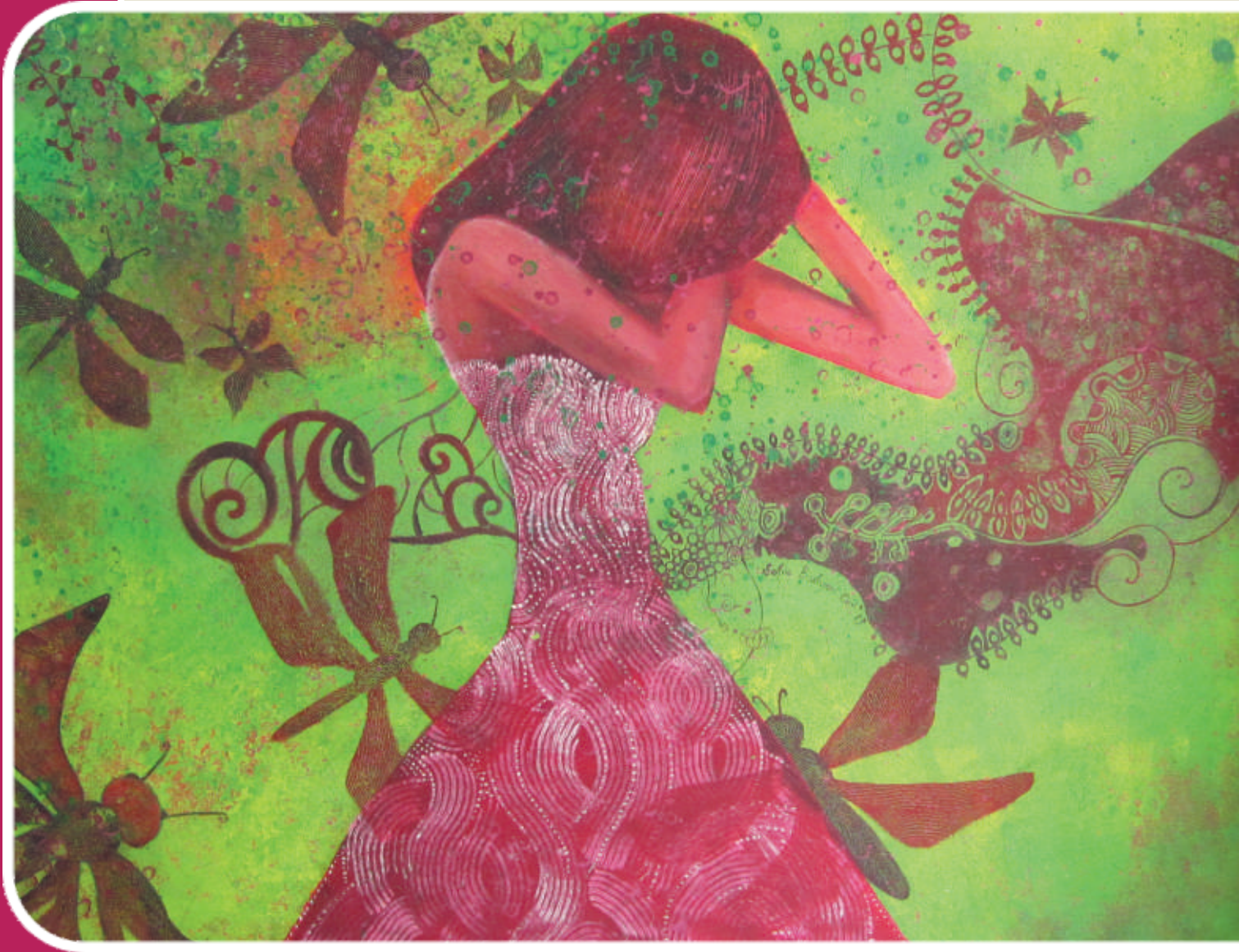


BIENNIAL REPORT 2012-2014



TOWARDS AFFORDABLE MENTAL HEALTHCARE FOR ALL



Cover

Phobia by Sofia Badyari

“Fear and dread – we all have one or more of these. Through this painting I wanted to portray the beauty of these emotions, saying this that one should not reject any emotion but be content to know that they have the ability to feel and sense and should embrace themselves; the good and the bad. This painting is painted in red and green, which in art theory are opposing or contrasting colours; they are two extremes. This implies the drastic gap between our emotions and our acceptance of them. So all in all, fear and dread is a part of life, for some more so than others, but with the help of angels like yourselves, these mountains are easier to climb and conquer”*

**Mental health professionals*



Sangath

BIENNIAL REPORT
2012-2014

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WHERE WE ARE



INFORM

ImproviNg Functional Outcomes foR children with iMpairments

The team is designing a mobile health platform so community health workers can deliver evidence-based treatments for children with neuro-developmental disorders to help them in every day activities.

Target group: Children with neuro-developmental disorders and their families

Funded by: Grand Challenges Canada's Stars in Global Health grant

PASS

Parent-mediated intervention for Autism Spectrum Disorders in South Asia

The aim is to culturally adapt the PACT (Pre-school Autism Communication Therapy) intervention for delivery by a non-specialist health worker and conduct a pilot study to determine its acceptability and feasibility in Goa and Pakistan. The randomised controlled trial is currently underway.

Target group: Children with Autism and their families

Funded by: Autism Speaks, USA

PREMIUM

Program for Effective Mental health Interventions in Under-resourced systeMs

The team has developed new psychological treatments for Depressive Disorder and Alcohol Use Disorders to be delivered by lay consellers. The clinical benefits and cost-effectiveness of the interventions are currently being evaluated, following which a framework will be developed to scale them up through public health systems.

Target group: People with Depressive Disorder and Alcohol Use Disorders

Funded by: The Wellcome Trust, UK

CDRF

Chronic Disease Risk Factor

The project has evaluated the prevalence of chronic disease risk factors among individuals and households, and also the adequacy of diagnosis and treatment of chronic disease in the region. Data from the Chronic Obstructive Pulmonary Disease sub-study is being analysed. A report will be sent to the South Asia Network for Chronic Disease.

Funded by: The Wellcome Trust, UK, through PHFI and SANCD

COPE

Care for Older People

The team has developed a multi-component intervention package that non-specialist health workers can use to help frail dependent older people and their carers.

Target group: Frail dependent older people and their carers

Funded by: Public Health Foundation of India and The Wellcome Trust, UK

SAAHAS II

Soryacho Asar Ani Hacher Amcho Shodh – 2

The team is following up a group of men from rural and urban communities to understand how alcohol problems develop over time and the impact it has on the various aspects of an individual's life.

Funded by: The Wellcome Trust through the London School of Hygiene & Tropical Medicine

SHARE

South Asian Hub for Advocacy Research and Education on mental health

The team is adapting the Thinking Healthy Program to be delivered by peers (in this case, mothers) and will evaluate its impact on the health of mothers with depression and their infants. The prevalence of depressive symptoms has been assessed in the sample and mothers are now being screened for depression at Goa Medical College in Bambolim and Asilo hospital in Mapusa.

Target group: Mothers with depressive disorder

Funded by: National Institute of Mental Health through the London School of Hygiene & Tropical Medicine

SEHER

Strengthening the Evidence base on effective scHool-based intervEntions for pRomoting youth health

The team has begun developing and evaluating the effectiveness of two models of school-based interventions aimed at promoting reproductive and sexual health, gender equity, mitigating gender-based violence, and other adverse health outcomes in school-going adolescents in the Nalanda district.

Target group: School-going adolescents

Funded by: John T and Catherine D MacArthur Foundation, and the United Nations Population Fund (UNFPA)

DIL

Prevention of Depression In Late life

This new project aims to develop treatments that can be delivered by trained lay health workers in primary care settings to prevent depression in late life. The team will work in rural and urban settings in Goa.

Target group: Older people

Funded by: National Institute of Mental Health, US

SHAPE

School HeAlth Promotion and Empowerment

The team has developed, piloted and are now scaling up a school-based health promotion programme in Goa and other parts of India. The team is also evaluating the effectiveness of school-based health promotion interventions in India, and is facilitating the optimal conditions for the systematic development and evaluation of school-based interventions in the country.

Target group: School-going adolescents

Funded by: John T and Catherine D MacArthur Foundation

DELIVER

Delivering mEntal heaLth care in India Via non-spEcialist health workeRs

The programme aimed at exploring the roles of non-specialist health workers and how they provide mental health services in India. A qualitative study of the project is in progress.

Funded by: The Wellcome Trust through the London School of Hygiene & Tropical Medicine, UK

ICCHN

Situational Analysis of India's Public Health Research Capacity

The project undertook a systematic analysis of public health research in India between 2000 and 2010, with the aim of describing absolute public health research output; whether its focus reflects the current burden of diseases; whether the research is equitably distributed in the country and across its diverse socio-economic groups; the research institutions, funders and collaborators which underlie the current output; and the barriers and opportunities for public health research.

Target group: Researchers

Funded by: ICICI Foundation for Inclusive Growth

Dementia Creative Care

This project provides non-pharmacological services to people with dementia and their caregivers in Goa, with emphasis on the talukas of Tiswadi and Bardez. It has been outsourced to the Dennis Charles Jarvis Memorial Trust, Goa, and is monitored by Sangath

Target group: People with dementia and their caregivers

Funded by: Anita Jarvis

SPRING

Sustainable Programme Incorporating Nutrition & Games for Maximising child Development, Growth and Survival

This new project aims to evaluate an innovative, feasible and affordable home-based intervention, delivered by community health workers to mothers from pregnancy through the first two years of the child's life, and assess its impact on maternal health, child development, growth and survival.

Target group: Mothers and infants

Funded by: Wellcome Trust

PRIME

Programme foR Improving Mental health care

This project aims to generate knowledge which can be used to improve access to care for priority mental disorders (depression, alcohol abuse and psychoses) in primary and maternal health care contexts in low-resource settings. It will be implemented in selected communities in Ethiopia, India, South Africa, Uganda and Nepal. The India team has begun pilot implementation of mental health care packages in its nominated districts.

Target group: People with depression, alcohol abuse and psychoses

Funded by: The Department of International Development through the University of Cape Town, South Africa

VISHRAM

Vidarbha Stress and Health ProGRAM

This is a four-year community-based initiative which aims to understand the mental health needs of rural communities in Vidarbha, improve mental health awareness and deliver community-based mental health treatments. Ultimately, the goal is to improve the coverage of mental health services for common mental disorders, alcohol use disorders and childhood mental disorders. The team continually holds clinics, meetings, workshops and training programmes to promote mental health, prevent psycho-social distress and manage mental disorders in its selected communities.

Target group: Rural communities in Vidarbha

Funded by: Jamsetji Tata Trust

INCENSE

Promoting the INClusion and EmpowermeNt of people with Severe mEntal disorders

The team has been working on providing conditions and capabilities to help recovery in vulnerable people with severe mental disorders, promote their social inclusion and empowerment, and promote the human rights and dignity of all affected by severe mental disorders. A comprehensive package of social and clinical interventions to address the needs of chronically institutionalised patients and the homeless mentally ill has been developed and is being implemented.

Target group: Chronically institutionalised patients and the homeless mentally ill

Funded by: Sir Dorabji Tata Trust



- Message from the Managing Committee
- History and Task-sharing Approach
- Achievements: A Snapshot

Message from the Managing Committee

“You can't stay in your corner of the forest waiting for others to come to you. You have to go to them sometimes”

~ A A Milne, Author of Winnie The Pooh

Across India, less than 5,000 psychiatrists and fewer psychologists are responsible for providing mental health care for more than a billion people. This effectively means that a large proportion of those with mental health problems does not get timely and adequate care. The founders of Sangath recognised that reaching out to those unable to access mental health care by using available resources could bridge this yawning treatment gap.

Established in 1996 to provide clinical services to the local community, Sangath soon expanded to developing creative ways of making mental health care more accessible and affordable to the wider population. Now in the 18th year of our wonderful journey, we present the ninth biennial report (2012-2014). During this period, our staff strength has gone up to more than 150 members, we have started five new projects while concurrently running 12, and through all of these efforts, have made a difference to hundreds of lives.

Over the past two years, we have continued to respond to the changing health needs of the community, to innovate, and to develop new interventions to close the treatment gap. We are now working in a number of states across India, including Goa, Bihar, Assam, Karnataka, Maharashtra and Tamil Nadu through networks and alliances spanning government agencies, hospitals, other non-governmental organisations, trusts, corporate houses and educational institutions.

The past two years have been especially memorable as we have moved to our very own new centre in Goa, which now functions as our administrative and research hub, with a training centre, library, offices and clinic, all under one roof. Funded by the John T and Catherine D MacArthur Foundation International Prize for Creative & Effective Institutions 2008, the centre in Soccoro (Bardez), houses large project office spaces, meeting rooms, a well-stocked library, clinic and training hall with state-of-the-art technology. With a centre to call our own, we have re-launched the Sangath Clinical Services for children, adolescents and adults. A new revamped website has also been thrown open to the public.

Through our core services in child health, youth and adolescent health, and adult mental health, we have surged forward with innovative programmes for families of children with autism; students in schools; and people suffering from alcohol problems, trauma, depression, anxiety, severe mental disorders and post-partum depression among others.

We started our new INFORM project to scale up evidence-based care for children with neuro-developmental disabilities using a mobile health (or m-health) platform. A three-year project called SPRING for MDGS evaluating a home-based intervention targeting pregnant women through to the first two years of a child's life has also commenced in New Delhi.

Our successful adolescent programme in Goa has now moved to Bihar as SEHER, a randomised controlled trial which will be implemented in schools to strengthen the evidence base on school-based interventions to promote youth health.

Sangath also introduced a new dimension on Chronic Disease and Ageing REsearch (CARE) to tackle issues faced by older dependent people and their carers. DIL, a project aimed at promoting the well-being of older adults by exploring the possibility of preventing depression in late life, was started this year.

Our Parent-mediated intervention for Autism Spectrum disorders in South Asia (PASS) has been so successful that we are now looking at starting a programme in Maharashtra with added modules addressing varied unmet needs of families affected by autism. We are also starting a new project, Community Oriented Non-specialist Treatment for Alcohol Dependence (CONTAD), which aims to develop an intervention to address the acute care needs related to alcohol detoxification and relapse prevention.

All of these emphasise research, empirical knowledge and a model of care called 'task-sharing' in which we empower lay people through appropriate training and supervision to provide care for people with mental health problems and thus, achieve the goal of contributing to reduce the treatment gap.

As a part of our vision to see our models of care become an integral part of state and national health programmes, we regularly conduct training courses and workshops to introduce people to our leading innovations in mental health care. Our courses, such as the Leadership in Mental Health programme, the Five-Step Method workshop and Cognitive Behaviour Therapy workshop, attracted students from across India and other parts of the world.

We continue to strengthen our partnerships with various collaborators, including the Centre for Global Mental Health (London); the University of Cape Town, the University of Liverpool; the London School of Hygiene and Tropical Medicine, Kings College London, University of Pittsburgh; the Public Health Foundation of India and its South Asia Network for Chronic Diseases; Parivartan, Prakriti and Watershed Organisation Trust in Maharashtra; mental hospitals in Pune and Tezpur; Vidya Sagar and SCARF in Tamil Nadu; dozens of schools and colleges in Goa and Bihar; and various departments of the governments in Goa and Bihar.

Sangath is also a partner in global networks of institutions in Africa (Ethiopia, Uganda and South Africa), Asia (Nepal and India), the World Health Organisation, and six countries through the South Asia Hub for Advocacy, Research and Education on mental health (SHARE). We are also proud to continue serving as the state nodal agency for the National Trust to promote activities aimed at inclusion of people with disabilities.

Through all of this, it has been the unstinting support and faith in our vision from our general body, service providers, collaborators, partners, funders and friends, that continues to drive us to fulfilling our promise of working towards an inclusive world without boundaries, where stigma loses definition and care is accessible to all.

~ **Amit Dias, Smita Naik, Vikram Patel, Mrinalini Sahasrabhojane, Nazneen Sarosh-Rebello, Ashwin Tombat & Isabel Santa Rita Vas**



Centre: Members of the Managing Committee

Bottom: Pallavi Dempo, of Dempo Industries, releases the brochure to mark the re-launch of the clinical services at Sangath

Brief history and task-sharing approach

Sangath began its journey with seven people working from a tiny apartment back in 1996. Over the years, this small team grew because of the efforts and commitment of its seven visionaries. Today, Sangath is driven by more than 100 people, who work closely with consultants, collaborators and partners – situated locally, and across the country and world. The tireless efforts of its workforce, to provide professional healthcare services for those with developmental disabilities and mental health problems have made Sangath one of the largest non-governmental organisations in Goa.

We now have two centres in the state of Goa, projects across India, collaborations with leading institutions around the world and international recognition for path-breaking research and community-based intervention programmes.

Our aim is affordable mental healthcare for all. The founding members wanted to reach out by bridging the treatment gap for mental health problems in India – the very large gulf between the number of people with a

mental disorder or disability, and the number of those who receive the care that can greatly improve their lives.

We have designed effective low-cost models of care by empowering ordinary people and community health workers to deliver mental healthcare with adequate training and supervision from experts. This is our task-sharing approach that we continue to boost, with in-depth research, across our four programme areas – Child Development, Adolescent & Youth Health, Mental Health and Chronic Disease & Ageing Research.

Sangath's task-sharing approach helps bridge the treatment gap for mental disorders in India, a country where less than 5,000 psychiatrists and fewer psychologists are responsible for providing mental health care for more than a billion people.

We have proven the success of this approach through various projects over the years – our MANAS project developed and evaluated the clinical and cost-effectiveness of a primary care intervention for the treatment of common mental disorders in Goa; our COPSI trial evaluated the clinical and cost-effectiveness of a community-based intervention for improving symptoms and social functioning in people with schizophrenia and our SHAPE programme evaluated the effectiveness of school-based health promotion treatments in India – all of which used the task-sharing approach of using trained lay counsellors to deliver the interventions.

The scientific evidence that resulted from these trials contributed greatly to the global mental health community.

Trained and supervised lay health counsellors help bridge the treatment gap by taking interventions to patients in the community





Participants and tutors of the Leadership in Mental Health 2014 course conducted by Sangath and the London School of Hygiene and Tropical Medicine after a session in Goa

Achievements

April 2012 to March 2014

A snapshot

- The culmination of more than two years of work on a site funded by the John T and Catherine D MacArthur Foundation and the Government of Goa was a move into our new premises in Socorro, Bardez-Goa. The new centre serves as the national head-quarters for Sangath and offers space for workshops and clinical services.
- We reconstituted our Managing Committee. Dr Isabel Santa Rita Vas, Smita Naik, Dr Mrinalini Sahasrabhojane, Nazneen Sarosh-Rebelo, Dr Vikram Patel, Ashwin Tombat and Dr Amit Dias – who was appointed the Chairperson – formed the committee between September 2012 and September 2014.
- Our work has taken us to more than 10 states in India with offices in Goa, Bhopal, Nagpur, Bengaluru, New Delhi, Patna and Tezpur.
- We were represented on various government committees including the Government of India Ministry of Health's Mental Health Policy Group, the National Rural Health Mission ASHA Mentoring Group and the National Trust's Task Group for Autism Spectrum Disorders.
- We were represented in several World Health Organisation committees related to mental health, autism and child and adolescent health.
- Our appointment as the State Nodal Agency Centre for the National Trust for the Welfare of Persons with Mental Retardation, Cerebral Palsy, Autism and Multiple Disabilities was renewed in March 2014 upto March 2017.
- Twenty-two scientific papers were published in leading international and national journals by Sangath authors since 2012. We also presented posters at

various international and national conferences, with Urvita Bhatia being awarded the Best Free Poster Award at the annual zonal conference of the Indian Psychiatric Society in October 2013.

- The state government through the Goa Education Development Corporation has launched a programme for schools in which Sangath is training and supervising counsellors to promote adolescent health. Prachi Khandeparkar has been appointed a member on the counselling cell.
- Sangath was awarded numerous new grants during this period:
 - Grand Challenges Canada through its Stars in Global Health programme which supports 'bold ideas with big impact' supported the INFORM project. INFORM aims to address impairments in children with developmental disabilities using a mobile health (m-health) innovation.
 - The John T and Catherine D MacArthur Foundation, USA, and UNFPA awarded a grant for the four-year SEHER project which aims to promote adolescent health through a school-based programme in the Nalanda district of Bihar.
 - The National Institute of Mental Health, USA, awarded a three-year grant through the London School of Hygiene & Tropical Medicine for the DIL project which aims to develop strategies to prevent depression in late life in Goa.
- The Wellcome Trust, UK, awarded a three-year grant through the London School and Hygiene & Tropical Medicine for the SPRING project which aims to develop an intervention for promoting early child development in Haryana.
- Autism Speaks awarded a two-year grant through the University of Liverpool for the PASS project which aims to develop a parent-mediated intervention for children with autism spectrum disorders.
- The National Institute of Mental Health, USA, awarded a five-year grant through the London School of Hygiene & Tropical Medicine for the SHARE project which aims to develop a peer-delivered intervention to treat maternal depression in Goa.
- Through VISHRAM's community mobilisation and advocacy interventions, awareness about mental disorders has increased and so has the demand for mental health care services in programme areas. In this regard currently, 25 gram panchayats have passed resolutions demanding for mental health services in primary health centres in Amravati District, Maharashtra.

Dr Vikram Patel visits a family in Bodhad village in Maharashtra





Sangath

- Healing Minds
- Building Skills
- Touching Lives
- Creating Knowledge
- Capacity Building
- Engaging Society
- Networks & Partnerships

Healing Minds

**Empowering individuals with mental illness
with skills to cope and help themselves**

One of Sangath's aims is to help people heal and recover from their mental illness. We do this through the services provided by our network of psychiatrists, psychologists and lay health counsellors who work collaboratively across multiple sites to provide interventions for a range of mental illnesses.

One of our most successful mental health programmes – the PRogramme for Improving Mental Health Care (PRIME) – is reaching out to a community in Sehore in Madhya Pradesh, through a mental health care plan that our team has developed. The project focuses on three mental disorders – alcohol use disorder, depression and psychoses – which contribute most to the overall burden due to mental illness. The team is implementing a draft mental health care plan in community health centres, by establishing mental health clinics at Bilkisganj and Shyampur villages. As many as 405 people with mental illness have been registered at and referred to the clinics for treatment since their initiation in 2013.

Through a pilot, the team discovered that their approach through specialist clinics increased the number of patients receiving psychological treatment. They opened nine specialist clinics during the project's pilot phase from December 2013 to March 2014, where lay health counsellors in Bilkisganj and Shyampur screened patients for mental illnesses and treated them. The specialist clinics helped manage patients with mental illness, while also mobilising existing health systems for mental health through its core and enabling packages. Similar activities are being conducted in selected communities in four other countries – Ethiopia, South Africa, Uganda and Nepal.

Similarly, through the Vidarbha Stress and Health progRAM (VISHRAM), Sangath in collaboration with Vidarbha-based NGOs Prakriti and the Watershed Organisation Trust (WOTR), is providing community-based interventions across 15 villages in the Chandur



Above: SHARE peer volunteers receive training at the Sangath centre in north Goa

Below: Senior clinician providing clinical services



Community health worker from the VISHRAM project with a villager in Maharashtra

Bazaar and Dharmangaon talukas of Maharashtra. Based on the World Health Organisation's evidence-based guidelines which focus on detection and treatment of priority mental illnesses, these interventions involve collaborative stepped care across four levels (self-care, informal community care, primary care and specialist care) with drug and psychosocial interventions delivered by non-specialist health workers under the supervision of mental health experts.

In SHARE (South Asian Hub for Advocacy, Research and Education on Mental Health), a programme in Goa, local women are being trained and supervised by mental health professionals to provide support to those with maternal depression. The SHARE programme is adapting a psychological treatment based on Cognitive Behaviour Therapy which is an evidence-based treatment for depression. In this programme, women from the community, called 'sakhis' ('friends' in the local language), help other mothers with depression by

focusing on practising healthy behaviours which improve the mother's personal health, her relationship with her baby, and her relationship with her family and people from her social network.

The easy availability of cheap alcohol and strong influence of Western culture, among other factors, has led to an increase in alcohol problems in Goa. Sangath's lay counsellors have provided psychological treatment for almost 400 men with alcohol use disorder since its PREMIUM (PRogram for Effective Mental health Interventions in Under-resourced health systeMs) project began. These same lay health counsellors, stationed at eight of Goa's 19 primary health centres, have also provided counselling treatment to more than 400 people with depression from the local community. Our INCENSE programme (Promoting the INCLUSION and Empowerment of people with SEvere mental disorders) works to help long-stay patients with severe mental disorders at the Lokpriya Gopinath Borodoloi

Regional Institute of Mental Health in Tezpur, Assam and the Regional Mental Hospital in Pune, Maharashtra using a comprehensive package of social and clinical interventions to promote independent living capabilities. With the help of community health workers, it involves structured activities, relocation and reintegration of patients to their homes, admission of homeless people with severe mental illnesses and helping them to gain sustainable livelihoods. The team identified 525 patients in the community suffering from severe mental illness, and 169 consented to receive the structured intervention for a year. Of the 20 homeless people with mental illness, 11 were admitted to the mental hospital for treatment, while the others were reintegrated with their families or in their community. The team helps long-stay patients in the hospital through group interventions (including recreation and games, life skills, social skills, activities for daily living, etc.); individual intervention (personal hygiene, medication adherence, living skills, illness management, etc.) and medical facilities (dental and other). Those living at home receive psychotherapy, both, individual and family interventions. Homeless people with severe mental illness receive psycho-social intervention and rehabilitation.

Through successful pilot phases, all these projects have concluded that using trained and supervised lay people to deliver culturally appropriate psychological treatments is acceptable, feasible and safe. PRIME, SHARE and PREMIUM are now evaluating the effectiveness of their treatment packages.

Following closely in the footsteps of these projects, the Prevention of Depression in Late Life (DIL) project started in 2014 is designing an intervention in which lay health counsellors will be trained to deliver Problem-Solving Therapy to older people at risk of developing depression. The intervention will provide the recipient with the knowledge and skills to cope with troublesome situations, thereby building their self-confidence to face the challenges of ageing.

It is hoped that the eventual outcomes of all these studies will provide evidence to support the scaling up of psychological treatments in under-resourced settings through task sharing, with affordable and easily available non-specialist personnel.

Clinical Services

Children, youth and adults are welcomed at Sangath's centres in north and south Goa to avail of our clinical services. Referrals for children and youngsters generally come in from schools and concerned caregivers when they notice a student is unable to cope with the curriculum or when a parent is worried about their child's behavior

Through our clinical services, Sangath provides support and care to people who experience mental health problems. Our experienced team of mental health professionals, including psychiatrists, psychologists, social workers and counsellors provide diagnostic assessments for developmental and behavioural problems in children and adolescents, and mental problems in adults.

They also provide psychosocial therapy for a wide range of health concerns, including developmental problems; academic, behavioural and emotional difficulties; depression, anxiety, stress-related problems, emotional trauma and alcohol-related problems; marital, relationship and family problems including child custody matters; grief and loss.

Our team of mental health professionals is experienced in the assessment and treatment of these mental health problems and offers treatments ranging from psychological therapies to medical therapies.



Building Skills

Promoting mental health through skill-building

At Sangath, even as we try to bridge the treatment gap by using available low-cost human resources, we aim for long-term benefits for patients by helping them heal themselves. We do this by building their skills, by using a variety of evidence-based therapies such as Behaviour Therapy and Cognitive Behaviour Therapy.

Through these assistive therapies, lay counsellors – with guidance and supervision from mental health professionals – help patients acquire skills that can help them to effectively deal with and overcome from their mental health problems.

People with severe mental illnesses suffer from greater stigma and discrimination, and find it difficult to be productive members of society. Through our programme promoting the INClusion and Empowerment of people with SEvere mental disorders (INCENSE), we are developing a blueprint for action for psychiatric hospitals across India, to redesign the roles of the institution and staff, and become an integral part of a holistic community-based mental health care system in our country.

Based in Tezpur (Assam) and Pune (Maharashtra), the programme focuses on two key groups of vulnerable people with severe mental disorders – the first who have been in hospitals for a long time due to a lack of access to community services or appropriate discharge back into the community, and the second who do not receive any mental health care such as the homeless and those physically restrained at home. Across both sites, 717 such people were systematically identified between April 2012 and March 2014. Community health workers provided services based on psycho-education, self-care, social skills, recreation activities such as dance, life skills, and de-addiction to help these patients.

The team particularly supports patients with livelihood generation skills, and has been successful in placing 14 patients or immediate relatives in various jobs such



as housekeeping, security, industry, office assistants, maids, gardeners, baby sitters, etc. Many patients have been trained in the production of detergent, cooking, jam and jelly making, raising poultry, embroidery and fabric design, paper bag making, and other activities. Patients have also received support in building skills for daily living, vocational activities, personal hygiene, medication adherence, dealing with stigma and illness management.

In a bid to target young, impressionable minds, Sangath's SHAPE (School HeAlth Promotion and Empowerment) project has worked with nearly 5,000 students across 14 schools in Goa delivering sessions on life skills. The intervention, based on the World Health Organisation's "Health Promoting Schools" model, was implemented across three levels – the whole school or universal level (health camps, assemblies, advisory boards, etc.), the classroom level (workshops on life skills revolving around examination stress, studying, goal setting, personal space, gender and violence, anger management, self-esteem, nutrition, reproductive and sexual health) and individual counselling.

The Directorate of Education under the Government of Goa has adopted a model similar to the one developed by Sangath in 76 super school complexes, covering 284 secondary schools, in all talukas of the state to reach approximately 1.2 million students. Very appropriately, Sangath has been appointed as a technical consultant for this scheme, with SHAPE project director Prachi Khandeparkar as a member on the counselling cell which provides training, monitoring and supervision

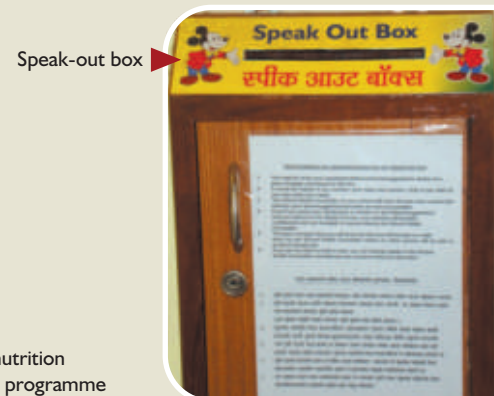
services for counsellors in Goa. This project is now also being implemented by Sangath in Bihar through the Centre for Development and Population Activities (CEDPA), in partnership with the State Council of Educational Research and Training (SCERT), the Department of Human Resource and Development, Government of Bihar; and the United Nations Population Fund (UNFPA). This adaptation of the SHAPE programme to the local context of Bihar forms Sangath's SEHER programme (Strengthening the Evidence base on effective schOOl-based intErventions for pRomoting youth health).

Students in secondary and higher secondary government-run schools in the Nalanda district of Bihar will receive one of three models as follows:

In the first model, a trained nodal teacher in each school will deliver classroom-based Tarang-Adolescent Education Programme (AEP) focused on sexual and reproductive health. In the second teacher-counsellor model, along with the Tarang-AEP, an additional teacher will be trained to facilitate the speak-out box (a letter box placed in an area that offers privacy yet is easily accessible to students, staff and parents that functions as a redressal forum) and monthly wall magazines, generate awareness among various stakeholders regarding the issues faced by adolescents; coordinate a School Health Promotion Advisory Board to facilitate

the development and implementation of school-level health policies. S/he will also facilitate peer groups of grade IX students, conduct workshops for students, teachers and parents and provide individual counselling and referral to specialist, if needed. In the third model, along with the Tarang-AEP, a lay health worker called a "school counsellor" will conduct the same activities as teacher-counsellor.

Through all these programmes, using diverse methods, Sangath attempts to empower people with skills to lead a healthier and an even more productive life.



Speak-out box

A classroom project on nutrition forms part of the SHAPE programme



Paper bag making training as part of the INCENSE project

Jewellery created during the female vocational training session under the INCENSE programme



Sangath's SHAPE project worked to promote the health and life skills of nearly 5,000 adolescents across 14 schools in Goa

A plot of land farmed by patients at one of the sites of the INCENSE programme



Touching Lives

Helping the families and carers of those with mental illness

Rajesh (name changed), now seven, was diagnosed with cerebral palsy at age two. He has tremendous difficulty controlling his legs and right arm, and the condition has also affected the muscles of his mouth and jaw, making speech unclear and difficult to understand. His parents had to help him accomplish routine tasks such as brushing his teeth, dressing and eating.

The INFORM (ImproviNg Functional Outcomes foR children with iMpairments through community health workers in India) team analysed the efforts required for each task and advised his parents on the appropriate support to give Rajesh so he would learn self-care skills, which in turn would make him less dependent on them.

Consequently, over time, the little boy was able to complete most of these activities by himself, which increased his sense of accomplishment and independence.

Projects like INFORM provide patients as well as their carers with skills to improve the quality of their lives. People with mental illness and disability could become dependent on their carers over time, but with appropriate guidance, patients can reduce their need for assistance, which also reduces the stress of their carers.

With 90 per cent of the world's 150 million children with developmental disorders living in developing

An older person receives a check-up



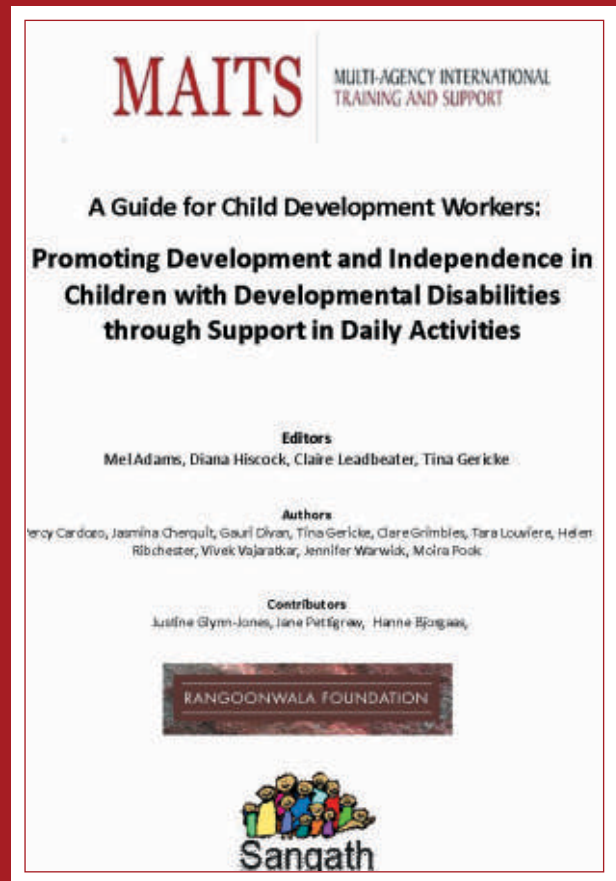
countries, access to care is a global health priority. The INFORM team is working on developing a mobile health (m-health) platform to help carers of children with developmental disorders by allowing families to 'see' what they should be doing.

Working with British partner MAITS (Multi-Agency International Training and Support), they have developed a paper manual. Supported technologically by the Indian Institute of Public Health and ZMQ Technologies, they are now creating an interactive m-health platform that non-specialist health care providers can use to help families of children with developmental disabilities using embedded audio-visual materials.

The current focus is on children with cerebral palsy but Sangath hopes to expand the platform to a more trans-diagnostic approach to support youngsters across a range of disabilities.

A predecessor to the INFORM project was the Parent-mediated intervention for Autism Spectrum disorders in South Asia (PASS). The PASS team identified difficulties faced by the families of children with autism when accessing services. So they adapted the Pre-school Autism Communication Therapy to be delivered by non-specialists called 'facilitators'. These facilitators help children with autism and their parents understand each other better to facilitate communication. They typically video record play sessions of children with their parents and provide feedback about subtle cues that can help improve communication. Early intervention has been found to be very useful in helping children with developmental disorders.

Another project that aims to help children by targeting their caregivers is SPRING for MDGS (Sustainable Programme Incorporating Nutrition and Games for Maximising child Development Growth and Survival). Poor breast feeding and weaning practices remain the single biggest risk factor for child death from birth up to five years. They also cause chronic under-nutrition, impacting the child's overall development, in turn diminishing their future economic and social prospects as adults. To be delivered in India and Pakistan through Kilkaari and Roshan Lal NGOs respectively, the intervention will deliver information to promote the best practices around care in pregnancy, newborn practices, infant and child feeding and most importantly,



MAITS and Sangath are working together to create an interactive mobile health platform to help families of children with developmental disabilities

a range of child stimulation activities based on the WHO/UNICEF Care for Development Package. In India, the project is based in the Rewari district of Haryana, and the team is mapping villages using mobile phones to conduct a baseline survey for accurate household information before the trial begins later this year.

Another group of carers who can be helped are those looking after dependent older people. The COPE (Care for Older PEople) project at Sangath assessed the feasibility of integrating long-term care for older people at the primary health care level in Goa. In India, nearly 10-15 per cent of caregivers of older people with chronic conditions such as dementia are forced to cut back from work to look after them. Many suffer psychological problems themselves as a consequence of the burden of prolonged caregiving.

The team found that majority of the family caregivers lacked adequate skills in organising care for frail older

people with chronic disease. So they developed an intervention package for those with dementia and depression to be delivered by community health workers. The package addresses relevant impairments such as mobility, behaviour, cognition, nutrition, hydration and continence that would help reduce care dependency. The effectiveness of the intervention in addressing the caregivers' needs in looking after frail older people with dementia and depression will be tested later this year.

A similar project providing non-pharmacological services to people with dementia and their caregivers is being monitored by Sangath in Goa. Through the Dennis Charles Jarvis Memorial Trust, the Dementia Creative Care Project provides necessary items such as water mattresses, walkers and other items to people with dementia, and also conducts workshops and awareness programmes in the community, with special information on the management of patients with dementia for their caregivers. The project is significant due to a prevailing lack of awareness about the condition and its management in the community. It is of prime importance for the carer to provide appropriate care for a patient with dementia and manage situations according to their needs.



Above: A child with a severe developmental disorder learns self-care skills

Centre: Vivek Vajaratkar talks about the PASS project at an international training programme for child mental health professionals

A child with cerebral palsy and his mother



Creating Knowledge

Building observational research

All of Sangath's intervention development and testing is built on a strong foundation of observational research which has helped to document efforts to bridge the treatment gap in various parts of the country. Although research is increasingly recognised as a building block of the field of global health, the research output from low- and middle-income countries like India compares poorly with that of high-income countries. Public health research in India is in its infancy and output is limited, and unrepresentative of the actual national burden of disease.

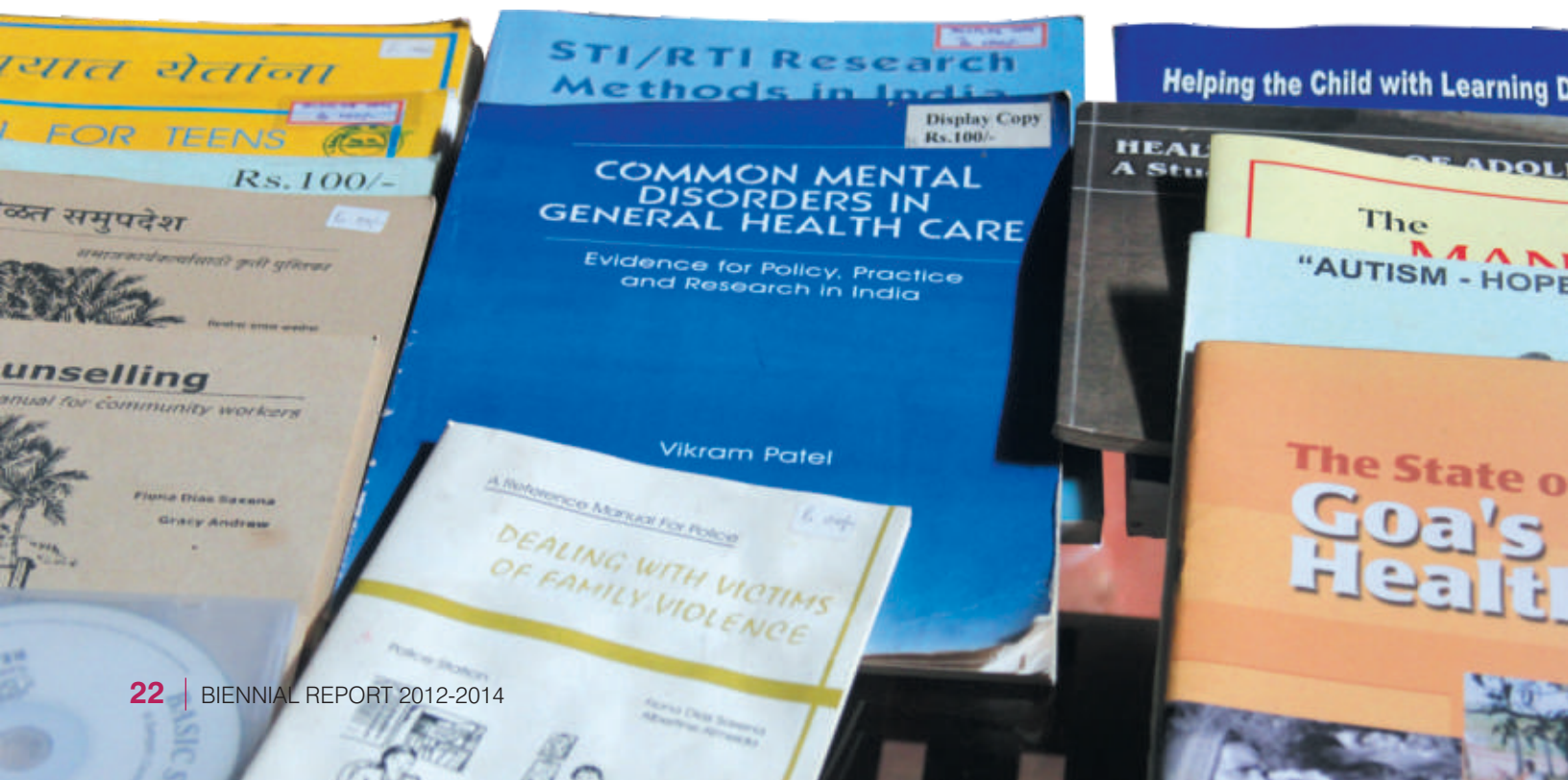
In 2012, Sangath's Public Health Research project undertook a systematic situational analysis of public health research in India from 2000, with the aim of: 1) describing public health research output; whether its focus reflects the current burden of diseases; whether the research is equitably distributed in various parts of the country and across its diverse socio-economic groups; and 2) describing research institutions, funders

and collaborations which drive the current output; and 3) describing the barriers and opportunities for public health research in the country.

The project incorporated a mixed methods approach – a biblio-metric analysis of published health literature between 2000 and 2010, and in-depth interviews with leading researchers and stakeholders in public health. The study found that while there is a significant increase in the public health research output of the country since 2000, there are marked inequities between publications in relation to the burden of disease and an inequitable geographical distribution of the research studies and institutions. A systematic priority-setting initiative, funding and institutional capacity building were recommended to address these inequities and to guide the ambitious public health agenda of the country.

Our SAAHAS II programme is focusing on an issue which is known to be quite common in Goa – the long-term impact of alcohol on individuals. In SAAHAS II

Sangath's research helps document efforts to bridge the treatment gap and inform government policy



we are following up male participants from the original SAAHAS (Soryacho Asar Ani Hacher Amcho Shodh) project conducted six years ago, and aim to study the development of drinking patterns and their impact on an individual over time. Over the past 18 months, research workers have been contacting the participants and collecting data on their drinking patterns, and its psycho-social and physical health impact.

The COPE project is creating a knowledge base of home-based interventions for frail, dependent older people, and advice and support for their carers. In collaboration with the Department of Ageing and Life Course and the World Health Organisation, Geneva, the team is developing an evidence-based guide for the assessment, management and support of frail dependent older people in non-specialised health care settings. These guidelines will provide recommendations for the identification and management of common 'geriatric conditions', including under-nutrition, immobility, incontinence, cognitive impairment, behavioural impairment, visual and hearing impairment, and associated caregiver burden.

Another project, whose findings have already been adopted by the Goa government into a state-run programme, is SHAPE. The School Health Promotion and Empowerment programme that we developed and piloted in Goa is now being adapted and scaled up in other parts of India.

The SHAPE programme has developed an evidence base for school health promotion interventions in India, through case studies of four such programmes in different parts of India. The case studies were of the Sangath's SHAPE programme in Goa; the Udaan programme of the Centre for Development and Population Activities in Jharkhand; the Drishti programme of Ritinjali in Rajasthan; and the Prayatna programme (commissioned by the United Nations Population Fund and the Department of Human Resources, Government of India) implemented by Sangath in five states of the country. The case studies examined these programmes for acceptability and feasibility, barriers and facilitators to implementation, evidence of impact, and scalability and sustainability. This was done by reviewing the programme documents (to extract the history of the programme, synthesise past evidence and identify key areas to be explored for

qualitative evaluation) and conducting semi-structured interviews with various stakeholders (to review their experiences and recommendations). The outcome of the research was a monograph compiling four case studies that is being released by Byword Books in 2014. The findings of the SHAPE development and evaluation phase were also published in the BMC Health Services Research (Rajaram et al, 2012).

Over the past two years, interviews and discussions with various stakeholders have formed an important component of the psychosocial treatment development process of the PRIME (Programme for Improving Mental Health Care), SEHER (Strengthening the Evidence base on effective school-based interventions for promoting youth health) and SHARE (South Asian Hub for Advocacy, Research and Education on mental health) projects. Such a formative phase is just beginning for the SPRING for MDGs (Sustainable Programme Incorporating Nutrition & Games for Maximizing child Development Growth and Survival) project.

The PRIME team conducted a qualitative study with in-depth interviews involving policy makers, health managers, medical officers, psychiatrists and clinical psychologists; and focus group discussions with lay health workers and the community. It helped identify anxiety and schizophrenia as issues to be included in the mental health plan. The comprehensive PRIME mental health care plan was developed following a series of meetings and interactions with the community (particularly service providers, government officials and consultants) and the findings from the situation analyses, Theory of Change workshops and the qualitative study. The formative research of the SHARE team helped identify characteristics of women who could be trained as peer counsellors, and the adaptations that needed to be made to the existing Thinking Healthy Program for delivery by peers in the Goan community. The formative work included Theory of Change workshops with healthcare providers, in-depth interviews and focus group discussions with pregnant women, their families and healthcare providers.

SEHER, the adolescent project, reviewed national and international adolescent health programmes, and organised a treatment development workshop to refine the intervention. A situational analysis of 137 secondary and higher secondary schools in Nalanda district in Bihar



The DELIVER team with Chairperson Dr Amit Dias after presenting a paper at the International Congress of Rural Health and Medicine in December 2012

helped enumerate division and gender wise enrollment for Class IX, the total number of students and total number of employed teachers in the school, and the implementation status of the Tarang-Adolescence Education Programme in schools.

Sangath also conducted a study on the roles of non-specialist health workers – including primary level doctors, nurses, lay health workers and other generalist paraprofessionals with minimal training in mental health – within mental health care to inform policy makers and recommend effective, acceptable and sustainable measures to scale up community mental health services in India. The project was called DELIVER, or Delivering mEntal healTh care in India Via non-spEcialist health workers, and was based in Bangalore, Karnataka. Between 2010 and 2013, an international team from India, Norway and the UK conducted a Cochrane Systematic Review on the effectiveness of non-specialist health workers in delivering mental health care in low- and middle-income countries. It presented evidence from 38 trials, and meta-analyses proved that non-specialist health workers are effective particularly in improving depression, maternal depression, dementia, post-traumatic stress disorder and reducing alcohol abuse. The review was published and the findings presented at the London School of Hygiene & Tropical Medicine in 2013.

The results of an oral history study on the development of extending mental health services to the community in India were also published. Interviewees included

experts involved in policy-making or implementing care by non-specialist health workers in mental health care in India. These results contributed to an article in the Global Mental Health Lancet Series (Kakuma et al. 2011) and to a book chapter on the history of psychiatry.

The DELIVER team also conducted a qualitative study of the current models of delivering mental health care via non-specialist health workers in India, involving 35 government and non-government organisations. They selected projects and initiatives that showed different models of care delivering rural mental health care, such as different types of non-specialist health workers, different systems of support or models of delivery, in different socio-cultural and economic settings. Interviews were conducted with coordinators, managers and non-specialist health workers of the various organisations. A further two primary health centres in the District Mental Health Programme districts in Karnataka were chosen (one government only and one in a public private involvement with an NGO) as in-depth case studies using ethnographic approaches.

Three articles are being written based on the qualitative analysis of these interviews. One paper compares the different roles of non-specialist health workers and the models of delivery of mental health care used in these remote or low-resource settings. Another explores the training and supervision components of the non-specialist health workers. The third is an overview of the applicability of the findings to the government District Mental Health Programme. The preliminary findings were presented at the International Congress of Rural Health and Medicine in Goa in 2012.

The team also plans to send a policy brief to the ministries of health and organise dissemination workshops. The brief will contain recommendations on the elements of the models delivered by the non-specialist health workers that are likely to be feasible, acceptable and effective, and the contextual factors which determine the scalability of such interventions within routine health care programmes in India.

Capacity Building

Training programmes for staff and public

At Sangath, people are our greatest resource. We transform lives not only through our research and clinical services, but also by building capacity of people through various training programmes. An increasing number of international and local students, as well as professionals undertake internships or volunteer at Sangath, taking away a wealth of knowledge through participation in various activities and, at the same time, enriching our work.

Our service providers and consultants also participate in and conduct a variety of workshops for our own staff, professionals from other organisations, and the lay public. Since most of our projects follow the task-sharing model of care, Sangath also focuses on building capacity of its own service providers and lay counsellors.

The School Health Promotion and Empowerment (SHAPE) project enrolled its team in workshops and seminars on research ethics, mixed methods in Public Health, clinical trials and counselling skills. Staff from the project on Strengthening the Evidence Base on effective School-based interventions for promoting youth health (SEHER) attended courses by the Public Health

Foundation of India on the Development and Evaluation of Cluster Randomised Trials, and Conducting Systematic Reviews and Meta-Analyses with R Software. A workshop on Scientific Research Writing organised by the South Asia Network for Chronic Diseases in Chennai was attended by members of the Chronic Disease Risk Factor team.

Sangath's communications officer attended a 35-day course in Digital Film Production at the Vikshi Institute of Media Studies in Pune, which involved direction, script writing, editing, sound design, camera work, production management, etc.

The COPE (Care for Older PEople) team found that staff at the primary health centres were not trained to manage health problems such as under-nutrition in frail older people. They also found that community health workers were more willing to be trained to identify and address the requirements of dependent older people. Hence, a training programme was held for community health workers in the Corlim primary health centre in Goa to assess care needs using the COPE instrument, a tool developed to diagnose common impairments in frail older people.

Prachi Khandeparkar conducts a workshop for school students



A workshop on Problem Solving Therapy was conducted for members of the Prevention of Depression in Late Life (DIL) team to deepen their understanding of the concept and the application of its principles in preventing depression and anxiety-related disorders, particularly in old age.

The Vidarbha Stress and Health proGRAM (VISHRAM) team developed a manual to provide community health workers and health counsellors with theoretical and practical competencies to deliver mental health services in their communities. The project also provided training to its health counsellors in counselling for depressive disorders and harmful drinking, integrating mental health into the community, mental health first aid and basic Cognitive Behavior Therapy (CBT).

Sangath also holds regular capacity building programmes for its service providers, with an aim to improve and strengthen their research and clinical skills. Research meetings are held on a monthly basis, where researchers across various projects of Sangath come together to discuss learnings from their projects, and also engage in a journal club where they critically evaluate research articles. The monthly clinical meetings based on a similar format provide a platform for the clinical team (comprising various mental health professionals, including psychiatrists, psychologists and senior lay counsellors) to develop their own skills in mental health assessments and treatments through lectures and case presentations.

Sangath also conducts capacity building courses for various target groups. Through the SHAPE programme, Sangath conducted a training workshop on counselling skills for teachers in October 2012. The workshop covered topics ranging from basic counselling skills, to counselling adolescents in specific situations such as depression and suicidal risk, substance use and severe behavioural difficulties. Twenty-two counsellors and 62 other professionals were trained through this programme.

1. Participants of the Leadership in Mental Health course outside the venue in Panjim
2. Dr Hamid Dhabolkar gives refresher training to lay health counsellors
3. Dr Jotheeswaran Thiyagarajan and Dr Amit Dias hold a training session for health workers at a primary health centre
4. Dr Fredric Azariah holds a workshop on dementia



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Every year, Sangath, in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), organises its Leadership in Mental Health course in Goa to equip participants in the methods to develop and scale up interventions for people with mental disorders in low-resource settings. Over the past two years, 87 participants have attended the course from around the world, including India, Afghanistan, Australia, Mexico, Nepal, the US, the UK, Sierra Leone, Libya, China, Nigeria, Norway, Jordan and Canada.

A course on the Development and Evaluation of Complex Health Care Interventions was also held in 2012 in collaboration with LSHTM; the Society for Education, Action and Research in Community Health (SEARCH) and the South Asia Network for Chronic Disease (SANCD). It provided the participants with an understanding of complex interventions and the steps involved in designing and evaluating them.

The Five-Step Method intervention workshop was conducted in Sangath in early 2013 by Professor Richard Velleman, one of the key members of the team that developed this treatment for family members of people with substance-use problems. The workshop provided participants with skills to support family members negatively affected by a loved one's substance abuse, through a series of steps based on the Stress-Strain-Coping-Support model of understanding the effects of substance misuse on family members.

In order to strengthen the understanding of Cognitive Behaviour Therapy that uses goal-oriented and systematic procedures to treat a variety of mental health conditions, Sangath conducted a workshop led by Arpita Anand (Sangath) and Dr Andrew Beck (University of Manchester). The well-received

workshop was attended by students and mental health professionals from Goa, and various other states in India.

We also conducted training programmes for the counsellors and supervisors appointed by the Goa Education Development Corporation, including a three-day orientation course called Basic Counselling Skills for the Adolescence Reproductive and Sexual Health (ARSH) counsellors under the Directorate of Health Services, Government of Goa.

The team for the Programme for Improving Mental Health care (PRIME) trained medical officers, paramedical workers and front line workers who work at primary health centres and other areas of the community according to the Mental Health Gap Action Programme (mhGAP) and BasicNeeds modules, as well as Sangath and VISHRAM training manuals.

Sangath staff can also benefit from SHARE (South Asia Hub for Advocacy, Education and Research in mental health) 'super course' lectures – an online repository of lectures on mental health research – particularly focused on reducing the treatment gap, that have been created to build capacities of researchers around the world. The SHARE project's clinical lead attended a workshop on the Thinking Healthy Program conducted by Prof Atif Rahman and the Human Development Research Foundation (HDRF) team in Colombo, Sri Lanka in July 2013.

Over the past two years, we have conducted a wide range of workshops and lectures for institutes, schools and other NGOs, such as nutritional therapy, team building, reproductive and sexual health, skill building, nutrition, personal safety, understanding adolescents and holistic child development. In the run up to the inauguration of Sangath's new centre in Socorro in Bardez, north Goa, we held free workshops on dementia, parenting, career guidance and study skills, stress management, mental illness, maternal health care and research methods.

Sangath's capacity building initiatives have enhanced the skills of our service providers and associates by helping not only the individual to grow, but also the organisation as a whole.



A group session during the Five-Step Method Intervention Workshop conducted by Sangath

Engaging Society

Awareness programmes and interaction with the public

Two major hurdles to accessing timely treatment for mental illness, particularly in low- and middle-income countries, are lack of awareness of and stigma associated with mental illness. Many patients and their families either do not recognise the symptoms of mental illness until it is fairly advanced or, even if they do recognise such symptoms, hesitate from accessing appropriate services because of negative societal attitudes towards mental illness.

In order to overcome these barriers, Sangath has been focusing on dissemination of appropriate information about the burden and treatment of mental illness through various channels including scientific publications, a variety of community awareness programmes and media reports.

Since 2012, Sangath authors have published a number of scientific papers in leading international and national journals, from the Lancet and BioMed Central to Autism Research, Bulletin of the World Health Organisation, International Review of Psychiatry, and Social Psychiatry and Psychiatric Epidemiology among others (see pg 31).

We have also appeared in several media reports, both local and international, outlining not only our achievements but also the strides we have taken in furthering mental health for all. From state newspapers such as Herald, Sunaparanta and The Navhind Times in Goa, to national publications like The Hindu and the Times of India, and international media such as Wired, The New York Times and the BBC, Sangath has been recognised as a front-runner in making mental health accessible to all in low-resource settings.

With the help of partner community-based NGOs Prakriti and the Watershed Organisation Trust (WOTR) in Vidarbha in north-east Maharashtra, the VISHRAM (Vidarbha Stress and Health progRAM) team has been implementing mass awareness and small group meetings at the village and district levels. Both organisations have

a history of working with the agricultural communities in the region. Sangath provides programme management and capacity building skills to various stakeholders and also provides free clinical services to the community. The team plays a lead role in mobilising the mental health services of the state government.

Awareness generation and outreach camps are the major components of VISHRAM's community interventions. At the community level in villages, trained

Se Cathedral Church, Old Goa, shines blue on World Autism Awareness Day 2013 as part of the Light It Up Blue campaign



1. The team with the ladies of Carambolim village after the cancer awareness drive on Women's Day



3. A community meeting in Maharashtra



2. A Badhte Kadam event in Calangute



4. A community awareness poster in Maharashtra



5. Sangath volunteers perform a street play on mental health



6. Dr Amit Dias at Doordarshan during a panel discussion on Care of the Elderly in February 2013

7. Students of Sunshine Worldwide School form a blue puzzle piece, the symbol of autism awareness



personnel conduct awareness sessions to improve mental health literacy and help-seeking behaviour for mental health disorders and additional mental health promotion activities. In Vidarbha, which has been badly affected by agrarian crises which have been linked to farmer suicides, these activities are crucial to the mental well-being of the community.

Staff from the Chronic Disease Risk Factor project organised awareness programmes on tuberculosis and cancer to educate the community about these afflictions. The tuberculosis programme was initiated to dispel the existing stigma about the disease, and encourage people to identify and understand the needs of programme participants susceptible to the condition. The cancer awareness programme was held on International Women's Day in March 2013. Brochures on understanding chronic diseases, their risk factors and prevention were also distributed to participants. In March 2014, they conducted World Heart Week programmes in Carambolim in Goa to urge people to change their lifestyle to prevent heart disease.

Since its inception, the School HeAlth Promotion and Empowerment (SHAPE) project has facilitated a large number of awareness generation meetings of various kinds for students, parents and teachers, including 35 school assemblies, 502 class meetings, 42 Parent-Teacher Association (PTA) meetings and 199 staff meetings. Information about the programme and counselling was given to students at assemblies and also at the classroom level. Sessions for students from classes five to 12 were conducted on physiological (the human body and functions, personal space, good and bad touch, nutrition, etc), psychosocial (anger management, decision making) and educational (time management, memorising, concentration tips, study skills, etc) understanding. Information about the programme, adolescent concerns and parenting tips were given during PTA meetings.

A public engagement event was held in Colombo, Sri Lanka by the South Asia Hub for Advocacy, Education and Research in mental health (SHARE) in July 2013. Prof Vikram Patel, Prof Atif Rahman and Athula Sumathipala were speakers at the event, which focused on 'Management of Depression in Primary Care'. It was attended by members from SHARE's senior management group, students, NGO members, mental health professionals and government officials.

Sangath has also led the World Autism Awareness Day celebrations in Goa with campaigns in educational institutions, commercial establishments and religious places. Each year, more than a dozen institutions and establishments participated, holding assemblies and talks, putting up posters and banners and handing out fliers, all aimed at increasing public awareness about autism. The highlight of our autism awareness campaign is our participation in the global Light It Up Blue drive, in which monuments around the world are lit up blue, the colour associated with autism. In 2012, Sangath lit up the Mae de Deus Church in Saligao, and the following year, we lit up the iconic Se Cathedral in Old Goa and the heritage Old GMC complex in Panjim city.

World Mental Health Day in October is also commemorated by Sangath. In 2012, staff joined the non-profit NoMoZo movement in south Goa, where they performed street plays, spoke to people attending the event and displayed posters and banners for the public. In the following year, a photography competition and fundraising dinner was organised on October 10. Sangath was also represented at the national Guidestar India 'Giving Back – NGO India 2013' exhibition alongside more than 150 other NGOs from across India to share learning and best practices and engage stakeholders, including local and international foundations, corporations, governments, and the general public. Thousands of visitors came to the showcase event held in Mumbai.

As a state nodal agency centre for the National Trust, Sangath also coordinates the nation-wide Badhte Kadam campaign in Goa. The 'discoverability' drive aims to empower persons with disabilities and build sensitivity in the community. In December 2012, we garnered support in more than 10 villages across Goa, along with support from teachers of special schools and local NGOs such as the Disability Rights Association of Goa (DRAG), and Goa Civic and Consumer Action Network. In 2013, we hosted an event with DRAG involving a rally with school and college students, performances by people with disabilities, talks on the rights and schemes available to those with disabilities, and the sale of products made by people with disabilities.

We continue to work towards increasing awareness about mental health and dispelling the stigma associated with having a mental illness and receiving treatment for it.

With more than 4,000 books, journals, pamphlets, CDs and videotapes spread across two libraries – one at each centre in north and south Goa – Sangath keeps abreast of the latest research in mental health. Our researchers themselves have published a large number of papers in some of the world's leading peer-reviewed journals, most of which are available on our website and in our library. Over the last two years (April 2012-March 2014), we have published a number of scientific papers and articles:

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Networks & Partnerships

Sangath implements much of its work through partner institutions in Goa, elsewhere in India and abroad. It is particularly proud of its partnerships with government agencies as these are critically important to our goal of scaling up our models of care. We have a long history of collaboration with departments and ministries of the government of Goa, in particular, the departments of health services, education, and social justice and empowerment.

Many of our members serve on various influential committees: Prof Vikram Patel was invited as a commissioner for the prestigious Lancet journal's new commission on Adolescent Health; a member of the National Rural Health Mission's Accredited Social Health Activist (ASHA) mentoring group, a member on the World Health Organisation's (WHO) technical steering committee for maternal, child and adolescent health; Dr Gauri Divan is a member of the National Trust Consultative Group for Autism Spectrum Disorders and represented India at a consultation on Autism Spectrum Disorders and Developmental Disabilities at the WHO; Vivek Vajaratkar was an advisory committee member for assessment of children with special needs at the Directorate of Education, Government of Goa; Prachi Khandeparkar was a member on the Juvenile Justice

Board, an NGO committee member for the effective implementation of the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls, a member on the advisory committee for Goa College of Home Science and Applied Nutrition, and a Sangath representative on the Rashtriya Madhyamik Siksha Abhiyan's Executive Committee; Jacintha Mascarenhas has been nominated as an advisory member of the Emmanuel Health Association mental health project in New Delhi; and Dr Amit Dias serves on the Institutional Review Board of the Directorate of Health Services, the national Dementia Research Group, India and the Medical and Scientific Advisory Panel of the Alzheimer's and Related Disorders Society of India.

Sangath is also an active member of three national, regional and international networks.



Dr Gauri Divan, third from left, represents Sangath at the World Health Organization



A disability awareness walk was part of Badhte Kadam 2013

State Nodal Agency Centre for the National Trust

Since 2005, Sangath has been functioning as a State Nodal Agency Centre (SNAC) for Goa under the National Trust for Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The National Trust is an autonomous body under the Ministry of Social Justice and Empowerment, Government of India.

The National Trust has awarded this status to Sangath for the third consecutive term. As a SNAC, Sangath's responsibility is to create awareness about the rights of people with disabilities, build community sensitisation and take forward the activities of the National Trust in Goa.

In the last two years Sangath has coordinated Badthe Kadam, a pan-India disability awareness campaign of the National Trust. Discovering abilities, accessibility and protection of people with disabilities from harassment were some themes that were covered in the campaign. The Badhte Kadam campaign has been largely responsible for creating awareness about the National Trust at the local level.

Over the next couple of years, Sangath will be actively involved in building strong teams at the district level to address issues of people with disabilities, especially through Local Level Committees (LLC). The LLC, which functions at the district level under the Collectorate, is another body set up under the National Trust Act to facilitate the safeguarding of rights of people with disabilities.



The South Asia Network for Chronic Diseases (SANCD)

Sangath is a member of the South Asia Network for Chronic Diseases of the Public Health Foundation of India, which is committed to building international quality research capacity and conducting research on chronic diseases to make an impact on health policy and practice in the region.

Other partner institutions in this network include: International Centre for Diarrhoeal Disease Research (Dhaka, Bangladesh); The Voluntary Health Services (Chennai); Society for Nutrition, Education and Health Action (Mumbai); Centre for Chronic Disease Control (Delhi); Aravind Eye Care System (Pondicherry); Aga Khan University (Pakistan); Institute for Research and Development (Sri Lanka); University of Bristol

(UK); London School of Hygiene and Tropical Medicine; Institute of Psychiatry and Kings College; Institute of Child Health at University College of London (UK) and Newcastle University (UK).

Sangath's chronic diseases projects are being implemented as part of our involvement with SANCD, which co-hosted our course on the development and evaluation of complex interventions. Over the past two years, Sangath staff have also attended several SANCD-sponsored workshops.

The South Asia Hub for Advocacy, Education and Research in mental health (SHARE)

Sangath is part of the National Institute for Mental Health (NIMH) Collaborative Hub for International Research on Mental Health research called SHARE, whose long-range goal is to establish a collaborative network of institutions in South Asia to carry out and utilise research that answers policy relevant questions related to reducing the treatment gap for mental disorders in the region.

Partner institutions include the Centre for Global Mental Health (London School of Hygiene and Tropical Medicine, and Institute of Psychiatry, UK); the University of Liverpool (UK); the Public Health Foundation of India, Sangath (India); Institute of Psychiatry, Human Development Research Foundation (Pakistan); John Hopkins Bloomberg School of Public Health (US) and a network of about a dozen research institutions and NGOs in India, Afghanistan, Nepal, Bangladesh and Sri Lanka.

SHARE will be implemented through a partnership between academic leaders in global mental health, innovators in mental health services research, civil society stakeholders and policy makers.

Sangath's research project which explores peer-delivered counselling to mothers with depression is being implemented through the SHARE programme. SHARE's capacity building component awards Studentships to candidates from partner institutions to attend Sangath courses. In addition, Sangath staff act as mentors to young researchers who are awarded SHARE Fellowships to conduct research in the region.



Other Activities

TIES/DOST

Sangath supports the parent group Towards Inclusion Everywhere in Society (TIES) to conduct Developing Opportunities for Special Teens (DOST) in St Xavier's College, Goa.

The programme comprises teens with special needs along with a special educator visiting the college campus twice a month. This gives them an opportunity to socialise with youth outside their school setting and outside other familiar settings.

It also exposes graduate and post-graduate psychology students to the experience of assisting young people with special needs, creates a framework for sensitisation to disability, and provides an opportunity to encourage inclusion outside the school system.

MAITS

Sangath is working with Multi-Agency International Training and Support (MAITS) to develop a manual for child development workers to work with children with developmental disabilities. It will help the community workers empower parents of children with developmental disabilities to adopt best practices to assist their children with activities of daily living.



Sangath

- Sangath Speak
- The Big Move
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- INTERNAL Thoughts
- Ghana to Goa via London
- Challenges of Scaling Up Mental Health Programmes in India
- My Experiences in Sangath
- Mental Health & the Role of Civil Society
- School-based Adolescent Health Promotion
- A Motley Crew of Helpers



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“Forge your own path rather than following others”

Sangath Speak

Working with Sangath is a different experience for everyone. A few of the people who lead teams in various capacities touch upon their work ethics and what they love about their jobs in one of India’s foremost mental health NGOs

Dr Abhijit Nadkarni

Psychiatrist



What do you love the most about your work?

The fact that every day brings a new challenge, and that makes life very exciting.

What would you be doing if not this?

Probably designing living spaces. My back up career option was architecture.

What do you dream of doing five years from now?

Continuing on my journey towards becoming a leader in addictions research in low- and middle-income countries.

What job gave you the most useful training experience?

My current job as a research fellow as it allows me to implement the theoretical knowledge that I acquired during my research masters training.

What is the most important advice you could offer to a young mental health professional?

Decide on your field of research/clinical practice based on what excites you and forge your own path rather than following others.

Dr Benedict Weobong

Epidemiologist

What do you love the most about your work?

As an epidemiologist, it is always refreshing to be able to play important leadership roles to ensure that any research undertaking achieves the desired goals. Providing this level of focused leadership both as trial manager in the PREMIUM trials and co-investigator in the SHARE THPP-I trial is an opportunity not to be missed. Even more exciting is to have the unbridled support of an amazing team to pull this off!

What would you be doing if not this?

My career is built around conducting health research and teaching. At the moment it appears I am focusing more on contributing towards health research, so will most likely be doing some teaching if I were to shelve my research focus. I would also not mind venturing into



the business of setting up business models that promote the culture of taking vacations/staycations targeting developing country populations!

What do you dream of doing five years from now?

It’s easy to dream but it is more important to challenge

those dreams by following through with them. I'm challenged to play a leading role in global mental health by developing/adapting contextually appropriate mental health interventions targeted at under-resourced populations. The mental health research portfolio in sub-Saharan Africa is not particularly exciting and I am keen on developing strong North-South research ties with partners in South Asia who are undoubtedly light years ahead in mental health research and interventions.

What job gave you the most useful training experience?

Undoubtedly my current job – as mental health trials research fellow – as this means managing trials, which is a very hands-on job. The rich experience I am garnering on this job is largely because I'm working closely with very experienced researchers, which is invaluable.

What is the most important advice you could offer to a young mental health professional?

Training in mental health epidemiology is essential to both clinicians and non-clinicians aligned to the field of mental health; as understanding the patterns, causes, consequences of mental illness, and developing appropriate interventions is likely to add value to clinical practice and thus improve health outcomes.

Dr Gauri Divan

Paediatrician



What do you love the most about your work?

The fact that we are conducting unique path-breaking work, but still managing to maintain such high standards.

What would you be doing if not this?

Pottery!

What job gave you the most useful training experience?

Working in the National Health Service, learning how teams work and support each other.

What is the most important advice you could offer



to a young mental health professional?

Make 'empathy' your mantra – learn to walk in others' shoes.

Percy Cardozo

Psychologist



What do you love the most about your work?

I enjoy attending to clients, especially young children. I always look forward to meeting them. Training teachers/parents and other stakeholders in the community is also something that gives me pleasure.

I enjoy any activity that impacts the lives of young children positively.

What would you be doing if not this?

Before getting into this profession I was a teacher, and would have probably continued doing the same.

What do you dream of doing five years from now?

I do not plan that far ahead.

What job gave you the most useful training experience?

The entire period of association with Sangath has been a very useful and enriching experience for me. It is difficult to say what job was most useful. However,

working with children, parents and teachers has been the most enriching. Working with stakeholders outside the state has been a good learning experience for me. Involvement with disability-related activities too has been very fulfilling.

What is the most important advice you could offer to a young mental health professional?

I would suggest that being sensitive to human needs and emotions is the most important part of being a mental health professional. Though we are trained in this aspect, when we start our clinical practice we do get carried away by professionalism and this sometimes tends to dilute the reason why we are in the profession. Finally, it is important to learn to take care of our own mental health, which also tends to take a back seat as we move on in our careers.

Prachi Khandeparkar

Psychologist

What do you love the most about your work?

My work involves dealing with people from different walks of life (culture, education, personalities), which helps me to understand new perspectives and build on my skills and strategies. This also helps me to be a better person. Furthermore, as my work is focused on prevention, it helps the beneficiaries (students) receive necessary, factual information and chalk out their future effectively and be good human beings, which will indirectly reflect on national progress.



What would you be doing if not this?

My first full-time job was with Sangath. I always wanted to do something that made a positive impact on the lives of people. I cannot think of engaging in any other work other than what I currently do, as this job gives me utmost satisfaction and happiness.

What do you dream of doing five years from now?

I see our model of health promotion through schools adopted as a national level policy (i.e. every school in

our country following the Health Promoting Schools model). At the same time, I would like to develop interventions for vulnerable adolescents so that they understand the importance of education, which would eventually create a ripple effect on national progress (as a healthy self will lead to a healthy society and a prosperous nation).

What job gave you the most useful training experience?

I have worked across a range of projects in different capacities, and each job has taught me something new and given me new ideas. I started my career at Sangath as a project assistant and moved up. I can understand the pros and cons of each job profile, the thought process behind it and strategies to make it effective.

What is the most important advice you could offer to a young mental health professional?

Keep up the spirit and take good care of your mental health needs as well. If your mental health is good then you can help other people better. One needs to have a lot of patience in this field as it is linked to dealing with people with different personalities and life experiences. Never lose hope. Try your level best, but be prepared as one may not get 100 per cent results. Even if we manage to make a difference to 10 people through our work, it is an achievement, as dealing with human beings and their emotions is a difficult task. Take good care of yourself and enjoy your presence on earth.

**NEVER
LOSE HOPE**

“One needs to have a lot of patience in this field as it is linked to dealing with people with different personalities and life experiences. Never lose hope”

Dr Rahul Shidhaye

Psychiatrist



What do you love the most about your work?

My current work gives me the opportunity to think globally and act locally. This is something which gives me immense satisfaction.

What would you be doing if not this?

Hard to answer, but would have been clinical practice.

What do you dream of doing five years from now?

Working in same field trying to bridge the gaps between thinkers (researchers) and actors (implementors)

What job gave you the most useful training experience?

Residency training in psychiatry and of course my current position which has so much on-the-job training!

What is the most important advice you could offer to a young mental health professional?

Not sure if a young mental health professional like me can advise someone else, but I would like to say that young professionals should try their hands on different aspects of mental health care such as practice, research, teaching, advocacy and so on, before finally deciding what they wish to do.

Dr Richard Velleman

Psychologist

What do you love the most about your work?

Making a contribution to exciting projects which have a real chance to improve global mental health; working with keen and committed staff, both lay and qualified.

What would you be doing if not this?

Either a) being retired or b) doing similar things (researching, training, supervising staff, writing academic papers) in a different organisation.

What do you dream of doing five years from now?

Being retired! Or still working with Sangath on similar exciting projects. (Probably some of both).

What job gave you the most useful training experience?

- a) Working as a computer programmer with a software house in 1975-1976, at the start of the computer age; and
- b) Training and working as a clinical psychologist in the UK between 1977-1980.



What is the most important advice you could offer to a young mental health professional?

Be organised and systematic, work hard, focus on the quality of your work as well as on its quantity, incorporate strong research results into your practice, network well, and grasp opportunities to develop high-quality services.



“I love making a contribution to exciting projects which have a real change to improve global mental health; working with keen and committed staff, both lay and qualified”

Sachin Shinde

Researcher

What do you love the most about your work?

What I love the most about my work is the ability to work independently with a certain degree of high quality monitoring and supervision from my supervisor. I also like the people I work with. It's great to work with people who care about their organisation and are doing a good job. It's hard to find this kind of environment today because many people don't care about honesty, hard work and integrity.

What would you be doing if not this?

I would have liked to be a theatre actor or perhaps a writer (I would have been impoverished, however).

What do you dream of doing five years from now?

I dream of researching and teaching in a university on health inequalities and social determinants of health.

What job gave you the most useful training experience?

The opportunity to design and implement a qualitative research study on 'Understanding HIV-related Stigma among Healthcare Providers' during my tenure with the National AIDS Research Institute, Pune.

What is the most important advice you could offer to a young mental health professional?

Find a good mentor(s). Find your niche and learn to understand yourself. Try to develop a stable and nurturing personal life and working environment.



Dr Vikram Patel

Psychiatrist



What do you love the most about your work?

Seeing the people I work with and mentor grow into accomplished and confident leaders in public health, and seeing people whom our counsellors help recover.

What would you be doing if not this?

Sitting on a tropical island beach.

What do you dream of doing five years from now?

Continuing my research towards finding innovative solutions to prevent the occurrence of and promote recovery from mental health problems.

What job gave you the most useful training experience?

My years doing my PhD in Zimbabwe during which time I first faced the reality of the lack of mental health care in a low-resource setting; and was privileged to be mentored by Anthony Mann, one of the finest teachers one could hope for.

What is the most important advice you could offer to a young mental health professional?

Find a subject which excites you, a place to work which you love, a mentor whom you respect, and follow your heart.



The Big Move

Yvonne Goncalves

Our new office, our very own new office – w-o-w! That means no more renewal of lease agreements, what a relief! But yes, it also meant a year to map out our strategy before the big move.

We looked forward with excitement and anticipation to what we hoped would be more than just an office, a space that would foster togetherness and camaraderie among the myriad teams that function in Sangath. Despite a year of planning, the move was not an easy one. Challenges cropped up ever so often, not least due to the de-facto interior coordination that the administration took over. This included assessing the area in our new office, allocating furniture, and identifying appropriate storage for seven years' worth of research data.

Over the years, Sangath has accumulated heaps of paper, furniture and junk that if we were to make a bonfire would rival the “Burning Man”. Thankfully we went through the more conventional and eco-friendly route and sold most of our furniture. In addition we had to ensure the proper disposal of data from completed projects.

Some say spaces became too familiar, too accommodating. Boredom and exasperation breeds like algae in a pool of stagnant water. When an old office starts looking desolate, a mixture of regret and anxiety comes over us and we feel like we are leaving a safe harbour for the rolling sea. We have become accustomed to the grooves and ruts made by years of shuffling papers and the scraping of pens on battered



desks, and if they had but a smidgen of life, what a story those desks would tell!

I would like to say that the actual move went forward like a well-oiled machine, and for the most part it did. But the move also threw up moments of chaos that left us with flashes of maddening confusion which disrupted our daily routine and made me appear like a cantankerous old coot for a large part of the time.

On the whole, there was a spirit of brilliant teamwork. Each team member boxed up the contents of their desks, had it moved and set up their new spaces with the enthusiasm of a child given his first Lego set. This was an embodiment of their commitment towards Sangath, as it embarks on its new journey.



9 reasons to work at Sangath

Shreyas Kamat



We are on a journey of making a difference – to people around us and the minds within them. We nurture a symbiotic relationship as we not only touch the lives of people and their families worldwide, but we also influence the lives of the people closer home, the team of Sangath.

Here are the nine reasons which make Sangath a great place to work at. 'Why just nine?' you would ask. It's because we wish to have you with us and let you add your own points to make the list complete.



1 In the company of Sangath

Since 1996, Sangath is leading research in mental health care under low-resource settings in India led by renowned scholar Prof Vikram Patel. We are proud to be a part of this great global movement for mental health.

2 Our work place

Our office in Goa is situated in a tiny suburb of Mapusa named Socorro. A beautiful and quaint home which has a little corner for each of us and a little courtyard that hosts quick afternoon sojourns over tea and cake. These talks are often interrupted by a golden oriole's song from the mango tree overhead. Yes, we love our home in the lap of nature and thank the funders for this.

3 Learn, learn and learn

There is always so much to learn. One can walk into the monthly research or clinical seminars and emerge enlightened on various aspects of research or psychological treatments. Sangath is proud to have a library of 4,000 (and counting) books and other resource materials, and an enthusiastic librarian who ensures that the resources are well utilised. This is a school you would never want to leave!

4 Yes, we're opinionated by choice

Sangath is truly participative in its style of management. No decision at Sangath is ever taken unless deliberated upon by the representatives of every team.

5 The people and the diversity

Sangath is home to more than 150 individuals supporting various functions like research, intervention, administration and finance. Be it the project leader or the super-active housekeeper, each member of Sangath is an intriguing entity in himself/herself.

6 A global citizen

Not only is there a bit of Sangath all over the country and the globe, there is also a bit of the country and the globe at Sangath. We have offices in six states in India and our courses train people from all over the world. On the other hand, our team that makes this happen comprises qualified personnel from around the country and the globe. As a result, working at Sangath is a multi-cultural experience.

7 Tech talks

Be it the use of tablet computers for data collection, software for data analysis or video conferencing facility for meetings with our overseas collaborators, Sangath prides itself on being on the top of every useful and relevant technology. Of course, we have to thank our funders for this one too.

8 The Little Elves of Sangath

They believe that the family that enjoys together stays together. They organise fun events which blend work and play. Moreover, not a day goes by in Sangath without a celebration. All thanks to its extra large team size, there is a birthday, wedding anniversary, birth or purchase of a vehicle happening every other day, which means cake, laddoos, ice cream and such treats on a regular basis.

9 In the company of leaders

Working at Sangath means collaborating with highly influential and respected people in organisations, communities and among policy makers. Be it highly placed officials in the government, or professors in renowned universities, or the president of the local self-help group, our work has gained us the support of people at the top.

And this is how Team Sangath keeps getting built. And thus starts the virtuous cycle of great team-great organisation-great team!

Experiences of working with Sangath in Goa and Bihar

Sachin Shinde

The chemist Ernest Rutherford once said, “The only possible interpretation of any research whatsoever in the ‘social sciences’ is: some do, some don’t.” Three years ago, when I made a decision to move to Goa to work at Sangath, I realised how true this aphorism was, as a few friends thought that it was a good move for me to make, while others didn’t.

A combination of curiosity about Goa (Oh yes... its exquisite mix of sun, surf, and sand), Sangath’s reputation in the NGO circle, and the excitement of working with Prof Vikram Patel whose work I had referred to during my Masters, shaped my ideas and beliefs about what working with Sangath would be like.

Contrary to everyone’s idea of the ‘susegado’ (loosely translated as a relaxed life) lifestyle in Goa, the kind of work I was engaged in was very intense and rigorous. Although I enjoyed the natural scenic beauty of Goa; its attractive beaches, temples and churches; feasts and festivals and above all the hospitable people, I must confess, what I savoured the most was working with people from various backgrounds.

Attending the weekly project review meetings with team members offered immense opportunities to improve my research skills, structure and articulate my thoughts, write and present ideas coherently, think out-of-the-box, and accommodate people from various backgrounds to accomplish tasks. The constant engagement with national and international experts, access to cutting-edge research and being encouraged to question changed the way I approached research.

My various experiences at Sangath have provided me with a way of examining information that extends far beyond the mere evaluation of scientific literature and is, perhaps, a truly valuable life skill that I have acquired. In my professional journey with Sangath, I have learned a new style of thinking: appraising information critically, exploring thoroughly the legitimacy of scientific claims

and conclusions, and assessing methodically the validity of experimental data.

Just as I was beginning to settle in, life threw another opportunity my way, this time, to work in Sangath, in Patna. This once again reminded me of the quote by Rutherford. A few of my friends labeled me insane, while others thought that it would be an adventure.

It’s been 11 months and I am still surviving in Patna, learning new ways of working with the locals, exploring the psyche of Biharis, savouring the local delicacies and most importantly, enjoying the work I do with Sangath!





INTERNAL Thoughts: My Sangath Experience

Sabrina Liu

I came to Sangath to learn more about research and practice in global mental health before starting a doctoral programme in clinical psychology. In Goa, I was flung into a whirlwind of experiences that could not have been more different from home: the landscape, the climate, the culture, the people, and finally, the workplace.

The differences between Sangath and my previous workplace at the Massachusetts General Hospital in the US led to a lot of teasing. For example, when the electricity shut off for hours at a time (particularly bad on a day when I had to make hundreds of copies of training materials), or the internet died, co-workers joked, “I bet this never happens where you come from” or, “I bet you didn’t expect to spend your internship in the dark”.

It’s true that these inconveniences rarely happen at home, but we run into different roadblocks. Say we accidentally delete a dataset. Instead of walking into the next room and asking Mark (the IT department) to get it back for us, we have to register a complaint, which goes to the massive IT office and sits in a long queue. Meanwhile, all of our data work is on hold.

Or suppose I come across a perfect funding opportunity, but the grant application is due in a month – forget it. Grant applications by individual labs need to be ready at least a month in advance so that our grants office has time to do all necessary checks before submission. These differences might be trivial, but they raise the larger question: What other systems could we in the US improve by following the Sangath approach?

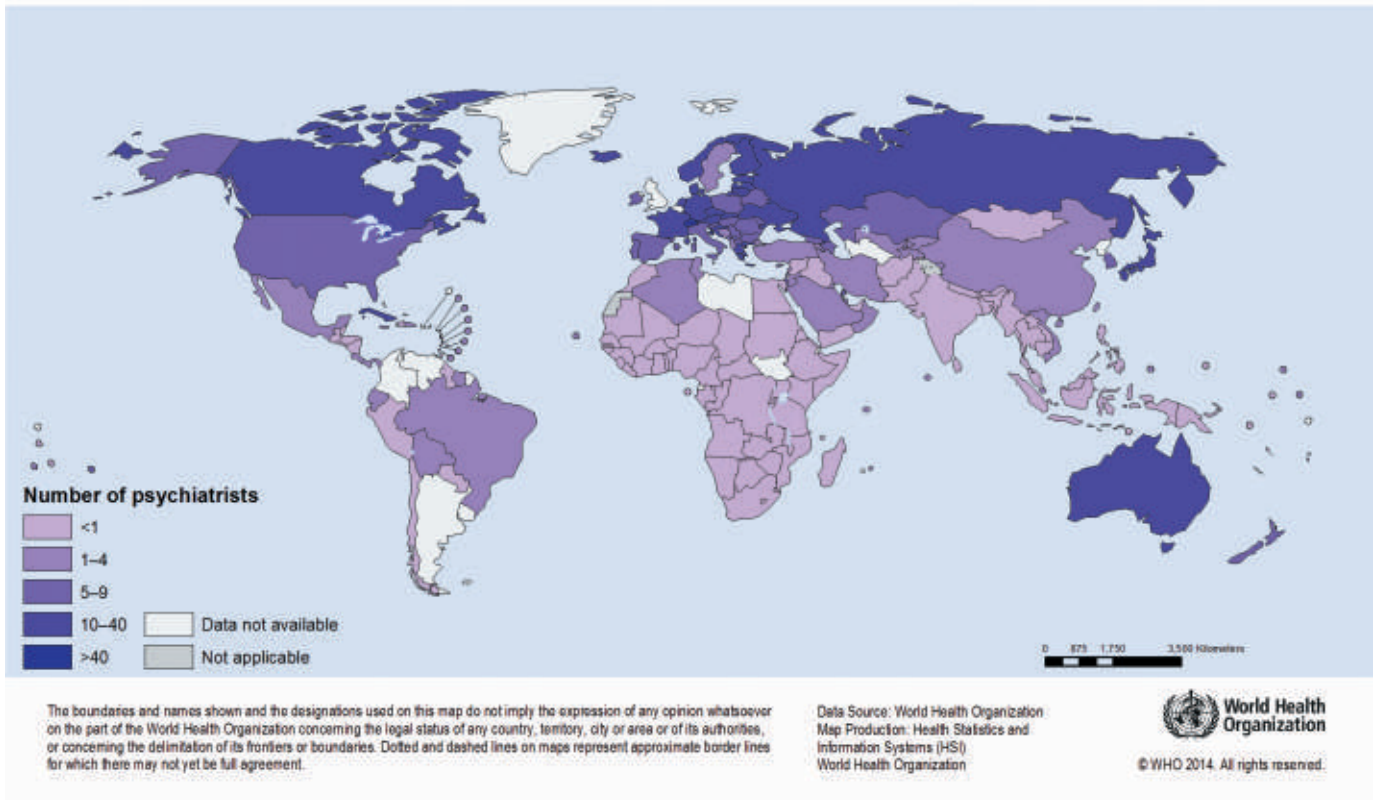


Sabrina Liu supervises a workshop during the Adolescent Education Programme training at a Jawahar Navodaya Vidyalaya school in Assam

Sangath is an interdisciplinary centre that utilises community health workers and task-sharing with the goal of increasing access to mental health care in low-resource settings. The map on pg 50 shows access to mental health services by country. We can see that India is in the lowest bracket, illustrating why Sangath’s work is so crucial.

However, look at the United States – although we are better off in comparison, we still only have five to nine psychiatrists per 100,000 population. That is an average of one psychiatrist for about every 15,000 people; clearly not enough mental health care providers to adequately service our population.

Psychiatrists working in mental health (per 100 000 population), 2011



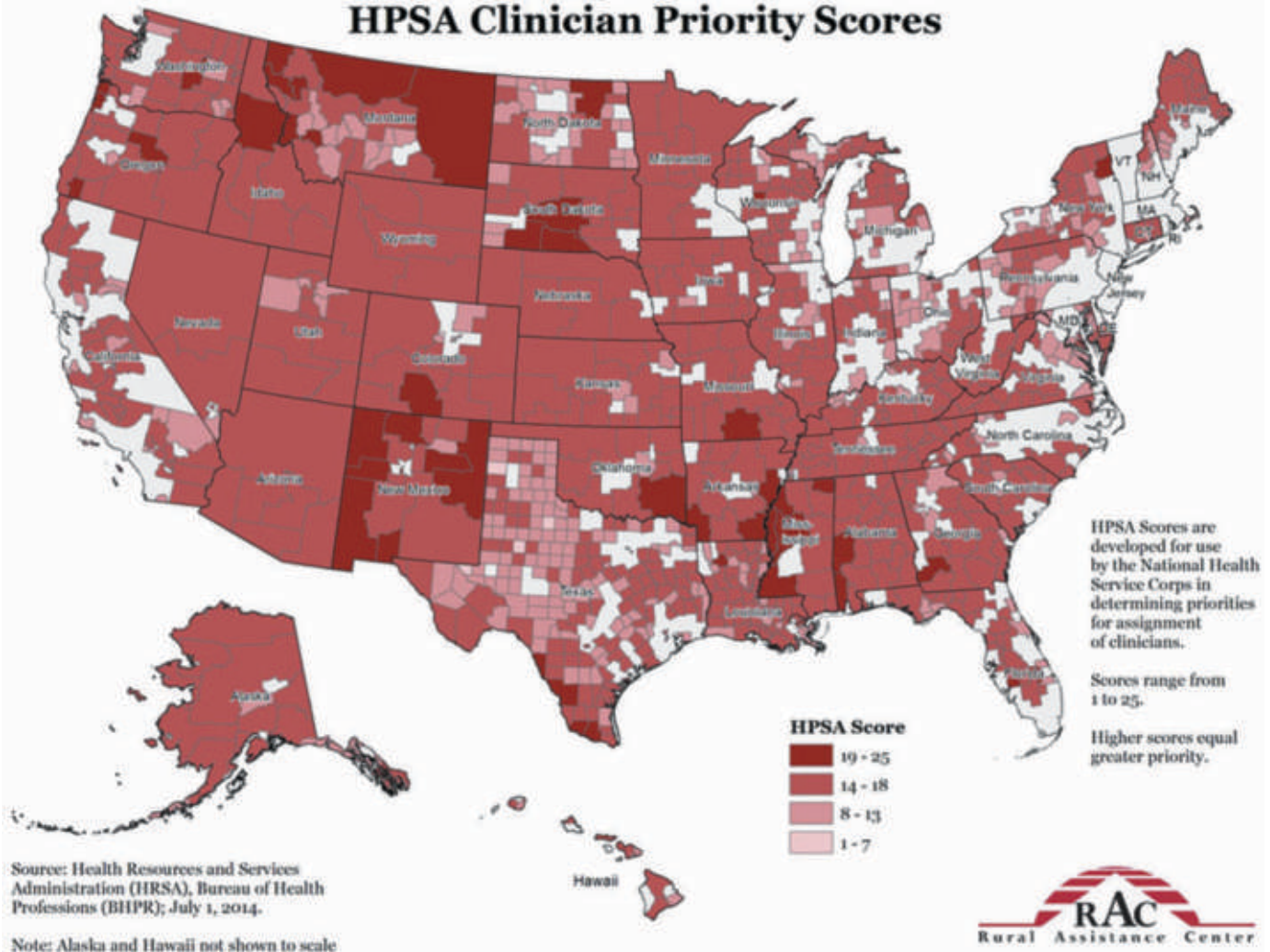
“Although the United States is better off in comparison to India in terms of access to mental health services, we still only have five to nine psychiatrists per 100,000 population. That is an average of one psychiatrist for about every 15,000 people; clearly not enough mental health care providers to adequately service our population... It is also a huge country – the landscape, people and economy differ immensely across our many states, and mental health service providers are by no means equitably distributed”

In addition to this disturbing fact, there is something else that is important to understand; the United States is a huge country – the landscape, people, and economy differ immensely across our many states, and mental health service providers are by no means equitably distributed.

In some places, there are a variety of comprehensive service options for someone seeking mental health care. For example, in my home city of Boston, there are at least four world-renowned hospitals and hundreds of community agencies, clinics, and NGOs. I have worked for two different hospitals and two different community agencies in the area, all of which offered services for adults and children, with teams comprising psychiatrists, psychologists, and social workers. That is a great accomplishment, but the state of Massachusetts also arguably has the best healthcare system in the country. What about other parts of the United States that don't even have one good hospital in reach for their residents?

The map on pg 51 takes a closer look at the inequalities that exist across different groups and geographic areas in the United States.

Health Professional Shortage Areas (HPSA) - Mental Health HPSA Clinician Priority Scores



As the map suggests, we don't just have geographically isolated areas. We also have culturally isolated groups; people whose language and culture differ from those of the majority, and who often have high rates of mental illness. Native Americans, migrant farmworkers, and homeless people are all examples of such communities.

Could these neglected communities benefit from the Sangath model? Could we implement multidisciplinary service centres in remote areas that utilise non-professionals to do the bulk of the care? Could we get people from various culturally isolated groups to be health workers in their own communities, task-sharing with higher-level professionals? Would it not make a huge difference for them to know the people, the language, and the culture – to have the trust of the community? I hope to think through these questions further as I continue my education and start my career.

In Goa, people often asked me what I would change about Sangath to make it more like working in the US. Of course, luxuries like reliable internet, phone service, and electricity would be helpful. But I think foreign visitors should also be asking themselves, "What can we improve about mental health outreach in our native countries to reflect the innovations we see at Sangath?"



Ghana to Goa via London: My cross-cultural experiences

Dr Benedict Weobong

Just so we are all on the same page and to avoid drawing literal inferences on the title of this piece, traveling from Ghana (the first country in sub-Saharan Africa to gain independence from British colonial rule) to Goa, India does NOT have to be via London!

I guess that is beside the point, and what is of essence is the fact that the first Ghanaian, and for that matter African, defied all odds and booked an enviable position in a prestigious institution of teaching and research (London School of Hygiene & Tropical Medicine, UK), to work with an amazing team of researchers in Goa's leading mental health NGO – Sangath!

It's like a dream come true, as I've always wanted to have the opportunity to work with perhaps the leading figure in the field of global mental health, and this inevitably meant working in a different cultural setting. This enthusiasm made me oblivious to the fact that I would be moving to a totally new place and would be embracing a new culture. Indeed, it may have been a very bold decision, and one of my colleagues even went on to say: 'Ben, you're a brave man'.

I have come to understand why I must have been called a brave man as it began to dawn on me that I'm not in Ghana, nor the UK for that matter. I guess my first

culture shock was the realisation that I was the only coloured person which I found really strange and this triggered some doubt. So I set in motion an inquisition to clear any doubts by turning up in Church, hoping that I'll meet someone who looks like me!

I was miserably disappointed as I combed through the entire congregation and no one appeared to look like me! As if that was not enough, my second shock was lurking around the corner. It was the peace greeting time during mass and poor Ben stretched out his hand to say hello to a fellow worshipper but was totally ignored. Then I realised that I had to do it differently, and I did!

Then also is the experience of crossing roads as a pedestrian in Goa, which has been a nightmarish experience in my first couple of months here. I must say however that I've managed to overcome this initial challenge as I'm now quite convinced that there is order in chaos! And sometimes it's just better leaving things as they are lest you risk rocking a stable equilibrium!

I guess these and many other cultural differences are to be expected as this makes us unique, plus there is always beauty in diversity!

I must be quick to add that as far as the work culture is concerned, I see very little difference and the level of detail and purposefulness put into our individual tasks and responsibilities is the same if not better than my experiences in other settings. My initial anxieties of dealing with the language barrier dissipated as most people I interact with are able to communicate



effectively with me, though I do sometimes get lost completely when my friends and colleagues start mixing the local dialect with English!

Of course I'm fully aware this is a challenge to me – to learn some Konkani or Hindi – and I have indeed started! And sometimes though I miss my Ghanaian food, this has never been an issue as the food here is not only awesome but also quite similar to some of the dishes back home.

Don't be surprised that this brief account on my cross-cultural experiences has ended on the note of food! Truth be told: I love my food and getting the right food is essential for survival in new environments or cultures!

“It's like a dream come true, as I've always wanted to have the opportunity to work with perhaps the leading figure in the field of global mental health, and this inevitably meant working in a different cultural setting. This enthusiasm made me oblivious to the fact that I would be moving to a totally new place and would be embracing a new culture”





Scaling up Mental Health Programmes in India: The Way Forward

Dr Rahul Shidhaye



Why scale-up a mental health programme?

In India, the contribution of mental health conditions to the overall burden of disease in 2010 was estimated to be 5.6 per cent. This represents an increase of 65 per cent in the past 20 years, a burden that is projected to increase

further during the next 25 years as a consequence of the epidemiological and demographic transition. Despite this huge burden, around 90 per cent of individuals with mental health conditions do not receive

any treatment for their problems. This clearly underlines the need for scaling-up of mental health programmes in India so that people with mental health problems receive timely and adequate evidence-based treatment.

What needs to be scaled-up?

Task sharing, i.e. rational redistribution of tasks among health workforce teams, is advocated to address human resource shortages which contribute to huge treatment gaps. Mental health interventions based on the task-sharing approach have been evaluated in India and their efficacy established using rigorous evaluation methodology. The MANAS (MANAShanti sudhar shodh), COPSI (COmmunity care for People with

Schizophrenia in India) and Home Care Program have demonstrated that lay counsellor-led collaborative stepped care interventions are effective for depression, psychosis and dementia respectively.

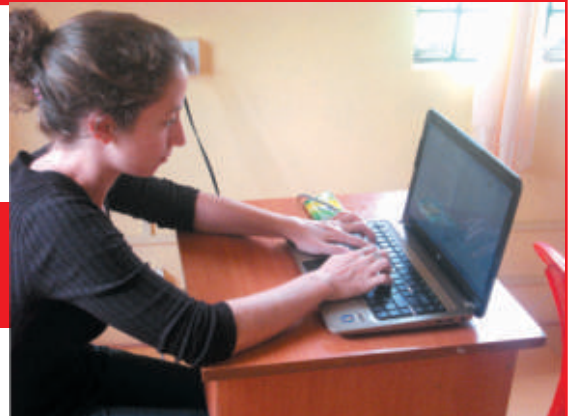
What are the challenges in scaling-up mental health programmes?

There is a huge knowledge gap at national and global levels in terms of how evidence-based interventions can be delivered on various platforms or delivery channels for service provision. This can be addressed by focusing on some of the key research questions related to quantifying the treatment gap for realistic goal setting, capacity-building approaches for achieving and maintaining key skills and competencies of health workers to provide mental health care, development and evaluation of mental health interventions delivered using the 'task-sharing' approach and the effectiveness of different approaches to improve awareness about mental health problems, reducing stigma against people suffering with mental health conditions, ultimately leading to improved help-seeking behaviour.

Two programmes (PRIME and VISHRAM) launched in India in the last three years involving partnerships between ministries of health, Sangath and the Public Health Foundation of India are aiming to implement evidence-based interventions in the "real-world setting" with an ultimate goal of scaling-up mental health programmes.

Finally, the public health system needs to provide a conducive/enabling environment for scaling-up of mental health programmes. The draft Mental Health Care Bill which enshrines access to mental healthcare as a right and an entitlement needs to be enacted as soon as possible. The National Mental Health Policy and the rejuvenated District Mental Health Program should be implemented in all districts within the XIIth Five Year Plan which will ultimately result in increased coverage of evidence-based treatments for mental health conditions.

INTERNSHIPS



Want to get involved in our work? Interning at Sangath will open a world of opportunity before you, no matter what stage of your career you are at.

Through the internship programme, you will be able to choose the area of work most suitable to your learning preferences. Not only will you strengthen existing skills, Sangath will also ensure that you develop new ones while you collect enriching experiences on an almost daily basis.

We, at Sangath, respect the skills you come with and will be most happy to learn from the previous experiences we hope you will share with us. But remember, we get many applications and are only able to accommodate a few. To apply, please consult our website for more information and, if you are eligible, complete the online application (www.sangath.com)

See you soon!

My Experiences in Sangath: The People and the Institution

Prof Richard Velleman

I consider myself very fortunate to be working in Sangath.

Although I have been visiting Goa annually for more than 20 years, I had never involved myself professionally on my visits. Even after I started to come to Goa for longer periods (up to six months) from 2007 onwards, the work I did here was always writing books or scientific papers related to my work in the UK.

But in 2011, I met first Dr Abhijit Nadkarni and then Professor Vikram Patel, and realised what exciting and valuable work Sangath was undertaking: I eagerly accepted the invitation to start to work with Sangath. Most of my work so far has been with the PREMIUM project, but I have had some small input into the SHARE project, run a session on stress management, and am now a grant-holder for at least one new project starting in October.

My experiences in Sangath have been almost entirely

positive. I have been met with welcome and friendliness from everyone; but the key positives for me are the high quality of the work that is being undertaken, the excellent and transparent financial management (in a country where corruption is unfortunately rife), and the commitment to make a difference to people's lives – initially here in Goa by developing, delivering and evaluating the impact of psychological interventions for various conditions that affect people, and then by scaling up these interventions so that they will be of use to people across India, and indeed across the developing world.

Sangath has taken a lead in scaling up by 'giving away' professional power – training people who have not received professional training in this area to become skilled and competent in delivering psychological therapies, and then supervising these lay health workers to ensure the continuation of high standards. None of this would be possible without the dedicated hard work

Prof Richard Velleman holds a session during the Five-Step Method Workshop in March 2013



from many key individuals, especially those who in other organisations might 'hold onto power' and not seek to pass their skills on, for the greater benefit of the wider population.

There are of course areas of frustration, some related to infrastructure (e.g. power cuts, inadequate internet connectivity) and others related to a clash between a precise and planned approach to delivery of projects versus the more laissez-faire approach to planning that seems typically Indian. Although the projects that I have worked on in Sangath are more tightly controlled and run more smoothly than anything else I have experienced in India, this resistance to detailed planning and follow-through remains a challenge.

But this is a small issue compared to the joy I experience of working with my colleagues in Sangath. I feel immensely privileged to have joined Sangath and I look forward with great pleasure and anticipation to continue working here for many years to come.



Above: Prof Richard Velleman, far right, with members of the PREMIUM team

Below: Sangath staff listen keenly as Prof Richard Velleman conducts a workshop on stress management



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Mental Health and the Role of Civil Society

Dr Isabel Santa Rita Vas

Illness is embedded with anxiety. Health has always been a major concern in communities; prevention of illness, care and support, treatment, a quest for knowledge about health issues, all these have been vital for social well-being. Today investment in health is a priority with every administration, and the Human Development Index identifies health (as connected to life expectancy) as one of the three main yardsticks to rank countries in tiers of human development. Has a concern with mental health grown proportionately in our midst?

Certainly, we do not hear of scenarios of unbearable neglect or cruelty towards the mentally ill, such as have been documented by social historians, even in highly 'developed' societies. We do not lock away our mentally ill in the nearest jail or in an 'almshouse'. The courageous work of visionaries like Dorothea Dix (USA, 1802-1887) has cleared the way for a more enlightened approach to mental health. The seminal contribution of thinkers like Freud and Jung has aroused huge interest in the workings of the human mind and behaviour. Funding mental health facilities is now routinely accepted as the responsibility of governments.

However, the field is too demanding for only government bodies to cover. There is a vast beckoning space for the involvement of civil society. Thus, non-governmental organisations and concerned individuals share the wisdom of the ancient Roman poet who coined the phrase 'mens sana in corpore sano'. They find themselves carving a niche where they can contribute towards mental health. In Goa, Sangath has done pioneering work, for decades now, in providing services, conducting training, and doing research, in various aspects of mental health: issues of children and families, adolescents, the barefoot psychiatrist, community counselling, depression, ageing, and other areas.

There is still room for greater involvement by civil

society. Young people can consider mental health as a field for serious study and research. Persons who empathise with the mentally unwell may seek to acquire training in fields of counselling, with its many sub-specialisations, such as substance-abuse counselling, grief counselling or HIV/AIDS counselling. Families can seek early help, without fear of stigma, for their own who may benefit from the intervention of a mental health practitioner.

Can there be 'others' in the field of mental health? Or it is perhaps a continuum of the 'not yet ill' and the 'not yet well'? Wellness walks hand-in-hand with acceptance.





Good health improves enrolment and attendance in school, cognition and development

School-based Adolescent Health Promotion: Investing in the Future

Prachi Khandeparkar

Adolescence is a period of life characterised by the lowest burden of disease, but is also the critical phase of life when risk behaviours for adverse health outcomes, both during adolescence and in later adult life, are established. The confluence of the physiological and emotional changes associated with puberty, prevailing gender norms, the growing demands of education, the rapidly changing social environments, and the developmental features of impulsivity and reward-seeking, are the major determinants of these behaviours.

A strong focus on health promotion among adolescents is critical to achieving the global health goals of eliminating HIV/AIDS, improving maternal, infant, sexual and reproductive, and mental health, and preventing injuries and non-communicable disease. The reproductive health of adolescents will be critical for achieving the Millennium Development Goals. However, adolescents are often excluded from health interventions, which are targeted either towards younger children or adults. Given the rising rates of enrolment in secondary school across the world, and the fact that school-going adolescents spend

about a third of their waking hours in school or engaged in school-related activities, schools provide a highly effective platform to reach young people.

There is a well-established bi-directional relationship between education and health. Extensive research evidence indicates that more education results in better physical and mental health, and healthier behaviours. At the same time, healthy students learn better. Good health improves school attendance and enrolment in schools. It also improves cognition and development, and ultimately, educational attainment.

Today, school health programmes across the world are providing information on psychological aspects, environmental aspects of health, substance use and misuse, family life education, safety, health-related exercises, food and nutrition, personal hygiene, sex education and so on and delivering of health services. Such programmes help adolescents get factual information, address other risk behaviours and health problems such as tobacco and substance use, promote mental health, effectively cope with their stress which may be linked to negative peer influence, deal with relationships issues, and careers. They aim to help the individual identify their strengths and overcome their weaknesses, ultimately developing a positive outlook towards life and future.

India has adopted the Health Promotion in Schools (HPS) model by the World Health Organisation. An HPS school constantly strengthens its capacity as a healthy setting for living, learning and working. These resources should be made available to students in all the schools of the country. The government should take a proactive initiative to make funds available for activities linked to HPS such as creating awareness, identify human resource, training, monitoring and supervision. State governments can seek assistance from civil society organisations for effective implementation of the HPS model.



Above: A counsellor delivers a classroom session

Centre: Staff nurses receive training conducted by the United Nations Population Fund in Jawahar Navoday Vidyalaya in Farour, Fatehgarh Sahib in Punjab

Below: Students at a school in Goa learn about World Mental Health Day

A motley crew of helpers

Aresh Naik



Akila Bepari



Anuja Naik



Bindiya Chodankar



Carlton Carvalho



Dhanlaxmi Sakat



Dielle D'Souza



Dr Fredric Azariah



Jerome D'Souza



Kishori Mandrekar



Marypinky Rosario



Medha Bhate



Miriam Carvalho



Nivedita Haldankar



Pushpa Barla



Rosy DeSouza



Sherin Abraham



Shreyas Kamat



Supriya Sawal



Urvita Bhatia



Yvonne Goncalves



Santa Claus was fed up! Christmas had ended; the New Year had gone by too; and the Elves had only just begun their mischief. With the hectic season behind them, the Elves had nothing to focus their energies on. The next Christmas was a long time coming and they had a lot of time to themselves. Some of them had found a few hobbies here and there; one had taken off on a hike to a glacier to keep herself entertained; another tried aqua-zumba in sub-zero temperatures.

But Santa worried for how he could keep the others occupied. Left to themselves, they would run amok. In fact, the one they called the 'Keyboard Monkey' had already begun to write shady project proposals such as: to study the natural history of exotic-herb addiction in reindeers. Don't ask me how and why an elf would write a project proposal. This one did. He wasn't a conventional elf, you see. In fact, he didn't even call himself one. He sauntered in and out of the proceedings at the North Pole, taking off unexpectedly and travelling the globe; maybe he knew something the others didn't.

He was regularly trailed by Mr Fixit (who also stayed away from the 'elf' tag, but was ever willing to pitch in). Fixit was well-known to break something when no-one looked and then fix it with all the fanfare possible. Fixit was also obsessed with flowers. As soon as he saw one, he had to have it. He was often seen with a basketful of flowers tucked under his arm. No-one knew what he did with them; it was a mystery.

Santa surmised that such odd behaviour would only increase if the Elves had nothing to do. So you see, the situation was very volatile. Not a day passed by when Santa didn't fear for his sanity. It is out of this turmoil that a solution appeared. Since the Elves were mentally harassing Santa (so he claimed under The Mental Health Care Bill, 2013), he sent them off to a mental-health NGO to mend their ways.

This would at the least, make the Elves someone else's problem, and at the most, allow him to hibernate till they were back. He thus sent them on their merry way, but he promised that he would visit them before he visited the rest of the world.

And this is how the Elves came to be at Sangath. To hide their true identities, this motley crew has spread itself out in various projects. From time to time, they expend their energies doing what they know best – getting the family together – the Sangath Family!

From a "Fundraising Dinner" to "Heartbeat Dedications"; from "Quirky Awards" to a "Beachside Picnic", the Elves have done it all. They love putting stuff together. The NGO had recently moved to a new location and the Elves coordinated a week full of events. It was called the Inaugural Week and it had a workshop every day. That week saw a large number of visitors coming to Sangath and this made the Elves very happy.

At the inaugural function, which they put together, their efforts were appreciated by the head of the family which gladdened their hearts. The Head-Elf was so happy that she promptly took off on another week-long hike to a glacier. Mr Fixit took away all the flowers after everyone had left. The zumba-enthusiast, who went by the name Diet Queen, ate one whole "motichoor laddoo". They were that happy!

And then, true to his promise, Santa visited the NGO before Christmas. In fact, the Elves made an event out of that too. They called it Secret Santa. When Santa appeared, everyone thought that it was one of the Elves dressed up as Santa. I guess they couldn't recognise him as he had lost a lot of weight; and why wouldn't he? He had the North Pole all to himself. The peace and quiet, I tell you!

And so it came to pass that the Elves made a home for themselves at Sangath. If there is something to be celebrated, organised, planned or arranged, they will do it. They take pride in doing so. No matter that they work in different capacities and projects to keep their identities secret; when they come together they are all equals. And they celebrate this equality by sharing it with all the others that work at the NGO; one event at a time.



Candid camera catches Fixit stealing flowers when no one is looking



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- Finance & Personnel Welfare
- Together we make a difference
- Publications
- Collaborators & Collaborating Institutes
- Consultants
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Governance, Administration & IT

Management

Thirty-one members who share Sangath's vision meet annually to discuss the progress and direction of the organisation. They vote over important decisions, such as amending rules, and also assess and adopt the annual report and auditor's statement of accounts.

Every two years, this general body elects seven members to form the managing committee, which meets at least six times annually to oversee the functioning of the organisation. It holds final responsibility for the execution of projects, financial accountability and overall management.

A representative each from the managing committee, finance department, administration, and main areas of Sangath's project work form the senior management team. It meets every month and forms a link between coordinators, service providers and the managing committee.

Managing Committee

Dr Amit Dias, Chairperson

Dr Dias is an epidemiologist with a specialisation in geriatrics and infectious disease. He is currently a lecturer in the Department of Preventive and Social Medicine at the Goa Medical College and also serves as chairman of Sangath's Institutional Review Board

Ashwin Tombat, Treasurer

Mr Tombat is a journalist, researcher and writer with a background in student activism, street theatre and outdoor pursuits. He has served as editor of two major English dailies and a monthly magazine in Goa for more than two decades. He is an office bearer on the managing committee of Children's Rights in Goa, the Goa Yachting Association and the state unit of the Youth Hostels Association of India.

Dr Isabel Santa Rita Vas, Joint Secretary

Dr Vas was a reader at Dhempe College of Arts & Science, Miramar. She has a PhD in English Literature and is a founder member of the Mustard Seed Art Company, an amateur theatre group. She is also the Secretary of Positive People, an NGO in Goa.

Dr Mrinalini Sahasrabhojane, Member

Dr Sahasrabhojane practises and lectures at the Goa Medical College's Department of Obstetrics and Gynecology.

Nazneen Sarosh-Rebello, Member

Mrs Rebello, a founder member of Sangath, began her career as a speech and language therapist working with children who have speech and language delays and, in particular, autism.

Smita Naik, Secretary

Through her years of experience in Sangath, Ms Naik, who has a Bachelors degree in Home Science, has gained immense knowledge in the field of research.

Prof Vikram Patel, Member

Dr Patel is a psychiatrist, professor of International Mental Health and a Wellcome Trust Senior Clinical Research Fellow at the London School of Hygiene & Tropical Medicine, UK, where he is the joint director of the Centre for Global Mental Health.

He has a number of publications to his credit, including his book *Where There Is No Psychiatrist*. He was an editor of the *Lancet Series on Global Mental Health* (2007 and 2011), and of the *Lancet Series on Health For All in India* (2011). He is a member of the Government of India's Mental Health Policy Group and the WHO Expert Advisory Committee for Mental Health.

IT

Sangath has pioneered the use of handheld computers for field data collection. Field researchers use handheld devices to collect data which generates a spreadsheet ready to be imported in commonly used analysis software.

This mobile technology has improved the efficiency of field data collection by saving on data entry time and reducing data collection and entry errors. Smita Naik was invited by the Society of Applied Studies, New Delhi, to assist them in testing the feasibility of using palm tops in a multicentre study coordinated by the World Health Organization.

We have developed an online clinical record software, which allows clinicians to enter key information about patients. The software will also allow any Sangath clinician to access clinical records from any location through the internet and to permit the clinical team to carry out audits of our work on a regular basis with just a click of the mouse.

The IT infrastructure at Sangath is simple, smart and secure. It consists of a primary server which manages all the client computers and network peripherals.

Anyone trying to access resources from the server must be authenticated by the active directory before access is allowed. A backup procedure is followed by running a scheduled backing up every day.

The Sangath network is located at the Porvorim centre and one at the Raia centre. Sangath has over 50 network points installed and approximately 65 network users. Both our offices have broadband internet connectivity.

General Body

Dr Abhijit Nadkarni	Dr Neerja Chowdhary
Achira Chatterjee	Dr Nishtha Desai
Dr Amit Dias	Percy Cardozo
Dr Anant Bhan	Prachi Khandeparkar
Anita Mathew	Dr Pradeep Padwal
Ashwin Tombat	Dr Prasad Nevrekar
Edna Miranda Souza	Prashanti Talpalkar
Dr Gauri Divan	Dr Rahul Shidhaye
Giselle Lobo	Dr Rajendra Hegde
Gracy Andrew	Dr S Ramaswamy
Dr Hamid Dabholkar	Dr Sheela Gupte
Dr Isabel Santa Rita Vas	Dr Sitakant Ghanekar
Kalpana Joshi	Smita Naik
Ketki Khanolkar	Teddy Andrews
Lester Fernandes	Dr Veena Hegde
Dr Mrinalini	Prof Vikram Patel
Sahasrabhojane	Vishram Gupte
Nazneen Sarosh-Rebelo	



We have developed the STAR (Sangath digital Tool for Advance Research) software, a data collection and real-time web-based monitoring tool. It incorporates programming questionnaires with validation rules and other appropriate 'check, skip and navigation' rules to help researchers navigate through the correct questions and collect more complete, error-free data.

STAR provides values in a format compatible with most statistical software, allowing the data to be easily converted and used for analysis. Timely quality checks are done using the web-based monitoring system to assess completion of questionnaires and mapping data collection through GPS from any location. Data is automatically backed up and uploaded on an off-site server each day.

The software ensures accurate data collection on field, facilitates real-time data quality and spatial monitoring, speedy data transfer, and compilation of datasets and reports.



Finance & Personnel Welfare

Sangath has an accountable financial management system that monitors the position of all projects, including current and expected expenditure, and enforces strict procedures to ensure complete transparency.

Expenses are approved by coordinators, finance officer and senior management team, based on the amount, with all expenses above ₹10,000 approved only by the managing committee. Variations from budgeted figures are permitted only after permission from the funder.

Project coordinators report expenses regularly to the finance department and the managing committee. All financial transactions are scrutinised quarterly by an internal auditor, who updates the managing committee. Once a year, funds are evaluated by a statutory auditor.

Up to 10 per cent of running costs of projects goes towards supporting administrative expenses to help pay for facilities, support services and capacity building for long-term sustainability.

Sangath ensures its human resources are happy and motivated through regular capacity building opportunities, financial security such as Medclaim benefits and Public Provident Fund, and team events. The Little Elves of Sangath work to maintain a lively atmosphere with regular team building events and fundraising festivities.

Doing Your Bit



Like any not-for-profit organisation in the world, Sangath too relies on helping hands from those who support our cause. We need funds to be able to achieve our mission and reach out to those who require our help.

Our successes are in large measure because of the generosity of our donors who have motivated us at every step of the way. Join the ranks and help us if you can.

Your donation, no matter how small, is always appreciated.

Thank you for your generosity,
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April 2012 to March 2014

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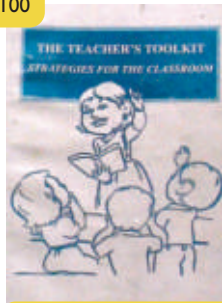
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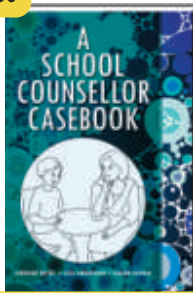


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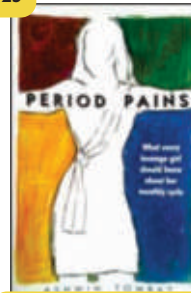
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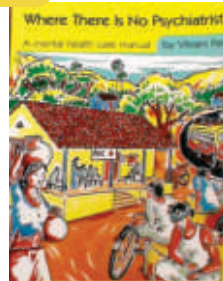
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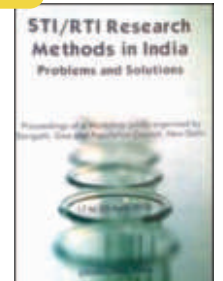
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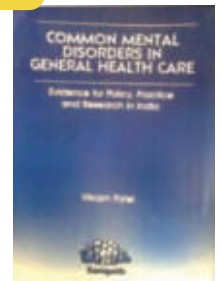
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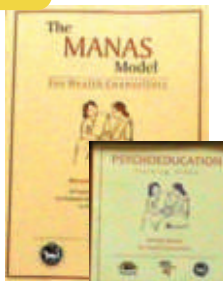
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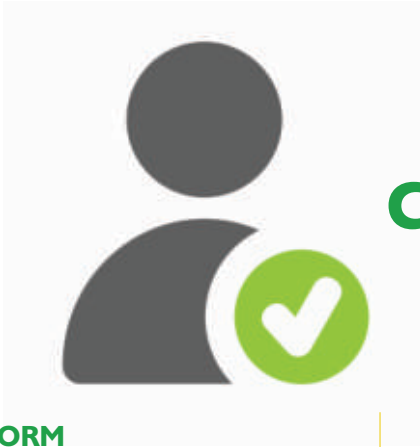
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ABOUT SANGATH

Sangath is a non-government, not-for-profit organisation committed to improving health across the lifespan, by empowering existing community resources to provide appropriate physical, psychological and social therapies.

As one of the largest NGOs in Goa, it works with more than 100 service providers, through two centres in the state, projects across India, and collaborations with leading institutions in the world. The organization has achieved international recognition for its path-breaking research and treatment programmes in the community.

At the heart of Sangath's vision is bridging the treatment gap for mental health problems in India i.e closing the yawning gap between the number of people with a mental health problem and the number of those who receive the care that can greatly improve their lives. Our pioneering strategy is to empower ordinary people and community health workers to deliver mental health care in community settings with appropriate training and supervision from experts in the field of mental health.



ABOUT SANGATH CLINICAL SERVICES

Through our clinical services, we hope to provide support and care to people who experience mental health problems. Our experienced team of mental health professionals, including psychiatrists, psychologists, social workers, and counsellors will provide diagnostic assessments for developmental and behavioural problems in children/adolescents and mental health problems in adults; and psychosocial therapy for a wide range of health concerns, which include:

- Developmental problems
- Academic, behavioural and emotional difficulties
- Depression, anxiety, stress-related problems, emotional trauma and alcohol related problems
- Marital, relationship and family problems (including child custody matters)
- Grief and loss



- Our team of mental health professionals is experienced in the assessment and treatment of these mental health problems, and offer treatments ranging from psychological therapies to medical therapies.

Contact us from Monday to Friday between 9 am - 5.30 pm for our clinical services in:

North Goa: Sangath Training Centre, H No 451 (168), Bhatkar Waddo, Socorro, Porvorim, Bardez, Goa, 403501.
Tel: (91-832) 2904755 Email: clinical@sangath.com

South Goa: Sangath Office, H No 1272/A, Santemol, Sonarwaddo, Raia, Salcette, Goa, 403720. Tel: (91-832) 2777307
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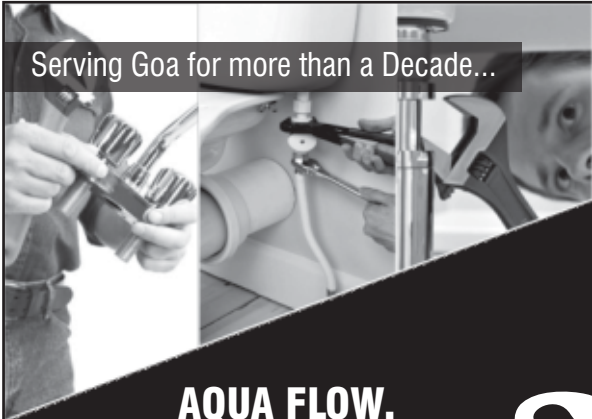
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- Directorate of Art & Culture, Government of Goa
- Grand Challenges Canada
- Innov Green Foundation
- Jamsetji Tata Trust
- John T and Catherine D MacArthur Foundation, USA
- Kings College, London
- National Institute of Mental Health, USA
- National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities
- Public Health Foundation of India
- Ronnie, Judy Coutinho and Friends of Southport, UK
- Rotary Club of Panaji, Mid Town
- Sesa Goa Limited
- Sesa Mining Corporation Limited
- Sesa Resources Limited
- Sir Dorabji Tata Trust
- State Family Welfare Bureau, Directorate of Health Services, Goa
- United Nations Population Fund
- University of Cape Town, South Africa
- University of Liverpool, UK
- University of Pittsburgh
- Wellcome Trust (through the London School of Hygiene and Tropical Medicine)



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