

PROJECT REPORT

OF

COMMUNITY MENTAL HEALTH PROJECT

IN ATTAPPADY BLOCK

OF PALAKKAD DISTRICT, KERALA STATE

(A Project for Treatment and Rehabilitation of Mentally ill persons and Prevention of Alcohol dependence and Reduction of Suicides)

SWAMI VIVEKANANDA MEDICAL MISSION

ATTAPPADY

REG.NO.55/IV/2004

Agali PO, Palakkad District 678581

ORGANIZATIONAL PROFILE

Name of Organization : **Swami Vivekananda Medical Mission**

Address : **Agali P.O. Palakkad district, Kerala,
678581**

Phone : **04924 254107**

Email : **svmmagali@gmail.com**

Registered as : **Trust**

Registration number : **55/IV/2004**

Year of establishment : **2004**

Name of Head of Organization : **V.P.S.Menon President**

No. of trust board members : **18**

Exemption under Sec 80G : **Yes**

Person to contact : **Dr.Narayanan V Medical officer**

Phone : **9495501504**

Email : **narayanagali@rediff.com**

Geographical area of operation : **Attappady block in Mannarkad tehsil
of Palakkad district,Kerala**

Population served : **66,171 (2001 Census)**

Focus of Activities : **Health, Tribal welfare**

Auxiliary Activities : **Self Help Groups**

Staff strength : **20**

Activities : **1. Hospital
2. Mobile Medical Camps
3. Village Health Worker Programme
4. Eye Camps
5. Community Mental Health Project
6. Sickle Cell Disease Care Centre
7. Maternal and Child Health Programme**

PROJECT PROFILE

<i>Name of project</i>	:	<i>Community Mental Health Project</i>
<i>Project location</i>	:	<i>Attappady block, Palakkad district, Kerala</i>
<i>Panchayats covered</i>	:	<i>Agali, Pudur, Sholayoor</i>
<i>Population covered</i>	:	<i>66,171 (2001 Census)</i>
<i>Geographical area served</i>	:	<i>745 sq.km</i>
<i>Beneficiaries</i>	:	<i>Mentally ill persons</i>
<i>Project Operation since</i>	:	<i>March 2009</i>
<i>Total no. of patients registered</i>	:	<i>110</i>
<i>Partner Organisations in CMHP</i>	:	<i>1.Department of Psychiatry ,Govt .Medical College, Thrissur 2. MEHAC Foundation, Kochi</i>

“No health without Mental Health”

- WHO

COMMUNITY MENTAL HEALTH PROJECT FOR ATTAPPADY

INTRODUCTION

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

ABOUT ATTAPPADY

Attappady is a backward revenue block of Palakkad district of Kerala state. It has an area of 745 sq.km and encompasses three panchayats. It has a population of 66,171(2001 Census). Tribes form almost half of the population (27,121) and are represented in three sects called Irula, Muduga and Kurumba. They live in hamlets in and around the hills of Attappady. There are 188 such tribal hamlets.

The non-tribal population comprises of settlers from Kerala and Tamilnadu. Both the tribes and non tribes pursue agriculture as their means of living. They cultivate a wide variety of crops from spices to pulses and vegetables. The earnings from agriculture are inconsistent, due to the vagaries of nature like drought, flash floods, heavy winds and devastation by wild animals.

The tribes engage in paid labour because a bulk of their land holdings is not cultivable. Those living in the remote villages get very less work (about 10 man days per month) compared to those near the central areas. Government schemes like NREGS and a government project called Attappady Wasteland Comprehensive Environment Conservation Project implemented by Attappady Hills Area Development Society (AHADS) have marginally improved their employment opportunities and earnings.

The traditional tribal life is rich with a strong community bonding, family networks and sense of social responsibility. Dance, music and festivals are inherent components of tribal culture here. The interaction with the modern world has led to erosion of many of these virtues which have exposed the tribes to many hazards including mental illness.

Though Kerala has a high literacy and high standards of public health, people of Attappady remain very backward on both counts, especially the tribal

population. The literacy rate is less than 50% and school dropout rates are high. Literacy and education among girls is also very low.

HEALTH SCENARIO IN ATTAPPADY

The health indicators of Attappady remain backward compared to state and national averages. The maternal mortality rate (7/1000 compared to state 1.3/1000) and infant mortality rates (66/1000 compared to state 14.1/1000) are very high. Institutional deliveries have remained low resulting in poor maternal and neonatal outcomes. High incidence of severe maternal anaemia, obstetric complications, deliveries by untrained persons all contribute heavily to this situation.

The poor living conditions, extremes of weather, poverty, lack of sanitation and poor awareness about illnesses, together present a bleak prospect for the health of the people of Attappady. Anaemia, malnutrition, deficiency disorders, infections like tuberculosis, typhoid fever and diarrhoeal diseases are rampant in this area. About 30% of the tribal population is affected by a genetic disorder called sickle cell anaemia, which has a devastating effect on their health and quality of life.

Infertility is a very common problem in the native population. Rheumatic heart disease has high incidence because of crowded living, poor prophylaxis and lack of follow up with specialty care.

THE PROBLEM OF MENTAL ILLNESS

There is a very high prevalence of mental disorders among the tribes of Attappady. The problem has not been subjected to scientific study and analysis by any agency. A comprehensive survey conducted in 2010 in 165 hamlets of Attappady has brought out the high number of mentally ill people in each hamlet. The survey also revealed the following.

1. The disorders range from frank psychosis to mood disorders. Schizophrenia is the most common condition.
2. A majority of the patients have not received any treatment at all.
3. Many of those who had their treatment started at Medical college hospitals at Thrissur or Calicut have discontinued it. All of the patients are from a poor socio economic background and find it difficult to buy the costly psychiatric medicines on a regular basis.
4. Most of the patients are in their twenties and thirties. They were the bread winners for their families.
5. There is very poor awareness regarding mental illness among the tribal population.

There is a large number of wandering and neglected patients. The scenario is worsened by the emergence of new patients every year. Consumption of liquor, widespread use of Ganja, insecurities in the family, all seem to play major roles in promoting the emergence of these disorders among the tribes of Attappady.

A large number of suicides are being reported in Attappady every month, especially from the tribal population.

There has not been any scientific study regarding the size of the problem of mental illness or the reasons there of.

There is one CHC and four PHCs and one Tribal Specialty Hospital run by the government in Attappady, besides seven private hospitals (including ours) providing services at primary and secondary levels. None of these centres provide care for the mentally ill. The National Mental Health Programme has so far not been implemented in Palakkad district. An NGO called Margadeepthi Charitable trust conducted a monthly camp with a Psychiatrist for more than a year during 2008-2009. Every month about 20-30 patients were seen by a psychiatrist coming from Palakkad and given free medicines. The camp was stopped later on due to lack of funds. As per our survey, a majority of patients (65%) still have not received treatment even once.

PROJECT GOALS

Comprehensive treatment and care of tribal people with mental illness including untreated and neglected patients at the same time promoting positive mental health among the tribal people resulting in a reduction in suicides and alcohol dependence.

PROJECT OBJECTIVES

1. Make available a treatment facility for mentally ill patients in Attappady itself.
2. Ensure early and uninterrupted treatment of all existing patients at the facility by a network of medical social workers and village health workers.
3. Integrate psychiatric treatment with primary health care.
4. Provision of monthly supply of free drugs to all the poor patients to ensure complete treatment.
5. Community based rehabilitation (CBR) of treated patients when needed
6. Systematic study of the mental diseases in the area for gaining an insight into the precipitating factors.

7. Create awareness about mental illness and its treatment among the community and promote positive mental health.
8. Create a network of Village Mental Health volunteers who can monitor treatment, provide emotional and social support to the tribal population to help them cope with stress.

BENEFICIARIES

The direct beneficiaries of the project are mentally ill patients who live in Attappady block of Palakkad district. The indirect beneficiaries are their family members who suffer loss of income, mental trauma etc and the whole population of Attappady.

PROJECT HIGHLIGHTS

Community Mental Health Project in Attappady was started in March 2009. It was started by Swami Vivekananda Medical Mission with technical assistance from the Department of Psychiatry, Government Medical College, Thrissur. Though treatment of patients started in March, the project was formally inaugurated on 23RD November 2009 by reputed poet and social worker, Srimathi P. Sugathakumari.

Mentally ill persons receive treatment from the primary OPD of Swami Vivekananda Medical Mission Hospital at Agali. Regular treatment is given by primary care doctor. They are given free medicines for a month at each visit. All visits are documented in the patient's case sheet. Drug compliance and follow up visits are monitored by a team of village health workers, coordinators and a Medical Social Worker at the hospital. Defaulters are identified early and brought back for treatment. New patients are referred either by village health workers or by relatives of old patients. Home visits are conducted by doctors and social workers. Out of 110 registered patients, about 80 are on regular follow up and are drug compliant.

Patients who do not get relief by the initial treatment are referred to MCH, Thrissur for expert evaluation and treatment. Since January 2011, Dr. Chitra Venkiteswaran of MEHAC Foundation, Kochi has extended her support to the project by visiting the hospital every month and managing the patients who need expert care. With this the quality of care that is being provided has also improved.

Capacity building programmes

A Mental Health Awareness programme for social workers was organized at Swami Vivekananda Medical Mission Hospital on **27th February 2009**. A total of 125 participants from government health department, village health workers, SHG leaders, AHADS field volunteers and other NGO members took part.

A one day training programme for **Village Mental Health volunteers** from all over Attappady was held on **19th December 2009** at AHADS training hall. Faculty from MCH Thrissur conducted the training. Ninety three volunteers participated.

Similar training programmes were conducted for village health volunteers on 27TH January 2011 and 1ST June 2012.

An awareness programme for family members of mentally ill patients was held on 27th February 2012.

SURVEY OF SEVERE MENTAL ILLNESS

Inaugurated by Dr.P.R.Karunakaran District Medical Officer, Palakkad on **15th January 2010**.The survey was conducted by Village Mental Health Volunteers. The survey was completed by 31st March 2010.

The survey was conducted by about 60 volunteers. They were trained on the methodology and logistics.

The volunteers held Key Informant interviews with some important persons of each tribal hamlet, like mooppan, ward member, tribal promoter, ooru vikasana samithi leader etc. Information was elicited from them regarding number of people with mental illness, alcohol dependence and number of suicides (ISH). At least 3 persons were interviewed for each hamlet. Then the volunteer went to each patient's house and then collected information on each patient. Informant has been recorded in each case. The volunteers were given a list of symptoms to elicit from the informants. Only Serious mental disorders were identified, but clinical diagnosis was not made for each case.

Results of the survey

162 settlements were surveyed. (Actual number of settlements according to State tribal dept is 187).Total of 295 patients with Severe Mental Disorders were identified. There were 238 cases of ISH in last 2 years. Patient distribution in panchayats and community was analysed. Total tribal population of Attappady is

27121 (2001 Census).Detailed information about 286 patients was obtained in door to door survey of individual patients.

Of these only 124 had taken treatment from some source at any point of time. The rest (162) never received any treatment at all. Of the 124 who were treated 70 discontinued at different stages. Of the defaulters, only 12 stated improvement as the reason for stopping. The rest had reasons like difficulty to access the doctor, difficulty to purchase medicines, financial difficulty etc as reasons.

BENEFITS OF THE PROJECT

Patients can avail of treatment for mental illness at a general health centre.

A large number of poor tribes with mental illness so far untreated have access to quality treatment free of cost.

Regular supply of medicines is assured.

Regular follow up and good drug compliance provides better recovery.

EXPECTED BENEFITS OF THE PROJECT

Awareness about mental illness and the benefits of early and continuous treatment will be enhanced among the tribal people.

Reduction of social stigma regarding mental illness among tribes.

Treated patients will be rehabilitated into their families and communities.

Creation of support systems to cope with stress and anxiety.

Reduction of suicides.

Reduction of Alcohol dependence.

PROJECT TEAM

Consultants : 1.**Dr.K.S.Shaji** HOD and Professor of
Psychiatry ,Govt.Medical College,Thrissur
2. **Dr.Chitra Venkiteswaran**
Psychiatrist ,MEHAC Foundation

Doctors : **Dr.Narayanan V** (Chief Medical Officer)
Dr.Sampathkumar(Resident Medical Officer)

Project Coordinator : **Rajinesh K.V.** (MSW-Psych)

Supported by Nursing staff, Administrative staff and Village Health Workers and coordinators.

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