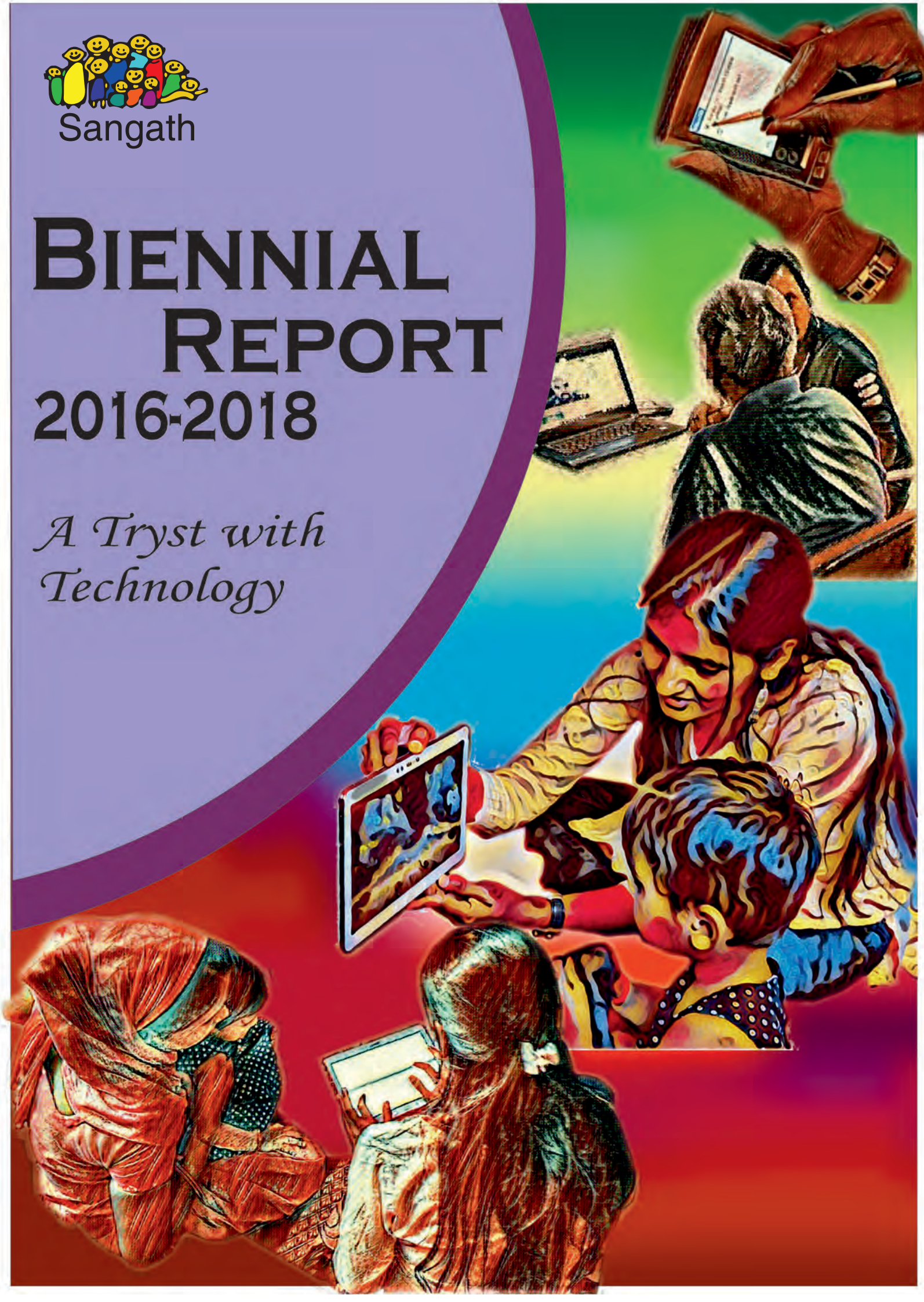
Sangath

Biennial Report 2016-2018

A Tryst with Technology



Sangath

2016-18
BIENNIAL REPORT

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MESSAGE FROM THE CHAIRPERSON

Ashwin Tombat

The World Health Organisation (WHO) estimates the economic loss from mental health conditions in India between 2012-2030 to be $1.03 trillion or around Rs75 lakh crores. This represents a diverse range of mental health problems — childhood developmental disabilities, depression and anxiety, as well as severe conditions like schizophrenia and dementia — a very large number of caregivers are also affected by these conditions.

India has a tiny mental health workforce. The country has just 0.3 psychiatrists, 0.12 nurses, 0.07 psychologists and 0.07 social workers for every lakh population. This means that most individuals and families who need support and mental health services have no access to people who can support their needs.

This 'treatment gap' isn't unique to India. WHO says depression may be the second leading cause of disability worldwide by 2020, costing $6 trillion (Rs437 lakh crores) globally, roughly equivalent to what all countries in the world were collectively spending on their entire healthcare requirements in 2012!

This enormous need makes Sangath's focused commitment to innovations that reduce the treatment gap for mental disorders all the more important. We empower ordinary people — lay counsellors — to deliver psycho-social interventions targeted to support the most vulnerable in our communities. With the lack of specialist mental health workforce a scarcity in all the regions of the world, these treatments have tremendous potential to substantially narrow this gap. Our models support the lay counsellors to get focused, rigorous training and supervision, to deliver high quality interventions.

As a growing vision, we want that these evidence-based interventions are scaled up through routine primary care or community delivery platforms, to be fully integrated into a universal health care system. This is the only way to reach India's large, under-served population.

To help with this process, Sangath has been increasingly turning to technology as an essential aid in the future of mental health care. Technology is transforming mental health assessments and treatments faster than anyone expected. Evidence-based cognitive and behavioural therapies are now being evaluated for delivery through simple gadgets and even online.

Smartphone apps, mobile apps, telehealth systems, user-friendly softwares on tablet computers, and other technological innovations could go a very long way to help in the diagnosis and treatment of Anxiety, Depression, Addiction, Autism Spectrum Disorders and other mental health conditions.

These last two years have seen Sangath transform some of its research into effective real-world tools through technology, by designing self-care applications, training and supervision modules to be delivered through digital platforms, as well as using social media platforms to build awareness around mental health needs.

The process is still in its infancy, but we hope and expect that technology will increasingly play a key role in Sangath's journey and enable us to reach many more people with mental health problems, addictions and disorders than we could have done through traditional approaches. This report focuses on some of the innovative technological applications that Sangath is working on.

Dr Amit Dias, who was the previous chairperson, stepped down a few months ago. His remarkable passion, energy and efficiency have made my job so much easier. The Sangath team is focussed, dedicated and agile, and I am confident that two years from now, we will have so many more achievements to report.

MESSAGE FROM THE EXECUTIVE DIRECTOR

Fredric Azariah

It has been an honor and privilege to serve as the Executive Director of this dynamic organization. The third decade of Sangath has begun with the organization moving from strength to strength in all aspects of its work. Over the last couple of years, Sangath was able to establish permanent hubs in two of its location viz. Delhi & Bhopal, with Goa transforming into a headquarter, due to the continuous work in these regions. Moreover, new project site has been initiated in Pune as we continue to expand our work pan India.

We have continuously have received support from all the state governments where we work and recently we were able to establish a Memorandum of Understanding with the Government of Goa to host our projects in the health departments of the State. We continuously hold excellent relationship with all stakeholders which enables us to implement our work without any constraints.

As you read through this report, you will be able to acknowledge that our approach to reach out to the larger population will be through the use of technology. This indeed is the way forwards to bridge the mental health treatment gap through various innovative models of mental health care using technology and Sangath is already leading the way in developing and testing various innovative technologies to accomplish this mission.

We are in the process of setting up a Centre for Ageing, thanks largely to the generous gift from Prof Charles Reynolds, from University of Pittsburgh and a Principal Investigator of one of the elderly programs. We anticipate that this centre will not only house research, but also serve as a centre for services and academics.

The strength of Sangath has always been its employees and together we will continue to strive towards accomplishing our vision. Finally, we wish to thank all our funders, collaborators and stakeholders who have a vital role in keeping our work sustainable over the years and in the future.

THOUGHTS BY

VIKRAM PATEL

The last two years have seen our efforts to translate our research into impact in the real-world gathering pace. Technology will play a key role in this journey, as it enables us to reach out to many more front-line workers, families, and persons affected by mental health problems, than the traditional face to face approaches to assessment, training and delivering psychosocial interventions. Technology will also enable us to engage the wider community into conversations to bring mental health out of the shadows. This report lays out some of the innovative applications of technology our teams are working on; as always, the outstanding commitment and hard-work of our service providers spread in sites across the country is the foundation on which our success is built. These past two years have also seen a transition in the leadership of Sangath, with Amit stepping down after serving as our Chairperson with such passion and aplomb, and Ashwin slipping into this role with ease. These smooth transitions demonstrate the depth of the talent in our General Body to lead our organization and the robustness of the systems we have in place to enable these to take place so seamlessly

NEWS BULLETIN

Ashwin Tombat was appointed as the new Chairperson of Sangath.

Sangath and the Manipal Academy of Higher Education have decided to join hands and work together in the field of academics and public health.

Sangath's fees disbursal for service providers has moved to a salary structure following recommendations of the Seventh Pay Commission.

Field and survey work for the upcoming structure adjacent to Sangath's Porvorim office has started and construction may begin by mid to late 2019.

Sangath has partnered with Rajasthan-based Mata Jai Kaur Maternal & Child Health centre to train lay health workers in delivering the Thinking Healthy Program intervention.

The new edition of Vikram Patel's co-authored book 'Where There Is No Psychiatrist' has been released and is available for download at no cost.

Abhijit Nadkarni, co-director of Sangath's Addictions Research Group, has been appointed as an Associate Professor at the Department of Population Health, London School of Hygiene and Tropical Medicine, U.K.

Sangath's young adolescent focussed-project in Bihar, SEHER ended and its findings published.

During the last week of 2018, Sangath trained students and other participants on its internally-developed intervention for alcohol addiction, 'Counselling for Alcohol Problems' (CAP) at Dhempe College, Goa.

Sangath started its community outreach program in South Goa's Canacona taluka, where a mental health clinic 'Chetana' has been established in collaboration with the local community.

Sangath signed a Memorandum of Understanding with the Kare College of Law, Margao, Goa to work in the field of inclusivity.

TEDx Panaji, organised in early 2017, had two representatives from Sangath presenting their work in addictions research and elderly mental health care.

'Tech'ling mental health problems, one byte at a time

Abhijit Nadkarni

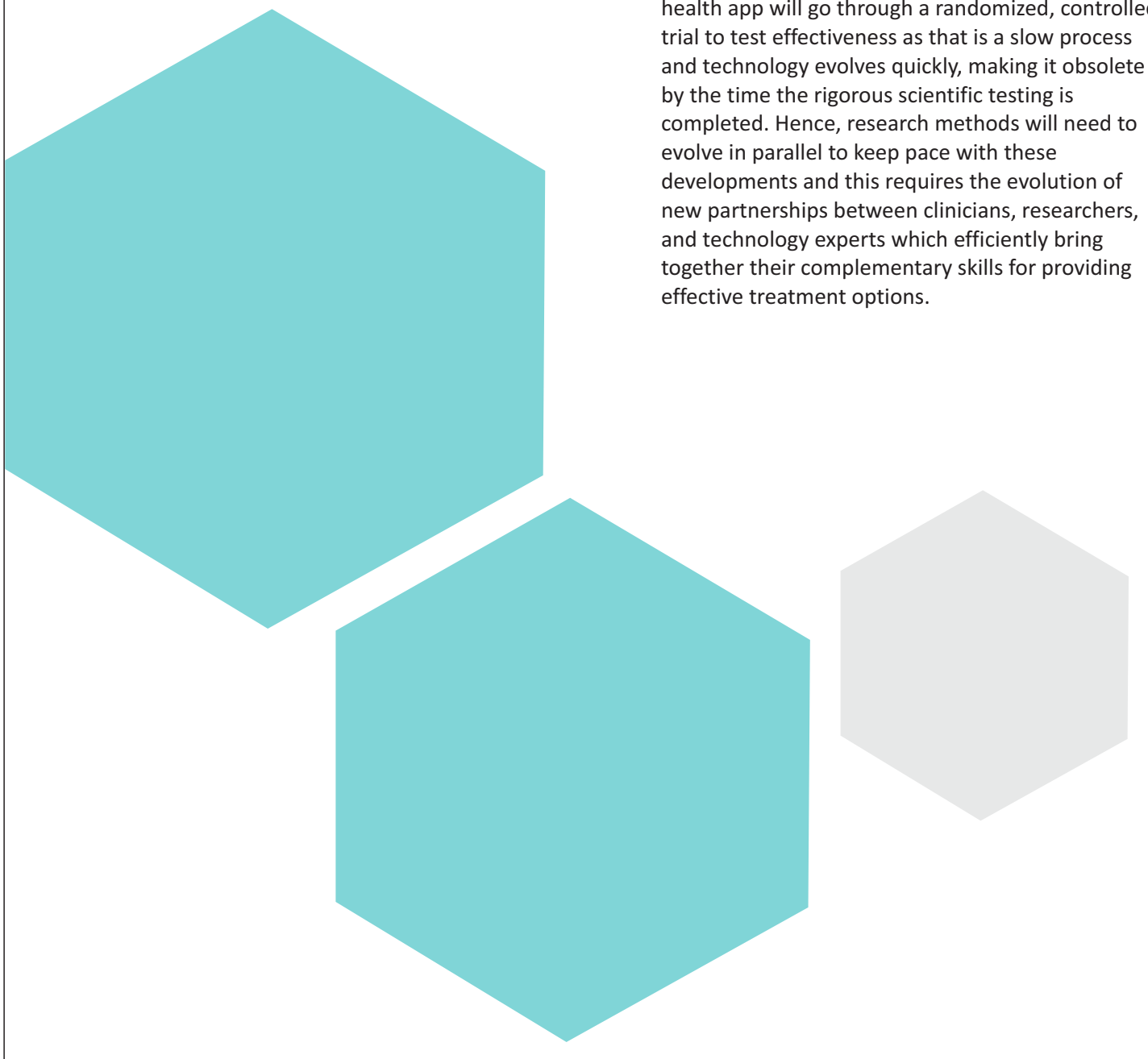
A lot has been made of the adverse impact of technology on mental health, but we need to now focus on how this same technology can be used to improve mental health and wellness. A number of studies in recent years have reported a link between use of technology and certain mental health problems. On the other hand, the digital space is also exploding with technological innovations aimed at improving mental wellbeing. While there might be evidence about the adverse impact of digital technology on our emotional wellbeing, there is no running away from the fact that technology plays a crucial role in our everyday lives. Hence, it makes a lot of sense to leverage the ubiquity of technology to increase access to mental health care.

Technology already plays a diverse role in the wider health sector and includes the use of information technology such as in telehealth services, and medical technologies like minimally-invasive surgeries and cutting-edge scanning equipment. Similarly, technology has the potential to transform mental healthcare as well, by connecting patients, services and health data in new ways. It is a well-known fact that despite the availability of evidence-based interventions for a range of mental health problems, there remains a huge treatment gap because of several barriers to access and inefficiencies in the healthcare system. However, it is these efficiencies themselves that makes the mental healthcare sector ripe for disruptive innovations. For mental health, some exciting innovations in the technology space include self-help apps (e.g. stress management), apps for cognitive remediation, skill-training apps designed as games and which help the user develop strategies such as anxiety management, and passive symptom tracking apps that collect data using the sensors built into smartphones.

Technological innovations have the potential to bring more objectivity and reliability to the notoriously subjective diagnostic systems in mental health, improve access to mental healthcare and treatment adherence, by enabling services to be tailored to individual patient needs. In addition, technology is also reshaping mental health research. An example of this is the examination of social media posts by large groups of people to help understand and shape behaviours. Thus, technology is opening a new frontier in mental healthcare through new ways of identifying problems, accessing help, monitoring progress, and increasing understanding of mental wellbeing. These innovations range from the most basic (e.g. sending a text message to a crisis centre for support) to very sophisticated technology such as devices with built-in sensors to collect information on a user's typical behaviour patterns and then providing a warning if it detects a change in behaviour to one that is risky. These innovations are just a taster of what is to come, and a tantalising view of the future is afforded by the recent example published in the Lancet Psychiatry of the first ever automated virtual reality treatment for the fear of heights in which a computer-generated avatar successfully guided users through a cognitive treatment programme.

Compared to traditional mental healthcare delivery, technological innovations have several advantages and these include ease of accessibility, convenience, anonymity, lower cost, scalability, 24x7 availability, and consistent delivery across persons and time. Hence, there are concerns from the traditional mental health sector that technology will sound the death knell for mental health professionals. However, this concern is unfounded. Skilled clinicians will always be needed to deliver treatments as some patients will prefer this and the complexity and severity of some mental health problems will demand a clinician. Hence, I believe that rather than replacing clinicians, technology will become efficient partners and provide clinicians with powerful tools to help their patients.

While we celebrate the huge potential of technological solutions, I would like to end with a word of caution. Although digital technology has exciting potential to transform mental healthcare it also has the potential for harm as the currently marketed solutions might be motivated primarily by commercial interests focused on maximising usage time, without due regard for the users' wellbeing. Thus, one major challenge is ensuring the effectiveness of care in an un-regulated digital marketplace filled with technological solutions that make tempting claims about improving mental health without supporting evidence. Hence, given the promise of technological innovations we need to ensure that all the hype is supported by a solid evidence base. It is unlikely that every mental health app will go through a randomized, controlled trial to test effectiveness as that is a slow process and technology evolves quickly, making it obsolete by the time the rigorous scientific testing is completed. Hence, research methods will need to evolve in parallel to keep pace with these developments and this requires the evolution of new partnerships between clinicians, researchers, and technology experts which efficiently bring together their complementary skills for providing effective treatment options.



More than just games- Digital platforms supporting the health in young children

Gauri Divan

From Sangaths' early days as a child development clinic and its transformation into a public health research NGO, we have been striving to expand our reach to under served populations. In the field of early child development and childhood disabilities, in which I personally work, we have seen families struggle on many fronts.

Low awareness in the community of typical child development, means that even when families sense that their child is different-most extended family and community members unknowingly reassure them that their child will catch-up when they grow. On the professional front too, though there is a vast difference between the urban and rural areas- most professionals, find it hard to recognise and inform parents of disabilities, particularly the more 'hidden' ones. These are disabilities which are not obvious – say like the genetic disorder, Down's syndrome, or motor disabilities like cerebral palsy.

Hearing impairment and autism, do not have any visible markers, and are hence harder to recognise. This leads to a delay in diagnosis and a lost opportunity for early interventions that we know are critical to improving outcomes. For those families who do receive a diagnosis for their child, the next struggle is to access services. Most services are usually located in urban centres, and not all families have the ability to relocate to cities. For those who are able to access services, this may still mean grappling with transport and the loss of daily wage earnings; so that they can attend the frequent therapy sessions that disabilities usually require. Within centres, there is a variability of services being provided. Particularly in disabilities like autism, there is a lack of evidence to support what families and children are receiving.

As a research organisation, innovating with models that have rigour and reach, we have been using the process of task sharing, where we work with community health workers particularly in the area of intervention delivery. This includes interventions both for supporting the development of responsive parenting in the critical first few years of life, to adapting a comprehensive intervention for young children with autism. As we began to prove the effectiveness of our interventions the new dilemma was how do we disseminate them to wider audiences, while still maintaining quality. As we brainstormed, a solution tempting us was the power of mobile and information technology.

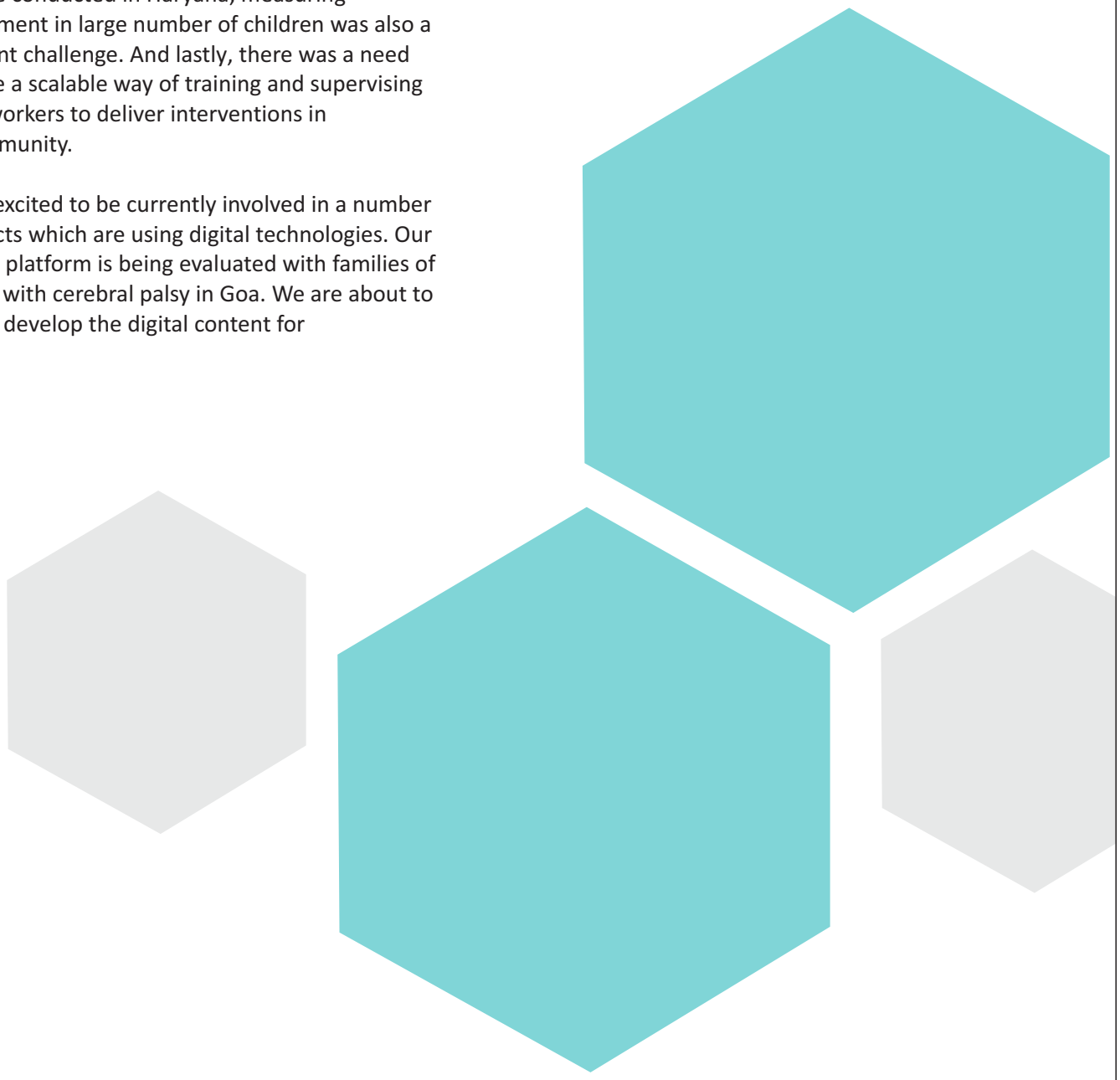
These new technologies not only expand ones' reach but also have the ability to process large data from children to support refinements as they are being used.

Our first foray into using mobile health was with the development of a digital platform to support families

of children with cerebral palsy. This was an interesting experience for us since it made us aware of the need to attend to details when we develop audiovisual content to support families. It also made us realise the need for the technical team designing any program for us to understand what our vision. This early prototype is being currently evaluated in the field, however, the lessons learnt during its development have been important. Firstly, that there is a real possibility of using the digital platform, since families found the video content novel and easy to understand. Second, though we had an intervention, for many families the prior step of receiving a diagnosis was still missing. Third, as we discovered in our large SPRING study we conducted in Haryana, measuring development in large number of children was also a significant challenge. And lastly, there was a need to create a scalable way of training and supervising health workers to deliver interventions in the community.

We are excited to be currently involved in a number of projects which are using digital technologies. Our INFORM platform is being evaluated with families of children with cerebral palsy in Goa. We are about to begin to develop the digital content for training, supervision and intervention of our comprehensive package of care for autism in COMPASS. We are also developing and evaluating two novel applications to support the screening and evaluation of children's brain health. In START we are working with partners in the UK on a screening app for autism and in REACH we are working with partners in the US to develop a digital game that can assess the thinking skills of a young child.

The aim of all these initiatives is to leapfrog over the barriers of access and reach the many families leapfrog left behind; so that in the future every child can reach their true potential.



A TRYST WITH TECHNOLOGY

World over, we are witnessing a technology revolution taking place and affecting all walks of life. Whether it is scientific and medical research, mobility, communication, data collection and processing, smart homes and appliances... there is hardly any aspect of your life that is not influenced by technology. Can public health remain far behind?

At Sangath, the focus has always been at finding new ways to streamline our processes and systems to better collect and interpret data from our projects. While nothing would replace the traditional field visit to know the on-ground reality of the progress of our initiatives, we can always look at using technology and finding better ways to conduct public health research.

Sangath's primary focus area is improving health across the lifespan and it starts very early with our child-development focussed project 'START' or Screening Tools for Autism Risk using Technology.
START is a low-cost screening tool running on the Android operating system that tracks the eye-ball movement of children to know if they are at risk of developing Autism. The app encourages the children, generally between the age of two to five years, to complete tasks disguised as games to assess eye-ball movement, motor parameters along with questionnaires and videos of parent-child interaction to make the assessment. START was nominated at the eHealth awards held in Castres, France in July 2018 and won the Jury award for its community-based intervention.

Another important initiative among Sangath's child development projects is INFORM or 'Improving Functional Outcomes for Children with Impairments.' "The INFORM (Pilot) scales up from an earlier study conducted between 2013-15 and aims to deliver the intervention via a mHealth platform used by community health workers," said Dr. Gauri Divan, a developmental paediatrician and the Principal Investigator for INFORM. Currently, the mHealth app is in evaluation with about 40 Goan families with children having neuro-developmental disabilities like Cerebral Palsy.

Mobile health platforms have become hugely popular in low and middle-income countries

A patient interacting via a setup for IMPACT project

Patient interacting via telepsychiatry setup for Impact project

like India for their low-cost structure and their ability to eliminate barriers of access and close the treatment gap. Sangath's Addictions Research Group (ARG) is working to create a mobile-based health intervention - that utilise the mobile platform to deliver evidence-based care. AMBIT or 'Alcohol use disorders- Mobile based Brief Intervention Treatment' is one such example. "In India, one of the major barriers to making evidence-based psychosocial treatments like AMBIT accessible t o all is the shortage and inequitable distribution of health professionals," said Dr. Abhijit Nadkarni, Co-Director of ARG and an Associate Professor of Global Mental Health at the London School of Hygiene & Tropical Medicine, U.K. Hence, to overcome the shortage, Sangath took the aid of technology in delivering the intervention via a mobile phone as against the traditional method of using health workers as delivery agents. If the intervention is subsequently demonstrated to be cost effective, it will change the landscape of interventions for hazardous drinking in resource-constrained settings.

Two other projects in Sangath that are using technology innovatively are PRIDE and ESSENCE. The goal of PRIDE is to develop and evaluate a psychosocial intervention consisting of a combination of self-care delivered through a digital app and counseling delivered by counselors targeting common mental disorders in school-going adolescents. The self-care app by PRIDE will help adolescents and young adults deal with their emotional problems and a beta version of the app will soon be released for initial testing.

Assessor filling parent details

ESSENCE (Enabling translation of Science to Service to Enhance Depression Care) is an effort to develop a

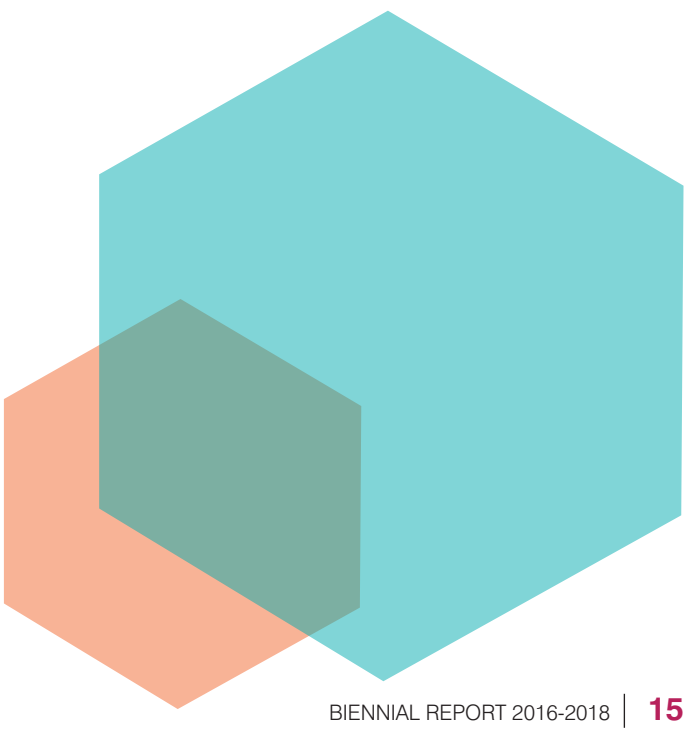
Assessor filling parent details

network of key institutions in South Asia which will help in closing the gap between science and mental healthcare services. It is an effort to scale-up interventions for mental disorders, particularly depression, using online training modules. The ASHA workers would be trained using online tools as against traditional face to face methods to deliver the Sangath-developed Healthy Activity Program.

Sangath is also working to develop a robust online Electronic Medical Record system. "Essentially, the EMR is a system that has the medical history, symptoms, diagnosis and all medical data related to a project beneficiary. It is a system which, along with the Learning Management System (LMS) and Sangath's STAR software, form the backbone of Sangath's technical prowess," said Sonal Mathur, Intervention Coordinator for PRIDE. EMR is already in use by Sangath projects PRIDE and COMPASS and in the future, more projects (IMPRESS and ESSENCE) are expected to start utilising it.

Finally, Sangath's proprietary software STAR or Sangath digital Tool for Advanced Research has been in use since 2010 where projects like VISHRAM, CONTAD, SAFE, SAHAS, and MANAS have successfully used it to collect research data. The software is a data-collection tool that allows field researchers to efficiently use digital versions of the questionnaires. The responses can be directly uploaded to the server from the tablet-device used to collect data. “The STAR software also helps us to clean data, analyse it using graphs and detect any anomalies. Earlier all of this was done manually," said Bhargav Bhat, Senior Researcher and Data Manager. STAR software can also be customised to include newer modules, including audio-visual elements depending upon specific requirements by projects.

Technology is a great enabler and it leads to great advantages in terms of efficiency and reducing human error. Sangath has a clear edge in identifying this opportunity early and is poised to gain from it in the long term.



“Insurance companies now need to have parity between physical and mental health”

Dr. Soumitra Pathare

Dr. Soumitra Pathare, a Pune-based psychiatrist with special interests in mental health policy and legislation, helped draft India's Mental Healthcare Act 2017. In a freewheeling chat with Sangath's Ankush Sharma on the sidelines of a public event to spread awareness about the act in Goa, Dr. Pathare talks about the conditions leading to the creation of the act and the way forward…

What led to the creation of India's Mental Healthcare Act? How did the government suddenly take notice of mental health cases?

Because India has one of the lowest budgets globally as far as public health is concerned.

I think the initial impetus was because the government signed the CRPD (Convention On the Rights of Persons with Disabilities). So someone said that now that you have signed the CRPD, here are a bunch of acts that need to be amended so that they are compliant with the CRPD. And Mental Health Act of 1987 came in that. So, initially they just wanted to do an amendment but once they started looking at the amendments, they realized that amending this old act isn't possible to make it compliant. That's when we were able to convince them, because there were some sensitive and sensible bureaucrats in the ministry who were actually willing to do a new act. Because doing a new act is a huge process and takes around 5-6 years to get it done. They need to have the appetite for that and unless you have a really strong advocate for you from within the bureaucracy we know these things don't work. So I think it was serendipity more than planning. I think sometimes an opportunity presents itself.

In a county like India, where people don't know about mental health in general, what do you expect would be the response of a lay person towards the Mental Healthcare Act? Do you think they will be interested in knowing about it?

Initially will not attract the average man on the street because it does not affect him at all. What it will attract is those who already have some family member who has a mental illness, who have had to deal with the issues that come out of somebody having a mental health illness, so those are the people who will initially be interested in it. I don't think initially the interest will be from people who do not have mental issues in their family and mostly the people I am expecting are the ones who have had a difficult time with mental illness either because of chronicity or there has been some brush with the law because of mental illness, they will probably be the ones who will be the first to attend.

A broader caregiver group might also be interested because they might have heard of benefits for caregivers in this act. But I don't think clear that

the general public would be interested in the act because it does not affect them directly. So if you talk to any of the people present and ask them about their interest, they might either be professionals who want to know about the act, or caregivers and occasionally patients who might have had a mental illness and felt that they were treated badly and think about how the law can help them. I don't think beyond that you will find the civil society coming together at this stage.

You also helped write the Act for the government. How does it protect or benefit a person suffering from mild to severe mental disorders?

I think the most important right that the act provides for the first time and which is unique is that it provides for the right to getting mental healthcare. It says that you now have a right, and the moment someone says you have a right then it creates a duty on someone. For e.g. If I say I have a right to be fed, then whose duty is it to feed me? Similarly, If I have a right to get mental healthcare then whose duty is it? The law clearly states that it is the government's duty. So, it has now created a right to getting mental healthcare and if my right is violated then there are remedies against the right and who can violate my right? The person who has a duty. In this case the duty is on the government. So if the government does not fulfill its duties then I have remedies against the government to get my right fulfilled. There are also provisions for health insurance, for e.g., mental health is excluded from a lot of private health insurance. Now, the law says you can't do that, you have to have parity. So just like you provide physical insurance, you will have to provide mental health insurance with it. You can't say we will exclude it. So now people need to know that. So there are duties on different groups of people and anyone who does not fulfill that duty, you can take action against those people. There are duties on the government, private players like insurance companies and there are duties on professionals like doctors, mental health professionals, and if they violate those rights you can have remedies against them. You have different duty bearers for each of your rights. For e.g., your right to confidentiality, so if your doctor breaks your right to confidentiality, you can take the doctor to court saying you broke my right to confidentiality. It provides you with a lot of bite and because it is now worded in the language of rights, it is very nobody is doing you a favour, that this is your right. For e.g. If I'm supposed to get free medicines, that's my right. I don't care if you (the government) don't have the money. The law says it's my right to get it then you have to find the money. And if an insurer says we can't afford to give mental health care, then it isn't my problem you do something about your insurance rates, but you have to provide parity to physical health care. That means everybody's insurance rates go up, that's fine, everyone's rates go up.

Do you think this Act would help in bridging the gap we have between the number of service providers and number of patients?

It will, because that is one of the duties that is on the government, the law says that within 10 years, the government has to have sufficient number of mental health professionals, as is internationally recommended population norms and for that they have to set up training programs, courses, maybe open up more colleges, so that's another duty on them. And they have to do that in 10 years. So in the next 10 years we have to be able to say that we have enough professionals.

A Mentor's Perspective on Mentoring at Sangath

Richard Velleman

I strongly support the new Mentoring Scheme that has just been launched by us at Sangath. As part of that support, I want to share my view about what Mentoring is, and how I do it.

Let me emphasise that what I am going to say is very much MY VIEW. Others may have a very different view of what it means to be a mentor, and I don't think that there is only one way of mentoring – but I am going to say something about MY view of mentoring.

First, I have always supported Mentoring. I learnt so much from my own mentors as I was developing my career.

Professor Jim Orford was my own first major mentor, and now, more than 40 years after we started working together, we are still close friends and close working colleagues.

Of course, that does not always happen – but in general, if the Mentor-Mentee match is a good one, you can expect that you will retain a very long-standing relationship with your mentor.

Why is that? Well, (in the way that I do mentoring) it is because both of you put a lot INTO the mentoring relationship.

- As a Mentor, you select someone who you already know and like (or you meet them first and start to get to know them, before accepting them AS a mentor).
- If you DON'T like your mentee, then you will not be able to help them.
- As Mentee, you share a lot, and you expose yourself and your worries and concerns, so you need to trust the mentor, and if they manage to help you to achieve some of your goals, you feel gratitude (and often friendship).

So it is not that surprising, the way that I do mentoring, that you do often remain in positive contact for a very long time.

As well as being mentored myself, I have always had a keen interest in mentoring others. So from an early stage in my own career, I have had a long trail of mentees –

- When I was working at the University of Bath I would mentor various undergraduate students and help them decide on what career to go into, and encourage them through those careers.
- Others, I then employed directly and helped them develop their own careers in research or clinical practice or management.
- Yet others were people who I worked with in the UK NHS (the National Health Service), who I then helped develop an interest on research, and where with many I then supervised their Masters and later Doctorate degrees.

I am in regular touch with many of these people –

- I had lunch at the weekend with Willm, someone who started with me as an undergraduate student, who (once he graduated) I then employed as a research worker on one of my research projects, who then gained his PhD, and who then went on to manage my MH Research & Development Unit for many years.
- Last week I had dinner with Anthony, someone I employed to manage one of the drug services which I set up in the UK – this one was a service across the county of Somerset in the UK - who I later mentored to become both the person running all of the alcohol and drug services across our region, and who I also supervised to gain first a Masters in Research and then a PhD.

The list is very long – I could tell you about Paul, who is now a Professor of Child Mental Health, or Colin, who is currently a very senior Director in the UK National Health Service, or Lesley, or Charlotte, or Ian – but I won't!

Instead, I'll talk about Sangath. So, currently within Sangath, I mentor 4 people at 4 different levels of experience, expertise, and stage of career – Abhi

(Abhijit Nadkarni), Ben (Weobong), Urvita (Bhatia), and Miriam (Sequeira).

With each of them, I am clear about what my role is: it is to help them achieve their goals!

That is especially their work-related goals, but because I work in a very personal way, it spills over into their personal goals too – and in many cases, work and personal are very linked – where do they want to live, can they move to help their career, can they study abroad, and so on.

The Mentoring also moves between

- their longer-term goals – where do they want to be in their careers / lives in (say) 5 years' time;
- and their medium-term goals – what is the plan for the next 6 months or next year;
- and the more immediate – let us write a research bid or a paper together, with you drafting something over the next 2 weeks.

The specific mentoring tasks change, depending on who I am working with – so

- with Abhi (now, after working together and being a mentor for 7 years) it is much more about thinking through how we want the Addictions Research Group to develop, and what might be good career moves, alongside planning out different research projects;
- with Ben (I have been mentoring Ben for 1.5 years) it is also about thinking through different career moves.
- with Urvita (I have been mentoring Urvita for about 3 years) it has been about mentoring her through her application for, and then undertaking, her Research Fellowship and the specifics of the project she has been delivering, but also about her role as the ARG Team Manager, and trying to get a balance between these two major roles in her work life; alongside retaining some clarify over what her longer-term objectives are; and more recently, thinking about PhD opportunities and mentoring her through various applications;
- with Miriam (who I have been mentoring for about 1 year so far) it has again been a mix of mentoring work around her current job and roles, and assisting her to think through how best to tackle a range of issues; alongside, some important work to help clarify her vision of what she wants to do in her work life and what steps she might take to achieve those longer-term goals.

So, you may hear from some or all of these people about how that is working for THEM.

For me, it is working well (although I must say, it is also very time-consuming on my part!). And the feeling that I am **making a difference** for each of them, and adding something to their careers and career development, continues to be one of the most worthwhile things that I have done in my career.

So – if anyone has the chance to Get Mentored, ensure that you both like and respect the potential mentor, and if you do, go for it! It could make a very big difference to your future career, and to your life.

And if you have the chance to BE a mentor, and if you value helping others to achieve their goals, and see and help them develop, than equally, go for it!

I commend the Sangath Mentoring Scheme, and hope that many people go through that scheme over the years, and that each Mentee, and each mentor, gets a great deal from it.

Richard Velleman
Co-Director, Sangath Addictions Research Group and Senior Research Fellow, Sangath
Emeritus Professor of Mental Health Research, University of Bath, UK
August 2018

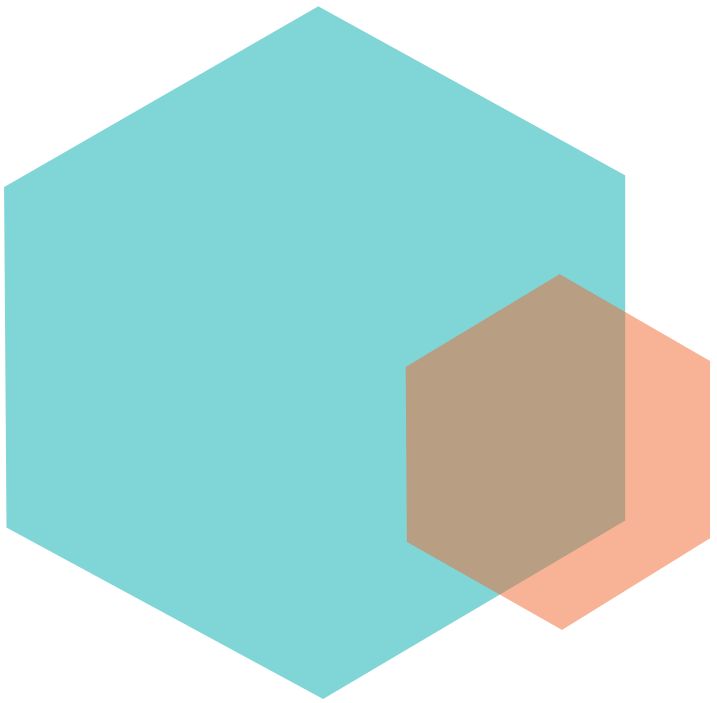
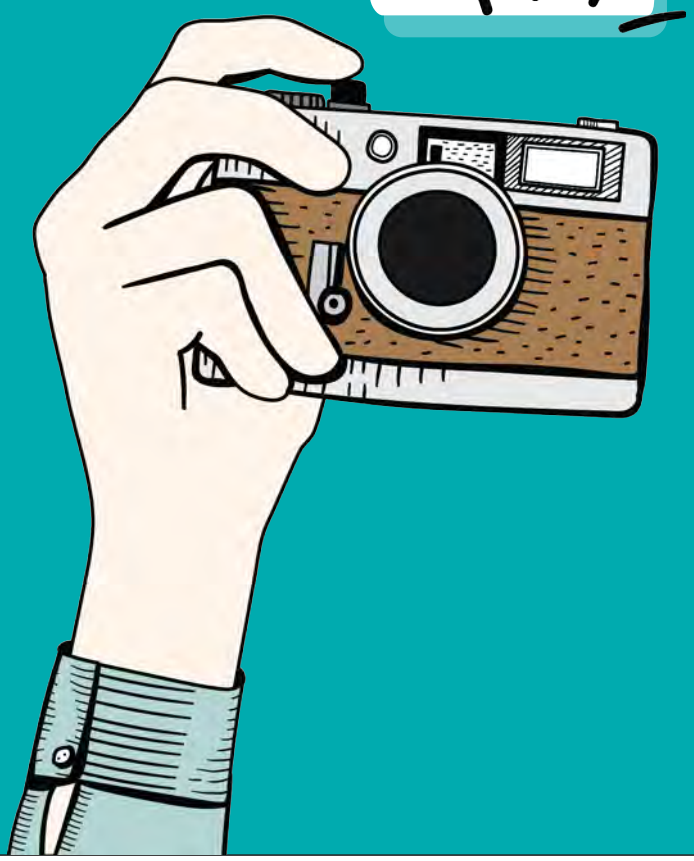


PHOTO GALLERY



(Top and left) Dr. Gauri Divan presenting a paper at the 2nd International Developmental Pediatrics Association Congress at the Nehru Centre, Mumbai

Panel discussion at the International Day of Persons with Disabilities event 2017

International Day of Persons with Disabilities 2017

Students of Dhempe College of Arts and Science enact a play raising awareness about mental health - Oct 2017

World Mental Health Day 2017

Students from IHM take part in a flash mob in Porvorim, Goa to celebrate World Mental Health Day 2017

Sangath conducted a session on mental health for employees of an industrial complex in Verna

Sangath organised a community event with Dhempe College, Goa to mark the World Mental Health Day 2017

Sangath conducted a session on mental health for an IT firm in Nagoa, Goa

Service providers of the SHARE project

ESSENCE annual meeting held between 5th and 7th March in Bhopal, India

Addictions Research Group annual retreat

Inauguration of the resource room at Adarsh VV High school in Margao, Goa

A portrait of Dr. Vikram Patel by our intern Manisha Khemani

Actors from the Mustard Seed Art Company perform the play On the Edge as a part of Sangath World Health Day celebrations in Panaji, Goa.

A participant addressing the audience at the Leadership in Mental Health course 2017

An artwork by New Delhi-based artist Ishita Mehra as part of a Sangath-organised public event to discuss mental health

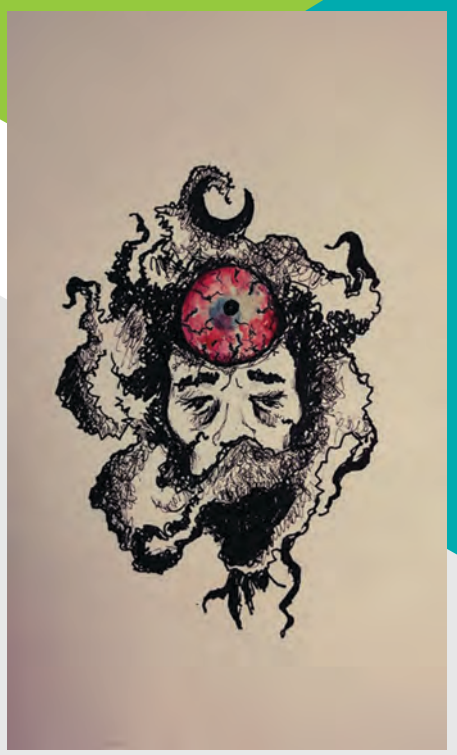
Beyond Boundaries quarterly meet with special educators

(Top) The AMBIT team's visit to the Chowgule college of Arts and Science in Goa

(Side)An artwork by New Delhi-based artist Ishita Mehra as part of a Sangath-organised public event to discuss mental health

Our co-founder Vikram Patel caught an opportunity to click a selfie with officials from the United Nations (UN) and World Health Organisation (WHO) who were present to hold a round-table discussion on mental health in London

(L to R) Vikram Patel, Shekhar Saxena, Director of the Department of Mental Health at WHO, Antonio Guterres, UN Secretary-General and Tedros Adhanom, WHO Director-General.



Goa- based artist Nadia De Souza's artwork promoting Sangath's Chetana wellness program

Dr. Gauri Divan speaking at the Leadership in Mental Health course 2017

Fulbright scholar Sheena Wood and summer intern Emma Seevak work on a project while interning at Sangath

Goa - based artist Nadia De Souza's artwork promoting Sangath's Chetana wellness program

Percy Cardozo and Kimberley Monteiro presented a poster at the 2nd International Developmental Pediatrics Association Congress held at the Nehru Centre, Mumbai

Beyond Boundaries service providers addressing a school gathering on the need for inclusive education in schools

Ms Aparna Khalap from Colorcon Asia Pvt. Ltd inaugurating Adarsh VV High School's Resource Room in Margao, Goa

Participants at the Leadership in Mental Health course 2017

Members of Sangath's ARG team present their work at the INEBRIA conference in Santiago, Chile (L to R-Abhijit Nadkarni, Urvita Bhatia, Sheina Costa)

Sangath service providers, Officials from Colorcon Asia Pvt. Ltd. and other educators at the dissemination meeting in February 2018

Sanchana Krishnan from Sangath's It's OK to Talk presented our work in front of a large audience, which included members of the British royal family! IMAGE CREDIT- Kensington Palace

Sachin Shinde and Prachi Khandeparkar teaching at the Leadership in Mental Health course 2017

Sangath service providers enact a street play at the Shree Mallikarjun college of Arts and Commerce, Canacona

Sangath's former chairperson Dr. Amit Dias addressing the audience at the mental health film festival MINDSCOPE 2017 in Margao


PEER DELIVERED THERAPY FOR PERINATAL DEPRESSION – ADAPTING THE THINKING HEALTHY PROGRAMME

Revathi N. Krishna, Anisha Lazarus, Daniela C. Fuhr, Roopa Raman and Vikram Patel

Sangath

INTRODUCTION:

METHODOLOGY:

RESULTS:

ADAPTATIONS TO CONTENT

ADAPTATIONS TO DELIVERY

DISCUSSION:

CONCLUSION:

REFERENCES:

Sangath's Akankasha Joshi presented this poster at the 21st World Congress of Mental Health of the World Federation for Mental Health in New Delhi and won the Best e-poster award

Sangath's Dr. Abhijit Nadkarni (Fifth from the left) and former Chairperson Dr. Amit Dias (Third from the left) at TEDx Panaji event

Sangath's Percy Cardozo at the International Conference on Inclusive Education organized by the Tata Institute of Social Sciences, Mumbai

Special educators of Beyond Boundaries organised a workshop in Margao, Goa

Sangath's internal four-day course with Andy Bacon on management skills.

Sangath celebrated International Day of Persons with Disabilities with Parvatibai Chowgule College, Government College of Commerce & Economics, Borda, Lokvishwas Pratishthan Ponda, Carmel College and P. E. S. College, Ponda

Shravani Rangapuri addressed the Anganwadi teachers and created awareness about mental health and Sangath's Chetana Mental Health Wellness Programme at Canacona

Sangath's former Chairperson Dr Amit Dias being interviewed by a Goa-based news channel.

Sheena Wood, a Fulbright Scholar with Sangath's Addictions Research Group conducts a session for the staff on understanding qualitative data.


PRESS COVERAGE

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Mental Health Care

Evidence from Vidarbha: Psychological first aid prevents suicide among farmers

A community-based programme could show the way forward for rural mental health treatment.

Published Jan 06, 2017 · 05:30 am

INDIA COTTON/

A suicide prevention programme in Maharashtra's Vidarbha region involving community health workers has reduced the prevalence of depression and suicidal tendencies in the area covered, said a study published in *Lancet Psychiatry* on Thursday.

The Vidarbha Stress and Health Programme or VISHRAM, which was implemented over 18 months from September 2014 to October 2015, used community health workers for the first line of treatment, instead of trained psychiatrists and counsellors. The researchers then interviewed 1,887 subjects on mental health indices. They found that the prevalence of depression fell by 22% in the one year and prevalence of suicidal thoughts fell by 51%. People with suicidal thoughts are at a higher risk of committing suicide.

Maharashtra's Vidarbha and Marathwada regions have been wracked by an agrarian crisis, leading to several farmer suicides over the past decade. In 2015, for instance, 1,328 farmers committed suicide in Vidarbha, according to government figures.

The recently released National Mental Health Survey of 12 states showed that 2.7% of the people surveyed had depressive disorders, 4.0% had alcohol use disorders and 0.9% were at a high risk of committing suicide.

The grassroots community mental health programme addressed the risk factors associated with suicide- depression and alcohol use disorders. It was carried out in 30 villages in Amravati district, which has recorded a large number of farmer suicides.

JAN 2017 Evidence from Vidarbha Psychological first aid prevents suicide among farmers

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3-MIN READ

In Vidarbha, a Programme to Tackle Farmer Suicides

Patel had, in December 2016, released two papers on the importance of lay counsellors, people with now medical background, plucked from the community and trained to provide regular counseling.

Aradhna Wal | News18.com | Updated: January 5, 2017, 2:55 PM IST

JAN 2017 - In Vidarbha, a Programme to Tackle Farmer Suicides - News 18

THE TIMES OF INDIA

Mental health drives at grassroots can prevent suicides, says report

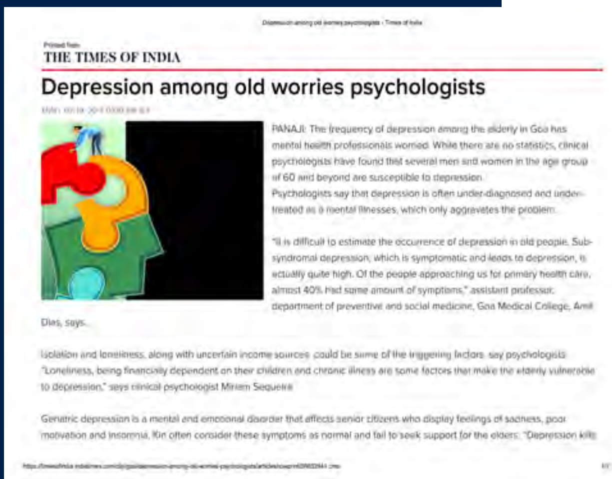
NEW DELHI: Grassroots community mental health programmes to address risk factors such as depression and alcohol use disorders can significantly address treatment gaps and reduce incidence of suicide, a new study published in The Lancet Psychiatry shows.

The prevalence of depression, one of the most common mental disorders, fell from 14.6% to 11.3% following community mental health interventions implemented by two NGOs -Prakriti and Sangath.

The population-based programme- Vishram (Vidarbha Stress and Health Program) was implemented over 18 months in Vidarbha, which reported a high prevalence of suicides in agricultural communities. The impact of the programme was evaluated by Public Health Foundation of India (PHFI) in a study , findings of which have been published in Lancet.

Apart from the significant drop in people with depression, community interventions resulted in six-fold jump from just 4.3% to 27.2% in 12 months, in the proportion of people with the disorder who sought treatment. The prevalence of suicidal thoughts also fell from 5.2% to 2.5% during the same period, indicating effectiveness of such programmes.

JAN 2017 - mental health drives at grassroots can prevent suicides, says report- The Times of India



THE TIMES OF INDIA

Depression among old worries psychologists

PANAJI: The frequency of depression among the elderly in Goa has mental health professionals worried. While there are no statistics, clinical psychologists have found that several men and women in the age group of 60 and beyond are susceptible to depression.
Psychologists say that depression is often under-diagnosed and under-treated as a mental illnesses, which only aggrevates the problem.

"It is difficult to estimate the occurrence of depression in old people. Sub-syndromal depression, which is symptomatic and leads to depression, is actually quite high. Of the people approaching us for primary health care, almost 40% had some amount of symptoms," assistant professor, department of preventive and social medicine, Goa Medical College, Amit Dias, says.

Isolation and loneliness, along with uncertain income sources could be some of the triggering factors, say psychologists. "Loneliness, being financially dependent on their children and chronic illness are some factors that make the elderly vulnerable to depression," says clinical psychologist Miriam Sequeira.

Geriatric depression is a mental and emotional disorder that affects senior citizens who display feelings of sadness, poor motivation and insomnia. Kin often consider these symptoms as normal and fail to seek support for the elders. "Depression kills

JAN 2017- Depression among old worries psychologists - Times of India

THE HINDU

HEALTH

People seeking mental healthcare increases six-fold in a pilot programme

R. Prasad

The proportion of people with depression who sought care increased six-fold from 4.3 to 27.2 per cent in 30 villages in the Amravati district of Vidarbha. The proportion of people who accessed mental healthcare was the same across sex (53 per cent males and 47 per cent females), education, income and religion. As a result, the prevalence of depression among nearly 1,900 participants dropped from 14.6 to 11.3 per cent during this period. The results were published on January 5 in the journal *The Lancet Psychiatry*.

The prevalence of suicidal thoughts reduced by about 50 per cent — from 5.2 to 2.5 per cent. The actual reduction in the prevalence of suicidal thoughts was only small and was not the primary objective of the intervention, says Prof. Vikram Patel from the Public Health Foundation of India (PHFI), Delhi and the senior author of the paper.

The Vidarbha region has witnessed a large number of suicides in recent years. While other benefits have been extended to people in the region, access to mental care has not been provided. The intervention was carried out by VISHRAM (the Vidarbha Stress and Health ProgRAM), a grass-root community mental health program that has been designed to address the mental health risk factors for suicide (depression and alcohol use disorders).

There were just eight counsellors providing advanced psychosocial care and 39 community workers who helped increase awareness about mental health in the 30 villages. A baseline survey was conducted on nearly 1,500 participants who were randomly selected and another survey was carried out on nearly 1,900 randomly chosen people at the end of 18 months.

"The pilot study has shown that the programme can be expanded to cover the entire State," says Dr. Rahul Shidhaye. "A similar approach pilot tested in one district in Madhya Pradesh under PRIME (programme for improving mental health care) was scaled up last year to cover the entire State."

In India, 2-3 per cent (13 million people) adults suffer from depression. Yet, only about 4.3 per cent access mental care and nearly 90 per cent do not.

© The Hindu

JAN 2017 - People seeking mental healthcare increases six-fold in a pilot programme - The Hindu

THE TIMES OF INDIA

Vikram Patel comes down heavily on India's pharmaceutical system

TNN | Feb 17, 2017 12:28 AM IST

PANAJI: Wedding celebrations with all their pomp and show have always been the primary reason for long-term dues for a family. However, healthcare has overtaken weddings as the number one cause for debt, revealed psychiatrist and researcher, Vikram Patel.
Speaking on Day 4 of the tenth edition of the D D Kosambi festival of ideas, Patel said that more than 50% of the population has to sell household goods or borrow money to pay for an episode of hospitalization for heart disease.

"Medical inflation is outstripping every other kind of item in the market. The price of medical bills of hospitalization, diagnostic tests and medicines is rising more rapidly than the food at Panaji market," he said.

Patel went on to criticise the pharmaceutical system in India that charges varying rates for the same medicine. He also called out the nexus between doctors, general practitioners and pharmacists that works to extract more money from patients.

He alleged that healthcare today is in the hands of the medical industry complex. "The pharmaceutical industry in the recently-held US elections, outranked every other industry, including oil, in political donations. This is because it is in their interest to

FEB 2017 - Vikram Patel comes down heavily on India's pharmaceutical system - The Times of India

JAN 2017 - Experiment in suicide zone - The Telegraph

APR 2017 - Carving out the edge in depression - Navhind Times

APR 2017 - Depressed Goans: Most seek solace in alcohol, smoking - The Goan

APR 2017 - Insufficient psychiatrists, rising depression a cause for worry - The Goan

THE ASIAN AGE

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Depression cases dip in Vidarbha after new project

In previous years, the Vidarbha region of Maharashtra has reported a high prevalence of suicides in agricultural communities.

MOST POPULAR

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3 Priyanka Chopra and Facebook come together for live event #SocialForGood

JAN 2017 - Depression cases dip in Vidarbha after new project- The Asian Age

Herald Review — GoaSocial — 3

NGO Sangath drives Inclusive Education in 21 Salcete schools

Rahul Chandawarkar visits the Adarsh VV High School in Margao recently to witness NGO Sangath's 'Beyond Boundaries' Inclusive Education programme from up close

AUG 2017 - NGO Sangath drives inclusive education in 21 Salcete schools - Herald

oHeraldo

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THEATRE WITH A CAUSE

Team Café cafe@herald-goa.com

Isabel de Santa Rita Vas brought out the magic of theatre once again with the original production 'On the Edge', written and directed by Isabel de Santa Rita Vas that was staged in Margao and Panjim on the occasion of World Health Day. As part of the Mustard Seed Art Company, the cast of the play comprised Kiran Bhandari, Joshua Jaques, Karishma Alvares, Ann Barreto de Sousa, Nigel Khamkar and Suvarna Bandekar. The song 'Me and Us' was written by Nigel Khamkar and 'Little Blessings' by Karishma Alvares, Lara Condillac and Nestor Fernandes. The choreography was by Ann Barreto de Sousa and Karishma Alvares while the sound was by Shelton Fernandes of Friends' Audio, with lights by Bhaskar Naik.

Dr. Amit Dias and mental health team at Sangath

APR 2017 - Theatre with a cause - Herald

THE BLUE WAVE OF AUTISM AWARENESS

Team Café

Sangath in association with Colorcon organised the Light it up Blue Autism Awareness walk in Margao. People from all walks of life joined families and children with autism to walk through the crowded streets of Margao and express their solidarity to the cause.

Dr Amit Dias, Honorary Chairperson of Sangath, welcomed the huge gathering and explained the significance of the walk and the need to understand children with autism. He urged the participants to become ambassadors for the cause, spread awareness and help create a healthy environment for children with autism, to help them grown to their full potential.

Poster competitions, skits and a musical shown by special children was the highlight of the event. Many monuments in Goa were lit up blue to raise awareness on Autism.

Autism Awareness Day

Hosted by Sangath and Colorcon Asia Pvt. Ltd., Verna

Autism is not a ... ignorance about ... Know ... stand people with A

Dr. Amit Dias explains the significance of Autism Awareness Day

Poster competition to raise awareness on Autism

Autism walk

Special Children from Jyot School, Davorlim perform on stage

Students from GMC and other colleges support the cause

Awareness walk

Students performing a skit highlighting the need to care for people with Autism

APR 2017 - The Blue Wave of Autism Awareness - Herald

Need to make Goa dementia-friendly: Dr Dias

THE GOAN I NETWORK

PANAJI

With an estimated 5000 people living with dementia in the State, a Goan expert associated with the disorder for the last two decades has emphasised the need to make Goa a dementia-friendly state to help people with dementia participate in community activities and live a good quality life.

ALZHEIMER'S DAY

Speaking to The Goan on the eve of World Alzheimer's Day (September 21), Dr Amit Dias from the Department of Preventive Medicine at Goa Medical College highlighted the need for "increasing public awareness, acceptance and understanding of dementia and a need to make the society more friendly to people affected by dementia."

"In Goa, we are often faced with a situation where the children are living abroad and their parents in Goa start showing signs of dementia."

He said dementia is a term used to describe a number of brain disorders that affect memory, thinking, behaviour and emotion.

"Alzheimer's disease is the most common cause of dementia and accounts for almost 60% of all the cases. Other causes include vascular disease, dementia with Lewy bodies and fronto-temporal dementia."

"Diagnosis is not the end of the road, there is life after diagnosis and people with dementia can be encouraged to lead a healthy and good quality life" Families need support to look after their loved ones with dementia."

"There is a need to make Goa a dementia friendly state

Dr Amit Dias

that will help people with dementia participate in community activities and live a good quality life" said Dr Dias.

"Just as we have the concept for a child-friendly community, elder-friendly community and a disabled-friendly community, we need to develop the idea of a dementia-friendly community as the epidemic is here," he adds.

According to Dr Dias, dementia has now been declared as one of the major public health problems in the world, rising at the rate of one new case every three seconds.

Dr Dias, who is also founder secretary of Dementia Society of Goa, was one of the authors of the 'Dementia India Report' which defined the magnitude of the problem in India, stating that an estimated 4.1 million people with dementia are in India alone.

"According to the latest report of Alzheimer's Disease International, an estimated 46 million people worldwide are living with dementia. The number of people affected is set to rise to over 131 million by 2050. Much of the increase will be in developing countries."

"Already, around 66% of people with dementia live in developing countries, but by 2050 this will rise to 71%. According to studies done in Goa, there are an estimated 5000 people in the state of Goa," he said.

Stating that there is currently no cure for dementia, Dr Dias said a range of support is available for people with dementia and their carers.

"Dementia knows no social, economic, or ethnic boundaries. Studies done in Goa revealed that dementia is often unrecognized. About 90% of the people with dementia and their families did not know that their loved one had a disease that was affecting their brain," said Dr Dias.

"Dementia is often hidden away, not spoken about, or ignored at a time when the person living with dementia and their family carers are most in need of support within their families, support groups and communities."

"Social stigma is the consequence of a lack of knowledge about dementia. This can manifest in various ways such as dehumanisation of the person with dementia, elder abuse, strain within families and friendships, a lower rate of diagnosis of dementia, delayed diagnosis and support," he added.

SIGNS OF DEMENTIA

- Recent memory loss
- Difficulty in performing familiar tasks
- Problems in language
- Disorientation in time and place
- Poor or decreased judgment
- Misplacing things
- Problems keeping track of things
- Changes in mood and behaviour
- Trouble with images
- Withdrawal from social activities

Sept 2017 - Need to make Goa Dementia-friendly said Dr. Amit Dias - Gomantak Times


NGO to implement indigenously developed psycho therapies for autism and depression in India | health | Hindustan Times

hindustantimes

NGO to implement indigenously developed psycho therapies for autism and depression in India

An estimated 322 million people are living with depression worldwide, with the numbers increasing from 5% more than 18% between 2005 and 2015.

Sangath, community based health research NGO specializing in child development, adolescent and mental health, is implementing indigenously developed psychological therapies for autism and depression in India, wherein parents will be the therapists.

Goa-based Sangath was established in 1997, and has projects in several states, including Madhya Pradesh and New Delhi, and has received two major international grants for implementing the projects.

The 'Enabling translation of Science to Service to Enhance Depression Care' (ESSENCE) project, funded by the US National Institute of Mental Health, will focus on scaling up psychological therapy programme for **severe depression. (https://www.hindustantimes.com/health-and-fitness/world-health-day-depression-has-gone-up-18-20-over-the-past-decade/story-kz2nkxWTw6KHVWd4lh9EN.html)**

https://www.hindustantimes.com/health/ngo-to-implement-indigenously-developed-psycho-therapies-for-autism-and-depression-in-india/story-x4e... 1/4

SEPT 2017 - NGO to implement indigenously developed psycho therapies for autism and depression in India - Hindustan Times


Novel autism treatment translates well to South Asian nations | Spectrum | Autism Research News

PHOTOGRAPH COURTESY GAURI DIVAN

OPINION / VIEWPOINT

Novel autism treatment translates well to South Asian nations

BY **GAURI DIVAN**

9 MAY 2017

THE EXPERT:

Gauri Divan
Pediatrician Sangath

Families of children with autism may struggle on multiple fronts. That is particularly true in countries such India and Pakistan, which have limited healthcare resources.

Doctors in these countries often have minimal experience with autism and so may fail to recognize its features. When a child does receive a diagnosis, South Asian families still have to find appropriate treatments in centers with suitable therapists, which are typically located in

https://www.spectrumnews.org/opinion/viewpoint/novel-autism-treatment-translates-well-south-asian-nations/ 1/3

MAY 2017 - Novel autism treatment translates well to South Asian nations-Spectrum News

May 2017 - Looking At Male Suicides in India - The Wire

11/29/2018 Reporter's Diary: Looking At Male Suicides in India

THE WIRE

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CULTURE

Reporter's Diary: Looking At Male Suicides in India

This post takes a look at the statistics on suicides in India and whether men are more likely to commit suicide than women.

Credit: Ipk 90901/Flickr:CC BY-NC-ND 2.0

Devanik Saha

https://thewire.in/culture/reporters-diary-male-suicides-india 1/5

MAY 2017 - A mentally ill patient has the same right of freedom as any Indian -Governance Now

11/29/2018 "A mentally ill patient has the same right of freedom as any Indian" -Governance Now

GOVERNANCE now

"A mentally ill patient has the same right of freedom as any Indian"

How would you rate the Mental Health Care Bill, 2016?

http://www.governancenow.com/views/interviews/a-mentally-ill-patient-has-the-same-right-freedom-as-any-indian 1/6

Focus on children with physical and intellectual disabilities: NGO

THE GOAN | NETWORK

MARGAO

Parents and NGOs closely associated with special children have stressed upon the need to create employment opportunities for persons with disabilities, and also explore avenues for children with physical and intellectual disabilities once they are out of special schools.

While the physically handicapped may find placement here or there, in both private and government organizations, questions are raised by NGOs working with special children whether any avenues exist for children with intellectual and neuro disabilities.

Percy Cardozo, Sangath NGO project leader for South Goa, said time has come to move beyond special schools and explore the possibility of creating job opportunities for special children. "The focus has now shifted from opening special schools to creating job opportunities for these special children. Parents are looking forward to jobs for their wards. Parents have huge expectations and it's time to address the issue of providing job opportunities for the special children," Percy said, while interacting with the media ahead of the International Day of Persons with Disabilities on December 5.

Image for representative purpose only.

Indeed, the focus on creation of job opportunities, both in the private and public sector for the disabled persons, will take centre stage at the International Day of Persons with Disabilities organised jointly by the Directorate of Social Welfare, NGO Sangath and Colorcon Asia Pvt Ltd, Verna, at the Ravindra Bhavan on December 5.

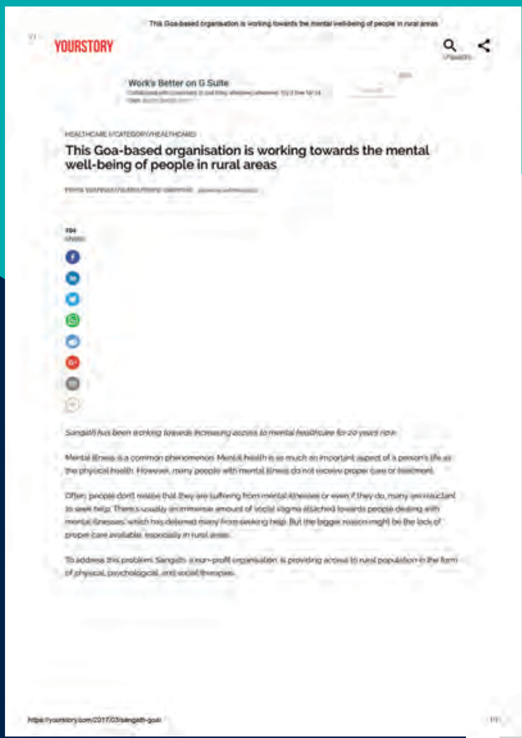
"For the first time our NGO will be organizing a mini-job fair at the programme which will showcase vocational skills of persons with disabilities from several special schools in Goa. There will also be stalls by a few corporates that employ persons with disabilities and are willing to employ more. Besides, there will be stalls by government agencies that provide training and self-employment opportunities for persons with disabilities," she added.

So far, the Directorate of Skill Development, government polytechnic, besides social welfare department and a couple of corporates have confirmed participation in the mini-job fair.

Replying to a question, Percy said members of the NGO had interactions with some of the corporates at the major industrial estates of Verna, Curchorem-Cacora and Cuncolim to explore job opportunities for persons with disabilities across Goa.

Dr Fredric Azariah, Executive Director, Sangath Goa, said, "The objective of the December 5 event is to communicate the need for greater inclusivity of persons with disabilities in mainstream society. We have begun exploring job opportunities such persons in the industry."

DEC 2017- Focus on children with physical and intellectual disabilities: NGO- The Goan



YOURSTORY

HEALTHCARE

This Goa-based organisation is working towards the mental well-being of people in rural areas

21 MAR 2018 - This Goa-based organisation is working towards the mental well-being of people in rural areas - YOURSTORY

'संगथ' काणकोणात मानसिक आरोग्य निगा केंद्र सुरू करणार

प्रतिनिधी

काणकोण

मानसिक आरोग्य बिघडण्यामागे अनेक कारणे असतात. त्या सर्वांचे निराकरण करण्यासाठी समुपदेशनाची गरज असते. शहरात अनेक सुविधा उपलब्ध आहेत. पण काणकोणसारख्या दुर्गम तालुक्यात अशा सुविधा नाहीत. म्हणूनच काणकोणात मानसिक आरोग्य निगा केंद्र सुरू करण्याचा निर्णय 'संगथ'ने घेतला असल्याची माहिती संस्थेचे मानसोपचारतज्ञ डॉ. अभिजित नाडकर्णी यांनी दिली. काणकोणच्या श्री मल्लिकार्जुन महाविद्यालयात आयोजित बैठकीत त्यांनी ही माहिती दिली.

गोव्यातील सर्वसामान्य नागरिक मानसिक आरोग्याकडे दुर्लक्ष करत असून त्यांना याबाबतीत सतर्क आणि जागरूक करण्यासाठी मागच्या काही वर्षांपासून 'संगथ' संस्था कार्य करत आहे. अज्ञान आणि लोक काय म्हणतील या भीतीपोटी सर्वसामान्य नागरिक मानसिक रोगांकडे दुर्लक्ष करत असतात, असे डॉ. नाडकर्णी म्हणाले.

काणकोण तालुका 'मॉडेल' म्हणून घेण्यात आला असून तालुक्यातील सात पंचायती आणि नगरपालिका या योजनेखाली घेण्यात येणार आहे. त्यासाठी दोन समुपदेशकांची निवड करण्यात येणार

काणकोण : 'संगथ'च्या बैठकीत माहिती देताना डॉ. अभिजित नाडकर्णी.

OCT 2017 - Sangath's Canacona-based initiative Chetana covered in a Marathi newspaper

THE ASIAN AGE

India's grey clouds of depression

Although mental illness is experienced by a significant portion of the population, it is still seen as a taboo.

MOST POPULAR

APR 2018 - Indias grey cloud of depression - The Asian Age

Healthy lifestyle can help prevent the onset of dementia

According to studies done in Goa, there are around 5000 people in the State who are living with dementia. A person with dementia needs care and like in many societies, 80 per cent of the caregivers in Goa were found to be females. Amongst them, 50 per cent of the caregivers are spouses who themselves are old and need support appraised Dr Amit Dias, Senior Faculty at the Goa Medical College and one of the authors of the Dementia India Report while speaking to **NIBEDITA SEN**.

GT: How long are you associated with Alzheimer's awareness movement and what are you doing to prevent this disease at present?

Ans: I have been involved in the Alzheimer's awareness movement in Goa right from the time I was doing my thesis on the subject 18 years ago at the Goa Medical College. I realised that there was very low awareness and a lot of people with the condition and something had to be done. People were often abused due to lack of awareness of the condition. They were chained to beds or locked up in rooms or left in the garage. I realised that there was a desperate need for services for people with de-

> "The formula is simple - what is good for the heart is good for the brain. So one must exercise, decrease fats, manage diabetes, high blood pressure, decrease cholesterol and get involved in brain exercises to keep the brain active."
> – DR AMIT DIAS

GT: What's the difference between dementia and Alzheimer's disease?

Ans: Dementia is the umbrella term for a group of conditions that can lead to memory loss. Alzheimer's disease is the most common form of dementia. Even since former US President Ronald Regan openly disclosed that he had Alzheimer's disease, it became synonymous with dementia. But many people in India do not come forward for a diagnosis due to stigma and unawareness.

GT: What is the focus of the campaign this year?

'Remember Me' is the theme for World Alzheimer's Day 2017.

who often does a tireless job in taking care of the person with dementia. Dementia is growing as a public health problem and we need to grow as a society to cater to the needs. It is my mission to initiate the concept of forming dementia friendly

theme 'Remember me' urges each and every one of us in all walks of life to do their bit to improve the lives of people with dementia.

GT: How difficult is it for a caregiver to look after Alzheimer?s patients?

mental illness and healthy older adults. Caregivers need support as they often suffer from burnout.

GT: How do you address the needs of caregivers?

Ans: We have developed an intervention using locally available resources to address the needs of the caregivers and research showed that this strategy was highly effective in reducing the caregiver stress and greatly improved the quality of life of the person with dementia.

The research won the ADI international prize for being the best psychosocial intervention for people with dementia. Mrs Anita Jarvis form the Dennis Jarvis Trust and Lourdes who is her counsellor have been do-

GT WORLD ALZHEIMER'S DAY SPECIAL

SEPT 2017 - Healthy LIfestyle can prevent the onset of dementia - Gomantak Times

OCT 2017 - Sangath's Dr. Abhijit Nadkarni and Dr. Fredric Azariah addressing the media on the sidelines of a mental health awareness program in Dhempe College, Goa

Govt to notify rules under Rights Act for disabled: Madkaikar

SAYS TWO DEPUTY DIRECTORS TO BE DESIGNATED TO HEAD NORTH & SOUTH OFFICES

THE GOAN | NETWORK

MARGAO

Admitting that around 33,000 persons with disabilities indeed pose a challenge to the government and NGOs in the State, Social Welfare Minister, Pandurang Madkaikar on Tuesday mulled implementation of the Rights of Persons with Disability Act 2016, which envisages four per cent reservations for the disabled persons, besides other benefits.

While Goa has become the second state after Rajasthan to notify the Rights of persons with Disabilities Act, Madkaikar said the State government will soon notify the rules under the Act for its effective implementation in the State. He said two deputy directors will be designated to head the North and South Goa offices to ensure implementation of the Act in toto for the benefit of the disabled.

Speaking at the International Day of Persons with Disabilities on the theme "moving towards inclusive and resilient society for all" at the Ravindra Bhavan organised by the Directorate of Social Welfare, Sangath and Colorcon Asia Pvt. Ltd., Verna, Madkaikar said the Social welfare department will take the schemes and facilities to the doorsteps of the disabled persons.

Giving a pat on the back of the State Commission for the disabled persons, the Minister said the government is committed to strengthen the Commission to implement the rights of the persons with disabilities. "The department has sent to the law department the file to frame rules before implementing the Right to disabilities Act, We have also decided to designate two deputy Directors, one each on north and South Goa to implement the new Act and redressed the grievances of the disabled persons", he said.

In his key note address, George Abraham, CEO and founder of Score Foundation, New Delhi stressed on the need to implement 5Es – Expectation, Empathy, Empowerment, making eco-system accessible to the disabled and Entrepreneurship – to ensure that persons with disabilities stand on their own.

"Every child, be it the disabled or normal, has something to offer. Parents and the society should have expectations from the children. Parents as well as the teachers must have expectations from their children", Abraham said, adding that the disabled need to be empowered in the present digitized world.

In her brief address, state commissioner for the disabled, Anuradha Joshi said the disabled can legally demand their rights under the Rights of Persons with disabilities Act and the onus lies on the government to implement the Act. "Under the Act, no school irrespective of whether they receive government funds can deny admission for the disabled in their school. The Act has increase the percentage of reservation from three per cent to four percent", Joshi said.

Sangath Executive member Percy Gawlogo pointed out that a host of issues concerning to the disabled need to be resolved. "Not many disabled children are ready to be placed in an open employment sector.

The Parents are unprepared what the child is going to face in the new work environment", she said.

Social Welfare Minister Pandurang Madkaikar inaugurating the International Day of Persons with disabilities at the Ravindra Bhavan, Margao on Tuesday. Santosh Mirajkar

> The govt is mulling implementation of Rights of Persons with Disability Act 2016, which envisages four per cent reservations for the disabled persons, besides other benefits
> — ***Pandurang Madkaikar,*** Minister

Govt to notify rules under Rights Act for disabled: Madkaikar- The Goan

Beyond Boundaries team addresses the media on culmination of the three years of the project programme.

Sangath to launch education programme in Sanguem taluka- Gomantak times

Sangath to launch education programme in Sanguem taluka

BY A REPORTETR
reporters@gomantaktimes.com

Margao: NGO Sangath recently completed its three-year Beyond Boundaries (BB) inclusive education programme in 25 schools in the Salcete and Quepem talukas of South Goa.

The Beyond Boundaries (BB) programme of Sangath was supported by the Colorcon Asia, Verna through their CSR initiative. It aimed at assisting schools in identifying children with learning difficulties and providing remedial education to retain them in mainstream education. Sangath now plans to take this work forward in the Sanguem taluka of South Goa.

Addressing media persons in Margao on Tuesday, Percy Cardozo, project lead, Sangath said that the Sangath intervention began with teacher orientation to challenges faced by students, followed by teacher training to identify and assess students facing challenges and finally the delivery of remedial education training to teachers through a demonstrative approach. Cardozo said, "Over the last three years, the Beyond Boundaries project team had delivered remedial education programme to 392 students across 17 schools in Salcette and Quepem." She also hopes that the programme will sustain in the schools beyond Sangath support.

In a recent dissemination meeting held to mark the end of the three year programme, Anuradha Joshi, the Goa State Commissioner for Disability categorically stated that children with intellectual and other disabilities have a right to equitable mainstream education under the provisions of the Rights of People with Disabilities Act-2016 and that schools cannot not turn down admissions to children anymore.

Similarly, Nagaraj Honnekeri, director of State Council of Education and Training-Goa, highlighted the efforts of the government to train teachers and provide support for inclusive education in Goa. Honnekeri said, "Every child has a different potential. We must identify the ability of the child and the teachers have an important role to play in the development of the child."

Waman Pedneker, site director, Colorcon Asia who also attended this dissemination meeting applauded Sangath's efforts and said that his company was open to provide support to organisations and government agencies in their efforts to improve educational access to the marginalised.

The meeting was also attended by heads of schools, teachers, special educators and management representatives which included Fr Zeferino D'Souza, secretary of the Diocesan Society of Education, Goa.

Children referred to IPHB when they had language problems: Sangath

Team Herald

MARGAO: The Project Leader of Beyond Boundaries project of Sangath, Percy Cardozo, while sharing the organisation's three-year experience in Goa said that children were unnecessarily being referred to Institute of Psychiatry and Human Behaviour for learning disabilities when in reality the children had language problems.

"In higher classes the medium of instruction is English and that is really a problem with many children," she said briefing media and lamented that teachers are not trained enough to realise the child's problem and simply conclude that the child suffers from a learning disability.

"In higher classes, the medium of instruction is English and that is really a problem with many children. Teachers are not trained enough to realise the child's problem and simply conclude that the child suffers from a learning disability.
– Percy Cardozo, *Sangath project leader*

Sangath started working with 10 schools in 2015 and 19 others joined the next year. But in the third year they worked with only 25 schools as four dropped out because of various problems.

The organization has distributed teaching aid and also promoted different teaching methods in the school it worked and as touched at least 1600 students.

Psychologist and Programme Director of Sangath Prachi Khandeparkar, disclosed that some programmes are even adopted overseas and cited Nepal as an example. Besides, Sangath offices at Pune, Delhi and Bhopal are also working amongst students.

"We are working with government agencies so that whatever work we have done continues," she said, adding that in Goa they have signed a memorandum of understanding with the Health Department.

Percy added that Sangath undertook Remedial Education programmes in 17 schools and has by now trained seven teachers in remedial education.

Children referred to IPHB when they had language problems: Sangath- Herald

Salcete, Quepem have children with learning difficulties: study

THE GOAN | NETWORK

MARGAO

A study conducted by Sangath has revealed there may not be many children in the secondary schools in Goa with learning disabilities. However, the exercise found out children with learning difficulties, including problems relating to acquisition of language skills and emotional issues, in some of the schools of Salcete and Quepem

Sangath's three-year "Beyond Boundaries" inclusive education program in 25 schools in Salcete and Quepem talukas of South Goa, supported by Colorcon Asia Ltd Verna through its CSR initiative, has found that children require remedial teaching and school teachers need to be equipped with teaching aids for the benefit of children with learning difficulties.

"During our three-year programme in 17 of these 25 schools, we did not come across children with learning disabilities. But, certainly, there were many children who were in need of remedial education as they faced learning difficulties due to several reasons, including acquisition of language skills, emotional issues et al," Project Lead, Sangath, Percy Cardozo, told the media.

Sangath Project Lead, Percy Cardozo, and Prachi Khandeparkar at the media briefing on the NGO's project Beyond Boundaries. Santosh Mirajkar

She said the NGO is in the process of compiling a report on the feedback and inputs received from the secondary students and the school teachers on the ground reality before submitting a comprehensive report to the government for action.

With the NGO completing three years in this field in Salcete and Quepem schools, the NGO has now drawn up plans to take this work forward in the Sanguem taluka of South Goa.

The Beyond Boundaries programme of Sangath is aimed at assisting schools in identifying children with learning difficulties and providing remedial education to retain them in mainstream education. "Sangath intervention began with teaching orientation on challenges faced by students, followed by teacher training to identity and assess students facing challenges and finally the delivery of remedial education training to teachers through a demonstrative approach," she said.

Cardozo added: "Over the last three years, the Beyond Boundaries project team had delivered remedial education programme to 392 students across 17 schools in Salcete and Quepem." She hoped the programme will sustain in the schools beyond Sangath support.

Incidentally, in a recent dissemination meeting held to mark the end of the programme, Anuradha Joshi, the Goa State Commissioner for Disability categorically stated that children with intellectual and other disabilities have a right to equitable mainstream education under the provisions of the Rights of People with Disabilitieis Act 2016 and that schools cannot turn down admissions to them anymore.

Similarly, Director of State Council of Education and Training, Nagaraj Honnekeri, said that every child has a different potential. He observed, "We must identify the ability of the child and the teachers have an important role to play in his or her development."

A study says, Salcete, Quepem have children with leaning difficulties - The Goan


11/29/2018 Indian Mental Health NGO is helping parents become their child's therapist

Panel discussion at the COMPASS Project launch

Indian Mental Health NGO is helping parents become their child's therapist

ANI | Updated: Jun 02, 2018 14:15 IST

New Delhi (/search?query=New Delhi) [India (/search?query=India)], June 2 (ANI-NewsVoir): Dr. Ajay Khera, Deputy Commissioner from the Ministry of Health and Family Welfare along with global mental health expert and one of Time 100's most influential people, Prof. Vikram Patel launched a novel parent mediated program for autism for India (/search?query=India)'s leading mental health NGO (/search?query=NGO), Sangath in New Delhi (/search?query=New Delhi) on Saturday morning a the India (/search?query=India) Habitat Center. The NGO (/search?query=NGO) hosted an open panel discussion and short film screening with eminent leaders in the field of autism and mental health from India (/search?query=India) and the UK.

The project, called COMPASS (Communication centered Parent mediated intervention for Autism Spectrum Disorders in South Asia), is a collaboration between an impressive list of institutions

JUN 2018 - Indian Mental Health NGO is helping parents become their child's therapist - ANI


Chronic illness tends to drive patients towards suicide

Goa had 5th highest suicide average rate due to illness in 2015

MAY 2018 - Chronic illness tends to drive patients towards suicide - Gomantak Times


THE ASIAN AGE

Time to make mental health a top priority

There should be massive investment in a community-oriented system

MOST POPULAR

FEB 2018 - Time to make mental health a top priority - The Asian Age


FOCUS

'WHERE THERE IS NO PSYCHIATRIST', refer to this mental health care manual

JUL 2018 - Where there is no Psychiatrist refer to this manual - Gomantak Times

Sangath brings 'Chetna' in Cancona

BY A STAFF REPORTER
reporters@gomantaktimes.com

Panaji: Health Minister Vishwajeet Rane will inaugurate mental health programme 'Chetna' organised by the NGO Sangath at Canacona on Wednesday, January 3 at the Shristhal panchayat hall, Canacona at 11 am. On the occasion, Canacona MLA Isidore Fernandes will also be present. Aiming towards providing evidence-based mental health care to everyone, Sangath is not only trying to reduce the stigma but also striving to meet the needs of mental health awareness in Goa. The demand and supply of clinics will be co-ordinated through the programme 'Chetna.'

"In Goa, out of 10 mentally ill-patients, only two get proper care. The evidence of mental health problem is an alarming issue across the world including India and in Goa is extremely high. Large proportions of people with mental health problem do not have any access to high-quality mental care," said consultant psychiatrist Dr Abhijit Nadkarni.

Poor accessibility and availability of mental health clinic is an additional issue. "People from Cancona have to cover a distance of over 60-km to see a psychiatrist. So many sufferers are deprived of proper help and care. At the same time the stigma associated with mental health is also a matter of concern for us," Nadkarni said. "The place has been adopted to deliver mental health care by the local counsellors for people. The programme is fully run by the funds collected by crowdfunding campaigns. A renowned psychiatrist from Goa, Professor Vikram Patel will be present and deliver the keynote address on youth mental health," informed Nadkarni. The project 'Chetna' started by Sangath is to provide quality mental health services in Canacona taluka, a community with limited access to mental health care.

The programme is open to all.


"In Goa, out of 10 mentally ill-patients, only two get proper care. The evidence of mental health problem is an alarming issue across the world including India and in Goa is extremely high. Large proportions of people with mental health problem do not have any access to high-quality mental care."

— DR ABHIJIT NADKARNI
Consultant psychiatrist

JAN 2018 - Sangath brings Chetana in Canacona - Gomantak Times

11/29/2018 The Man Trying To Universalize Mental Healthcare - Folks

Folks A PILLPACK MAGAZINE

Q&As

323

The Man Trying To Universalize Mental Healthcare

Most people in the developing world have no access to mental healthcare. By training locals to do basic interventions, Dr. Vikram Patel is making a big difference.

Brent Crane August 16

Mental illness, stresses Dr. Vikram Patel, an Indian psychiatrist, is by no means a phenomenon of the west. Rather, it is universal, existing across populations. When combining the most common negative

https://folks.pillpack.com/the-man-trying-to-universalize-mental-healthcare/?fbclid=IwAR1YAYB5_jKEZh_T6md7LAT8a4HVGkApDL8Vkn6zE_zSe... 1/7

AUG 2018 - The Man Trying To Universalize Mental Healthcare - Folks Pillpack magazine

WWW.INDIANEXPRESS.COM
THE INDIAN EXPRESS, MONDAY, JUNE 4, 2018

ASHA workers to get training to help parents of autistic children

ANURADHA MASCARENHAS
PUNE, JUNE 3

AUTISM ISa developmental disorder, which causes social communication difficulties and impacts one in a 100 children. India will have more than 2 million children with autism under the age of 10 years. Most services to address autism in India are currently based in urban centres and delivered by specialists, which means most families have no access to help for their children.

Now, a parent-mediated programme for autism has been launched that will train Accredited Social Health Activist (ASHA) workers to visit homes. These government community health workers will then deliver the programme under supervision of a mental health NGO.

The NGO, Sangath, which started out 20 years ago as Goa's first multi-disciplinary child development clinic, has been working across the country and developing packages of care for community delivery for a range of mental health conditions. Sangath shares a Medical Research Council UK grant with the University of Manchester to evaluate a culturally sensitive autism intervention, delivered by health workers in Delhi.

Noted psychiatrist and founder of Sangath, Dr Vikram Patel said the project, COMPASS (Communication centered Parent mediated intervention for Autism Spectrum Disorders in South Asia), is a collaboration among University of Manchester, Harvard Medical School, Sangath, Maulana Azad Medical College and associated with Lok Nayak Hospital, AIIMS, National Health Systems Resource Centre and Kings College London. COMPASS will train ASHA workers to visit families and deliver the programme under the supervision of the NGO's health staff, said Dr Patel.

This is an opportunity for us to work towards filling the gap of autism care in India. We are excited to be working with the ASHA workers in Delhi. We have seen that they have sensitive counseling skills which will help us train them to be effective delivery agents for our autism intervention

DR GAURI DIVAN,
WHO LEADS THE PROJECT IN INDIA

In COMPASS, the team will train ASHA workers in community settings such as households. This effort is aimed at addressing the challenges of families who currently visit AIIMS, New Delhi, and other government centres for services but find it difficult to manage the frequent travel to avail of centre-based services. The parent-mediated intervention for Autism Spectrum Disorders for South Asia Plus (PASS Plus), which will be evaluated, has already been field-tested in Goa and Kolhapur in Maharashtra.

This work will provide the first trial evidence to inform the ambitious plans of the Government of India to scale up community-based interventions for ASD through programmes such as the Rashtriya Bal Swasthya Karykram.

The mainstay of management for disabilities is a home-based approach where parents play a pivotal role. Dr Gauri Divan, who leads the project in India, said: "This is an opportunity for us to work towards filling the gap of autism care in India. We are excited to be working with the ASHA workers in Delhi. We have seen that they have sensitive counseling skills, which will help us train them to be effective delivery agents for our autism intervention."

A parent of a child with autism, Shamika Ravi, said: "Knowledge of autism is limited everywhere in India, and the gap is particularly severe in under served communities. We endorse this effort and eagerly await empirical evidence, which can be scaled up across the country."

The Indian EXPRESS epaper editions Mon, 04 June 2018 epaper.indianexpress.com/c/34434380

JUN 2018 - ASHA workers to get training to help parents of autistic children - The Indian Express

11/29/2018 Psychiatrist & Researcher Vikram Patel is putting mental health front and centre

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Psychiatrist and researcher Vikram Patel is putting mental health front and centre

Doctor's orders

212 Shares on + | Kishore Singh | Aug 13, 2018

Abhishek Bali

Vikram Patel's reading habits are "eclectic" – his wife chooses the books because "she's a terrific reader". So is his taste in world music. He also loves cooking for his friends, "exercise-swims" whichever part of the world he's in, and should GQ ever consider a careless dresser award, he would bag it, hands down.

It's towards the end of our conversation when we turn to such matters, and I kick myself for spending so much time on the professional and the profound when the personal is every bit as interesting.

Patel describes himself as a "disruptor". Returning to India over two decades ago after working in London's psychiatric wards, he found the reality here vastly different from what he'd imagined: Not only was mental healthcare unrecognised as a medical problem – making diagnosis rare, especially among the underprivileged – its treatment was often abysmal.

"I could have set up my own practice, handled a minuscule population of the people with mental disorders," he says. "But I chose to reimagine healthcare and deliver it at scale."

A graduate of the University of Bombay (1987), Patel received his Masters in Science at Oxford (1989) and a PhD from the University of London (1997) after studying mental health disorders in Harare, Zimbabwe. While in London, he found the focus on the individual in the psychiatric ward far more

https://www.gqindia.com/content/psychiatrist-researcher-vikram-patel-putting-mental-health-front-centre/?utm_source=facebook&utm_medium=so... 1/4

AUG 2018 - Psychiatrist and Researcher Vikram Patel is putting mental health front and centre - GQ magazine

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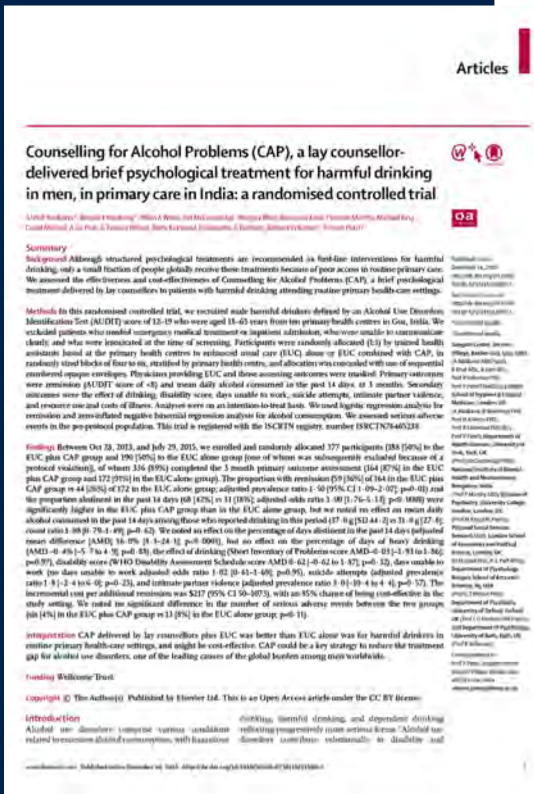

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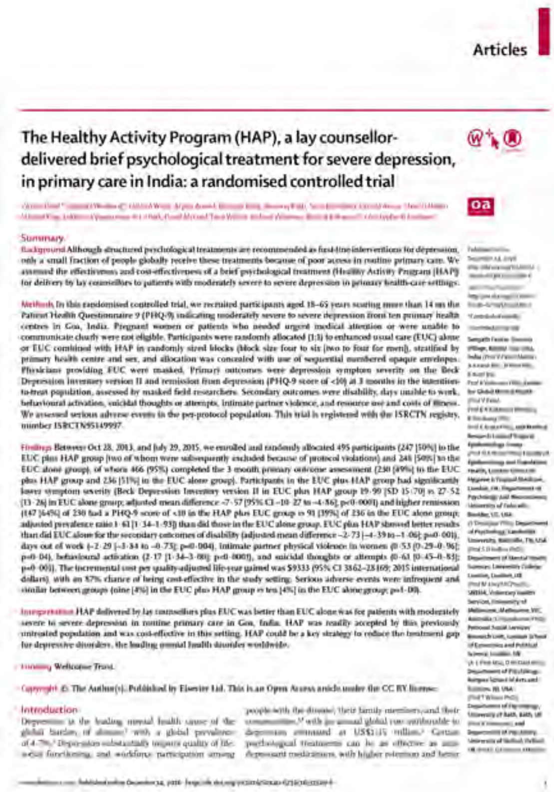

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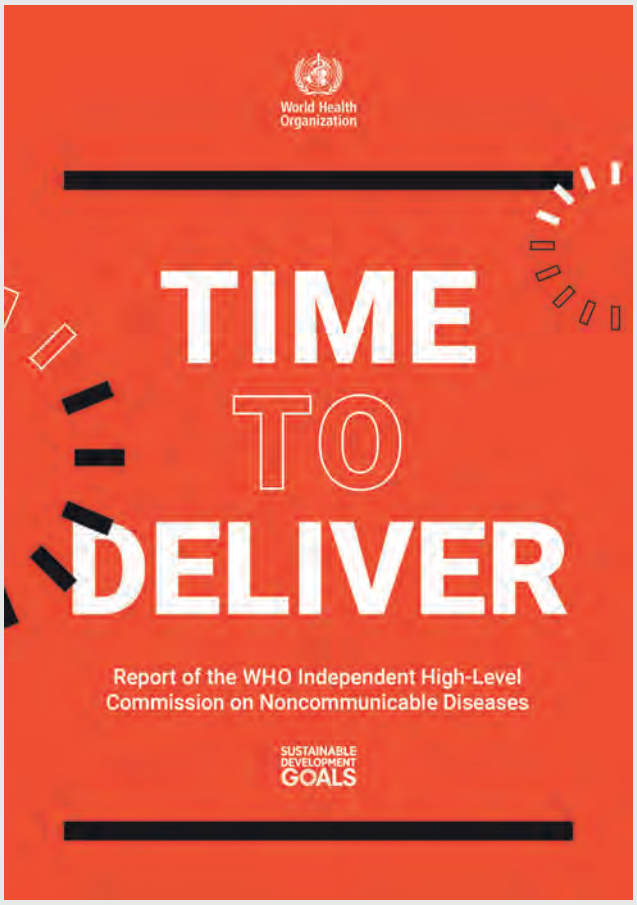
The healthy Activity program (HAP)-DEC 2016



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The effect of VISHRAM, a grass-roots community-based PROGRAM-1

Final report of the HLC on NCDs - VP-2

Atif et al 2017-1

Global Health Action

The development and pilot testing of a multicomponent health promotion intervention (SEHER) for secondary schools in Bihar, India

Sachin Shinde, Bernadette Pereira, Prachi Khandeparkar, Amit Sharma, George Patton, David A Ross, Helen A Weiss & Vikram Patel

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JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY

Journal of Child Psychology and Psychiatry 58:3 (2017), pp 325–327 doi:10.1111/jcpp.12622

Editorial Perspective: 'From there to here': adapting child and adolescent mental health interventions for low-resource settings

Gauri Divan
Sangath, Bardez, Goa, India

The recent publication of the first substantive randomised control trial in a low-resource setting of an adapted treatment for autism spectrum disorder that was originally developed in a high-income country has stimulated conversation on around the why, the what and the how of adapting complex interventions from higher resource settings to lower resource settings (Rahman et al., 2016). The Parent-mediated intervention for Autism Spectrum disorders in South Asia (PASS) is based on the Preschool Autism Communication Therapy (PACT) and was systematically adapted for delivery in two contexts in South Asia and then evaluated through a randomised control trial in India and Pakistan (Green et al., 2010). Replication of two out of three positive findings on primary outcomes from the UK study, particularly parent synchrony, which is known to be a precursor of future language development, suggests the need to understand the value and feasibility of replicating evidence-based interventions for child and adolescent mental health disorders so that they are acceptable in varied cultural contexts.

Children and adolescents constitute more than a third of the world's population, the majority residing in low- and middle-income countries. Developmental and mental health disorders affect nearly 10–20% of this population with the burden of care being disproportionately placed in regions with low resources (Belfer, 2008). The majority of these children do not have access to any interventions and those fortunate enough to live in larger metropolitan cities may only have access to intensive centre-based services by highly skilled professionals (Patel, Kieling, Maulik, & Divan, 2013). Most of these interventions tend to be an eclectic mix of approaches based on what the therapist has trained in and what the families can afford. Besides the limited generalisability of such interventions at scale, there is a treatment gap for community-based interventions that is essentially a hundred percent.

Why is adaptation necessary? If we consider autism, the current evidence base for interventions although limited, comes from work done in high-resource settings and tends to be delivered by highly skilled professional. Directly transferring such interventions to low-resource setting faces the key barrier of the paucity of highly specialised professionals working in such settings as well as the potential cultural inappropriateness of an intervention when taken out of the context in which it was developed. 'Task-sharing' is an approach which has been effectively used to address the former barrier, the human resource crunch, across numerous health challenges. In this approach, one aims for the 'rational redistribution of tasks amongst the health work force team' which allows the creation of health workers with shorter training and fewer qualifications to deliver specific aspects of a complex intervention; allowing the specialist to focus on supervision, training and more challenging clinical situations (World Health Organization, 2008). This approach has been shown to be successful in scaling up services for HIV and dramatically reducing rural neonatal mortality (Bang, Bang, Baitule, Reddy, & Deshmukh, 1999). Similarly, nonspecialists have been shown to be effective in the delivery of complex interventions for intellectual disability and low functioning autism but so far have not been evaluated in a low-resource settings (Reichow, Servili, Yasamy, Barbui, & Saxena, 2013). The second barrier is the cultural aspects of the content of an intervention; that is, whether there are elements which are culturally specific to the place where an intervention has been developed and therefore there needs to be a process of adaptation, to make the intervention acceptable to the local community.

What should we adapt? There can be no question of compromising on adapting only those interventions which have a clear supporting evidence. We should aim high, expecting that every child with autism irrespective of where they live should have access to those interventions which have been rigorously evaluated through randomised control trials. Additional characteristics of an intervention which would align with the task-sharing approach are that they should be manualised or have the potential to be manualised so that key approaches are not lost in the task-sharing methodology. Second, especially for autism, it may be important to consider low-intensity interventions if they are available. Third, it is important to consider the cost of interventions since in low-resource settings these tend to be transferred to families and become out-of-pocket expenses and hence unsustainable in the longer term. Finally, an intervention which allows for the use of technology, either in its training, delivery

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Trials

STUDY PROTOCOL Open Access

The effectiveness and cost-effectiveness of the peer-delivered Thinking Healthy Programme for perinatal depression in Pakistan and India: the SHARE study protocol for randomised controlled trials

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Abstract

Background: Rates of perinatal depression (antenatal and postnatal depression) in South Asia are among the highest in the world. The delivery of effective psychological treatments for perinatal depression through existing health systems is a challenge due to a lack of human resources.
This paper reports on a trial protocol that aims to evaluate the effectiveness and cost-effectiveness of the Thinking Healthy Programme delivered by peers (Thinking Healthy Programme Peer-delivered; THPP), for women with moderate to severe perinatal depression in rural and urban settings in Pakistan and India.

Methods/Design: THPP is evaluated with two randomised controlled trials: a cluster trial in Rawalpindi, Pakistan, and an individually randomised trial in Goa, India. Trial participants are pregnant women who are registered with the lady health workers in the study area in Pakistan and pregnant women attending outpatient antenatal clinics in India. They will be screened using the patient health questionnaire-9 (PHQ-9) for depression symptoms and will be eligible if their PHQ-9 is equal to or greater than 10 (PHQ-9 ≥ 10). The sample size will be 560 and 280 women in Pakistan and India, respectively. Women in the intervention arm (THPP) will be offered ten individual and four group sessions (Pakistan) or 6–14 individual sessions (India) delivered by a peer (defined as a mother from the same community who is trained and supervised in delivering the intervention). Women in the control arm (enhanced usual care) will receive health care as usual, enhanced by providing the gynaecologist or primary-health facilities with adapted WHO mhGAP guidelines for depression treatment, and providing the woman with her diagnosis and information on how to seek help for herself. The primary outcomes are remission and severity of depression symptoms at the 6-month postnatal follow-up. Secondary outcomes include remission and severity of depression symptoms at the 3-month postnatal follow-up, functional disability, perceived social support, breastfeeding rates, infant height and weight, and costs of health care at the 3- and 6-month postnatal follow-ups. The primary analysis will be intention-to-treat.
(Continued on next page)

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PROJECTS

SANGATH AT A GLANCE

Project Name	Duration	Funder	Key staff
AMBIT	Nov 2017 - Oct 2019	Medical Research Council, U.K.	Abhijit Nadkarni, PI Richard Velleman, Co-PI
BEYOND BOUNDARIES	Apr 2015 onwards	Colorcon Asia Pvt. Ltd.	Percy Cardozo, PI
COMPASS	Apr 2018 - Apr 2022	Joint Global Health Trials Programme, Medical Research Council, Department for International Development, National Institute for Health Research, and the Wellcome Trust	Jonathan Green, PI Vikram Patel, Co-PI
ESSENCE	Jul 2017 - May 2022	National Institute of Mental Health	Vikram Patel, PI
IMPACT	Jan 2017 - Dec 2018	Medical Research Council, U.K.	Richard Velleman and Abhijit Nadkarni, Research investigators
INFORM	Mar 2018 – Apr 2019	CIPLA Foundation	Gauri Divan, PI
PRIDE	2015 - 2020	Harvard Medical School	Vikram Patel, PI
PRIME	May 2011 - April 2019	Dept. for International Development, UKAID, U.K. through the University of Cape Town, South Africa	Rahul Shidhaye, PI Vaibhav Murhar, Project Director
PRIDE PE	May 2011 - April 2019	Wellcome Trust	Vikram Patel, PI
REACH	May 2017 - Apr 2019	Madura Microfinance Ltd.	Vikram Patel, PI Gauri Divan, Sangath PI
SAFE PILOT	Nov 2016 - Nov 2018	Wellcome Trust/DBT India Alliance	Urvita Bhatia, Research Training Fellow Richar Velleman and Abhijit Nadkarni, Supervisors
SEHER	2012 - 2017	The John D and Catherine T MacArthur Foundation, USA and United Nations Population Fund	Vikram Patel, PI Sachin Shinde and Prachi Khandeparkar, Directors
START	Apr 2017 - Apr 2019	Medical Research Council, U.K.	Gauri Divan and Bhismadev Chakrabarti, Research Investigators
YOUNG LIVES MATTER	Apr 2017 - Mar 2022	Wellcome Trust/DBT India Alliance	Madhumitha Balaji, Wellcome Trust DBT India Alliance Early Career Fellow, Sangath

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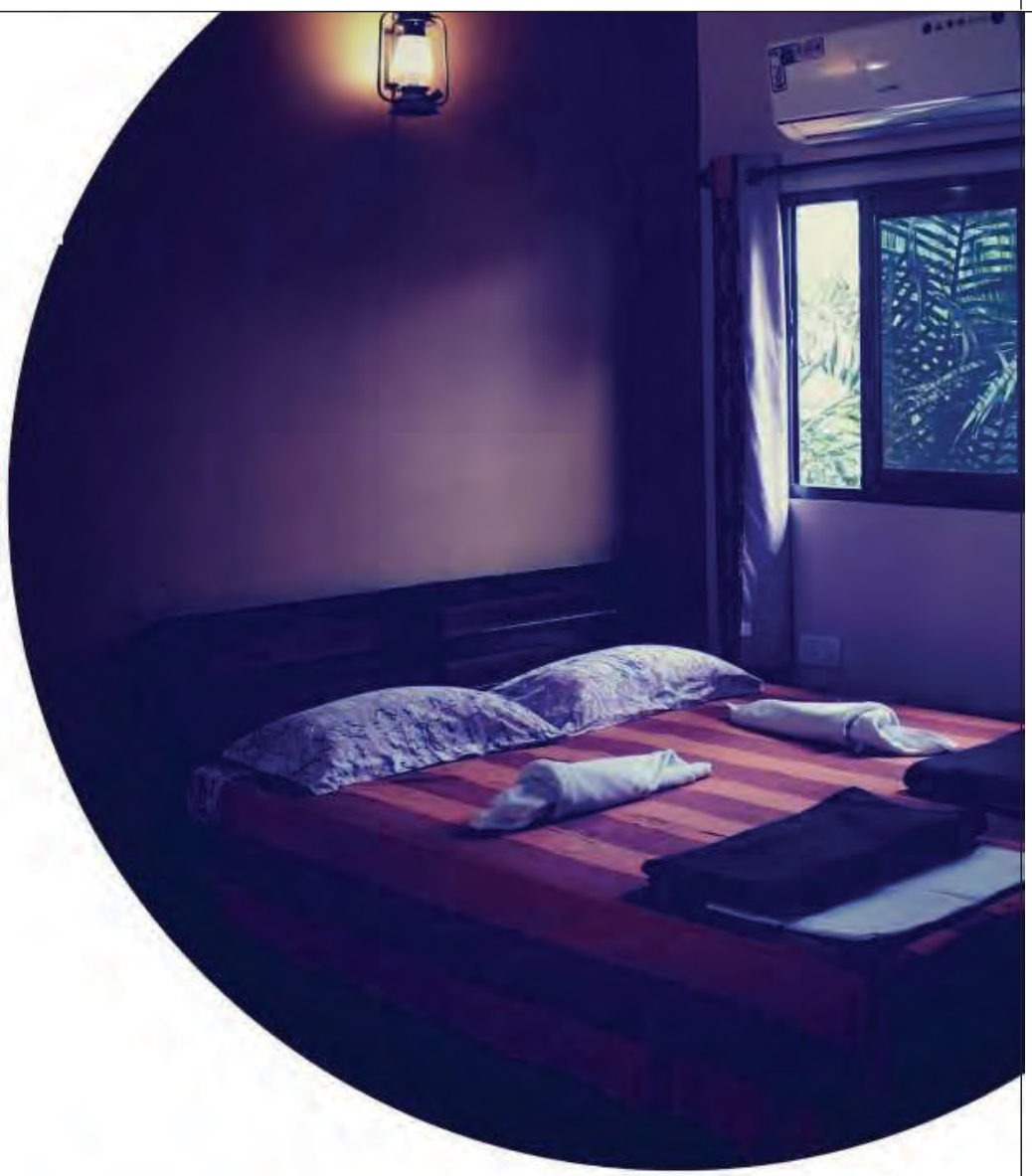

PROPERTY FEATURES

Spacious studio, 1BHK, 2BHK
Short and Long term stay
Close to major transportation lines
Walking distance to Supermarket, Beach,Gym
Fully equippmed kitchen and bathroom
Fully furnished furniture

INCLUDED

WIFI
King Bed and Linen
Desk/Table Chair
Basic Kitchenware
Microwave
Tile Bathroom

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