknown persons were roaming in the villages from some other place. GASS staff took them with the support of police and admitted at NIMHANS
	Women's rights abuse	-----	08	08 women had filed the complaint saying that they had problem from the family like husband, mother-in-law and others. The complaint was filed in Women Help line, the parties were called for hearing and they all were united
	Meeting government officials		420	PWD SHGs, federation conducted Adhath programme and invited the concern departments to listen to their problems including mental health facilities at the Government level.
	Others			-----
	<u>Celebration of events</u> <u>World Mental Health day</u>	01 programme at Koratagere	170	Already sent
	Any Other Submission of memorandum		4 times	Submission of memorandum of demanding medicines at taluk hospital

RESEARCH

		<u>No. of Programmes Held</u>	<u>No of Participants</u>	No. of Documents
	<u>Number of individuals files updated</u>	N/A	N/A	727 Individual files are updated.
	Staff meetings (mental health)	24	30	Registers maintained
	Review meetings (planning and review)	04	30	Once in three months
	Field consultations	04	50	Registers maintained
	Program Reports	87	6828	common programmes completed and maintained registers

Community Mental health

Community mental health camp: -During the quarter camps were held on 2nd Thursday of every month , Persons with mental health problems attended the camp and availed the care and medical treatment & services at Govt. General Hospital, Gowribidanur Taluk and 4th Thursday of every month at Korategere taluk, Madhugiri.

Date	Total PWMI attended the camp and drugs received	Place
08/10/2009	212	Gowribidanur
12/11/2009	224	Gowribidanur
10/12/2009	217	Gowribidanur
14/01/2010	229	Gowribidanur
11/02/2010	211	Gowribidanur
11/03/2010	217	Gowribidanur
08/04/2010	249	Gowribidanur
13/05/2010	261	Gowribidanur
10/06/2010	272	Gowribidanur
08/07/2010	265	Gowribidanur
12/08/2010	281	Gowribidanur

09/09/2010	278	Gowribidanur
22/10/2009	228	Madhugiri
26/11/2009	231	Madhugiri
24/12/2009	224	Madhugiri
28/01/2010	229	Madhugiri
28/02/2010	198	Madhugiri
25/03/2010	207	Madhugiri
22/04/2010	235	Madhugiri
27/05/2010	253	Madhugiri
24/06/2010	262	Madhugiri
22/07/2010	251	Madhugiri
26/08/2010	245	Madhugiri
23/09/2010	271	Madhugiri

Resource Team: - - Dr. Kishorekumar. and Psychiatric doctors team from NIMHANS, Bangalore.

New cases Identification: -

During this period 258 new PWMI have attended the camp and got treatment. Among them

- ◆ Staff & volunteers have identified 98 PWMI.
- ◆ Federation members Identified 51 PWMI.
- ◆ VRWs identified 36 PWMI and sent them for treatment
- ◆ Anganavadi teachers and school teachers identified 24 PWMI from various villages and sent them for treatment.
- ◆ PWD SHG members identified 15 PWMI and sent them for treatment
- ◆ Women SHG members have identified 23 PWMI from various villages and sent them for treatment
- ◆ Alipura & Thondebhavi PHC doctors identified 6 PWMI and sent them for treatment.
- ◆ Ramapura PHC doctor identified 5 PWMI and sent them for treatment

Community Awareness programs

S.No	Programme	No. of programmes	No. of programmes
1	Training program for Women SHG's members	29	854
2	Training programme to school & anganavadi teachers	05	145
3	Training to ANMs	04	93
4	Training to Grama panchayath members	06	119
5	Team meeting	24	30
6	Mental Health camp	24	727

7	World mental health day	01	170
8	Consultation work shop	05	156
9	Training to caregivers	04	114
10	Taluk Adalath programme	03	450
11	Staff training	04	30
12	Street play	10	1950
13	Puppet show	06	970
14	Training to school students	07	1696
15	Training to VRWs	01	25
16	Block level federation meeting	02	56
17	Total	87	6828

Subjects:-

- a. Responsibility of ANMs
- b. Role of school students and teacher in community mental health
- c. Role of ICDS workers in community mental health programme
- d. Responsibility of Grama panchayath members
- e. Various Schemes under Grama Panchayat programme
- f. Stigma about mental health
- g. Responsibility of the primary health centre
- h. Role of federation in community mental health programme
- i. Side effect and managing skills to PWMI and caregivers
- j. How to involve in NREGA programme

Adhalath programme

The Taluk Advocacy programme was conducted on 2 Feb 2010, at Gowribidnur Taluk and 2nd and 3rd March 2010 at Korategere taluk

The main aim of this programme is to build good rapport with PWDs and the Govt. Officials of different departments and to bridge the gap in different sectors.

Thahasildhar of each taluk, GASS organization secretary Mrs Amali & other Govt officials inaugurated the programme

Mrs Amali Gopal Naik secretary from GASS has explained about the main intention to have this Adhalath programme. She said that this is a programme where the needy PWDs and the government officials will have direct contact & direct discussions to solve their problems. Each Department authorities explained the schemes and the benefits available in their departments to the PWDs.

GASS secretary Mrs. Amali explained about PWD Act and 1987 mental health Act and the provisions government had to make for the people

Impact:

- It builds a very good rapport with the PWMI and the Govt officials.
- Even the each government department became aware of PWMI and their 1987 Act and the Govt. sanctioned 3% reservation to PWMI.
- This Adhalath programme is an platform to general public to discuss about various problems
- Even the Government officials listened and very conscious to reply for the questions of PWMI and caregivers.

Adhalath report

Place Akkirampura Govt. School

Date 25/08/2010

The programme started by 10:30 with the prayer by Mrs. Siddamma. Mr. Krishna Naik coordinator of GASS welcomed the participants. Mrs. Amali briefly introduced to the group about the previous TDAP. Then Mr. Mahesh explained the main purpose of the adhalath programme and development during the two years period.

GASS Korategere project made the presentation. It was presented by Mrs. Shailaja VRW and Mr. Kumar VRW

- Federation given memorandum to District Health officer regarding mental health treatment and drugs which are not available at taluk hospital

Impact: - Mental health drugs nine types are available in taluk hospital

- Federation given memorandum to Block education officer regarding organize medical assessment camp under home based education

Impact: -

- Assessment camp was done by education department
- 20 CWDs have got disability ID cards
- 4 CWDs selected for corrective surgery

- Training to VRWs and Junior health assistants about mental health and CBR

Impact: - junior health assistants are visiting the severely disabled children's and PWMI family, VRWs are working properly

- Federation given memorandum to Executive officer regarding Site to PWDs in their villages

Impact: - Executive officer sent a letter to all Grama Panchayaths to identify the Govt. land to allot site to PWDs

- Federation given memorandum to executive officer about ramp system in all departments

Impact: - Executive officer had sent a letter to all Govt. Departments to put a ramp system in their offices

- Thasildhar had sent a letter to revenue department about Anthodaya ration to identify - the needy candidates.
- DPOs have formed Hobli level SHGs
- Municipal department given 3% fund to PWDs Ex: - the needy wheel chair, 1 Limb, 2 PWDs are taken loan for hotel,
- 25 loan applications were submitted to BCM and SC/ST corporation

Some informations were shared to the audience:

- ✓ In all over Karnataka only 18 districts have psychiatrist doctors.
- ✓ In taluk hospital you try to conduct mental health camp with the support from NIMHANS team.
- ✓ Federation should communicate with taluk hospital superident to include the mental health drugs with the intend.
- ✓ Address the taluk hospital problems in inland letter.

Mental health awareness materials available at the District Health Office

Every Monday 8:30 am to 9:00 am Psychiatrist doctors speak about mental health in Chandana TV and anybody can ask question directly to the doctors.

Case study : 1

Name : Sanchulakshmi
Address : w/o of Rangadamappa
Age : 35
Village : Kadalaveni, /gowribidanur taluk
Education : 8th stad
Symptoms : Psychosis

Background : She lives in Kadalveni village which is 5km away from the main town. She lives with her two sons and her husband. Her husband has 1acre of land and along with that they do daily wages coolie work. They too have buffaloes and get milk and sell it.

Causes for mental illness: when she delivered the 2nd child 4 years back she underwent an surgery and they spent money which was not affordable by the family. They have taken loan and borrowed from the villagers. So was worried about this paying back the loan and got head.

Symptoms: staying alone, talking too much, no cleanliness, lack of sleep and appetite, Extraordinary behaviors, too happy and too sad

Steps taken by the family : Family went to many temples and spent lot of money. Finally GASS staff identified and explained about the illness and taken her to the doctor. She was diagnosed as psychosis and prescribed Repridone and THP tablets were suggested.

Follow up : GASS staff visited this house twice in a week and explained to the family members about the illness. Family members pay attention to her health.

Community opinion : Village people treat them with respect and involve them in all common activities. They too go to temples and share with the neighbors about the problems and day to day happenings.

Changes : She was regular in medication and symptoms reduced(speech, self talk). Now she is crazing the buffalo, doing house hold activities, taking care of the children and husband. She continues the treatment

Case study: 2

Name: Dayanand

Father Name: Shivalingappa

Age: 22

Sex: Male

Address: Kodlahalli

Holavanahalli, Hobali, Koratagere Taluk, Tumkur district

Identification Date: 26/02/2007

Diagnosis: Mania

Background of the family

Dayanand lives in Kodlahalli which is 15 Km away from Koratagere town. There is no transport to reach the village from the main road. His family having 3 members his father and mother. The whole family was doing agriculture and collie work in the agriculture field and in other land holders

Before intervention of GASS

No hygiene, sitting in the same place, quarreling with others, doubting the neighbors, Roaming in the street,

After intervention of GASS

Family had so much belief in black magic and spent so much money. But no use. GASS staff Mr. Hanumantharayappa heard about this man and visited his house. After convincing his parents this was mental health problem he was taken to Madhugire Mental Health Camp and diagnosed as "Mania" and given tablets to Dayananda then field staff had a regular follow up with this person and he was regular in treatment. Family became aware of the illness. After that the family realized that he should work because he was wasting the time in the village. GASS staff placed him in the garments at Tumkur city. He is working in garments and every month gets Rs. 3000. Once in a month he comes to his village and give money to his father. His family members are very happy.

Case study : 4

Name : Ramesh
Address : Thannenahalli, Holavanahalli Post,
Koretegere Taluk, Tumkur District
Age : 42 Years
Sex : Male
Marital status : Married
Problem : Alcohol Disorder
Identification Date : 27.03.2008

INDIVIDUAL HISTORY: Thannenahalli is 15 Kms away from Koratagere town. He is a resident of Thannenahalli Village, Koretegere Taluk, Tumkur Dist. Initially, his parents were not aware of his problem. He was addicted to alcohol from 6 years along with that he had developed psychiatric symptoms also.

FAMILY BACKGROUND: In Ramesh's family, there are five members, his mother wife and two children They are living in a small house. They maintain one small hotel for their livelihood. .

GASS Intervention : Volunteers identified him in the year 2008 and explained his family members about the problem and the treatment available. They cooperated to provide him treatment.

PRESENT SITUATION: Ramesh is in regular treatment and his wife takes care of him very well. His parents also has somuch concern about his health. He participated in some of the organization programme. He speaks with people affectionately.

Case study: 5

Name : Santhosh Rao
Address : Mylaganahalli, Thondebhavi Hobali,
Gowribidanu Taluk, Chikkaballapur District
Age : 22 Years
Sex : Male
Marital status : Unmarried
Problem : psychosisi
Identification Date : 27.06.2009

1. Background of the client: Santhosh Rao S/o Narayana Rao from Mylaganahalli got psychiatric symptoms at the age of 18. Family members says that he had an affair with a girl and her parents refused to get him marry and she was married to another boy. Due to this reason he was not regular in his work.

When he went to local village festival his friend started to tease him saying that “loose” and made him to drink much alcohol. The symptoms increased .

Then he started to beat his parents and his village people, always near the temple and worshipping God, Scolding everyone.

GASS staff Sukanya identified this man and immediately consulted Dr.Kishore kumar and taken him to NIMHANS for treatment . He was diagnosed as Psychosis and given treatment (FFZ Injection , Respidone tablets) and referred him back to GASS mental health camp at Gowribidanur .

His symptoms were reduced after a month and started his normal work. He is involved in making Beedis and going for daily wages for Agriculture.

His parents and the village people are happy to see the development and changes. Staff also gained confidence in working with persons with mental health problems. People in the village also became aware that mental illness is treatable and referring people to the Specialized doctors.

Case study : 6

Name : Gangu Bai , W/oZettojee Rao

Age : 35

Village : Devasandra

Her husband got married to another lady (second marriage) and the first wife Mrs.Gangu bai started to worry about the incident and finally she got psychiatric symptoms. She lost her memory power, removing the clothes, scolding and beating others in the family, reinforce false beliefs, doubting others, unusual speech, anger, ,worshipping god, over cleanliness,

GASS intervention: GASS staff identified her in the month of February 2009 and made her to attend the camp at Gowribidanur . Parents were counseled and made them to understand the illness and they went along with her to the camp.

She has daughter and son and her husband goes for collie work. She lives alone in the village. Her diagnosis was psychosis.

Changes : We could notice many changes like doing household activities, not arguing with others, and symptoms are reduced. Parents are advised to cooperate with her in her daily work, and village people also recognized her to join her in social activities.

Her family and the villages got confidence that mental health problem is treatable. She is regular in medication and realize the important of the medicines.

Case study: 7

Name : Rathnamma W/o Mareddy,

Age : 30

Village : Veerammanahalli

She was identified in the month of September 2006 from Veerammanahalli which is 20km away from Gowribidanur town. When she gave birth to the first child , she got physical problems which turns to the psychiatric symptoms.

Getting anger, quarrelling with others, worshipping God now and then, abnormal behavior, no cleanliness, etc...

Parents were not aware of the psychiatric problem and they thought that it was some physical illness. After noticing the symptoms, parents approached the staff in the organization.

This family is joint family and everybody does the coolie work. They are economically very poor. The village people had blind belief that they did not allow her to take part in social function. They had so much inferior tendency and stigma feeling within her.

Changes: She started to attend the camp regularly. Her behaviors were changed. The above symptoms were changed into positive points and her quality of life improved.

Her parents became aware of the treatment and its effect. They started cooperating with her. They tried to take her to various programmes to participate and to share the experiences to others.

Village people treat her with respect and love. They also understand the symptoms and its effect

Conclusion: GASS has implemented community mental health and development programme in two District with the support of AF. Our work had brought changes in the lives of people. The awareness creation in both the district is marvelous. Ordinary man is able to identify the person with mental health problem . The govt. department

became aware of their responsibilities. But in the policies of health at the state level and central level, mental health is not given much important. Doctors and government staff lack knowledge in identification, treatment and to do follow up of mental health problem persons. We need to work very closely with PHCs and health department. Thanks to Anuradha Foundation on behalf our people , staff and management of GASS, we express our sincere heartfelt thanks to Mam.Chandrika, Mam. Anu Sethuram and all the family members of Anuradha foundation.