General Information

Definition:

According to the **World Health Organization Mental health is** defined as a **state of well-being in which the individual:**

- realises his or her own abilities;
- can cope with the normal stresses of life;
- can work productively fully; and
- is able to make a contribution to his or her community.

A healthy person has a healthy mind and is able to:

- think clearly;
- solve problems faced every day in life;
- work productively;
- enjoy good relationships with other people;
- feel spiritually at ease; and
- make contribution to his family and the community he lives in.

It is these aspects of functioning that can be considered as mental health.

Mental health is vital for individuals, families and communities, and is more than just the absence of mental disorder.

Understanding mental disorders

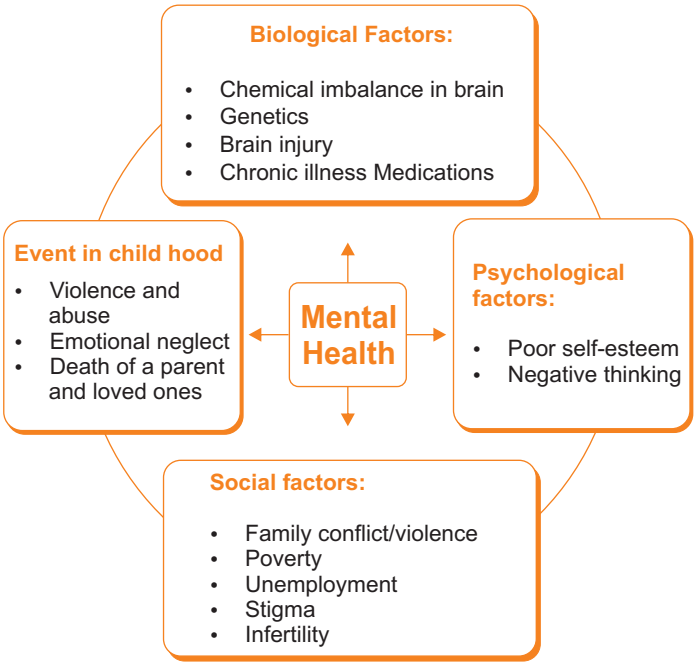
Do You Know?

- Mental disorders can affect both men and women, and can affect people from different age groups including the young and the elderly.
- Mental disorders are common - about one in five adults experience a mental disorder at some stage in their life.
- Most people suffering from a mental disorder look the same as everyone else. It's not always possible to tell that someone is experiencing a mental disorder just by looking at the person.
- Mental disorders are more than just the experience of stress. Although stressful life events often contribute to the development of mental disorders, **stress itself is not considered to be a mental disorder.**
- **While SEIZURES, EPILEPSY, AND INTELLECTUAL DISABILITY (MENTAL RETARDATION) ARE ALL CONDITIONS THAT AFFECT THE BRAIN, THESE ARE NOT ACTUALLY CLASSIFIED AS MENTAL DISORDERS.**
- A mental disorder can be a brief episode or it may be a long-term persistent condition.
- When a family member has a mental disorder, that family is often socially and economically disadvantaged.
- Communities often have many false beliefs about mental disorders, including what they are, what causes them, and how to respond to a person experiencing a mental disorder.
- many people with mental disorders experience stigma and discrimination that results in:
  - Delays in seeking appropriate help for the problem
  - Distress for the affected person and their family
  - Ongoing social and economic exclusion for the affected person and their family.
- There are effective and affordable treatments available for most mental disorders that improve the quality of life of that person and families.

Understanding Mental Health

General Information

Factors affecting mental health (Pic 1):



Do You Know?

- There is rarely one single cause of a mental disorder. Most mental disorders are caused by a combination of factors as mentioned in above diagram.
- **Mental disorders are NOT the result of possession by evil spirits, curses, astrological influences, character weakness, laziness, karma or black magic.**
- Supernatural, astrological and religious explanations for mental disorder are common in our community. These types of beliefs can delay early recognition of mental disorders and prevent from taking early treatment and follow-up.
- Sometimes people experiencing chronic medical problems such as heart, kidney and liver failure and diabetes may develop mental health problems such as depression, as living with a chronic illness can be very stressful.
- Unhealthy behaviours such as drug and alcohol abuse can lead to the development of a mental disorder as well as being the result of a mental disorder.

What are the Sign and Symptoms of Mental Disorder?

You cannot always tell just by looking at a person whether or not they have a mental disorder. The symptoms of mental disorders can be physical or psychological.

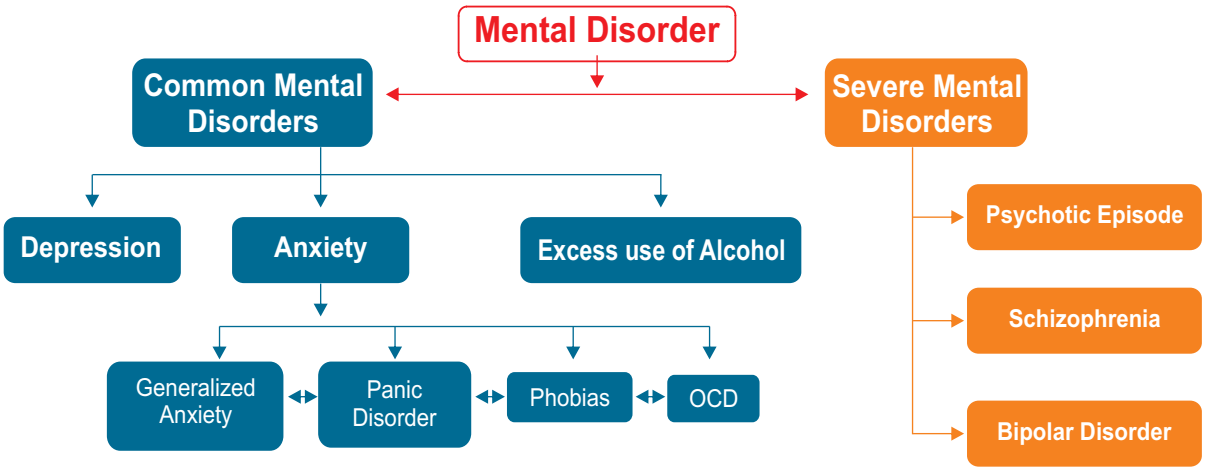
- Sleep disturbance
- Loss of appetite and Food
- Shabby personal appearance and hygiene
- Lack of interest in sex
- Personal relationship
- Lack of interest in work, hobbies and surroundings
- Dependence on alcohol, drugs, tobacco and other substance abuse
- Disturbance in concentration
- Extreme sadness, seclusion
- Disorders of Perception
- Illusions, Hallucinations
- Disorders of thinking
- Delusions
- Disturbance in memory & Consciousness
- Disturbance in motor-activity
- Disturbance of affect or mood
- Suicidal thoughts
- Bouts of emotion like crying without reason, anger, running

If the condition persists for two months or more then that person should be encouraged to visit Psychiatrist at the nearest health centre.

Herbertpur Christian Hospital | Unit of EHA | Community Health and Development Department
Herbertpur, Dehradun-248142, Uttarakhand, Ph. : 01360-253323

Types of Mental Disorder

☞ **It is significant to have knowledge build about general categorization of mental disorder so that being Community Mental Health Worker you may become effective in performing roles of visiting home, screening, referral, counseling and care management**



Distinction between Common and Severe mental Disorder

Common Mental Disorder

- include symptoms that we all experience from time to time, for example, feelings of fear, worry or sadness, anxiousness.
- experience a mixture of physical, emotional, thinking and behaviour symptoms but not imagining symptoms.
- Some people may get treatment for physical problems associated with their symptoms (like poor sleep or appetite), but neglect the cause of these physical problems such as underlying depression or anxiety.
- not treated because it is difficult for family members and health workers to recognise that they are suffering from a mental disorder.

Severe Mental Disorder

- often difficult for the general community to understand, for example, hearing voices or expressing strange or unusual beliefs.
- experience a mixture of physical, emotional, thinking and behaviour symptoms, as well as imagining symptoms
- Severe Mental Disorders are rare
- People are easy to identify as having a mental health problem than those with Common Mental Disorders, because they seem more obviously different from others in the way they think and behave.
- Most people in psychiatric hospitals suffer from Severe Mental Disorders.

Types of Mental Disorder

As a community Health and care provider what can you do?

- Mobilize people with mental disorder in your community to self organize and advocate for change
- Educate yourself and raise awareness about mental health and human right issues.
- File RTI application and petition and request authorities in your community leaders to preposition psychiatric services (emergency care) related mental health and Disability and child health early intervention care.
- Promote positive attitude, non-discrimination and equal opportunities for people with mental disorders and disabilities.

Self-blame

Talking to him/herself

Thinking about suicide

Fear

Sadness

Sleep disturbance

Withdrawing from friends and family

Common Mental Disorder

Depression & Anxiety Disorder

☞Depression & Anxiety are categorised under common mental disorder see photo in Pamphlet 2

Depression:

Depression is the most common psychiatric disorder. It is a disabling condition that adversely affects a person's family, work or school life, sleeping and eating habits, and general health. Nearly every thirteenth person in India runs at the risk of developing an episode of depression during his lifetime. A chance of an individual developing an episode of depression during the lifetime is nine percent in India. According to WHO, Depression is stated to become the second leading cause of death and disability by 2020. It can impact individuals of any age. People with depression frequently also suffer from anxiety. Causes are complex and include genetic, psychological, emotional, environmental and social. It is important to understand that people can help themselves and community can play a major role in this.

Depression is typically characterized by low mood, low self-esteem and loss of interest or pleasure even in normally enjoyable activities and it does not go away soon. It is a mental disorder when the symptoms last for at least two weeks or so and they affect the person's ability to carry out his/ her work or have unsatisfying personal relationships. Everyone can feel sad when bad things happen, **occasional sadness is not depression.**

Symptoms include:

- Sleep disorders (too much or too little)
- Shifts in appetite and weight (too much or too little)
- Irritability or anxiety
- Chronic physical symptoms, including pain, gastrointestinal disturbances, headaches, etc.
- Fatigue and loss of energy
- Feelings of persistent sadness, guilt, hopelessness, or loss of self-worth
- Thinking difficulties, such as memory loss, challenges concentrating, or making decisions
- Thoughts of death or suicide
- Loss of self confidence

Events that contribute to the development of an unusually sad mood include:

- Distressing events that the person cannot do anything to control like the death of a loved one or the breakdown of a relationship.
- Stressful events such as ongoing family domestic violence and conflict.
- Chronic medical conditions like diabetes or stroke.
- Sometimes women can become depressed after they give birth.

Common Mental Disorder

Depression & Anxiety Disorder

Anxiety Disorder

Anxiety is a normal reaction to stress, and it can serve as a prompt to deal with difficult situations. However, when anxiety becomes excessive, it may fall under the classification of an anxiety disorder. **Almost one out of four people experience an anxiety disorder during their lifetime.**

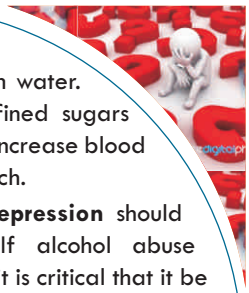
Anxiety is a mental disorder that is more severe and longer lasting than everyday worries. It interferes with a person's ability to carry out his/ her work or have satisfying personal relationships. Anxiety is characterized by strong emotion followed by physical and behavioural symptoms that create an unpleasant feeling that is typically described as uneasiness, fear, or worry. The worry is frequently accompanied by physical symptoms, especially fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, sweating, and hot flashes.

While generalized anxiety disorder is the most common, there are other anxiety disorders, including obsessive-compulsive disorder, panic disorder, phobias, and post-traumatic stress disorder.

Symptoms include unrealistic or excessive fear and worry, and one or all of the following:

- irritability
- worrying about things a lot
- feeling that something terrible is going to happen
- feeling scared (butterflies in the stomach)
- avoiding certain situations e.g. social events
- disturbed sleep
- muscle tension
- restlessness
- physical symptoms like rapid heartbeat, dizziness and trembling, sweating.

Some important point that helps to overcome depression and anxiety:



- First and foremost if you find such person in your community encourage him/her to visit the psychiatrist or gernal physician at your near health centre.
- **Encourage** to adhere with medicine as prescribed by doctor and have regular follow-up check to manage side effects of drugs and to ascertain the signs of progress and relief.
- **Routine exercise:** Exercise can be as effective as prescription antidepressants or psychotherapy. Exercise should always be chosen with your age and current fitness in mind. Having a group for workout is a better idea. Rotating the type of physical activities every few weeks is a good idea: Tai-Chi, walking, swimming, Yoga, aerobics, Gym, Badminton etc.
- **Participating** in an exercise program can increase self-esteem, self-confidence, and sense of empowerment, as well as improve social connection and enhance relationships. All of these things have a positive impact on a depressed individual.
- **Diet:** Eat food regular and drink plenty of clean water. Avoid taking regular refined sugars and caffeine that risk for increase blood sugar and acidity in stomach.
- People suffering from **depression** should stop drinking alcohol. If alcohol abuse underlies the depression, it is critical that it be addressed directly.
- **Sleep:** Poor sleep has a strong effect on mood. Make getting the amount of sleep you need a priority.
- **Social Support:** Strong social networks reduce isolation, a key risk factor for depression. Keep in regular contact with friends and family, or consider joining a class or group. Volunteering is a wonderful way to get social support and help others while also helping yourself.
- **Stress Reduction:** Make changes in your life to help manage and reduce stress. Too much stress exacerbates depression and puts you at risk for future depression.

Severe Mental Disorder

Schizophrenia and psychosis

The main two types of Severe Mental Disorders are (see the picture in Pamphlet 2):

1. Psychotic episode **2. Schizophrenia**

1. **Psychotic Episode:** The person displays severe behavioural problems and expresses strange or unusual ideas. It is caused by a combination of factors including genetics, brain chemistry, stress and other factors such as the use of drugs or intense depression.

Psychotic episodes usually start suddenly and do not last for a long time. A psychotic episode may eventually become a more serious psychotic illness such as schizophrenia, or it may only occur once in a person's lifetime.

2. **Schizophrenia:** Both men and women are affected equally by schizophrenia, and symptoms may develop rapidly over several weeks or more slowly over several months.

Symptoms of schizophrenia include:

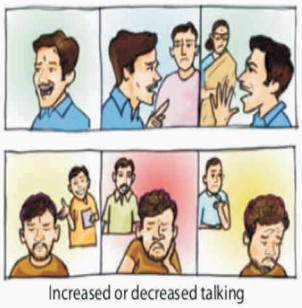
- **False beliefs** e.g. thinking others are trying to harm him/her, or believing that his/her mind is being controlled by others
- **False perceptions** – seeing, smelling or tasting things that are not there, and most commonly hearing voices that are not there
- **Strange behaviours** e.g. talking to him/herself
- poor concentration and inability to think clearly
- Lack of motivation to do things
- **Inappropriate emotions** e.g. laughing at something & suddenly sad.
- loss of social skills and social withdrawal
- Restlessness, walking up and down
- Poor personal hygiene
- Saying things that do not make sense to others
- Aggression.

Severe Mental Disorder

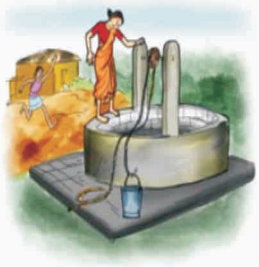
Schizophrenia and psychosis

What can you do about it :

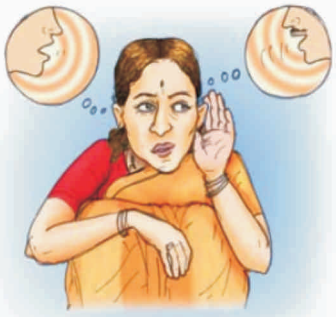
1. Promote early screening, detection and referral for proper treatment.
2. With proper treatment and care, most people will get better, will go back to work and may marry, raise family etc. But some people will need long time treatment and support. **These facts should be shared with family and the community.**
3. Promote acceptance of People with Mental Illness (PWMI) remove stigma.
4. Doctor may need some time to find out which drug is most helpful for PWMI. But drugs are need to be combined with other changes: **exercise, social engagements and life style changes. Breathing exercises and meditation can help.**
5. If there is a "reaction" due to drugs, don't panic and don't stop the drugs, unless specifically asked by a trained health worker or doctor.
6. Some PWMI will need practical help over a long period of time, with self care, dressing, bathing, communicating, marketing etc. You can encourage family and any volunteer from the community in working with Community health worker to understand and learn these skills.
7. Care givers, especially family can become over-burdened at times and you can help by volunteering intermittently (by assigning roles between family members).



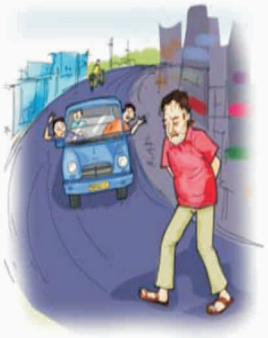
Increased or decreased talking



Attempting suicide



Hearing voices



Poor concentration

Seeing things not really there

Poor judgement

Promoting community mental health through social action

Mental Health & Social Factors

The approach to community comprehensive primary Mental Health and Care differ from place to place and region to region! It is the context that makes the implementation of any health and care services strategically different. On the backside of brochure cover page the context of SHIFA mental health project has been briefly illustrated for readers especially community mental health volunteers and care providers to have perspective align with promotional aspect of mental health in which they live. The pamphlets No.05 to No.08 brings out the promotional part of mental health while weeding ill factors out.

Perception : As said, our community is incredible! It is heterogeneous and male dominated society. Irrespective of so much diversity we share same social values, norms, cultural-ethos while on the other hand we fail to live in harmony and unity! There is so much dichotomy and incoherence around us. The life has become circus where we are made to put up smiling mask and pretend that everything is going good. But actually it is not! To be honest we are not satisfied with our existing situation rather we desire for better situation to come. But question is how to make it so that our children and women would be safe and healthy? Whose responsibility it is? How can we together foster this?

Mental Health helps us to visualize bigger picture of our real condition that we live in and face every day... not enough with smiling mask! This is where your attention has to be drawn in order to understand that in our community there are many factors that put our boys, girls, men and women in vulnerable situation for the causation of Psycho-Social-Emotional dysfunctional consequently increase once health burden.

These factors are deeply inherent in our community and also known as "Psycho-Socio-Cultural-Economical-Political and Environmental" determinants, and are very dynamic and active in nature. If we are not aware of such deep rooted factors and if it is not addresses timely than it triggers the chances for inducing the mental disorder among the population across all the section of our society alike.

Some relevent "Psycho-Socio-Cultural Economical-Political and Environmental" factors are:

Poverty vs unemployment	Jealousy & hatred
over family size	Parenting crisis or unskilled
practice of casteism	Extra marital affairs
domestic violence	Unskilled to manage stress
unsafe environment for women	Infertility Vs divorce
Misconception and gender discrimination	Mothers with child under 1yr age
love-affairs vs infatuation & Peer pressure among young population	Family having girl child 3 and above
Dowry practice	Life style & behaviour

Therefore, especially in context of implementing Community Mental Health program we need to be aware about such factors. If we are, then we become sensitive and our perspective towards life start changing. We start to relate with one another out of deep love and concern. The implication is that our search for life becomes more meaningful and satisfactory.

Good News : Animals respond to situation out of pure instinct (hardwired) but human do so out of genuine learning! Human behaviours are learned behaviour. So, it matters a lot how you learn and what you learn. In our communities we have found that certain learned actions, behaviour, attitude and practices have taken the shape of culture, societal norm and belief system; it has even become a life style. Ignorantly we ourselves have become the part of such cultural practices and societal norms that our own people group and families have become victim of it. For example aborting female foetus in desire of male child. But good news is that every learned behaviours can be unlearned and relearned with objective learning as found in Pamphlet No:10

Promoting community mental health through social action

Mental Health & Social Factors

Health promotion is the process of enabling people to increase control over and improve their health. Integral way the activities and actions are geared toward promoting health as a whole while regenerating health seeking behaviour among the population particularly among poor and affected individual and families. It has been noticed that at among rural communities the health seeking behaviour is very low.

Health promotion is not just the responsibility of community health workers, it is a coordinated community action that involves and benefits the whole community at large.

There may be many things that contribute to mental health and well being of our communities; however the following six things are especially important for promoting and preventing mental health of individuals and communities at large are:

- Building awareness and knowledge towards mental health.
- List people groups who are at high risk as per the category given in table below.
- Understanding and reducing levels of stressors in the community; some common stressors are gender based oppression, domestic violence, bullying, substance abuse etc.
- Ensuring people are free from stigma-discrimination and all forms of abuse including sexual and neglect.
- Ensuring PWMDS and PWDs rights and entitlement such as basic amenities and services through community action & community monitoring.
- Improving income opportunities.

HRG Definition : In community Mental Health program, the "high risk group" means those individual and families who have higher chances of meeting mental disorder because of direct association **with physical, mental, emotional & environmental risk condition***.

Table: HRGs selection : List is generic but you may have develop your own.

Sr No	HRG selection Criterion	Type	Means of verification
1	Disability category	Blindness	Disability certificate/ Physical verification
		Cerebral palsy	Physical verification
		Down syndrome, Autism	Physical verification
		Deaf and Dum	Disability Certificate and physical verification
		Multiple disability	Disability Certificate Physical verification
2	Mental illness category	Of any kind including, depression, anxiety, psychosis, epilepsy, sleeping disorder	Family history, doctor prescription, medication, physical verification
3	Psychosocial category	High use of alcohol, drugs that leads in to domestic violence	marginalised and poor background families having domestic violence with family history
		Early age marriage	Marriage: below 18 for female and below 21 yrs for male
		Young age widow	Widow age should be below 21 yrs of age
		Infertility	Married couple below 28 years of age
		aged people	Aged above 65 years
		Mothers having child below one years of age	The family should have at least 3 children or child/ person with disability
		Mothers having girl child 3 in number or above	The family should have at least 03-girls in number or above

* explained in pamphlet 5

Promoting community mental health through social action

Understanding Discrimination & Stigma

Understanding Stigma: This is typically seen in our rural communities where we work due to lack of information and age old learning we unknowingly practice stigma and discrimination towards our fellow community member. Please stop doing this and discourage it if you find anyone doing this!

Stigma is: `a mark of shame, disgrace or disapproval, which results in an individual being shunned or rejected by others.' – WHO

Discrimination is the unfair treatment directed towards those who are stigmatised, whereby those who are stigmatised are treated less favourably than those who are not stigmatised. For example, people may be discriminated against because of their race, age or gender.

How does stigma and discrimination affect a person with mental disorder?

- A person who is rejected may then feel more lonely and unhappy and this will make recovery even more difficult.
- Stigma can cause delays in seeking treatment for a family member with a mental disorder.
- Stigma also affects the family and caretakers of a person with a mental disorder and may lead to isolation and humiliation

How can stigma and discrimination be reduced?

- Promote that people with mental disorders are to be seen as active and valuable members of the community.
  - Openly talk about mental disorders in the community to help people understand that a person with a mental disorder is a fellow human being and is entitled to be valued as such.
  - Disseminate accurate information to family members and community groups on what causes mental disorders, how common they are, and that they can be treated.
- Counter negative stereotypes and misconceptions surrounding mental disorders by educating people about the following points:
  - Mental disorders are a bit like an illness of the mind.
  - Having a mental disorder is not a character weakness or a result of being deliberately lazy or difficult.
  - Mental disorders are not the result of curses, black magic or evil spirits. Anyone can suffer from a mental disorder.
  - People with a mental disorder often need help to recover.
  - A person with a mental disorder can hold a job and get married.
  - Most people with mental disorders are not violent.
- Provide support and treatment for people suffering from mental disorders so that they can meaningfully participate in community life.
- The community can help reduce stigma and discrimination by having laws that ensure all people are treated fairly and given respect.
- A community that respects and protects basic civil, political, economic, social, and cultural rights is essential for promoting mental health and reducing stigma and discrimination.

Gender Role and Practice

Why it is important to understand Gender in context to Mental health and in context to our culture because Gender practices cater Gender Inequality as well as Social and Justice Inequality. For example male child in a family will be served food first while female child and mother itself will eat last. Women will rear the children in house, cook food, involves in getting water for house and cattle and do harvesting in the field while men will only engage in earning income for the house and go out for selling produce from harvest. This has disrupted the very basic equality formation of our society. Knowingly and unknowingly we still constantly contributing to this deep chasm of indifference that we ourselves will become the victim of it.

To understand Gender, we need to first understand "Sex": Sex refers to the biological and physiological characteristics that define men and women. We are all born with particular "Sex" so we either men or women. It is a physical attributes that does not change between any human societies.

"Gender" refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women. Keyword here is- socially constructed. It means that it is the society which decides what is appropriate for men and women at different ages and stages of life. Since it is not based on nature, it can change with changing society and times. So, while men cannot breast feed a baby, they can learn to care for the baby; similarly, women cannot decide the sex of the baby (they cannot produce sperm with Y chromosome) but they can, as in some states in India, learn and drive a bus or truck.

With changing times, we need to change our perspective and practices dealing with gender roles because sticking to these old values cause considerable suffering and ill-health to both women and men. An example is: impotence can cause great shame to men and may force some men to commit suicide. On the other hand, women are supposed to bear a child otherwise their entire life is considered meaningless. Both kind of suffering is un-necessary.

We can help individuals, families and communities to find joy, creativity and fulfilment only when Gender Equality will be promoted in all aspects of life.

Gender Equality means that men and women have equal opportunities to realise their individual potential, to contribute to their country's economic and social development and to benefit equally from their participation in society.

How Gender Equality will promote mental health OR what should you do?

- Empower men and women to make choices and decision that influence their own life to be better citizens of the country that upholds equality, Justice and Rights of all human. Educate the people about the need for equal rights for men and women.
- Helps the groups in your community to engage in open discussion about the question—How gender might affects mental health of both men and women differently. Following given statements can be used to initiate the discussion:
  - Men do not discuss their problems with friends and find solutions as much as women do?
  - It is more acceptable for men, to drink alcohol leading to more problems drinking in men, and more stigmas for women who have a drinking problem? Domestic violence and rape place great stress on the life of a woman?
  - Women's income is often lesser than that of men, and they have less control over household finances and properties?
  - Women may not be able to independently access treatment unless there is agreement from senior member (whether male or female) of the household?
  - A woman cannot receive health services because the norms in her community prevent her to travel alone to the clinic?
- Educate the people about the need for equal rights form men and women.

Promoting community mental health through social action

Disability

Disability and Mental Illness is closely related to one. In our poverty struck communities the families who have person with disability faces more stressful situation than families without person with disability. That is why it is very important to have understanding and knowledge build on this matter so that people perception towards disability changed and communities and families be sensitized and build barrier free uplifting society.

- Myths, stereotypes and stigma about disability are barriers to the realization of the human rights of people with disabilities (Disabled Peoples' International)
- People of all ages and ethnicities have impairments - intellectual, psychiatric, physical, neurological or sensory impairments and these may be temporary, intermittent or ongoing.

A disability is an umbrella term, covering impairments, activity limitations and participation restrictions. An "impairment" is a problem in body function or structure; An "activity limitation" is a difficulty encountered by an individual in executing a task or action; A "participation restriction" is a problem experienced by an individual in involvement in life situations. OR

Example: a person with the impairment of paralyzed legs is disabled with respect to the major life activity of walking. A person with the impairment of advanced lung disease (emphysema) may be disabled with respect to the major life activities of walking, breathing, or working.

Issue to address:

Society disables people with impairments by excluding them from participation or independence because service design, communication channels, buildings, belief and attitudes make aspects of society inaccessible to them. 'Disabled people' is the term used to reflect this disabling process. Individual people may refer to themselves differently, and may even not identify as being disabled. For example, they may identify as a person with an intellectual disability, as a person with experience of mental illness, as Blind, or as Deaf. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. People with disabilities have the same health needs as non-disabled people – for immunization, cancer screening etc. They also may experience a narrower margin of health, both because of poverty and social exclusion, and also because they are vulnerable to secondary conditions—blind man is more prone to accident that may lead to head injury that results to mental problem.

Types of Disabilities:

- **Physical impairments:** Blindness, Deaf& Dumb, Locomotors, cerebral palsy
- **Mental Impairment:** Mental Retarded, psychosis, schizopreneia, epilepsy and seizures,
- **Genetic disorder:** Down syndrome, cleft lip, autism
- **Neurological disorder:** paralysis, cerebral palsy
- **Emotional disorder:** depression, anxiety, phobias,

Disability

Common myths associated with People with Disability that need to be stopped through proper education

- Disability is the fruit of Karma --- It is our false religious belief and mind set rather it occur due to various reasons as stated few: improper immunization of child at birth, genetic disorder, physical injury, hurt in backbone, brain fever, regular abortion, lack of intake of nutritive food, drugs abuse, rape and many more reasons.
- A person's disability defines who they are as an Individual: Label the Jars, Not People!
- People with disabilities are sick and in constant pain—people with disabilities typically do not suffer or experience pain due to their condition.
- People with disabilities are special and should be treated differently--- the label of "special" in reference to a person with a disability does not convey equality.
- Disability is a personal tragedy and deserves our pity --- It is often the negative attitudes of our society and lack accessibility within our community that are the real tragedy.
- People with disabilities are dependent and always need help -- All of us may have difficulty doing some things and may require assistance. It is always a good strategy not to assume a person with disability needs assistance. Just ask!
- People are confined to their wheel chair ---- A wheel chair like an automobile, is a form of mobility that contributes to the person's independence.
- People with disabilities cannot lead a full and productive life -- People with disabilities are capable of fully participating in community life. The challenge is to focus on a person's ability, not their limitations.

Possible intervention:

- Support the People with disability (PWDs) to assess their right and entitlement as provided under government broad policies and Acts such as National Policies for persons with Disabilities, Persons with Disabilities Act 2011, UNCRPD.
- Help them to access "Disability Certificate" which is issued by Chief Medical Officer of your District Hospital. The disability certificate is important as it help them to assess other entitlement and services as provisioned under government schemes and services.
- The certificates are issued for people whose disabilities are equal and above 40 percent that forms the criterion of mild disability.
- The PWDs are entitle to attain their entitlement through Ministry of Social Justice and Empowerment at National level and at District and State level through department of Women and Child Welfare or Jan kalyan Samitties formed at block level.
- PWDs are entitled for various schemes and services such as:
  - Disability Pension scheme,
  - Aids and Appliances and assistive devices,
  - Study scholarship,
  - monetary support for marriage,
  - National Trust Health Insurance for special category of disabilities as provisioned under NIRMAYA Scheme,
  - Reservation in employment and
  - Bank Loan for running small enterprises etc.
- Visits the families of PWDs engage with them in conversation, listen to their every day struggles and make them aware about their situations so that they may adopt resilience skill.
- Families with pregnant mothers, under 2yrs old child, single parents, need special attention and care and support as they may be at higher risk of disposition of mental illness and any kind of disability. Talk about their eating habit, regular immunization, ANC check up, healthy rearing of child with regular breast feeding and also methods of family planning.
- Promoting self help/ support groups of PWD and their families and encourage them to have their representation in Panchayats and other local bodies
- Stop discrimination and stigma by assigning label rather treat them with respect and dignity and encourage them to participate in social and cultural activities.

You can get the detail information on above mentioned entitlement and procedure of apply **from Jan Kalyan Samiti** of your nearest Block.

Promoting community mental health through social action

Understanding Infertility

Historically infertility has often, but not always, constituted the disability that conferred upon couple, especially women a disfavoured status in the society. In recent years, however with the evolution of socioeconomic conditions and with growth of population made the procreation less desired. In west infertility has become less stigmatized, and even seen by some as conferring protection from disabling consequences of parenthood. So, it explains that people's perceptions is changing and refining with changing time. But in our country and community context the discrimination exist to greater extent which some time get reinforced by women (mother in Law) itself. For example just to overcome in laws pressure and oppression the rich couples pays huge amount for in-vitro babies while in rural communities women bear shame with broken marriage.

Infertility:

Infertility is defined as occurring when a couple engages in unprotected intercourse for one year without being able to conceive a child and it is estimated to affect ten to fifteen percent of couples.

Although it is commonly thought that environmental factors or high-risk behaviours increase the likelihood of infertility but this is not the case. Rather, there is greater awareness of the condition and therefore a greater likelihood that couples will seek treatment for their inability to reproduce and will therefore be diagnosed as infertile. In addition, a person's chances of becoming a parent also decline after particular age as seen in some cases.

Reasons

Infertility can result from a number of different abnormalities in the male or female reproductive system. For example,

- because of sexually transmitted diseases, chemotherapy, mumps during adolescence, testicular injury, other medical causes,
- a man may produce low levels of sperm or the sperm may be dysfunctional.
- Women may have trouble ovulating, or their fallopian tubes may be scarred from infection, preventing the passage of eggs from the ovaries to the uterus.
- Women who have had a ruptured appendix, abdominal surgery, or pelvic surgery also may become infertile.
- Moreover, endometriosis (uterine cells growing outside the uterus) can interfere with the function of ovaries or fallopian tubes.
- **In many cases, the cause of infertility is unknown**

Treatment:

A number of treatments are available for infertility.

- For women whose fertility is blocked by fallopian tube dysfunction, for example, in vitro fertilization (IVF) is often successful.
- Male infertility can be overcome much more easily in particular, with the development of intracytoplasmic sperm injection (ICSI), in which a doctor injects a single sperm into each of the woman's eggs that have been retrieved as part of IVF, men who produce even very low levels of functioning sperm can procreate with their partners.
- Overall, treatment allows eighty-five percent of infertile couples to have a child

Promoting community mental health through social action

Understanding Infertility

Is infertility a Disability?

Given the nature and impact of infertility, it readily satisfies the definition of a disability: Infertile persons generally meet the definition of a disability because they have an impairment of their reproductive tracts (e.g., scarred fallopian tubes) that substantially limits the major life activity of procreation.

One also can be disabled without being impaired. If someone has a history of a serious illness that has been fully treated, other people might regard the person as being impaired and therefore limit the person's opportunities at work or in other settings. This example of a disability without impairment illustrates the social contribution to disability, a contribution that exists as well with respect to disabilities caused by impairment. If one is confined to a wheelchair, one is much less disabled in an environment that has ramps and elevators than in a world that only has steps to connect different heights. Just as a person can be disabled without being impaired, one can be impaired without being disabled. A kidney donor has the impairment of having one kidney instead of two, but there are no functional limitations as a result of the impairment.

The illness and impairment may overlap, they are not the same. One can be ill with cancer and be disabled as a result. One also can be disabled from impairment without being ill. For instance, someone who loses an arm or a leg in an accident is impaired but not ill.

Infertility & Discrimination

Indeed, for many people, having
and raising children is the most important endeavour of their lives. For people who want to reproduce, but cannot, the loss can be devastating.

- The emotional impact of infertility can be severe, particularly for women. Reported symptoms of infertility include feelings of grief, sadness, and despair; a sense of panic, helplessness, and isolation; and a loss of control.
- In one study, nearly half of the women in an infertility treatment program reported that their infertility was the most upsetting experience of their lives.
- In another study, participants were asked to rate their most stressful experiences, and infertility rated as high as the death of a spouse or child.
- It was also found that the likelihood of depression doubled for women with infertility.
- Comparatively infertile women depression is higher than those with cancer women.

As Mental Health Worker what you can do to address the stigma associated with infertility in your community:

1. Listen and empathize with the spouse on one to one and one to group (family) basis.
2. Try to understand belief, culture, customs, attitude, practices and daily chores of household so that it will help you design good intervention strategy to overcome stigma and stress.
3. Help the spouse to seek the gynaecology to wean out the possible associated sexual condition and to find appropriate treatment.
4. Help and support them to decide upon the best option to face stigma and discrimination of this kind as well as inform them how to manage the everyday stress.
5. Get them to seek legal advice if a family in case wants to adopt a child.
6. **Commonly the blame of infertility is attached with women--- as "Infertile women" rather to man --- as "infertile man". This is deep seated misconception that needs to be addressed while talking to male partner in the family. And helping them to have change in perception.**
7. If spouse lives in joint family than all other members in families need to be taught, counselled and informed about infertility with basic understanding on mental health, disability, management of stress with consequences of stigma/discrimination so that families would live in hormonal relationship.
8. Healthy family environment, regular work habit, spouse engaging in care of children of their own relatives and neighbours in the community should be promoted as part of their own psychosocial health and wellbeing.

Herbertpur Christian Hospital | Unit of EHA | Community Health and Development Department
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Mental Health Worker Roles & Function

Screening and Home visit care

Many community mental health workers and support groups find mental health problems and the people who suffer from them confusing and even scary. So this section will help you to be confident in dealing with people with mental health problems, stay safe yourself, and to understand how to assess someone with a mental health problem thoroughly in a way you may not have learned before, so that you can help them best.

1. Ours Attitude and belief system: Before you actually begin meeting with individuals and families in the community firstly think about what natural feelings and reaction do you have that might stop you to be ineffective and why?

The possible thoughtful answers that crossed your mind are:

- H/She is not my family member and relative why should I help and guide them?
- H/She is not part of my religion/caste/ SHG why should I help and guide them?

Thoughts of other kind because you lack basic skill and knowledge!

- You may not have good subject knowledge or purpose of visit is not clear.
- You may not be a good communicator
- You may have ordinary fear what if the house do not have mentally ill patient or you may fail to diagnose properly.
- The head of the house may reject you or pass the comment which you may not like or he /she may not entertain your visit.

The response might be several but it is important that you understand your reactions and never pretend that we do not have such feelings and reactions.

2. When you first time visit any individual or family in your cmmunity

- Greet the person in a natural and realistic way and state your purpose (if you happen to visit first time)
- Seek opportunity to build the relationship by introducing about yourself (whether you are of same community or different community)
- Check for certain indicators whether they are showing interest in your talk.

3. Get the detail information about the family and try to explore the health condition of family members. (if you not able get the details about health condition) then with the help of flip-book, handout, gather the information.

4. During your home visit or personal contact when any family happens to report following signs of problem then you should be watchful and listen and look and write carefully about the problem because there might be high chance for mental illness case or family might be under High Risk Group category:

- The person or their relatives say they have a symptom of a mental health problem.
- The person has an injury which they themselves may have inflicted.
- The person or their relatives say they have a problem with a supernatural cause.
- The person has signs of a specific mental health problem, like signs of alcohol misuse or violence at home.
- Someone reports problems in relationships, or an unfortunate event in someone's life, such as death of a family member.
- The person has physical complaints which cannot be explained medically, or they come frequently to the clinic with several symptoms which don't get better.
- The person has had a mental health problem in the past, or someone in the family has had a mental health problem.

5. How to assess someone who may have the mental health? It is important to ensure that persons physical symptoms are not caused due to any physical illness

- Get the personal detail of the person such as name, age, gender, married/single/ widowed/ divorced, any children, occupation
- Always begin with OPEN END question: Like How long has the problem been going on—when it first started what happened?
- In particular you may ask to every who may psoiibility of mental illness:
  - how do you sleep?
  - how is your appetite?
  - how is your mood?
  - how much energy do you feel you have?
  - what do you enjoy doing at the moment?
  - how anxious do you feel?
  - are you hearing or seeing anything that no-one else can hear or see?
  - have you thought about harming yourself? If so, how might you do it?
  - is anyone hurting you?
- Are the problem continuous, or do they come and go?
- Do you smoke toabaco, or drink alcohol or take any kind of drugs.

Screening and Home visit care

6. Also examin the person physically such as:

- Appearance: how person looks like, dirty, shabby, smell of acohol, cuts, bruses, face looks sad, happy, angery,frightened, suspicious, lost
- Behaviour: making strange movement, withdrawal, interested, making eye contact, restless,
- Speech: too loud, fast, slow, make any sense
- Mood: happy, sad, confused, how there mood appear to you
- Thoughts: what are they thinking, any worries, worries are strange or confusing, memories retention etc
- Perception: any strange sensation, see, hear, feels,
- Knows time, day, week, months, name, able to calculate add or subtract etc

7. Encourage and refer the patient and care provider for clinic diagnosis and medical treatment (if not interested to see doctor visit second time and encourage them again even if they are not interested take your mental health staff who is expert so that through their engagement and motivation patient may like to seek medical support)

8. Once the patient has been diagnosed and become a part of treatment list. Then you need to carry out the procedure as described in Pamphlet 15 "care management of mentally ill people"

9. If the case is under PWMD and HRG listing than you need to proceed with following care procedures. If you sincerely help the person that person may fully recover from illness OR may not fully recover from illness but definitely their quality of Life will improve.

(Remember: these methods are generic and may differ from person to person so as you gain confidence you may develop your own methods of helping and supporting such people.)

Key things to remember during visit:

Working with a person's family

Mental health problems can be very upsetting both to the person who is unwell and their family. It is very common for members of a family to feel ashamed, angry, guilty and frightened. Take time to speak to the family of every person with mental illness that you help. If a person s family understands their illness – this will help them to get better and stay better.

How to explain mental health problems to a family :

The following are things that need to be made clear to every family you meet in your community:-

- A mental health problem is nobody's fault.
- Mental health problems are not caused by witchcraft or spirits.
- Mental health problems are not infectious and will not be caught by touching the person who has a mental health problem or sharing their food.
- Mental health problems are treatable.
- People with a mental health problem can lead a normal life with some adjustments. They can marry, have children and work in most types of job.
- The person who has had a mental health problem is exactly the same person as they were before they became unwell.

How can the family help someone with a mental health problem?

Make sure the family of a person with a mental health problem understands they have a very important job to do. They can help their relative get better and also help them stay well. Tell them to Do the following things:

- The family should encourage the person to do things that they are good at rather than pointing out the things they do that are bad.
- The family should avoid getting very angry or shouting at the person with a mental health problem.
- The family should allow the person to have freedom to do things they want to do.
- The family should also let them make decisions about how they would like to rebuild their life (provided these decisions are safe).
- If the family is religious, point out that having spiritual beliefs can be helpful in keeping someone well. Calm religious activities such as quiet prayer and meditation can be helpful. Very loud religious activities can be stressful for a person with a mental health problem.
  - Family should be aware about their everyday life situation.
  - Spend quality time with patient in listening, talking,
  - Entertainments channels such as laughter, cartoon shows, sports, Music, News etc should be encouraged to watch.

Communication and changing myself

Change is inevitable and so are situations in our daily life!

Before reading further it is important to ask yourself below given very basic question:

Q.1: Why it is so important to change myself?

Q.2: What am I today, am I the product of an environment and genes OR I am what I am because of my own personal choices and decisions in life?

Q.3: Do I have control over change that takes place at my emotional, psychological, behavioural and attitude and perspective level?

This is important for creation of self awareness and helps us to understand how my own feeling and attitude affects the people especially mental ill people to whom we work with and for. Our self concept is normally based on what we know about ourselves and also what the world tells us about ourselves. Based on this, we can understand ourselves by the following diagram:

OPEN AREA I know and you know	BLIND AREA I don't know but you know
HIDDEN AREA I know but you don't know	UNKNOWN AREA I don't know and you don't know

The diagram consists of four windows/ sphere or areas.

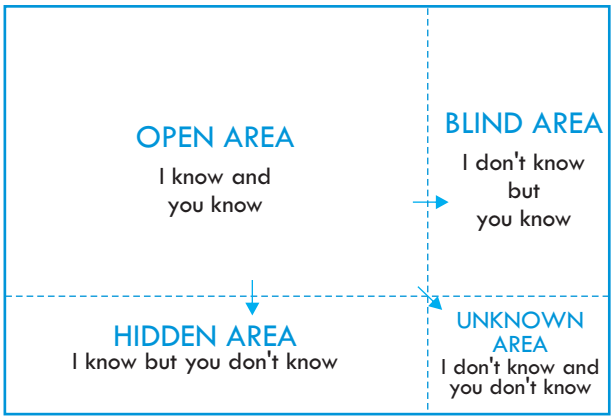
Window 1: Open area means what you know about yourself is also known by others. Eg outward things such as in which class you study, how do you look, dress, language you speak etc.

Window 2: Hidden area means what you know about yourself others do not know called hidden self, avoided self or "facade'. Eg deep secrete things of your heart which you only want to share with your closest mate or to no body.

Window 3: Blind area means others know about you but you don't know yourself – blind self or blind spot. Eg you may not be ware about your potential but your family or friend must have known what you can do and what you cannot.

Window 4: Unknown area means what you don't know about yourself and is also unknown by others - unknown area or unknown self. Eg something needs to be kept discovered or explored jointly between you and your family, friend, society and God through interaction, relationship and perseverance.

You will agree that as we grow, we want to be comfortable with our selves, have no or little secrets and world to appreciate us for who we are. This can happen, in the below framework by simply increase your domain (dotted line) of open and decrease hidden and blind area to maximum while reducing the sphere of unknown to minimum.

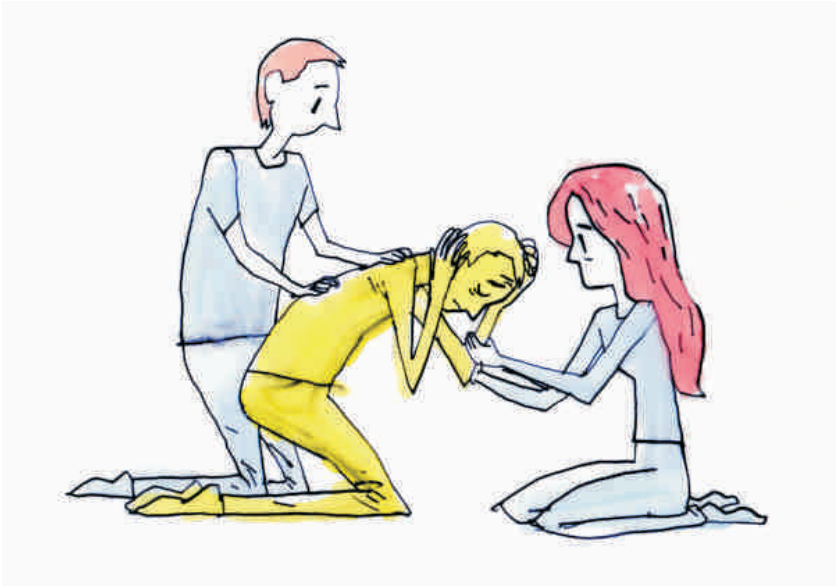


Communication and changing myself

Change at the perspective, emotion, and attitude and behaviour level will help us to cope with our daily life situation.

What steps do you like to take to change yourself?

1. Understand the fact that during emergency we need another human bing.
2. Be objective in learning with question of why and how.
3. Think positively and laterally
4. Build healthy relationship.
5. Ask for feedback from friends, family and colleagues and trying to understand it with an open mind. This helps us to know how our behavior and actions are seen by others.
6. Confide with people outside your family also, so that you are not carrying un-necessary burden of secrets, shame and guilt. Often, a frank confession and sincere apology can save you from a lot of anxiety and misery.



7. Finally, you also want to realize your "true" potential. This can happen only when you take calculated risks, try out new skills and challenges in life. Only new challenges will tell you what you are truly capable of. Think of difficulties as opportunities. But the risk-taking should not just be about work, career and business. It is also about taking the risk of a rebuff, of being mis-understood and still reaching out to an angry friend, relative, wife or child. It is also about setting your ego aside and seeking forgiveness from others and also sincerely forgiving others.

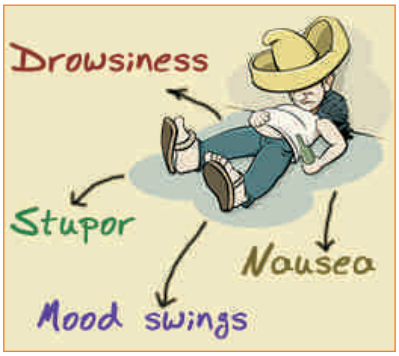
Life style issues

Alcohol addiction and Substance abuse

Why do we need to learn this?

As said overuse of anything is a problem and intake of alcohol is injurious to health!

Alcohol has been used for thousands of years by people for many purposes. Many communities, for religious reasons, tell people that they should not drink alcohol. There are many reasons for this. Drinking too much alcohol is a very big health issue, and it is very common. It causes health problems for the person who drinks too much and for their families and communities. Many people will not tell the truth about how much alcohol they drink. If a person who drinks too much stops drinking alcohol suddenly, this is also very dangerous. Many other substances are also abused for many different reason, and like alcohol, they can cause many health problems.



Other substance addictions

- **illegal drugs:** heroin or opium, cannabis, cocaine,
- **Pharmacy medicines:** diazepam and other benzodiazepine medicines, Phenobarbital, opiate pain killers - codeine, tramadol etc
- **Tobacco:** both smoked or chewed, paan

The common features of Alcohol and different substance addiction:

- A strong desire to use the substance.
- Difficulty controlling intake of the substance.
- Physiological withdrawal when intake is reduced.
- Little interest in other leisure activities.
- Tolerance, so that increasing amounts of the substance are required to produce the same effect.
- Harm resulting from continuing to use the substance - eg, work or relationship problems.
- Continuing to use the substance even when the harm being done is made clear.

What problems does drinking too much alcohol cause?

Physical health problems related to alcohol

- **Liver:** alcoholic hepatitis, liver cancer, cirrhosis,
- **Gastrointestinal tract:** oral cavity cancer, oesophageal cancer, pancreatitis.
- **Cardiovascular system:** atrial fibrillation, hypertension, strokes and heart failure.
- **Neurological system:** withdrawal, seizures, subdural haemorrhage, peripheral neuropathy.
- Loss of libido
- If a woman who is pregnant drinks too much alcohol, it has serious effects on the baby in the womb.

Mental health problems related to alcohol

- Alcohol dependence syndrome
- Suicidal ideation
- Depression, Anxiety

Life style issues

Alcohol addiction and Substance abuse

Social problems related to alcohol

- Impaired performance at work.
- Relationship problems.
- Violent crimes - eg, domestic violence and drink driving offences, Antisocial behaviour.
- Higher rates of sexually transmitted diseases

Alcohol withdrawal:

- Alcohol withdrawal occurs within a few hours of not having a drink and can last beyond 48 hours.
- People withdrawing from alcohol may become anxious, shaky and see and hear things that are not there. They may get a mild fever, a fast heart rate and high blood pressure. They may also have fits.
- This withdrawal reaction may be mild or it can be very severe. When it is very severe, it is called delirium tremens. When it is severe, it may be associated with a rapid fall in blood pressure and a problem called ketoacidosis, in which the blood becomes acidic.

What to do if someone is dependent on alcohol and wants to stop?

First you must tell them that it is best if they stop completely and never drink again.

There are two ways of stopping drinking alcohol:

First is to reduce the amount of alcohol they drink each day, reducing to zero over two weeks. Slow reduction will mean they do not have severe withdrawal reactions. You need to make a clear plan with them, and get someone from their family to look over them and check that they are not drinking more than the what they planned. This is a cheap and effective method, but it is very hard for people who are dependent on alcohol to keep to the plan. Working with family and friends on this plan is essential – it will not work if they are not helping.

The other way is to stop drinking suddenly, and then to use medicines to reduce the problems caused by withdrawal by visiting the Doctor.

Someone who wants to stop can either be admitted to a hospital, or if it is safe and you have the staff to supervise them, they can have a detoxification programme at home.

Inpatient care is needed for:

- Patients at risk of suicide.
- Those without support at home by family and friends
- Patients who have a history of severe withdrawal reactions.

Community detoxification requires:

- Daily supervision to detect problems early, e.g delirium, termers, continuous vomiting, confusion.
- Thiamine and multivitamin preparations to prevent Wernicke's encephalopathy.
- Diazepam to reduce withdrawal symptoms.
- Continuing support - primary healthcare team, community alcohol anonymous team, voluntary organisation and referral to the specialist mental health team.

Relationship and Communication

Marital and parenting skill

What is marriage?

Marriage is a social union or legal contract between spouses that establishes rights and obligations between them, between the spouses and their children, and between the spouses and their in-laws. In many cultures it is an act with deep religious meanings. So, it has social, legal and religious aspects and involves not just woman and man, but their children and families.

Roles and responsibility of spouse: Most cultures believe in gender defined roles that husband as the head of the family, should be a provider (bread winner) and the wife should be a nurturer- cooking, cleaning and raising children.

Divide household responsibilities for a spouse in such a way that housework is manageable and one partner is not overwhelmed. Ideally, assign household duties and responsibilities to a spouse depending on his/ her strengths and preferences, to encourage participation and commitment.

For example, men may prefer helping with cleaning and cutting up the vegetables than actual cooking. Again, they may prefer household shopping responsibilities to laundry work and household cleaning, while women are more likely to prefer baby care responsibilities to house repair work. Split and assign household responsibilities so that BOTH spouse are comfortable with and feel that they can do well. Sharing household responsibilities without considering gender-defined roles contributes to making a happier and more rewarding marriage.

Besides the above, Love, trust, honesty and open communication are important expectations between spouses and must be fulfilled for an enduring happy relationship.

What is Parenting?

Parenting (or child rearing) is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. Parenting refers to the aspects of raising a child aside from the biological relationship. Parents often adopt a **parenting style** based on their upbringing, beliefs and socio-economic status.

Parenting styles are only a small piece of what it takes to be a "good parent". Parenting takes a lot of skill and patience and is constant work and growth. Children benefit most when their parents:

- communicate honestly about events or discussions that have happened, also that parents explain clearly to children what happened and how they were involved if they were
- stay consistent, children need structure; parents that have normal routines benefits children incredibly;
- utilize the resources available to them, reaching out into the community;
- taking more interest in their child's educational needs and early development; and

keeping open communication and staying educated on what their child is learning and doing and how it is affecting them

Here are ten specific parenting skills:

1. **Know where your child is.** Know where they are, who they are with, who is in charge, and when they'll be home. This is critical especially for young teens.
2. **Get to know your children's friends.** Where your child spends their time, and who they spend it with will have a deep impact on them. Make sure you know your child's friends and their parents.
3. **Make sure your child has a healthy diet.** Their brain is growing and needs the proper nutrition. Keep your child eating right and staying active for good health.
4. **Insist on talking.** Teaching your children good coping skills and communication is one of the best things you can do for your child. Make sure they can handle their anger in ways that will not be verbally or physically abusive to others.
5. **Be truly consistent.** Don't make false promises! Make sure your child knows if you promise consequences for good or bad behavior that you will deliver it - every time. Just don't say it if you aren't going to do it. Expect the same from your children.
6. **Your child may want to know about sex.** Open and honest communication may help your child develop safe and healthy attitude towards sex and the responsibility which goes with it. If you cannot communicate on this theme yourself, encourage your child to talk to a responsible adult- teacher, nurse, counselor or the project staff.
7. **Prepare your child for adulthood-** privileges and responsibilities. Talk about physical growth and development and how dose it affect inner change. Also encourage them to have open discussions about smoking, drinking, money, personal safety and relationships. Really work at finding out where your child is on all of these topics and talking to them from a place that they will understand you, not just lectures. For example "What would you do if someone offered you alcohol at his birth day party? Why?" Listen to their answer and start your discussion from there.
8. **Spend quality time with your child daily.** By this you will know what are their hopes, dreams, passions? Refrain from expecting your child to adopt what you think is important to pursue in life and really get to know where their heart is. Encourage them to pursue their own passions in life, this is one of the greatest things you can do for your child.
10. **Finally, be a role model.** Talk the walk! you need to be the person you hope your child will become. It just doesn't work to expect them to be one way if you aren't willing to do the same thing yourself. For example, if you want an honest child, you MUST be honest. That means with everyone. Showing them it's ok to lie to others will give them the message that it's ok to lie to you. Be really honest with your own personal life and make sure you are leading by example.

Relationship and Communication

Marital and parenting skill

Skills to build relationship between husband, wife and between children and parents.

While marriage and child birth initiates relationships, sustaining them is a life time work. It needs conscious effort, planning and considerable thoughtfulness. Here are some important principles:

1. Speak a little less, listen a little more

Most people get tremendous pleasure from speaking about themselves. But, here we have to be careful; if we always speak about our achievements or tribulations, people will get fed up with our egoism.

If we are willing and able to listen to others, we will find it much appreciated by our friends. Some people are not aware of how much they dominate the conversation.

2. Which is more important- being right or maintaining harmony?

A lot of problems in relationships occur because we want to maintain our personal pride. Don't insist on always having the last word. Healthy relationships are not built through winning meaningless arguments. Be willing to back down; most arguments are not of critical importance anyway.

3. Avoid Gossip

If we value someone, we will not take pleasure in commenting on their frequent failings, especially to others. They will eventually hear about it. But, whether we get found out or not, we weaken our relationships when we dwell on negative qualities. Avoid gossiping about anybody; subconsciously we don't trust people who have a reputation for gossip. We instinctively trust and value people who don't feel the need to criticise others.

4. Forgiveness

Forgiveness is not just a cliché, it's a powerful and important factor in maintaining healthy relationships. However, real forgiveness also means that we are willing to forget the experience. If we forgive one day, but then a few weeks later bring up the old misdeed, this is not real forgiveness. When we make mistakes, just consider how much we would appreciate others forgiving and forgetting.

5. Know When to Keep Silent

If you think your family members have a bad or unworkable idea, don't always argue against it; just keep silent and let them work things out for themselves. It's a mistake to ALWAYS feel responsible for their actions. Letting people learn from mistakes is an important part of a healthy relationship, instead of thrusting your wisdom on them all the time.

6. Right Motive

If you view relationships from the perspective of "what can I get from this?" you are making a big mistake. This kind of relationship proves very troublesome in the long run because others too will have a similar attitude to you. This leads to insecurity and jealousy. True relationships should be based on mutual support and good will, irrespective of any personal gain.

7. Do unto others...

The real secret of healthy relationships is developing a feeling of oneness. This means that you will consider the impact on others of your words and actions. If you do so, you will find it difficult to do anything that causes suffering to your spouse, children, parents and other family members. This is bsed on old wisdom: Do unto others as you would have done to yourself. To develop this we have to let go of feelings of superiority and inferiority; good relationships should not be based on a judgmental approach.

8. Humour

Don't take yourself too seriously. Be willing to laugh at yourself and be self-deprecating. This does not mean we have to humiliate ourselves, far from it — it just means we let go of our ego. Humour is often the best antidote for relieving tense situations.

9. Work at Relationships but don't over analyze

Maintaining healthy relationships doesn't mean we have to spend several hours thinking about if I say this, what would she think..etc. It means we take a little time to consider others, remembering birthdays and anniversaries etc. But, it is a mistake to spend several hours ruminating and dissecting relationships. This makes the whole thing very mental and artificial; it is better to forget any negative experiences. Good relationships should be built on spontaneity and newness, sharing a moment of humour can often do more benefit than several hours of discussion.

10. Concern and Detachment

Healthy relationships should be built on a degree of detachment. Here, people often make a mistake; they think that being detached means, "not caring". However, this is not the case. Often when we develop a very strong attachment we expect the person to behave in a certain way. When they don't we feel miserable and try to change them. A good relationship based on detachment means we will always offer good will, but we will not be upset if the other person wishes to go a different way ie. Love but respect their freedom as well.

Life is Precious

Suicide and its prevention

Suicide is a complex problem for which there is no single cause, no single reason. It results from a complex interaction of biological, genetic, psychological, social, cultural and environmental factors.

It is difficult to explain why some people decide to commit suicide while others in a similar OR even worse situation do not! However, most suicides can be prevented.

Suicide is now a major public health issue in our country. Empowering primary health care staff and health volunteers to identify, assess, manage and refer the suicidal person in the community is an important step in suicide prevention.

Suicide and Mental Health : Studies have revealed two factors.

- First, a majority of people who commit suicide have a diagnosable mental disorder.
- Secondly, suicide and suicidal behaviours are more frequent in psychiatric patients. The various groups, in decreasing order of risk of suicide, are:
- depression (all forms);
- personality disorder (antisocial and borderline personality with traits of impulsivity, aggression and frequent mood changes);
- alcoholism (and/or substance abuse in adolescents);
- schizophrenia;
- organic mental disorder
- Long untreatable physical illness increased rate of suicide such head & spinal cord injury, epilepsy, cancer, HIV/AIDS.
- Chronic medical conditions also have a possible association for increased suicide such as cardio vascular or neurovascular disease, diabetes, renal failure, sexual disorders, joints problems
- Social problem such as rejection, loss of loved ones, love-affairs, study pressure, family violence, sudden loss of job, high debts, financial crisis,

Misconception and Fact

Misconception	Fact
People who talk about suicide do not commit suicide.	Most people who kill themselves have given definite warnings of their intentions
Suicidal people are absolutely intent on dying.	A majority are ambivalent
Suicide happens without warning	Suicidal people often give ample indication.
Improvement after a crisis means that the suicide risk is over.	Many suicides occur in a period of improvement when the person has the energy and the will to turn despairing thoughts into destructive action.
Not all suicides can be prevented	True. But a majority are preventable
Once a person is suicidal he/she is always suicidal.	Suicidal thoughts may return but they are not permanent and in some people they may never return

How to identify suicidal person

Some of the signal to look for person's behavior and past history

- Withdrawn behaviour, inability to relate to family and friends
- Psychiatric illness
- Alcoholism
- Anxiety or panic
- Change in personality, showing irritability, pessimism, depression or apathy
- Change in eating or sleeping habits
- Earlier suicide attempt
- Self-hatred, feeling guilty, worthless or ashamed
- A recent major loss - death, divorce, separation, etc.
- Writing a will
- Writing of Suicide notes
- Physical ill-health
- Repeated mention of death or suicide.

How to assess the risk of SUICIDE

Being a community health worker as you suspect that that suicidal behaviour is a possibility, the following factors need to be assessed:

- current mental state and thoughts about death and suicide;
- current suicide plan - how prepared the person is, and how soon the act is to be done;
- the person's support system (family, friends, etc.).

The best way to find out whether individuals have suicidal thoughts is to ask them.

How to ask?

It is not easy to ask a person about his or her suicidal ideas. It is helpful to lead into the topic gradually. Some useful questions are:

- Do you feel sad?
- Do you feel that no one cares about you?
- Do you feel that life is not worth living?
- Do you feel like committing suicide?

Life is Precious

Suicide and its prevention

When to ask?

- When the person has the feeling of being understood;
- When the person is comfortable talking about his or her feelings;
- When the person is talking about negative feelings of loneliness, helplessness, etc.

What to ask?

- To find out whether the person has a definite plan to commit suicide:
- Have you made any plans to end your life?
- Do you have an idea of how you are going to do it?
- To find out whether the person has the means (method):
- Do you have pills, a gun, insecticide, or other means?
- Is the means readily available to you?
- To find out whether the person has fixed a time frame:
- Have you decided when you plan to end your life?
- When are you planning to do it?

All these questions must be asked with care, concern and compassion

How to manage a suicidal person

Low risk case: The person has had some suicidal thoughts, such as "I can't go on", "I wish I were dead", but has not made any plans.

Action needed

- Offer emotional support.
- Work through the suicidal feelings.
- Focus on the person's positive strengths by getting him or her to talk of how earlier problems have been resolved without resorting to suicide.
- Refer the person to a mental health professional or a doctor.
- Meet at regular intervals and maintain ongoing contact.

Medium risk case: The person has suicidal thoughts and plans, but has no plans to commit suicide immediately.

Action needed

- Offer emotional support, work through the person's suicidal feelings and focus on positive strengths.
- Make a contract. Extract a promise from the suicidal person that he or she will not commit suicide.
- Contact the family, friends and colleagues, and enlist their support.

High risk case: The person has a definite plan, has the means to do it, and plans to do it immediately.

Action needed

- Stay with the person. Never leave the person alone.
- Gently talk to the person and remove the pills, knife, gun, insecticide, etc. (distance the means of suicide).
- Make a contract.
- Contact a professional or doctor immediately and arrange for an Ambulance and hospitalization.
- Inform the family and enlist its support.
- Make referral

Dos and DON'T

Dos	DON'T
o Listen, show empathy, and be calm; o Be supportive and caring; o Take the situation seriously and assess the degree of risk; o Ask about previous attempts; o Explore possibilities other than suicide; o Ask about suicide plan; o Buy time - make a contract; o Identify other supports; o Remove the means, if possible; o Take action, tell others, get help; o If the risk is high, stay with the person	o Ignore the situation; o Be shocked or embarrassed and panic; o Say that everything will be all right; o Challenge the person to go ahead; o Make the problem appear trivial; o Give false assurances; o Swear to secrecy; o Leave the person alone.

Commitment, sensitivity, knowledge and concern for another human being, a faith that life is worth nurturing - these are the main resources you have at your disposal in order to back up the help to prevent suicide and suicide attempts.

You can save life

Care Management of Mentally ill people

It simply means extending help or support by "COMMON SENSE INTELLIGENCE". In the Care model of "Primary Mental Health" the "Common Sense Intelligence" means:

"We all know that God has given us intelligence to help us with our lives. God gives us rain to provide us with water. But we use our intelligence to build tanks and cisterns, pipes and taps to store and use the water most effectively. We pray to God for rain, but it would be foolish not to use the plumbing when it is not raining; because of the intelligence God has given us, we still have water. It would be foolish to die of thirst because we believe that the water in the tank is not from God, as we made the tank.

It is the same with illness; God has given us intelligence to make medicines to help us get better when we have an illness in our body when we have malaria. And also God has given us intelligence to make medicines which help us when we have a mental health problem. We should pray to God to help us when our mind is not right, but also use the resources He has given us to help us when we are ill."

As a health worker or care provider you need to know that through Care Management you have an opportunity to rebuild people's life in best possible ways; When someone first gets a mental health problem they may need a few weeks rest. People with a mental health problem need to have the correct balance in their lives to get better and stay well. In order to get the right balance in a person's life it is important to speak to them about how they would like their life to be managed for better living. This is known as the person's goals. It can be very helpful to write down the person's goals so that you both know in what ways they are prepared to rehabilitate her/himself and emulate better care.

To rebuild a person's life: some best possible ways are:

- Engage in **daily Routine.** Work out what they will do each day. Do not forget their basic needs! Before they go any further in rebuilding their life, they need to be able to wash themselves, dress themselves, feed themselves and take their medicines.
- **Regular Sleep.** It is very important that people who have had a mental health problem go to bed and get up at regular times. In the past people with a mental health problem used to be given sleeping tablets, but these do not work in the long-term and are addictive. They should only be used in an emergency and only for up to two weeks. There are better ways you can help people who have problems sleeping. A set of exercises called sleep hygiene exercises can be very helpful.
- **Diet.** It is important that people with a mental health problem eat good healthy food regularly.
- **Exercise.** Regular exercise helps people with all types of mental health problem. It helps sleeping and to improve people's mood. People can take exercise in lots of simple ways, such as walking, working in the house or on the land.
- **Socializing and pleasant activities.** It is important that people with a mental health problem socialize with their family, friends and people in their community. This helps to rebuild confidence and improve mood.
- **Work:** Nearly everyone with mental illness can do some kind of job and be useful to their family. It is a great waste that people with mental illness often lose their jobs. Keeping busy can stop mental illness from coming back. Even if a person did not have job before they became mentally ill you should still encourage them to do things that help their family. For example they could help another family member in their job, with spouse in kitchen, feeding & milking cattle. This will show the person with mental illness that they are useful and this will help them get better.

Care Management of Mentally ill people

Other best ways of care

- **Simple and Best way is Talking Therapy or Cure:** Some people think that it is not proper treatment but actually talking to other people is helpful. It is free and does not have any side effects.
  - o Show warmth: show friendliness and be available
  - o Show empathy: show that you understand how person feels
  - o Show positive regards: treating and supporting them with respect and dignity
- **Counselling:** this mean spending time with person and listening to their problems. It is helpful to provide reassurance to person and help them to understand what is happening to them. This can be done in group. It is very enabling as people learn from one another experience.
- **Problem solving work:** a person or family with mental illness need to learn how to deal with problem met in everyday life. You should not tell them what you think are the best answers to their problems. Instead you can teach and help them to come up with answers themselves. This will stop them from getting unwell in future.
- **Relaxation and Breathing:** this is very useful to deal with someone with stress or anxiety problem. For exercise find peaceful place, make sure that no one will distract you next 10 minutes, relax your posture, breathe through you nostrils and slowly, count to 3 and repeat again, while doing this imagine some pleasant words and imagine that God is with you.
- **Crisis planning:** Sometime people have problem but they don't know how to deal with it and this is called Crisis. For example, people who are depressed sometimes feel like they want to harm themselves or even kill themselves. These feelings can be very frightening and difficult to stop. Another example is when a person who used to be addicted to alcohol or illicit drugs – starts to drink or take drugs again and they don t know how to stop themselves. People need to be explained that these plans need to be kept safely so that they can access during such crisis moments.

  Plan could be related to that when such crisis come whom you like the most to talk with—**put that person's name in the plan. Which clinic you would like to visit...put the clinic name in plan, etc, etc.**
- **Coping strategies:** coping strategies helps to take someone's mind away from the bad things that are happening to them. Ask the person to think about some pleasant activity, list those activity with most pleasant as number 1 and so on, plan on those activity and ask them how they want to do it if they again face such bad situation, agree a time for when you will meet again to ensure if plan has worked or not.
- **Medicine treatment:** the golden rule for treating with medicine to mental health problem is
  - o Correct diagnoses
  - o Correct medicine
  - o Correct dosage
  - o Correct duration
  - o Continue medicine till further doctor advice
  - o If there is side effect do not panic but tell to the patient that it is working and with advice of doctor through phone the medicine dosage can be reduced or can be changed accordingly. The person should be encouraged to continue with medication unless advised by the doctor .

Remember: If you sincerely and out of heart extend your help that person may fully recover from his/ her situation OR may not fully recover from his / her situation but definitely their quality of Life will improve.

Promoting Mental Health and Wellbeing

Role of community groups in the context of mental health rights

Background to Mental Health

It is well evidence that mentally ill person and family suffers more distress compared to ordinary disability, which makes life extremely difficult for everyone!

Mental health issues are beginning to take alarming proportions in our country.The WHO-2001 report depict that by year 2020, mental and neurological disorder will accounts for 15% increase in leading cause of disease burden globally.

Our cities and villages are no exception to this dire trend. Frequent change in familial structure and support, unequal socio-economic development, domestic violence, extreme poverty, casteism, gender baise, social and religious practices with increase family size are few pertinent factors for the cause of disharmony and distrust in the community. Additionaly, the outlook towards life is changing people have become more dependable on heavy use of alcohol and drugs instead on families, unmanageable conflicts and daily living stresses causes disruptive bahaviour in young and adult same that lead in to breakdown of familial relationship. In the past, the rise in the cases of self harm and incidence of suicide has depicted the contrast scenario of mental wellbeing in our community.

In Sadholi Qadeem block of Saharanpur district, Uttar Pradesh, it has been observed that there is no government psychiatric drugs and professional services available. People need to be sensitized and made aware about mental health. Over last two years, Sadholi Qadeem block being “Herbertpur Christian Hospital” project intervention area, through medical health camp has diagnosed over a hundred people facing mental disorder. At the same time team has provided them with necessary drugs and attached them with care management services. This could only be done through our trained community mental health volunteers, training inputs and the commitment of Community Based Groups.

What can be done?

Accroding to afore said information, in term of “community primary mental health care and support” it is clear that mental health issues cannot be addressed by individualistic approach. However, through collective involvement of Community Based Groups and with timely guidance, support, training, the mental illness can be prevented and treated.

The below mentioned points should be incorporated in the bylaws of groups:

1. Try to incorporate mental health, disability, community advocacy and monitoring into the vision, mission and objectives of your groups / associations and proactively with participatory palnning make action to fulfil it.
2. Raise you voice to atain you rights and entitlements by use of dialogue, networking and advocacy. At the same time by use of RTI (Right to Information Act-2005) tool, seek better services for yourself and others in your community, from various government schemes and programs.
3. Through community monitoring, ensure that government services and entitlements reaches to right beneficiaries in your community.
4. Improve transparency and accountability, by ensuring the careful implementation and use of government schemes and services in your community.
5. Develop a good understanding on mental health and related issues.
6. Include mental health and disability issues in various proceedings in the village at different levels –Panchayats and its extended committees (Education, water-sanitation, development etc.) and report at Tahsil Diwas by being regular part of it.
7. Identify and refer people needing mental health care.
8. Being a community group perform the role of support group and promote mental health, share information, make referral and counsel families.
9. Find out about various relevant state services and schemes and share with others.

Personally intervene to ensure that People with mental illness and people with disability get their entitlements and benefits as provisioned in your state schemes.

How will this happen?

All this can happen when community groups (CBOs) are empowered and self reliant along the following dimensions:

Promoting Mental Health and Wellbeing

Role of community groups in the context of mental health rights

Relationships in a group

A. Group atmosphere (constant progression from negative outlook to positive outlook)

B. Group Unity (move from discordance to a firm unity)

C. Inclusion (from indifference to rapid inclusion)

Group's commitment

a. Regular presence and participation (Aim for full participation)

b. Group conduct (uphold group decorum)

c. Group decisions to be obeyed (all decisions are obeyed)

d. Investment in Groups (regular investment to big investment)

Leadership of the group

a. Common shared vision, mission, values and goals (all members understand it and work accordingly)

b. Quality of group discussions: (unknown to meanignful discussion)

c. Depth of leadership capability and other abilities in the membership:

d. Community participation/ support to leadership (your group has strong recognition in your community)

Group skills

a. Documentation : group should be able to document various proceeding and keep basic accounts.

b. Activity planning, implementation and evaluation (able to do freely without external support)

c. Group activity and result :

d. Group resource: The group must generate its own resources through savings, donations and membership fee etc.

e. Literacy: The group members should be literate so that they can document and learn about various public documents/ schemes.

f. Group saving and account management: (all members are skillfull in managing account)

Group – a definition: A group is formed when two or more people join hands and work towards a common goal. It needs:

- Common goals
- Stable membership
- Criteria for inclusion and exclusion
- A definite membership limit
- Vibrant mutual relations among members
- Commitment to a shared vision

Benefits of a group

One man, especially if from poor socio-economic group, can not achieve much for him/herself or for the community. But a group can!

Some important benefits of working through a group:

- Self respect
- Self confidence
- Self reliance
- Able to take decisions
- Awareness
- Liberation from exploitation
- Social justice
- More information on agriculture, education, health etc
- Greater access to resources
- Self employment
- Potential for income generation activities
- Access to government schemes and services

A group provides a platform for people to come together, discuss, develop common vision, take decisions, access resources and solve problems. All this is possible only when members “own” the group.

When does change happen?

When people in the group comes together, share their experiences, discuss them analytically it gives rise to shared larning. The members in the group take interest in learning and consequently group become a vehicle of change! Individuals while working in group and performing different role triggers trust among each other. It helps the members to look within to work out their potentials and capabilities with confidence. Eventually- trust, confidence and introspection at individual level opens the doorway to a bigger change. This ripple change gradually extends to village, community and nations.

Therefore, realising the role of group in a wider change must be understood by the members first.

During group formation community worker must remember that:-

S/He should be:

- Encouraging, inspiring
- Focused on the subject
- Peace maker and negotiator
- Humble, requests rather than order
- Maintains order and discipline in the group
- Keeps an eye on process and direction
- Remember that even some of the members in the group can form group
- Know what discourse is----at understanding or at emotional level.