

Janamanas

Community based Mental Health
Project

Best Practice Documentation

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Researched and Documented By


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EXECUTIVE SUMMARY

Resources and services for psychosocial disorders and mental well being are disproportional compared to the number of people suffering from such disabilities in India.¹ In a resource deficient country like India which is already struggling to ensure basic standard of healthcare service delivery, initiatives addressing mental and behavioural disabilities are assigned lower priority. The available mental care facilities are also limited to a handful of government and private institutions - often overcrowded and under-staffed. However, lately, the best approaches of mental healthcare have changed its focus from the institutionalisation of individuals suffering from mental disorders to a community care approach to better serve the needs of patients. This best practice highlights one such initiative implemented in West Bengal in partnership with the Municipal Corporation.

Anjali Mental Health Rights Organisation designed the Janamanas programme with an aim to de-institutionalise mental health services, and to make it affordable and accessible to even the most marginalised section of the community. It develops a counseling based mental healthcare service through a kiosk that is managed by the resource-poor women of the urban underdeveloped localities. Anjali provides them extensive training based on a dynamic curriculum developed through identification of the present and future needs of the communities. This creation of mental healthcare professionals from within the community allows deeper understanding of the issues concerned and greater access inside the communities.

The programme envisions integrating itself with the government bodies in order to mainstream mental health services in public health service delivery system. It is about channelizing resources to fill the vacuum created by insufficient institutional services extended along with designing a preventive care model for further use by the government bodies.

The programme moves beyond the treatment and also advocates the idea of positive mental health as a right to all. Awareness camps and workshops are organised to disseminate relevant information pertaining to mental health queries, rights and service delivery.

With its comprehensive community mental healthcare model the Janamanas programme seeks to bring in systemic change in mental healthcare system in the country.

¹ Mental Health Programme, National Portal of India http://india.gov.in/sectors/health_family/mental_health.php.

BACKGROUND

The healthcare system for too long has been ignoring the urgent need of addressing mental healthcare deficiencies all around the globe.² The present situation fails to recognise that the lack of treatment and care for those suffering from mental health issues will put this section in risk of becoming marginalised and alienated from society – eventually forcing them into destitution.

The development of an efficient mental healthcare system is further hindered by the lack of interest by policy makers, dearth of political support, insufficient professionals, and inadequate management. Insufficient deliberation on public forum as well as societal misconception regarding the nature of mental disorders and its difference from mental wellbeing has further complicated the problem. For instance, the popular belief is that mental disorder only manifest in the forms of complete violent behaviour and loss of self awareness, affecting only a marginal subgroup of the population. However, in reality, mental disorder account for five of the ten leading causes of disability worldwide³ and can take multiple forms of anxiety, depression and stress disorders. Contrary to the popular belief, vast majority of mentally unwell population are not violent, capable of decision making and living a productive life within the community. There is also a prevalent myth that mental disorders cannot be treated, but in reality with effective and sensitive treatment it can be cured completely that too in an outpatient setting.

Like most developing countries, India also lacks in meeting the requirements of approximately 10 million people suffering from mental illness.⁴ Severe mental disorders such as schizophrenia, bipolar disorder, organic psychosis, anxiety and depression affect nearly 20 people per 1000 population in India.⁵ Furthermore, the country has only 0.25 beds per 10,000 population (0.2 in mental hospital and 0.05 in general hospitals) and 0.2 psychiatrists per 100,000 populations.⁶

Even the available resources are not utilised properly and are spent on expensive, less accessible psychiatric wards than on treatment through community healthcare which has a strong focus on counseling, interaction and family involvement that is in line with the indigenous model of care. Apart from healthcare, the mental health patients also have to deal with the stigma and the unavailability of non judgmental easy to use information on mental health.

To address this concern, Anjali Mental Health Rights Organisation, a Kolkata based Non Governmental Organisation, launched a community based Janamanas programme in 2006 to target mental illness.

² WHO Mental Health Atlas shows global mental health resources remain inadequate, _
<http://www.who.int/mediacentre/news/notes/2005/np21/en/index.html>

³ Janamanas: Building Community Mental Health Kiosks and Community Mental Health Workers. Anjali Mental Health and Human Rights Organisation.

⁴ Mental Health Programme, National Portal of India http://india.gov.in/sectors/health_family/mental_health.php.

⁵ Mental Health Programme, National Portal of India. http://india.gov.in/sectors/health_family/mental_health.php.

⁶ World Health Organisation and Ministry of Health, Uttarkhand, WHO-AIMS report on Mental Health System in Uttarkhand, India 2006.

Overall, the organization is working towards bringing in systemic reform in mental healthcare and advocating for the rights of people with psychosocial disabilities.

OBJECTIVE

The programme implemented by Anjali Mental Health Rights Organisation aims to:

- De-institutionalise mental health services and make it accessible to ‘last mile communities’.⁷
- Demonstrate a model of community based mental healthcare that is driven by resource poor women from within the community.
- Integrate mental health in the District Development Plan of the government of West Bengal, which is followed by all the municipalities of the state.

WORKING DESIGN

The implementation design of Janamanas programme reflects the core value of the organization in addressing the broader paradigm of mental wellbeing and right to positive mental health by advocating for quality mental healthcare. Janamanas programme was launched after conducting a needs assessment exercise in Khardah, Kamarhati and Rajarhat-Gopalpur municipalities of Kolkata Metropolitan Area, where a significant proportion of population lived in slums and did not have access to basic amenities. The study facilitated understanding of existing mental health care services, helped in mapping existing healthcare facilities in the area and identified constraints effective delivery of public mental healthcare service. According to the study, Kolkata Municipal Corporation suffered from following issues:

- A general absence of attention towards providing mental healthcare services itself
- Shortage of mental healthcare infrastructure and professionals
- Financial constraints in the healthcare system that leads to prioritisation of physical healthcare over mental healthcare
- Lower level of literacy, skilled manpower and work force capacity
- Poor access to healthcare facilities due to transportation and communication difficulties

Therefore, the programme design focuses on two main aspects: first, to establish health kiosks to provide services and second, to create a community of trained mental health workers to run the kiosks and awareness camps.

Community mental health kiosks: Community Mental Health Kiosks are established to make mental healthcare more visible, comprehensive, accessible and responsive. These kiosks operate five days a week from locations formalised in the Memorandum of Understanding (MoU) signed between municipal corporations and Anjali Mental Health Rights Organisation. Each kiosk has six operators trained in

⁷ Last mile community refers to the educationally and economically marginalised section of the community.

mental healthcare with 50 additional Janamanas trainees lending support as outreach personnel and co-counselor. Together, these healthcare workers are responsible for delivering following services:

- Disseminating information and creating dialogue among local population on issues pertaining to mental illness and health affecting every aspect of civic life.
- Primary counseling (individual and family) towards first-level detection of general mental health problems.
- Consultation with psychiatrists and other professionals are organised in cases of severe mental health problems.
- Creating and distributing updated and easy to access information on mental health that will further propagate the concept of positive mental health as a right for all. This includes instructions on early diagnosis of mental health problems, information on different levels of care and treatment for mental health problems and a dossier on admission and discharge systems of state-run mental hospitals.
- Timely intervention to prevent community-based violence, especially against women with mental health problems.
- Designing and administrating awareness and advocacy programmes on mental health and human rights in public spaces
- Ensuring increased access to municipal services and legal aid to people living with psychosocial disabilities

Community mental health workers: Janamanas programme ventures out to address the formidable inadequacy of mental health professionals by creating a pool of workforce from within the community itself.

With the help of Self Help Groups formed in the urban underdeveloped localities resource poor women were mobilised for training. The curriculum of the training programme was designed keeping the community needs and aspirations in mind. The workers were trained to deal with mental wellbeing issues ranging from emotional and behavioural disorders; alcoholism and other substance abuse; insomnia; issues concerning sexuality and gender; depression and anxiety disorders to a spectrum of additional issues that have the potential of evolving into serious psychosocial disorders if left unattended.

The network of psychologists and psychiatrists created by Anjali Mental Health Rights Organisation undertake the training programme for a period of 6 months initially. This period is extended later for another 6 months if needed.

Awareness camps and workshops: The programme also facilitates active participation by users, care-givers and the community in the mental health service by way of organising regular camps and

workshops. This enables to create a continuous dialogue with the community on concerned issues. A group of 32 organisers host the camps once a week in each municipal area that

- Generate awareness on building positive mental health
- Encourage help seeking behavior from within the ULB community
- Reinforce empathy for people with mental health issues through sensitisation of the community
- Popularise the community help kiosk to increase community involvement in it

Anjali professionals help in capacity building of the municipal leaders to take over and ensure successful kiosk operations after Anjali hands over the model to the municipalities. Constant dialogue has been created between Anjali Mental Health Rights Organisation and municipalities to facilitate inclusion of mental health in the Draft Development Plan of municipalities where Janamanas is operational.

METHODOLOGY

The Governance Knowledge Centre (GKC) research team identified Janamanas programme as a best practice because the programme is a unique initiative in India that seeks to work in close collaboration with the government for inclusion of mental healthcare systems in the mainstream public healthcare service delivery system.

The team used both primary and secondary research methods for the preparation of this best practice document. Conducting desk based secondary research, the team gathered important information on the background, operations and achievements of Janamanas programme. In order to validate the secondary research findings, the team adopted the interview method to carry out primary research.

Responses were obtained from Ratnaboli Ray, founder of Anjali Mental Health Rights Organisation; and Rohima Bibi, Chairman in Council, Rajarhat-Gopalpur Municipality through telephonic interview on many important aspects of implementation of the programme. A telephonic interview with one kiosk operator was also held to elucidate on the working design of the programme. These insights obtained were utilised with the desk research to prepare this document.

KEY STAKEHOLDERS

- Anjali Mental Health Rights Organisation is a nongovernmental organisation that works in the field of mental health and human rights. This Kolkata based organisation was launched in 2000 that works in partnership with the government of West Bengal, municipal authorities of Kolkata, media and civil society across India to establish mental health as a critical development agenda across India.

- Municipalities of Khardah, Kamarhati and Rajarhat-Gopalpur in greater Kolkata Metropolitan areas provide the infrastructure to operationalise the programme.
- Mental health workers trained by Anjali mental health professionals to manage the kiosks.
- Community members seeking help in mental health.
 - Khardah municipality with a population of 1,16,252 (2001 census)
 - Kamarhati municipality with a population of 3,14,334 (2001 census)
 - Rajarhat-Gopalpur municipality with a population of 2,71,781 (2001 census)

LESSONS LEARNED

Community led mental health care

Strong community mental health services were essential in order to de-institutionalise mental health services as well as to prevent unnecessary hospitalisation. People receiving this good community care have been shown to have better health and mental health outcomes and better quality of life than those treated in psychiatric hospitals. To maximise effectiveness of the programme, strong linkages are required with self care, primary mental healthcare services and other specialist psychiatric services if need arise.

In addition, women from self-help groups in the community are trained as mental health care workers to facilitate sustainable support service. These women, from the community, generate more acceptability and can maximise the outreach of the programme. Further, employing these resource poor women with little educational qualifications as paid mental health workers and facilitating the process of their skill development has come across as a significant achievement of the programme. Janamanas has created a core group of 200 mental health workers till now.

Delivering health services in poorest areas

As identified in the study conducted by the organisation, the poorest corners of the state are far away from the bracket of adequate public healthcare, let alone mental healthcare. The Janamanas programme launched itself in the poorest wards with least availability of infrastructure and manpower, taking up the challenge of establishing a community mandated health kiosk that provides primary counseling towards first level detection of general mental health problems. Now that the services are available locally, people do not have to travel long distances for essential mental healthcare. Accessibility also indicates the facts that the services are affordable and widely acceptable.

Facilitating inclusion of mental health in the mainstream healthcare system

The programme works for capacity building of the employed decision makers of the Urban Local Bodies (ULBs) and creates continuous dialogue with the political leadership to materialise the vision of integrating mental health in the District Development Plan of the government of West Bengal, followed by all the municipalities of the state. The Rajarhat-Gopalpur municipality has already incorporated mental healthcare need in their development plan.

Respect for human rights

International human rights norms and standards are respected when providing services for people with mental disorders. People with psychosocial disabilities have the same civil, economic, political, social, and cultural rights as everyone else in the community, and these rights are upheld.

CHALLENGES

- Funding remains the stumbling block in up scaling the programme to other parts of the ULBs
- Political interference and resistance from the ULBs as a result of poor understanding of the need for mental healthcare facilities
- Challenging the mindset of the community in dealing with their own issues and in accepting those of the others
- Inadequate visibility despite utilisation of Information Communication Technology (ICT) and social networking forums. It has to work on spreading more awareness on the local level to make a drastic impact.
- Need of more sophisticated training for the community mental healthcare professionals to address complex psychosocial issues.
- Lack of a comprehensive model supported by primary healthcare, self help, hospital care and specialised psychiatric services. Inability to provide psychiatric treatments in urgent cases of severe mental disabilities comes across as a shortcoming of this counseling based model.

THE WAY AHEAD

Anjali Mental Health Rights Organisation is planning to upscale the Janamanas programme to other ULBs of West Bengal. Simultaneously, it is moving ahead to work closely with the panchayats of the state bringing in systemic reform in mental healthcare at the third tier level of governance. A successful collaboration is needed with other governmental sectors, nongovernmental organisations, village and community health workers and volunteers; adopting the model that best accommodates the available resources and local needs.

To check the problem of insufficient quantity of health workers certain measures have to be taken such as

- To train existing adequate health worker
- To review the competency of existing professionals
- To reform training curriculum to match competencies and address the inadequacies in workers
- To strengthen team building exercise
- To build up new categories of workers including past users and volunteers
- To train local leaders to maximise the programme outreach

Lack of motivation of workers at times affecting the pace of the programme can be handled through

- Improved salary
- Introduction of career development and promotion structure
- Supervision and supportive leadership
- Continuous monitoring and innovative learning and skill building
- Providing individual responsibilities and better working conditions

Anjali aims to create its financial base stronger through leveraging the resources available to it such as the infrastructure of the government, skills and community knowledge of partner nongovernmental organisations; the talent and energy of the youth; and the commitment of the network of psychologists and psychiatrists who work with Anjali as volunteers. Anjali seeks to overcome its funding problem through incorporation of its services into the state mental health budget in the years to come.

Research was carried out by the OneWorld Foundation, Governance Knowledge Centre (GKC) team.
Documentation was created by Research Associate, Ajupi Baruah.

For further information, please contact Mr. Naimur Rahman, Director, OWFI.

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APPENDIX A

INTERVIEW QUESTIONNAIRE

Questionnaire: Ratnaboli Ray, Founder, Anjali Mental Health and Human Rights Organisation.

- 1) What was the motivation behind introducing Janamanas programme?
 - a) Were there any shortcomings in the existing mental health service delivery system? If yes, what were the shortcomings?
- 2) According to our background research Janamanas aims to:
 - De-institutionalise mental health services and make it accessible to 'last mile communities'
 - Demonstrate a model of community based mental healthcare that is driven by resource poor women from within the community
 - Mainstream or integrate mental health in the District Development Plan of the government of West Bengal,
 - b) Could you please elaborate on each of these objectives and mention how the programme seeks to achieve these?
- 3) Our background research indicates that the major components of the Janamanas programme are
 - Building community mental healthcare and competent workers
 - Building partnership with the government, non-government and community organisations
 - Building capacity of the decision makers in the ULBs
 - Mapping of health facilities and infrastructure at the ULB level
 - b) Does the programme have more components to it? If yes, could you list all the mental health services covered under Janamanas.
 - c) What is the Community Mental health Kiosk? Is this a part of Janamanas programme? What is its objective and how does it function?
- 4) This programme conceived by Anjali seems to move beyond treating patients of mental illness to advocate the rights of people to positive mental health and to create awareness on issues pertaining to mental health.
 - a) Could you explain the concept of positive mental health?
 - b) How does Janamanas seek to establish it as a right for all? What are the endeavors undertaken?
 - c) Have you emphasised on creating awareness on mental illness, building positive mental health and citizen's right to mental health? If yes, what kind of measures were taken, which platforms are used and what sort of partnerships were built up to facilitate the process?
- 5) According to the secondary research, Janamanas provides services in ULBs by a batch of trained barefoot mental health workers who are mostly the urban poor women.
 - a) What does 'barefoot' terminology refer to?
 - b) On what basis these urban poor women are chosen as mental health workers?
 - c) What kind of training is imparted to these mental health workers? Who are responsible for providing these trainaining?
- 6) We understand that Anjali works in partnership with government and non-government bodies. How are these partnerships developed? What's the nature of these partnerships?
 - a) Can you clarify on SHGs involvement in the programme?

- 7) Were there any challenges in implementing the Janamanas programme? If yes, what were the challenges?
- 8) Currently Janamanas is operational in 3 municipalities of West Bengal. Are there plans to upscale it to other parts of the state?
 - a) Are you planning to expand on the scope of partnership built with the government in the effort towards inclusion of mental health paradigms in the public service delivery in the health sector?
- 9) Can you provide us with data to indicate key achievements of the project?

Questionnaire: Chairman in Council, Rajarhat- Gopalpur Municipality (One of the three municipalities where the Janamanas programme is operational)

1. Community Mental Health Kiosks are established in the Municipality wards under the Janamanas programme. What are the functions of the kiosk? How does it operate?
 - a. Are these services offered free of cost? If no, what is the user fee charged?
2. Could you elaborate on the nature of partnership between Anjali Mental Health and Women Rights Organisation and Municipalities for implementation of Janamanas programme?
 - a. How are responsibilities and financial costs shared between Anjali and the municipality?
3. As part of the MoU with Kolkata Municipal Corporation, Anjali will eventually exit from active management of the kiosk and hand them over to the ULBs. What kind of training has been imparted to the municipality members to ensure competence and sustainability of the programme once Anjali exists?
4. Inclusion of mental health in the Draft Development Plan of the municipalities is the prime objective of Janamanas programme's partnership with ULBs. Has mental health service been included in this year's draft development plan of this municipality?
 - a. If yes, what sort of provisions are mentioned in the plan to ensure effective inclusion of mental health services in its action plan?
 - b. If no, what are the challenges or shortcomings encountered in the programme that is preventing inclusion of mental health services in the district level plan of the municipality?
5. Could you please share with us list of events conducted by the municipalities in partnership with Janamanas to make mental health services available to the local community? (camps, workshops)
6. Can you share your opinion on the impact of the programme on the community? What are the major achievements of Janamanas so far?

Questionnaire: Mental health worker

1. What are your responsibilities as a mental health worker?
 - a. What kind of training was provided by Anjali Mental Health Organisation? Do you feel that the training was adequate to deal with complex mental health issues?

- b. What challenges/difficulties do you face in fulfilling your responsibilities? C) Did this programme help you in building new skills and in achieving economic self-sufficiency?
2. What is the purpose of home visit? Does it add value to the healthcare service provided under the Janamanas programme?
- a. What has been the response of the community thus far?
 - b. Could you share with us some instances of success and challenge in implementation of the programme?

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