



## OUR PARTNERS & COLLABORATORS

























BIENNIAL REPORT 2010-2012



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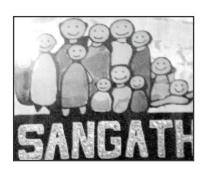
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## MESSAGE FROM THE MANAGING COMMITTEE

As you read this Biennial Report, the eighth we have published since we began our journey in 1996, Sangath has continued to flourish and consolidate its activities in our priority areas of child development, youth health and mental health. Our work has shown a continued commitment to our ideals of systematically developing and evaluating new models of care in these priority areas, and using this knowledge to improve access to care in partnership with government and NGOs. At the heart of our vision lies the 'treatment gap' for mental disorders and disabilities in India, i.e. the very large gap between the number of people with a mental disorder or disability and the number of these affected persons who receive the care which can greatly improve the quality of their lives. A major barrier to closing this treatment gap is the lack of affordable services in most parts of our country. Our model of care seeks to empower ordinary people through appropriate training and supervision to provide care for affected persons and thus contribute to reducing the treatment gap. Over the past two years, we have extended our expertise and models to other parts of the country. Today, Sangath has teams based in several cities around the country including in Nagpur, Tezpur, Bengaluru and Bhopal and we extended our expertise in school counselling to hundreds of schools in five north Indian states. Of course, our primary work continues to focus on our local community, the people of Goa.

Over the past two years we launched several new programs. PREMIUM has the goal of developing psychological treatments for depression and harmful drinking which can be delivered by counsellors in primary health care centres. PASS aims to develop a parenting intervention for children with autism delivered by community counsellors. We also completed a number of major projects, including MANAS (the largest trial in mental health in India) which developed and evaluated a lay counselor model for common mental disorders in primary care and COPSI, which developed and evaluated a community based rehabilitation intervention for people with schizophrenia. ARTI completed a comprehensive assessment of the experiences and unmet needs of families affected by autism. The findings of these earlier studies were published in leading international journals such as the Lancet, BMC Health Services Research and Autism Research.

Twinned with our scientific work, we are also committed to scaling up our models of care through collaboration with partners in the community and government. INCENSE is scaling up our approach to care for severe mental disorders in collaboration with mental hospitals in Tezpur and Pune. VISHRAM is scaling up our approach to care for common mental disorders with local NGOs and government agencies in Vidarbha, Maharashtra. PRIME is working in partnership with the Ministry of Health in Madhya Pradesh to strengthen the District Mental Health Program. SHAPE, our flagship youth health program, has extended it's work from nine schools in 2008 to 14 schools in 2012, addressing a diverse range of health concerns affecting young people throughout Goa through our school counsellor

program. We are proud to continue to serve as the state nodal agency for the National Trust to promote activities aimed at inclusion of people with disabilities. These are just some of our activities in the past two years and we encourage you to read this report to find out more about all the things we do.

Over the past two years, we have been blessed to enjoy the contributions of immensely talented and diverse service providers. Our courses, such as the Leadership in Mental Health and the Development and Evaluation of Complex Interventions, continue to attract students from all over the world. We have launched new courses for school and mental health counsellors. We have strengthened our partnerships with old and new collaborators, for example with the Centre for Global Mental Health in London, the University of Cape Town and the University of Liverpool; the Public Health Foundation of India and its South Asia Network for Chronic Diseases; Parivartan, Prakriti and WOTR in Maharashtra; the mental hospitals in Pune and Tezpur; Vidya Sagar and SCARF in Tamil Nadu; dozens of schools and colleges in Goa; and various departments of the Government Goa, notably health and education. Through our PRIME program, we are partners of a global network of institutions in countries in Africa (Ethiopia, Uganda and South Africa) and Asia (Nepal and India) and with the WHO. We are delighted that we have recently become part of one of the new NIMH Hubs (SHARE) through which we will build a new collaboration with partners in Pakistan to develop a peer-delivered psychological intervention for maternal depression. Through SHARE, we are now a member of a network of over a dozen institutions in six countries in South Asia. We will also begin a new project to adapt our MANAS intervention to develop a prevention intervention for depression in older people, with collaborators in the University of Pittsburgh. We hope to extend our work with young people by carrying out a definitive evaluation of our school counselor program in Goa and a state in north India.

We have a lot to look forward to in the coming years. In particular, we are delighted that work on renovating and rebuilding our new 'home' in Porvorim is progressing well and we hope to move our north Goa offices into these new premises by early 2013. Over the next two years we hope to greatly increase the impact of our models of care and training programs through investing in e-learning platforms. Sangath is widely considered as one of India's leading innovators in child development, youth health and mental health, in particular, for its efforts to provide care for these health issues at a low cost in routine care settings by empowering ordinary people with appropriate knowledge and skills. Our ultimate vision is to see our models of care not only evaluated thoroughly, but to become an integral part of state and national health programs. We thank our service providers, partners, collaborators, funders and friends for their unstinting support and faith and look forward to our continuing journey with you in the years ahead.

~ Vishram Gupte, Amit Dias, Nazneen Sarosh-Rebelo, Mrinalini Sahasrabhojanee, Ashwin Tombat, Kalpana Joshi & Vikram Patel



## **Achievements of Sangath (April 2010–March 2012)**

#### **A Snapshot**

- We were honoured with the Blessed Mother Teresa award of ₹ 25 lakh by the Department of Art & Culture, Government of Goa.
- Construction work towards our new training centre in Porvorim commenced and we look forward to inaugurating it in 2013.
- Several scientific papers by our authors were published in leading international and national journals, including the Lancet, Autism Research, National Medical Journal of India, Journal of Adolescent Health, Behaviour Research And Therapy and the British Journal Of Psychiatry.
- A host of new projects started, including PREMIUM, PRIME, VISHRAM, COPE, Saahas II, INCENSE, DELIVER, Dementia Home Care, Dementia Creative Care, Chronic Disease Risk Factor and Care For Children with Chronic Hematological Disorders - all of them further our mission to improve access to care for people with mental health problems.
- We have rolled out the Manthan intervention to 14 schools in the last two years with a total of 3500 students in Goa.
- Our work has taken us to over 10 states in India with new offices in Bangalore, Bhopal, Nagpur and Tezpur.
- We reconstituted our Institutional Review Board (IRB).
- We successfully completed the MANAS program, the largest trial of task-shifting for mental health care in India. The findings of the program have informed the XIIth plan District



Mental Health Program.

- We are represented on various government committees including the Government of India Ministry of Health's Mental Health Policy Group, the National Trust's Task Group for Autism Spectrum Disorders. One of our GB members is on the Government of Goa's Juvenile Justice Board.
- We became a member of several international networks including the South Asia Network for Chronic Diseases (SANCD), the South Asia Hub for Advocacy Education and Research in Mental Health (SHARE) and the Movement for Global Mental Health.
- We served as the state nodal agency centre for the National Trust for the Welfare of Persons with Mental Retardation, Cerebral Palsy, Autism, and Multiple Disabilities, and on the Sexual Harassment Committee at the Workplace at Dempo College of Commerce and Economics and the Goa State Infrastructure Development Corporation.
- Our recognition by the Ministry of Science and Technology as a Scientific and Industrial Research Organization was renewed in 2012.

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## **Our Vision**

Sangath endeavours to nurture the development and emotional health of children and families.

## **Our Mission**

Sangath shall work to promote the good health – physical, psychological and social – of children, adolescents and families. Our primary focus areas are child development, adolescent & youth health, and mental health.

## **Our Values**

Passion, Performance, Excellence, Teamwork, Empathy, Respect, Innovation, Integrity

**Passion:** We are committed to promoting health care, especially in the areas of child development, youth health and mental health.

**Performance:** We strive to achieve measurable goals and provide sustainable solutions that meet people's health care needs.

**Excellence:** We ensure that technology and professionalism, backed by efficient



management systems, delivers world-class research, as well as clinical and community mental health services.

**Teamwork:** Our strength lies in our belief in the collective, that teamwork creates a synergy that allows for the impossible to become possible.

**Empathy:** We are driven by empathy, an indispensable tool in our approach to dealing with people's mental health needs.

**Respect:** We value the traditions and cultures of people, and the ideas and perspectives of all our employees.

**Innovation:** We stimulate ourselves to be creative, unlearn the outdated, learn the new, and to share knowledge to challenge social and organisational problems.

**Integrity:** We are committed to ethical practices, transparency and accountability in all our functioning as a non-partisan organisation free of political influence.

## **Our brief history**

In 1996, seven founder members came together to establish the Sangath Society for Child Development & Family Guidance. Their voluntary contributions and support laid the foundations for the organisation which has since come a long way in its mission to nurture the developmental and emotional health of children, adolescents and families.

Sangath aims to promote developmental and emotional health across the lifespan by empowering existing community resources to provide appropriate physical, psychological and social therapies. Families are very important to the organisation, as they provide for the emotional and developmental needs of their

members. We believe that community health issues are linked to one another and multidisciplinary responses to problems are the most appropriate.

The past sixteen years have seen Sangath leave an impact locally, nationally and internationally. At the heart of our success are the people who work with Sangath. Over the past year, an average of 80-85 people have worked in our three main program areas - Child Development, Adolescent & Youth Health, and Mental Health. Each program involves clinical and/or community services, research, partnerships and training. Although the primary community we serve is in the state of Goa, over the past two years we have also been working in several other states of the country, including Madhya Pradesh, Maharashtra, Assam, Gujarat and Karnataka.

A key element cutting across all three programs is developing health care packages, delivered

through low-cost community resources. This ensures the resources – state and private – are strengthened, while also improving access to care. For this to be achieved sustainably and with minimal costs, we believe developmental and mental health must be integrated within existing health care systems. Another key element of our work is our commitment to robust evaluation to ensure that our models of care are supported by the evidence which is credible to our communities.

All of Sangath's work is collaborative and in partnership with various government and nongovernment bodies. Our experience over the years is now gradually extending into a number of training programs, which in turn helps us sustain the organisation.

## **Organisational Structure**

Sangath's organisational structure is governed by the Societies Act of 1860 as a non-governmental organisation (NGO) which mandates two key governance bodies: a) The General Body, and b) The Managing Committee.

#### The General Body

The supreme authority deciding the organisation's governance policies comprises 32 members (as on June 2012) who share our mission. Every two years, it elects seven members to form the Managing Committee.

Important decisions, for example to amend the society's rules and regulations, are taken based on consensus or majority voting during the Annual General Body meeting. In addition, the General Body assesses and adopts the annual auditor's statement of accounts and the annual report.

## The Managing Committee

The committee meets at least six times a year to oversee the daily affairs of the organisation. It bears the final responsibility of governance of projects, financial accountability and overall management, while also guiding policy and sustainability issues.

Nominations to invite new members to join the General Body are also overseen by the Managing Committee. Projects are reviewed on the basis of monthly reports sent by the project coordinators. Members of the Managing Committee also attend important project events when possible.

## **GENERAL BODY**

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





## **Managing Committee**

## **CHAIRMAN Vishram Gupte**

This double graduate - one in commerce, the other in legislative law - also has a Master's degree in Philosophy. As a creative writer, Gupte has written two novels, one of which has bagged two



prestigious awards of the Indian state of Maharashtra.

He also has an award-winning Marathi translation to his credit.

Gupte has permanently settled in Goa with his gynecologist wife and two sons, both of whom are avid nature lovers.

### VICE CHAIRPERSON Nazneen Sarosh-Rebelo

Founder member of Sangath, Rebelo started her career with us as a speech and language therapist, working with children who have speech and language delays and, in particular, autism.



Although no longer practising, her concern for health care issues has her serving on the committee.

## **TREASURER Dr Amit Dias**

Dr Dias is an epidemiologist with a specialisation in geriatrics and



infectious disease. Currently a lecturer in the Department of Preventive and Social Medicine at Goa Medical College, he also serves as the chairman of Sangath's Institutional Review Board.

He was recently awarded the prestigious Fondation Médéric Alzheimer and Alzheimer Disease International awards for the best evidence-based research on interventions for people with dementia.

**SECRETARY** Kalpana Joshi



This Shreemati Nathibai Damodar Thackersey (SNDT) University graduate in Home Science also has a masters in social work from Tata Institute of Social Sciences in Mumbai. Having worked at the

Family Court and the Indian Association of Promotion of Adoption in Mumbai, Joshi also works with Sangath in the areas of early intervention, post-natal depression and emotional well-being of children and young people.

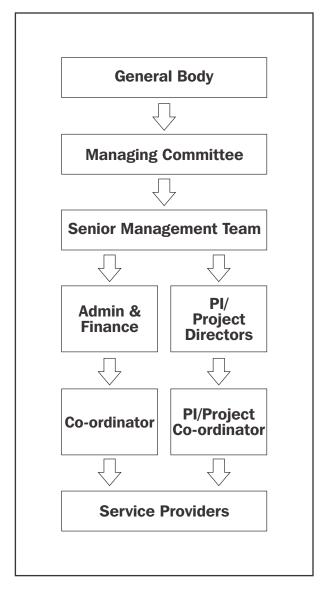
Besides individual clinical work, she also has experience in conducting training and workshops for parents and teachers. Joshi took a brief stint to work as a special educator and is now back with us as a consultant working in the field of school mental health.

JOINT SECRETARY Mrinalini Sahasrabhojanee



Her gynecological practice and schedule of lectures at the Goa Medical College's Department of Obstetrics and Gynecology makes Dr Sahasrabhojanee a very busy person indeed. Yet, despite this,

she makes time to offer her valued services to the organisation as she believes in the positive



difference that Sangath is making in the community. She has been the joint secretary of the Sangath Managing Committee since July 2008.

#### MEMBER

#### **Dr Vikram Patel**

Dr Patel is a psychiatrist and Professor of International Mental Health and a Wellcome Trust Senior Clinical Research Fellow at the London School of Hygiene and Tropical Medicine where he is the



Joint Director of the Centre for Global Mental

Health. As a founder and past chairman of Sangath, he has been a member of its Managing Committee since its inception in 1996, barring a gap of six months.

To his credit are a number of publications, including his book Where There Is No Psychiatrist. He was an editor of the recent 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.

#### **MEMBER**

#### **Ashwin Tombat**

Having some of the most diverse interests,



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. Having joined the Managing Committee in 2008, Tombat also includes social service as part of his passions.

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.

## Sangath Team: Together we make a difference

(April 2010-March 2012)

#### **PRINCIPAL INVESTIGATORS & PROJECT DIRECTORS**

Dr Amit Dias **Gracy Andrew** Dr Neerja Chowdhary Dr Rahul Shidhaye Dr Sudipto Chatteriee Dr Vikram Patel

#### **RESEARCH FELLOWS**

Dr Abhijit Nadkarni (LSHTM) A T Jotheeswaran (PHFI) Dr Mirja Koschorke (LSHTM) Dr Nadja van Ginneken (LSHTM)

#### **SERVICE PROVIDERS** & CONSULTANTS

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Avita Dias Aurora Mascarenhas Balesh Hussain Basavraj Katti **Bhargav Bhat** Bernadette Pereira Bindiya Chodankar Binu Gangadharan

Caetano Parras Chetana Motghare Christalina Monteiro Deelip Gaonkar Deepak Vernekar Deepti Parab **Delilah Soares** Dhanalaxmi Sakat



Dinesh Velip Dolcie Pereira Donna D'Souza Durga Mehta Elciamma Chummar Esmeralda Rego Eshwar S Ethel D'Souza Fatima Gomes Fiaz Ahmed Gauravi Shirodkar Dr Gauri Divan Govind Mahale Gulabi Kerkar Hanumanta Kumbhar Hilarina D'Costa Jacintha Mascarenhas Javashree Ramakrishna Jesina Pereira Johnny D'Souza Kalpana Joshi Kamini Fadte Kishori Mandrekar Lalan Madkaikar Leena Rahul Lisa Cordeiro Lourdes Alvares Luiza Lobo Mabel Pereira Madhumita Balaji Mahadev Murthy Mala Jamuni Manisha Salgaonkar Manjula Nagesh Manguesh Gaonkar Mark Cardoso Marypinky Rosario Medha Bhate Meera S M Melba Pinto

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Seema Kanolkar Seema Salgaonkar Shama Sayed Shankar Sawant Shefali Fadte Sherin Abraham Shezmin Jasani Shilpa Majik Shilpa Sawant Shreyas Kamat Shweta Mule Shruti Salgaonkar Siddharth Gangale Smita Naik Sonali Mane Sujata Gaonkar Sulaxa Gawas Sulochana Pednekar Supriya Harmalkar

Supriya Sawal Suraj Parab Swamini Kakodkar Tamara D'Sa Teresa D'Sa Tereza D'Souza Trupti Naik Trupti Palyekar Trupti Raut Trupti Sawant Vaibhay Murhar Vaman Polle Vandana Meti Veena Kuday Vinata Verlekar Vinayak Dhargalkar Vivek Vajaratkar Vividha Kerkar Yvonne Goncalves





## **List of Collaborators**

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Achira Chatterjee

Dr Alex Cohen

Dr Amita Dhanda

**Prof Anthony Bailey** 

Anuska Kalita

Prof Atif Rahman

Prof Betty Kirkwood

Prof Christopher Fairburn

Col D S Goel

Dr Daniel Chisholm

**Prof David Mabey** 

Deepti Mehotra

Dilip Jha

Divya Rajaraman

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Dr Hamid Dabholkar

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Harsh Mander

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Prof Ian Philip

Prof Irwin Nazareth

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Jessica Pian

Prof Jim McCambridge

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Dr John Beard

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Dr K K Thassu

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Dr Kathleen Clougherty

Dr Kedar Raikar

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**Prof Martin Knapp** 

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Dr Mathew Varghese

**Prof Michael King** 

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Prof Mohan Agashe

Dr N Girish

Prof N N Wig

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Dr Nicki Thorogood

Prof Nimesh Desai

Dr Nirmala Srinivasan

Dr Pai Kakode

Dr Peter J Castelino

Dr Prabha Chandra

Dr Prakash Behere

**Prof Prathap Tharyan** 

**Prof Pratima Murthy** 

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Dr S D Sharma

Dr Sadanand N S Kerkar

Saheen Badshah

Dr Sandesh Madkaikar

Sandra Travasso

Prof Sanjeev Jain

Dr Sarada Menon

Dr Shah Ebrahim

Dr Shekar Saxena

Dr Shirley Teles

Dr Shoba Srinath

Shree Keshav Desiraju

Dr Shrikant Deshmukh

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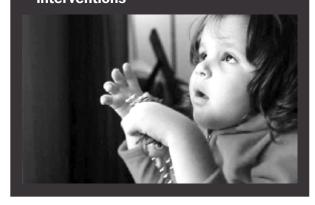


## **Child Development**

Sangath has been involved in a variety of aspects of child development since its inception in 1997. We started off with a multi-disciplinary child guidance clinic with a range of clinicians, including a pediatrician, speech therapist, physiotherapist, psychiatrist, psychologist and special educators. However, we found a rather alarming rate of attrition as parents stopped bringing their children back to the clinic after a few sessions. This set us thinking about shifting our work into the community, closer to people's homes. Simultaneously, our research in child development was often linked to adult health research programs, for example, the effect of maternal depression on a child's development in its first year after birth.

A key component of our work was with families

- Autism is a developmental disorder that appears in the first three years of life, and affects the way an individual communicates, interacts with others and narrows their focus of interest
- ARTI emphasised the need for health education to parents in the early stages, and to the wider community, to facilitate early detection of autism and interventions





with children with a disability and, for a while, we also ran a special pre-school. However, a turning point in our child development work happened in 2009 when we received a grant from Autism Speaks, USA. This grant funded our ARTI (Autism Research and Training Initiative) project. One of ARTI's major aims was to explore the experiences of parents of children with autism. Dr Gauri Divan, pediatrician and Sangath's developmental and behavioural specialist, explained, "The aim was to determine this experience of parenting with a view to understanding the challenges families face, as well as to explore their unmet needs with a view to addressing these."

What was noted was that parents typically go through several stages as they come to terms with their child's differences, the initial being one of excitement when their child is born. Parents then recognise that something is unusual with their child but are not convinced that it is serious. The third phase involves parents realising that there are significant differences in their child from peers which impede her/his integration into pre-school environments, resulting in the parents seeking help. Finally parents reach a stage of understanding that their child is different /See page 72 Scientific Papers & Articles, No 1]. This

#### PROJECT SUMMARY

#### **ARTI**

#### **Objective:**

- To describe the experiences and unmet needs of families with a child with Autism Spectrum Disorders
- To estimate the prevalence and risk factors of Autism Spectrum Disorders and other neuro-developmental disabilities in Goa.
- To develop a neuro-developmental disability screening tool for use in India

**Collaborating Institutions:** International Clinical Epidemiology Network (New Delhi)

Funder: Autism Speaks, USA

**Duration:** March 2009 – July 2012

research shows us that when services are offered to parents, their engagement with the programme depends on which stage they are at. Parents who do not recognise the diagnosis in the early stages may not see the value of services being offered, even though we know that early intervention is the key to better outcomes in autism. On the other hand as they understand the reason for their child's difference, parents tend to commit themselves to interventions with greater resolve.

ARTI also revealed a number of unmet needs of families with children with autism. Primarily there was a low awareness of the disorder in the community, which resulted in parents being incorrectly reassured that their child's behaviour was normal. Thus, we need to emphasise health education to parents in the early stages, and to the wider community, to facilitate early detection and interventions. Once a diagnosis was made, the parents were unaware how to help their child

and which treatment or intervention was best suited to his/her needs. This journey to the diagnosis and to interventions often resulted in parents having to travel long distances and incur considerable costs. Dr Divan gave an example: "If I was a daily wage earner, not only would I have to take the day off resulting in a loss of income for that day, I would also have to pay for the transport to the therapist as well as an expense for the treatment." This financial burden was among the many challenges parents faced. [Page 72] Scientific Papers & Articles, No 21

The second phase of ARTI involved an epidemiological study of 10 neurodevelopmental disabilities, in which Sangath partnered with INCLEN (the INternational CLinical Epidemiology Network), New Delhi to validate a screening tool which can be used by community health workers. Between January and April 2012, the team screened 500 children aged two to nine years, from twenty five villages in Goa, for this study. The data is currently being pooled with four other sites in Andhra Pradesh. Orissa, New Delhi and Himachal Pradesh. The pooled data will provide the first population based estimates of the burden of neurodevelopmental disabilities in childhood in India, enabling groups working with disabilities to push for policy change to improve awareness and services. The community health worker tool will also have great value for early detection and interventions for children with such disabilities.

The team has now received another two-year grant from Autism Speaks, USA, for the PASS (Parent-mediated intervention for Autism Spectrum disorders in South Asia) project. Partnering with three other sites – the University of Manchester and University of Liverpool in the UK, and the Institute of Psychiatry in Rawalpindi, Pakistan – Sangath hopes to adapt and introduce

## PROJECT SUMMARY

#### **PASS**

Objective: To adapt, localise, implement and evaluate the PACT (Pre-School Autism Communication Therapy) intervention in Goa

**Collaborating Institutions:** The University of Liverpool (UK), The University of Manchester (UK), The University of Psychiatry, Rawalpindi (Pakistan), Jyot special school (Margao), Towards Inclusion Everywhere in the Society (TIES), Goa

Funder: Autism Speaks, USA, through

University of Liverpool

Duration: May 2012 – April 2014

to the country one of the very few evidencebased parenting interventions for autism available today.

"PASS can be viewed as a continuation of the ARTI project," said occupational therapist Vivek Vajaratkar, who is also the project's coordinator. "We will observe how parent and child interact and help the parents adapt their relationship to help the child through feedback." Video recordings will help show the parents what behaviours they can modify.



The PASS team during training in Manchester, UK





Sangath supports the Badte Kadam program

Treatments for children with autism in India lack evidence and trials to test interventions prove expensive. "As a result, children with autism in India are receiving interventions which have evolved and been evaluated only in the West," he explained. "Simultaneously, the interventions that are being used in the West are mostly delivered by highly trained professionals who are in very short supply in India. One of the major innovations of PASS is that we will be adapting an intervention to ensure it can be delivered by community health workers."

Dr Divan added, "The reason we tied up with the University of Manchester is because they have one of the very few interventions (Pre-school Autism Communication Therapy or PACT) which was shown to have a benefit on communication impairments of children with autism in a randomised controlled trial."

Dr Divan and Vajaratkar spent a month in the UK in May 2012 undergoing training in PACT and will, over the next two years, adapt this intervention to the local setting and conduct a pilot study to test its acceptability in the same environment. Vajaratkar explained that the project would begin with an adaptation of the PACT manual to simplify terms and techniques for community health workers. Psychologist Paciencia Cardozo said, "I am working on simplifying the training manual and also helping adapt the assessment instruments to local conditions. During the later clinical phase, I will supervise counselors who will be trained for outreach work in the community."

Vajaratkar's participation at the International Meeting For Autism Research (IMFAR) 2012 in Toronto, Canada, threw up interesting suggestions from fellow researchers from across the globe regarding the treatment of the disorder. He also attended Autism Speaks' GAPH meeting, where participants shared outcomes of research, compared challenges and discussed solutions.

The **Prayas** project ended successfully in 2010 in which the team trained teachers to aid the holistic development of children. The project developed a teacher training package that focused on having teachers understand holistic development in children and accept individual



Vivek Vajaratkar at the IMFAR conference at Toronto, Canada

## **CLINICAL SERVICES**

Children of all ages are welcomed at Sangath's centres in north and south Goa. Referrals generally come from schools when they notice a student is unable to cope with the curriculum, or from parents worried about their child's behaviour.

A range of developmental and mental health problems in children are addressed. The most common diagnoses include slowness in development compared to other children, an inability to manage school work, behaviour problems, developmental disabilities (including Autism Spectrum Disorders) and Sensory Processing Disorders. Children with neuropsychiatric problems such as obsessive compulsive disorders and anxiety disorders have also been treated.

Sangath's clinicians have been trained to administer the Autism Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview (ADI), which are now gold standard tools when diagnosing conditions in the clinic. Children receive a developmental assessment and appropriate psycho-educational assessments with advice for scholastic improvement. Behavioural interventions for neuropsychiatric disorders are provided when indicated, while an occupational therapist provides sensory integration treatment. Clinicians also liaise with school teachers to identify ways of including children with learning difficulties in mainstream education. Sangath also provides outreach services to special schools on request.



differences and difficulties that account for scholastic underperformance. Said Cardozo, "Primarily, we helped build sensitivity in teachers towards children, not just as students, but as individuals. Through the project, the teachers also learned of resource persons and other professionals they ought to get in touch with if they come across difficulties they are unable to address in the classroom."

Besides the ongoing PASS project, Sangath also continues its work as a State Nodal Agency Centre, for the National Trust For The **Welfare Of Persons With Mental Retardation,** Cerebral Palsy, Autism And Multiple **Disabilities.** We have played this role now for seven years, since August 2005. This involves supporting Badte Kadam, a nationwide disability



A cultural show by children



A training programme

awareness campaign and in keeping with the need for increasing autism-specific awareness, actively engage with the Light it Up Blue Campaign on World Autism Day on April 2 each year.



National Trust representatives visit the Neuro-Developmental Disorders Study (NDDS) hospital site



A rally to increase awareness about disability



Dr Gauri Divan observing a parent and child

## **Youth Health**

Over the past decade, Sangath's research on youth health has thrown up interesting facets of the issues surrounding some of the most exciting and challenging phases of life. Through various programs, our researchers have trained peers, teachers and lay people to help adolescents find solutions to problems. Our work has extended across Goa and to several other states of India. Our vision is to develop an integrated package of interventions which addresses a wide range of health needs (for example, reproductive and sexual health, mental health, substance abuse and nutrition), implement these packages using various models of delivery, and evaluate the impact on youth health. Ultimately, we seek to scale up what we have learned through our programs to address the health needs of youth in schools throughout Goa and India.

The Yuva Mitr project, which ended in 2010, evaluated a multi-component community-based intervention for youth health in rural and urban communities in south Goa. We found that the most effective component was the one involving teacher training in educational institutions and, in rural areas, a peer-led model. However, neither of these was sustainable as teachers were often constrained by other responsibilities and trained peers made up a floating population who often relocated when faced with new education and job opportunities. A major lesson from this programme was that we needed to use alternative, but low-cost, human resources, to deliver youth health promotion interventions. Thus was born Sangath's flagship youth health program: SHAPE.

SHAPE (School Health Promotion and **Empowerment)** was conceived in August 2008 to develop and scale up school-based interventions to promote youth health in Goa and



to strengthen the evidence base on school health promotion interventions for youth throughout India. In the process SHAPE also aimed to systematically produce documented information on the gamut of conditions required for developing and evaluating such interventions for the benefit of those who will eventually implement, evaluate and disseminate health promotion programs in schools.

Prachi Khandeparkar, project coordinator, explained, "Basically the program is designed to recruit individuals with basic education, facilitation and communication skills, train and supervise them adequately so they are able to deliver the health promoting models in schools." She added that researchers were also working on documenting case studies of school health promotion interventions in the country which used other models - perhaps a facilitator-led model or a teacher-led model - to understand their experiences and benefits and, ultimately, to

#### PROJECT SUMMARY

#### **SHAPE**

Objective: To develop, pilot and scale up a school-based health promotion program in Goa and other parts of the country

**Collaborating Institutions:** Goa Medical College (Bambolim), Goa College of Home Science (Panaji), Archdioscean Board of Education(ABE), Sesa Mining Corporation Pvt Ltd, SEARCH - Society For Education, Action And Research In Community Health (Maharashtra), Jawahar Navodaya Vidyalaya Schools (Bihar, Orissa, Rajasthan, Madhya Pradesh, Maharastra) and Ministry of Human Resource Development (New Delhi), South Asia Network for Chronic Diseases (New Delhi) / Public Health Foundation of India (New Delhi), London School of Hygiene and Tropical Medicine, International Centre for Research on Women (New Delhi), CorStone Foundation (USA), CEDPA - Centre for Development and Population Activities (New Delhi), Ritinjali (New Delhi), United Nations Population Fund (New Delhi)

Schools: Sacred Heart of Jesus School (Anjuna), St Joseph Boys School (Calangute), St Anthony's High School (Panchwadi), Immaculate Conception School (Dabal)

Funder: John T and Catherine D MacArthur Foundation

**Duration:** August 2008 – February 2013

compare various models with a view to informing policy in India.

The first strategy of SHAPE involved designing a lay counselor delivered school health intervention which was based on the World



School Health Promotion Advisory Board Meeting



Dissemination of School Counselor Programme at the state level

Health Organisation's Health Promoting Schools model. This model recommends the engagement of key people in the school in order to be able to create a conducive environment and acceptance of the program among the students and staff. The model also addresses multiple determinants of health in an integrated framework a key component that has emerged from our work with adolescents in the last decade.

It is a three-tier intervention which addresses youth concerns at the whole school or universal level, the classroom or group level, and the individual level. Khandeparkar explained, "At the universal level, we organise health camps and assemblies. We also form advisory boards to define the priorities for the school and tailor the program activities to meet these needs. Classroom sessions involve workshops on life skills revolving around examination stress, studying, goal setting, personal space, gender and violence, anger management, self-esteem, nutrition and reproductive and sexual health. Individual counseling addresses specific problems in one-to-one sessions." The intervention team has devised age-appropriate modules for the life skills sessions, with a comprehensive curriculum from class V to XII.

Sangath systematically developed and refined its school health promotion intervention package over two years in four schools run by the Archdiocesan Board of Education (ABE) in rural and coastal areas of Goa. The program has since been gradually rolled out to six rural schools through the **MANTHAN** project.



Teachers' training



A workshop for teachers

#### PROJECT SUMMARY

## **MANTHAN**

Objective: To promote health and wellbeing and improve educational outcomes of adolescents through the development, implementation and evaluation of a schoolbased intervention package

Schools (under the umbrella SHAPE project): Ideal High School (Pilgao), Mahamaya High School (Mayem), Radhakrishna High School (Bicholim), Vijayanand High School and Higher Secondary School (Mayem), Utkarsh High School (Rivona), Government High School (Mulgao), Government High School (Netravali), Govind Gunaji Sawant High School (Sarvan)

Funder: Sesa Mining Corporation Pvt Ltd

Duration: June 2010-May 2012,

renewable every year

In the first year, the MANTHAN intervention was delivered by six school health counselors reaching out to more than a thousand students. Project coordinator Luiza Lobo explained, "After a needs assessment survey we carried out in the schools, we found certain priority issues that needed to be addressed: under-nutrition, lack of motivation to study, lack of career guidance, lack of study skills, learning difficulties and bullying. We also drew up a nutritional status report on the BMI (Body-Mass-Index) data and found a high prevalence of under-nutrition among secondary school children."

Each school formed its own school health promotion advisory board which met on a quarterly basis to review the programme. About



World Autism Awareness day celebrated in schools



An English conversation course for Class 5 students

90 percent of the planned classroom interventions were delivered and as many as 132 adolescents availed of the individual counseling by the school health counselor. "We have now begun implementing the MANTHAN intervention in nine new schools in Bicholim," said Lobo. "Awareness about the project has been conducted in assemblies, classrooms and at parent-teacher meetings and we found a favourable response from parents, teachers and students."

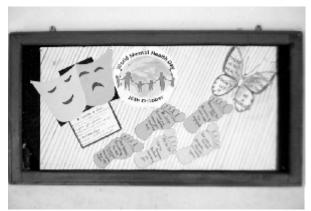
Through the SHAPE project, Sangath has also devised a case study methodology for the evaluation of school health programs. The methodology seeks to address the acceptability, feasibility and impact of various types of school health promotion programs in India. The four programs which have been evaluated are the

SHAPE/MANTHAN intervention in Goa, CEDPA's (Centre for Development and Population Activities) Udaan project in Jharkhand, Ritinjali's Drishti program in Rajasthan and the national Department of Human Resource's Prayatna project based in five priority states - Bihar, Madhya Pradesh, Maharashtra, Orissa and Rajasthan. Prayatna is also a Sangath project and is described below.

Our plans for the future are to carry out a definitive evaluation of the major models of school health promotion in India through a randomised control trial that will evaluate the effectiveness of these interventions. "We hope to compare three types of school interventions one receiving regular teacher delivered adolescent education programs, the second receiving the additional support to the teacher from external agencies, and the third the SHAPE



World Mental Health day celebrated in schools



Poster displayed in School celebrating 'World Mental Health Day'

#### PROJECT SUMMARY

## **CORSTONE**

#### **Objective**

- To assess the impact of CorStone's Children's Resiliency Program on the emotional resiliency of girls studying in government schools in Surat, Gujarat, India
- To assess the acceptability and feasibility of conducting the program in a wider setting

**Collaborating Institutions:** Childhood, Gujarat State Federation of Slum Dwellers Women (Surat)

**Funder:** The CorStone Foundation (US)

**Duration:** January 2011 – December 2011

counsellor-led program," explained Khandeparkar. "The trial will reveal what kinds of interventions are most effective and costeffective."

Another school related program is **CorStone**; in this program, Sangath's role was to evaluate The Children's Resiliency Program (CRP) in schools in Gujarat. "The Children's Resiliency Program (CRP) was developed by CorStone, a non-profit organisation based in California in the US," says project coordinator Suraj Parab. "Its mission is to design, pilot and scale up an innovative, lowcost, self-sustaining emotional resiliency program that helps at-risk children, youth and adults to develop life skills for effectively dealing with personal challenges, trauma, conflict or crises." A pilot study conducted in a non-formal school in New Delhi found "a wide acceptability and feasibility in resource-poor settings, and also a phenomenal impact on the participants despite its short term," said principal investigator

Gracy Andrew. In the second phase, the CRP was implemented in Surat, Gujarat, through Childhood - Gujarat State Federation of Slum Dwellers Women and targeted girls aged 12-18 years from low socio-economic settings. Of the 50 teachers recruited for the program, 36 finally implemented it, from which half were primary facilitators with higher educational qualifications and the other half were community teachers and played the role of co-facilitators.

"In the second phase, we wanted to explore the feasibility of conducting the programme in a larger setting with adolescent girls coming from very low socio-economic localities and to measure its impact on their emotional health," said Andrew. For the evaluation process, four schools were brought on board - two of which received the intervention in the first round. While the CorStone program showed evidence of acceptability, feasibility and a positive impact, it also threw up interesting findings that suggested the need for an adaptation of the program to turn fully effective and relevant to the Indian setting. Findings indicated that it would be better suited to community settings rather than in school. Andrew explained, "The programme depends on an intense engagement with small groups of girls once a week, where group dynamics and peer support are crucial aspects, apart from the curriculum that needs to be covered in six



Students during Independence Day celebrations

months. Overcrowded classrooms are the norm in our schools systems, and many girls have to travel long distances to reach home after school. The schedules have regular breaks due to various festivals, vacations and politically imposed events, making it difficult to adhere to the requirements of the programme which affects its coverage."

As a way forward, the researchers believe it is imperative to find space within community settings to conduct the program, find alternative and simpler evaluation mechanisms and design a more robust and powered controlled trial to evaluate the program's effectiveness.

The **Prayatna** project, on the other hand, aimed to train and support staff nurses in Jawahar Navodaya Vidyalayas (JNVs) to be counsellors. The JNVs are a network of residential schools across the country run by the central government, providing free quality education to students from lower socio-economic backgrounds selected through an All-India Entrance Exam. Staff nurses at these schools take care of the health and hygiene of the

#### PROJECT SUMMARY

## **PRAYATNA II**

**Objective:** To provide youth-friendly counseling services in the Jawahar Navodaya Vidyalaya schools through training and supervision of staff nurses

Collaborating Institutions: Navodaya Vidyalaya Samiti schools of Orissa, Rajasthan, Bihar, Madhya Pradesh and Maharashtra

Funder: United Nations Population Fund,

New Delhi

**Duration:** October 2010 – August 2012



Career guidance given to students and their parents



A 'mood meter' created by students during a project

students, sexual health and keep records of the menstrual dates of all the girl students. It was felt that s/he is therefore accessible to the students. who are comfortable with her/him and more open to sharing emotional needs. Phase I involved developing a training program in basic counseling for staff nurses. Phase II involved the scaling up of the program in 2010 to JNVs in five states -Rajasthan, Madhya Pradesh, Maharashtra, Orissa and Bihar – selected by the funding agency.

"Through a 10-day orientation training program, staff nurses are taught the steps of counseling, the skills they should have, and how to facilitate management of specific problems," explained Paciencia Cardozo, project coordinator. "Later we conduct two refresher courses of three days each which include providing practical inputs by observing counseling sessions and giving constructive feedback, conducting role plays to improve skills and generally trouble shooting and

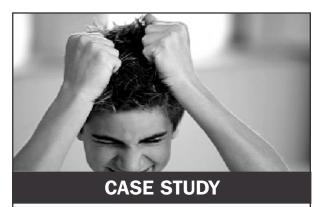
providing hands-on practice."

About 158 staff nurses have been trained in orientation sessions held for six groups at various venues across the selected states. All receive telephonic support and supervision on a fortnightly basis and information on how many and the kind of cases seen by the nurses have been recorded. The project gets over in August 2012 but it gave an opportunity for Sangath to carry its expertise to different parts of the country









J, a 17-year-old student studying in class IX in a residential school, was referred to the counselor by the hostel warden for his behavioural problems. According to the warden, J gets into frequent arguments with his peers and sometimes with his teachers. Most of the students in the hostel become anxious when he is around.

In the first session with the counselor, J refused to acknowledge that he had any problems. All through the session, the counselor made an attempt to build a trusting relationship with him. Her focus was on getting J to look at the positives in his life. At the end of the session she informed J that he could come back to see her if he felt he had any difficulties.

The next day J returned to her clinic to speak to her. During the session he disclosed that he did not like to live in the hostel since everyone was rude to him including some of his teachers. He felt he was unnecessarily blamed and had no friends. On further probing he acknowledged that he had difficulties controlling his temper and often became aggressive.

The counselor gave him some tips on managing his anger and also helped him with solving specific problems such as getting blamed by the teachers. After a couple of sessions with J, the warden informed the counselor that he has seen some changes in the teenager. The counselor continues to see J and she is happy with the progress he is making.

and a lot of new learning came from these experiences. "We got the opportunity to interact with communities that are culturally different from Goa," reminisced Cardozo. "Experiencing a world of different cultures was also very exciting there were times when we moved from Bihar to Orissa to New Delhi and so on within the span of a several days, adjusting to different places, different food, different languages, culture and climate. Overall, this has been a very exciting and enriching project."

One of the important outputs of the experiences we have gained from our many school related health programs is a school counselor casebook (edited by Dr Vikram Patel, Lisa Aronson and Dr Gauri Divan) which will be published by Byword Books. The casebook is aimed to be a resource for mental health counseling in schools around the country.



A project by students



Concerned parents and referrals from schools bring many youth to Sangath's clinics, where they learn to deal with problems ranging from difficulties with studies to mental disorders like obsessive compulsive disorders, schizophrenia and depression. Our mental health professionals use treatments varying from the problem solving approach to more complex therapies such as cognitive behaviour therapy and inter-personal therapy.

Our centre in south Goa helps many

## **CLINICAL SERVICES**

adolescents through aptitude testing and career guidance. Counsellors use a computerised Intelligence Aptitude Measurement (IAM) test to test abilities and orientation of students from grades 10 and 12. The results are used when providing career counseling to youngsters, supplemented by information available in our library and database. The months of April and May are the busiest when it comes to career counseling and feedback from most students suggests that the service helped them understand themselves better.

Sangath researchers were invited by Dempo College of Commerce to help students at the EduFair 2012 in Kala Academy, Goa. The event was organised by the college in collaboration with the Navhind Times and we had around 60 students attend our career guidance sessions.

## **Mental Health & Chronic** Disease

"The I in illness is isolation. and the crucial letters in wellness are WE" Anonymous

Mental health problems and chronic diseases (such as diseases associated with growing old) are the leading cause of suffering and impoverishment in India. This large burden is compounded by a perverse stigma that is associated with mental health problems. Sangath has been a pioneer in combating this situation by studying mental health problems, developing and evaluating new models of mental health care through lay counselors, and working with NGO and government partners to take such models of care to impact the lives of people affected by mental health problems in several parts of the country. Recently, Sangath has also begun a range of projects addressing chronic diseases, in particular those associated with ageing, and our dream is to ultimately integrate the care for mental health problems and chronic diseases through community oriented services which expand the role of health care in reducing illness and enhancing wellness.



## **Empowering Ordinary People To Deliver Mental Health Care**

When Kanta got married three months ago, she could scarcely imagine her life would descend into the grip of insomnia, fatigue and feelings of hopelessness. Marriage, after all, was meant to be a happy time. But not long after she'd tied the knot, the 26-year-old found out she would have to quit her job. Her sister-in-law and mother-inlaw refused to let her work and insisted she stay at home and do all the housework instead.

The constant guarrels with her sister-in-law left Kanta in despair – she had lost interest in everything, she was tired but couldn't sleep, suffered from headaches and couldn't concentrate on anything. Sangath researchers diagnosed her problem as depression, the most common mental illness affecting women. While there are well-established medical and psychological treatments for depression, for many the problem goes unrecognised and therefore untreated. Through MANAS (MANAshanti Sudhar Shodh), women like Kanta have received the beginnings of psychosocial interventions for depression that researchers at Sangath hope will soon be adapted to the Indian context.

The recently completed project was successful in increasing recovery rates, and reducing suicidal behaviour and disability levels in patients with

depression and anxiety disorders in primary health care facilities in the government sector. Depression and anxiety disorders are the most common mental health problems, and have



#### PROJECT SUMMARY

#### **MANAS**

**Objectives:** To develop and evaluate a collaborative stepped care intervention for common mental disorders to be delivered by lay health counsellors in primary health care settings.

Collaborating Institutions: London School of Hygiene and Tropical Medicine (UK); Directorate of Health Services of Goa; Voluntary Health Association of Goa

**General practitioners:** Dr V S Mardolkar, Dr Ashok Amshekar, Dr Gajanan Prabhudesai, Dr Vasudev Dukle, Dr Sandesh Dharwadkar, Dr Aman Prabhugaonkar, Dr Narayan Hede, Dr Vishnu Vaidya, Dr Deepak Lotlikar, Dr Irwin Barros, Dr Ramananda Kamat, Dr Dennis Vas

Funder: The Wellcome Trust (UK) through the London School of Hygiene and Tropical Medicine

**Duration:** October 2005-December 2011

often been associated with an increased risk of suicide, high health care costs and reduced economic productivity. The MANAS team discovered that, in India, one of the main challenges when combating these problems was the inability of primary care doctors to identify the disorders. "Our main focus was to rationalise care," said project psychiatrist Dr Neerja Chowdhary, adding, "When people come to the clinic with depression, they do not tell the doctor they're feeling 'sad'. They usually come with aches, pains, tiredness and insomnia, which the primary health care doctors treat them for."

This meant the frequent use of medication like

vitamins and sleeping pills which doctors prescribed to treat the symptoms of depression rather than treating the disorder itself. Few patients ever received the psycho-social treatments so necessary to deal with common mental disorders, and with a lack of human resources, the number of people suffering from untreated depression and anxiety was only getting higher.

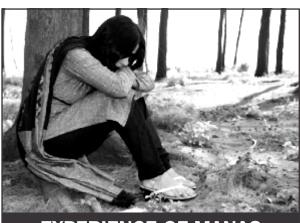
Through a randomised control trial, patients who screened positive for common mental disorders at 24 primary care facilities in Goa - 12 public and 12 private - were provided either collaborative stepped care or enhanced usual care. In the collaborative stepped care intervention, a joint effort by the team consisting of a psychiatrist or psychologist from Sangath, the primary health care doctor and staff (pharmacists, clerks and nurses) and trained health counselors delivered treatment in a stepped fashion. Dr Chowdhary explained, "All patients first received simple psychoeducation. If they didn't improve or if their symptoms were more severe, additional steps of treatment were delivered including medication and structured psychological treatments." In the comparison clinics, the screened patients were sent to a doctor who was given certain guidelines of how patients with common mental disorders ought to be treated.

A total of 2,796 patients were assessed across all the clinics at two, six and 12 months for the presence of common mental disorders. They were also checked for severity of symptoms of depression and anxiety, suicidal behaviour and levels of disability. "We found that patients in the collaborative stepped care clinics in the government sector who received the MANAS intervention did better than those who did not receive the treatment," said Dr Chowdhary. "Not only had their symptoms improved, but they also

manifested reduced suicidal risk, were absent from work on a fewer number of days, and the treatment was also cost effective."

The MANAS intervention is now ready for use – a full suite of training and resource materials is available through the Sangath website for its implementation in primary care practices comprising a resource manual for lay health counselors including a bi-lingual DVD in Hindi and English, intervention material such as flip charts and patient handouts, a resource manual for primary care physician, and a trainers' manual. A number of peer reviewed publications have also resulted from the programme.

A wide range of dissemination activities were



## **EXPERIENCE OF MANAS** STUDY PARTICIPANT

"Yes she showed some exercise – how to breathe slowly and also told me that I have to reduce worrying. Then it will benefit my health. Earlier I would keep thinking, worrying about my son, but now the thoughts have reduced a lot. After meeting the girl at the clinic I have stopped worrying... before my heart used to start pounding and I used to be scared. Earlier I used to think a lot. Wherever I went I used to sit there and think. I used to have difficulty in doing work"

conducted by the team. Brochures in local languages described the main results for lay audiences and primary health care workers; training workshops were organised in psychoeducation and interpersonal psychotherapy in July 2010 and August 2011 respectively; meetings were held in nine primary health centres where nearly 800 of the participants attended and a dissemination event was held for the project teams where the training kit and other material including posters and information leaflets on stress management were formally released. Presentations were also made to general practitioners and the Directorate of Health Services whose facilities were the setting for the trial, and also to the Goa Psychiatrists' Society.

International and national media too found the programme noteworthy - the New York Times published a full-page article on the project and the primary end-point findings were published in the Lancet in 2010 and a front page story in the leading national newspaper the Indian Express. It is hoped that the Manas model will be extended to public primary health care facilities in India through the government's National Mental Health Program.

People suffering from two major disorders depression and harmful drinking - in underresourced settings are the targets of a our new PREMIUM (Program for Effective Mental health Interventions in Under-resourced health systeMs) programme, "for the simple reason that the depression is extremely common in women, and harmful drinking is very common in men", explained intervention coordinator Saumya Singh, a clinical psychologist. "One of the problems with mental health delivery is that most specialists are restricted to cities, so the large percentage of our population that lives in

#### PROJECT SUMMARY

## **PREMIUM**

Objectives: To develop and evaluate culturally appropriate, feasible, acceptable and effective psychological treatments for two mental disorders affecting adults depressive disorder and harmful drinking in under-resourced settings. The treatments will be delivered by lay health counselors

**Collaborating Institutions:** London School of Hygiene & Tropical Medicine (UK), South Asia Network for Chronic Diseases (New Delhi), Oxford University (UK), Parivartan (Satara)

Funder: The Wellcome Trust, UK, through London School of Hygiene and Tropical Medicine

**Duration:** October 2010–September 2015

villages does not have access to this kind of treatment.

While developed countries have proven psychological treatments for a number of disorders including depression and harmful drinking, these treatments need to be adapted for relevance to our cultural setting. Sangath in Goa and Parivartan in Satara, Maharashtra, aim to address the challenge of delivering culturally appropriate, acceptable, feasible, affordable and effective psychological treatments in the hands of lay counsellors in primary health care and community settings.

"We began with a rigorous literature review of international journals to find out which interventions worked best in the West. We also did a review of regional literature to assess what was being done in our settings," said Singh. "A list of specific components for the treatment of depression and harmful drinking, including those likely to be contextually appropriate, was drawn up. We then had a consultation exercise with treatment experts and lay counselors to rate treatment strategies for acceptability, feasibility, effectiveness and safety."

An international collaborators' group was later presented with the short-listed strategies during an Intervention Design Workshop in London in September 2011 to draw up a coherent psychological treatment. The workshop helped identify core intervention packages -Motivational Interviewing for harmful drinking and Behaviour Activation for depression – as well as a number of other strategies which could improve the acceptability, feasibility and effectiveness of these core packages in the Indian context.

"We are stitching together various strategies that we have identified during our exploratory work to form a well-structured new treatment," says Singh.

Four workshops with national mental health experts helped refine the treatment for the two disorders as well as define the characteristics required by counselors and the skills they would require to deliver the psychological treatments.



During a training session



Dr Neerja Chowdhary has a discussion with team members

The National Institute of Mental Health and Neurological Sciences (NIMHANS) in Bangalore was the venue for two of the workshops, while the other two were held in Chennai, at the Schizophrenia Research Foundation (SCARF) and the TT Krishnammachari Deaddiction Institute.

Simultaneously, clinicians in Satara and Goa are conducting case studies for each of the two disorders to explore the acceptability and feasibility of the psychological treatments, along with any potential adaptations to the manuals. "We now have a preliminary treatment integrating these various adaptations which will now be tested for acceptability and feasibility by counselors when they treat patients in primary health care clinics," explained Singh.

Currently, the team is training lay counselors who will deliver the treatment using psychological treatment manuals that are being developed. Based on their experience and ongoing case studies by the clinicians, the treatments will be further refined and subsequently tested for effectiveness, before being scaled up.

Integrating a treatment for depression into routine maternal healthcare programmes routinely and engaging peers to bridge the treatment gap are the main aims of our new

SHARE (South Asian Hub for Advocacy, **Research and Education on mental health)** research project. Maternal depression is a condition which occurs during pregnancy and the 12 months that follow, and is characterised by symptoms of fatigue, loss of interest in feeding the child and playing with it, staying aloof and in extreme cases having suicidal thoughts. An earlier Sangath study had discovered that infants of depressed mothers registered unhealthy birth weights, growth and feeding patterns.

Several years ago, Professor Atif Rahman of the University of Manchester designed the Thinking Healthy program, the largest trial on maternal depression in the developing world, which used cognitive behavioural therapy to translate negative thinking into positive thinking and behaviour. This involves using activities such as self-help (listening to music, engaging in exercise

#### PROJECT SUMMARY

#### **SHARE**

**Objectives:** To develop a peer-delivered intervention for maternal depression and evaluate its impact on mothers and their newborn children

**Collaborating Institutions:** Centre for Global Mental Health (UK), London School of Hygiene and Tropical Medicine (UK); Public Health Foundation of India (New Delhi); Institute of Psychiatry (Pakistan); Human Research Development Foundation (Pakistan), John Hopkins School of Public Health (US)

**Funder:** National Institute of Health (NIMH) via the London School of Hygiene and Tropical Medicine (LSHTM)

**Duration:** August 2011–September 2015



etc.), active dialogue within families, asking questions to stimulate new ideas and designing activities around those positive ideas by engaging the mothers. Though successful, the programme did not become an integrated part of the health system because the maternal health workers were over-burdened with other responsibilities. Our project has therefore decided to adapt the Thinking Healthy Program for delivery by peers, i.e. other mothers in the same community, thereby building on the traditional support systems that women can draw upon when pregnant.

Currently in its formative phase in Goa, the SHARE project will consult key stakeholders, including depressed mothers and their families, the community, coordinators of ancillary nurse midwives (ANMs), medical doctors at primary health care centres and other community members actively in contact with depressed mothers. "This will help us revise the intervention, and find out the challenges, barriers and scalability," explained Dr Neha Singh, the SHARE research coordinator. "Based on this, we will revise the Thinking Healthy Program manuals and then pilot it."

Through SHARE, we have become part of a network of about a dozen research institutions and NGOs in India, Pakistan, Afghanistan, Nepal, Bangladesh and Sri Lanka with a Hub at the Public Health Foundation of India in New Delhi. The ultimate goal of SHARE is build research capacity and generate new evidence which can help improve access to mental health care in the region.

### Helping people with psychosis recover

There's a scene in the award-winning movie 'A Beautiful Mind' in which psychiatrist Dr Rosen says, "Imagine if you suddenly learned that the people, the places, the moments most important to you were gone; not dead, but worse, had never been. What kind of hell would that be?" His words exemplify the anguish that engulfs many patients suffering from schizophrenia - where their worlds, if left without care and medication, are filled with disorganised speech and thinking, imaginary voices and people, and bizarre delusions.

Typically surfacing in early adulthood, the disorder can have catastrophic consequences on otherwise successful careers, relationships and social functioning. In developing countries like India, most people with the condition only receive treatment in outpatient and inpatient mental health institutions, a costly exercise which bears heavily on health resources and bank balances alike. Moreover, the poor ratio of one psychiatrist for every 3,000-5,000 patients and the even fewer rehabilitation professionals means a large proportion receives little or no community based psychosocial treatments.

Researchers at Sangath recognised a growing consensus that treatment for this disorder should be in community settings, combining medical and psycho-social interventions for the best outcomes. Trial coordinator for COPSI (Community care for People with Schizophrenia in India) Dr Sudipto Chatterjee said, "There is strong evidence suggesting that

#### PROJECT SUMMARY

## **COPSI & COPSI** Qualitative Component

**Objectives:** To evaluate the clinical effectiveness and cost-effectiveness of a community-based intervention for improving symptoms and social functioning in people with schizophrenia

Collaborating Institutions: Centre for Global Mental Health, London School of Hygiene and Tropical Medicine, Institute of Psychiatry (UK), Schizophrenia Research Foundation (Chennai), Parivartan (Satara), Nirmitee (Satara), National Institute of Mental Health and NeuroSciences (Bangalore)

Funder: The Wellcome Trust (UK), through the London School of Hygiene & Tropical Medicine

**Duration:** July 2008–September 2011

even high quality outpatient care alone does not lead to good outcomes for many schizophrenia patients in developing countries. Also, community care is more accessible for those who cannot avail the continuous care provided by institutions." He also believes that community care can help improve the patients' overall quality life and combat the social stigma associated with the disorder, while promoting human rights for people who frequently experience rights abuses in institutional settings.

To be most effective, the COPSI team realised that community-based interventions should add to existing care, and also be cost-effective and easy to implement if they are to be scaled up. They followed Sangath's primary aim empowering community health workers to deliver interventions. The COPSI project is divided into three phases: the first in which the intervention is developed, the second in which researchers evaluate the intervention in a randomized controlled trial, and the final one in which the results of the trial are analysed and disseminated.

Having started in 2008, the team first developed and refined an intervention, and then developed a manual to help guide community health workers in delivering the treatment. They trained the health workers on different aspects of the disorder and delivery of the intervention by



A qualitative training workshop



The qualitative team from Chennai and Goa

experts in the field. Handouts and flip charts were given to them and the team worked to better understand care at each of the facilities in the project setting.

Through interviews with patients and caregivers, the team assessed the unmet needs, their expectations and attitudes towards communitybased interventions. The second phase involved the random allocated of patients with schizophrenia to Collaborative Community Based Care and Facility Based Care arms. The trial was carried out in three settings: Goa, Satara and rural Tamil Nadu. The manual helped ensure that community health workers delivered the treatments according to expected standards, and supervision including group meetings with the intervention coordinator assured fidelity and quality.

Said Dr Chatterjee, "Currently, we're involved in data analysis, dissemination and putting the first round of papers out for publication. There will also be a recovery booklet discussing some of the cases." The team hopes to provide evidence that the large treatment gap for people with severe mental disorders and the critical lack of human resources can be bridged using low-cost community resources.

A qualitative component of the COPSI study was also conducted, involving in-depth interviews of 35 patient-caregiver dyads. Some families had received the Collaborative Community Based Intervention Care treatment, while others had not, allowing a comparison. "We also interviewed staff delivering care in the trial to evaluate the impact of the intervention on acceptability and feasibility, and explored perceptions of the impact of the programme," added Dr Chatterjee.

The data is currently being analysed, and it is hoped that the findings will contribute to the limited evidence on effective interventions to reduce stigma and discrimination for people with severe mental disorders in developing countries.

Often the stigma associated with mental illness has far-reaching repercussions as far as the patient's recovery goes. It affects their position in the community, employment, housing and social network, and many find it difficult to re-integrate into society even after they have gone into remission. Mental hospitals too have been isolated and stigmatised, leaving patients as part of an "ultra high risk" group for experiencing adverse health consequences.

"These individuals are more likely to suffer from high mortality and morbidity due to malnutrition, infectious diseases like tuberculosis and HIV/AIDS, reproductive problems and other disabilities," said Dr Chatterjee, who is the project leader for Sangath's INCENSE (Promoting the INClusion and EmpowermeNt of people with SEvere mental disorders) programme. "They are also subjected to extreme forms of human rights violations in the form of verbal, physical and sexual abuse, exclusion from social structures and the denial of their rights of citizenship."

The programme focuses on three groups of vulnerable people with severe mental disorders – those who have been in hospitals for a long time



A plot of farmed land at one of the sites

#### PROJECT SUMMARY

## **INCENSE**

Objectives: To develop, implement and evaluate a comprehensive package of social and clinical interventions to address the needs of chronically institutionalised patients and the homeless mentally ill

**Collaborating Institutions:** Regional Mental Hospital (Maharashtra), Lokpriya Gopinath Bordoloi Regional Institute of Mental Health (Assam), Parivartan (Pune)

Funder: Sir Jamsetji Tata Trust

**Duration:** March 2011 – February 2014

due to lack of appropriate community discharge options or access to community services; those who frequently get admitted; and those who do not receive any care. "In the third group we focus on those who are homeless and those who are untreated, and sometimes, physically restrained at home," explained Dr Chatterjee.

He added, "The whole programme is about breaking down the distinction between the hospital and the local community and have a system of care that extends across both. Mental hospitals should not exist in isolation." The team is working towards closing the gap between 'what should happen' in mental hospitals and actual implementation by developing a blueprint for action for mental health hospitals across India to redesign their roles and become an integral part of a holistic, community-based mental health care system in the country.

The team is collaborating with two of the largest and oldest mental hospitals in India - in Pune, Maharashtra and in Tezpur, Assam. In March 2011, the programme was launched at the Regional Mental Hospital in Pune with an allcadre staff meeting and later in June a meeting with the advisory committee. A survey of the staff in July and August helped understand their attitudes and the priority areas of change.

"Continuous informal interaction with different stakeholder groups including psychiatrists, psychologists, social workers, occupation therapists, nursing staff, and service and support staff has helped build trust and acceptance of the programme," added Dr Chatterjee. A situational analysis has identified 669 long-stay patients and 963 re-admission patients.

Within its first year, multi-sectoral partnerships have been developed. The Kasturba Mahila Khadi Gramodyog Vidyalaya helped conduct the first vocational training with 10 long-stay male patients making handmade paper bags, diaries, envelopes and writing pads following 15 days of training. The patients are continuing production, and a group of 10 female patients received



Jewellery created during the female vocational training session



Products created during the male vocational training session



The inauguration of the male vocational training session

similar training in making imitation jewellery which is marketed under a brand name 'Kimaya', so far selling ₹ 15,000 worth of products.

Through Ecotude, 15-20 patients farm four plots of fertile land around the hospital and are working towards engaging in vermi-culture as well. Dance therapist Kalyani Deshpande's training boosted the attitude of both female patients and staff alike, while groups from College of Engineering in Pune help with industrial engineering tips in the livelihood generation project and individuals like Javed Inamdar from SAS IT company sponsor day trips for long-stay patients. The Savitri Marketing Institute for Ladies' Empowerment (SMILE) which markets products manufactured by vulnerable women and people with disabilities provided a sales counter for products from the Regional Mental Hospital. Other programmes including adult literacy training and music are also in the pipeline.

The hospital management committee or Rugna Kalyan Samiti has sanctioned the signing of a memorandum of understanding between Parivarthan and the Regional Mental Hospital in Pune, which will validate and strengthen the collaboration to give a clear mandate for the programme. The superintendent of the hospital has also permitted a transit facility which will function similar to community living and encourage the autonomy and responsibilities that come along with it.

"In the coming year we will focus on consolidating the program and set up systems outside the hospital to realise the overall programme goals," said Dr Chatterjee. "In the hospital, we will focus on the transit home, and develop and implement a recovery-oriented programme structure in two wards on a pilot basis. We will also work towards helping homeless people with mental illness and developing collaborative community-based services."

#### **Taking Mental Health Care to Scale**

Reaching out to as many people as possible is challenging in areas where health programmes, let alone mental health initiatives, are few and far between. The Sir Dorabji Tata Trust has been working in very rural and impoverished areas in an effort to promote equitable development. One of the areas it has supported a range of development projects is Vidarbha, a region in Maharashtra that has been plagued by poverty, malnutrition and farmer suicides following an agrarian crisis.

The Trust recognised a need for a mental health initiative in these deprived areas and approached Sangath to develop a program based on the needs of the community. VISHRAM (VIdarbha Stress and Health Program) is a four-year community-based initiative to promote mental health, prevent psycho-social distress and manage mental disorders in selected communities through a collaboration with local institutions, in particular NGOs working within these communities.

Launched in December 2011 in Nagpur, the programme begins with an assessment of the mental health needs and resources, and then

## PROJECT SUMMARY

## **VISHRAM**

**Objectives:** To understand the mental health needs of rural communities in Vidarbha, train human resources for improving mental health awareness and delivery of community-based mental health interventions, and ultimately improve coverage of mental health services for common mental disorders, alcohol use disorders and childhood mental health disorders

**Collaborating Institutions:** Watershed Organisation Trust (Wardha), Prakriti (Nagpur), Public Health Foundation of India (New Delhi)

Funder: Jamsetji Tata Trust

**Duration:** November 2011–October 2015

trains health workers to provide mental health care and deliver evidence-based psycho-social interventions, implement advocacy and educational interventions to raise awareness and demand for mental health care, and monitor and evaluate the impacts and refine the intervention.

Dr Neerja Chowdhary, who is coordinating the programme, said, "Through the five years of the initiative, we will focus on common mental disorders i.e depression and anxiety, problems associated with drinking, and child mental health problems. We will also provide additional mental care to families affected by suicide and those who have survived suicide attempts."

The services will range from self-help strategies taught by village health workers, structured psychological treatments and support provided by health counselors and treatment by doctors within government healthcare setups like primary health centres and specialist psychiatrists.

As part of the first phase, the programme is being implemented in one block each in two districts of Vidarbha, namely Arvi in Wardha and Chandur Bazaar in Amravati, with the help of non-profit organisations Watershed Organisation Trust (WOTR) and Prakriti. As with other projects in Sangath, most treatments will be delivered by non-specialist health counselors and village health workers, and the team has begun piloting the training and organising participatory workshops and outreach clinics to build awareness. At least 16 participants from both partner organisations attended a capacity building camp on mental health first aid to enhance their skills.

So far, VISHRAM's awareness programmes have



Dr Neerja Chowdhary holds a training session



The Sangath team with community health workers at one of the sites

been instant hits - "you could run a mini OPD (out-patient department) after a community workshop with the number of people wanting to discuss various mental health problems", said Dr Chowdhary. The village health workers who conduct these programmes use role plays or small skits to drive home the messages regarding mental health. Soon short films will also be used as tools for raising community awareness. Psychiatrists from the region, such as Dr P Behere and Dr S Deshmukh help in coordinating outreach clinics and providing specialist mental health care when required.

Another of our recently-initiated projects which aims to scale up evidence based mental health care in partnership with government health care systems is the PRIME (Programme for Improving Mental health care) program. In PRIME, we are collaborating with research



The Guest of Honour delivers the key notes during a preliminary Theory of Change workshop



Participants discussing activities/interventions at the Theory of Change workshop

#### PROJECT SUMMARY

#### **PRIME**

**Objectives:** To generate world-class evidence on the implementation and scaling up of mental health programmes in primary and maternal health care

**Collaborating Institutions:** University of Cape Town (South Africa), Centre for Global Mental Health (UK), London School of Hygiene and Tropical Medicine (UK), Public Health Foundation of India (New Delhi), Addis Ababa University (Ethiopia), Makerere University (Uganda), Healthnet TPO (Nepal), World Health Organisation, Ministry of Health (Government of Madhya Pradesh), Basic Needs and Public Health Foundation of India.

**Funder:** Department for International Development (DFID) through the University of Cape Town, South Africa

**Duration:** May 2011 – April 2017

institutions and the ministries of health in Ethiopia, South Africa, Uganda, Nepal and India (in the state of Madhya Pradesh). The six-year programme will provide evidence on implementing and scaling up mental health programmes through primary health care centres.

Leaders of PRIME aim at bridging the large treatment gap for priority mental disorders by implementing the WHO's mental health Gap Action Plan (mhGAP) guidelines. "The project focuses on three mental disorders - alcohol use disorder, depression and psychosis - which contribute to the greatest overall burden of disease," said Vaibhav Murhar, project coordinator. "There are three basic phases for



A participant presenting the activities/interventions at the Theory of Change workshop

implementation: phase one involves in-depth consultations with stakeholders and a review of available information, phase two involves pilot implementation and phase three is the full scaling up."

During the first phase, stakeholders including policy makers of the health department, service providers within the department and others helped prepare a draft mental health care plan along with inputs from a review of available evidence. The draft plan will be used by the government to define mental health policy to strengthen services in the Sehore district of Madhya Pradesh, which has been selected for the project.

In the following phase, the team will look at implementing the plan, assessing its feasibility and acceptability in the contexts of routine primary health care. The final phase will involve supporting the government in scaling up the programme to a wider range of districts.

In a bid to make a case to policymakers about the unharnessed capabilities of non-specialist health workers, our **DELIVER** (**Delivering Mental** health care in India Via non-specialist health workers) project is forging ahead in exploring the possibility of expanding their role in primary and community mental healthcare in India. DELIVER

#### PROJECT SUMMARY

#### **DELIVER**

**Objectives:** To explore the acceptability, feasibility and effectiveness of nonspecialist health workers in primary and community mental health care in India

**Collaborating Institutions:** Sangath (Goa), London School of Hygiene and Tropical Medicine (UK), Community Health Cell (Bangalore), Centre for Global Mental Health (UK), National Institute of Mental Health and Neuro Sciences (Bangalore), Karuna Trust, Department of Health and Family Welfare, Basic Needs UK, Basic Needs India, Gass (Karnataka); Ashwini, Banyan, SCARF, Sneha, CHAD, Udavavullangal, M S Chellamuthu Trust, Shant Manas (Tamil Nadu); MHAT, Malappuram Initiative (Kerala); SACRED (Andhra Pradesh); Ashagram, Maitra, Asra, Shraddha, Muktangana Mitra, Bapu Trust, SAARTHAK, Society for Promotion of Youth and Masses, Mission Ashra, Antara, Calcutta Samaritans, Ashadeep, NBJKVolunteers for Community Mental Health

Funder: The Wellcome Trust, UK, through the London School of Hygiene and Tropical Medicine

**Duration:** September 2010–March 2013

A randomised controlled trial is a specific type of health experiment which is used to evaluate the effectiveness of health interventions



by comparing the benefits of the intervention with usual care.



Focus group discussion with ASHAs in one of their houses



House visits with the ASHAs

is led by Dr Nadja van Ginneken who began preparatory work as part of her PhD in London in 2009 and later moved to India to set up her collaboration with Sangath.

Having set up office in Bangalore, the team began work on several complementary research activities. The Cochrane Collaboration accepted DELIVER's topic for a systematic review on the effectiveness of non-specialist health workers in delivering mental health care, and published its protocol last year.

"I also held oral history interviews with people from India and abroad about their experience with designing policy or implementing care by non-specialist health workers in mental health care in India," said Dr van Ginneken. The preliminary results were presented at a Wellcome Trust meeting in Arusha, Tanzania, and at the Anglo-American History Conference in London, UK, in 2011. The results also contributed to an article in the Lancet's series on global mental health in 2011.

For the qualitative study, the team selected 28 organisations, both government and nongovernment, that followed different models of delivering rural mental health care. "They have different types of non-specialist health workers, with different systems of support or models of delivery," added Dr van Ginneken. "We are visiting and interviewing coordinators, managers and the health workers." Two more primary health centres under Karnataka's District Mental Health Program were chosen – one solely run by the government, and one in which an NGO had a public-private partnership - as in-depth case studies using ethnographic approaches.

Following approved Memoranda Of Understanding, Dr van Ginneken and project coordinator Dr Meera S M held several stakeholder meetings. "We translated the tools into Hindi and Kannada and conducted in-depth interviews, site visits and the two case studies, dividing and sharing work between all researchers. Following supervision, Sarah Ghani (junior researcher) has gradually grown into an independent researcher," explained Dr van Ginneken.

As a final outcome of the study, the team is now synthesizing evidence to back up recommendations on scaling up emerging



Outside a primary healthcare centre with staff

models of task shifting mental health care to non-specialist health workers. "We will suggest what elements of these models are likely to be feasible, acceptable and effective, and the contextual factors which determine the scalability of such interventions within routine healthcare programmes in India," added Dr van Ginneken.

#### **Understanding the Impact of Drinking Problems**

Knocking back that tipple over dinner never really did much harm, but it's common knowledge that harmful drinking practices can lead to physical, psychological and social problems. In fact, it has been found that, in India, compared to the amount of alcohol consumed per capita, the prevalence of alcohol-related problems is disproportionately high. This is because, unlike in western countries where the majority of drinkers consume alcohol in moderation, in India they tend to drink primarily to get inebriated. This is further aggravated by aggressive marketing by alcohol manufacturers which is leading to, among other things, a reduction in the age of initiation to drinking.

Having registered statistics of one in 10 men engaged in hazardous drinking during our earlier SAAHAS study in rural and urban Goa, a team of



Sangath researchers is now pressing ahead to understand the evolution of drinking patterns and the long-term physical, psychological and social outcomes of alcohol use disorders in men in India. The project, SAAHAS II (Soryacho Asar Ani Hacher Amcho Shodh), takes off from where SAAHAS left off in 2006 - following a group of 1,859 men in six villages and three urban centres in North Goa.

Said Dr Abhijit Nadkarni, research fellow, "We are following up these men to see how many who didn't have alcohol problems or were not drinking back in 2006 have now developed alcohol use disorders, and how many who had drinking problems then, continue to have drinking problems, gotten worse, stopped drinking or lost their lives."

The team will look at the association of alcohol use disorders with mental health problems, social problems like leave of absences, job loss,

#### PROJECT SUMMARY

## **SAAHAS II**

**Objective:** To describe the risk factors associated with and the impact of alcohol use disorders with a view to inform public health policy and practice related to alcohol use in India.

**Collaborating Institutions:** Centre for Global Mental Health (UK), London School of Hygiene and Tropical Medicine (UK), South Asia Network for Chronic Diseases

**Funder:** The Wellcome Trust, UK, through the London School of Hygiene and Tropical Medicine

**Duration:** September 2011–September

2014

domestic violence, risk behaviours including unprotected sex, accidents, injuries and physical health problems. SAAHAS II will also help identify risk factors that could predict problem drinking.

This project is also pioneering the use of a diagnostic instrument at Sangath called the Mini International Neuropsychiatric Interview. Nadkarni explained, "The MINI is a diagnostic interview for mental health problems wherein you ask the participants a series of questions at the end of which it can be inferred whether the person has a certain disorder." The interview is being translated into Konkani using an intensive protocol-driven translation procedure before being administered during the study.

The team is also marking another first of sorts at Sangath – trained phlebotomists will collect and analyse the blood samples of participants to study indicators of problems which could occur with long-term alcohol use. Dr Nadkarni added, "We will be testing blood sugar levels, lipids or cholesterol levels and liver functions among other things, so it is possible that we may find a link between the biomarkers and alcohol use."

In collaboration with the PREMIUM project (page 31), the SAAHAS II team has commissioned the development of a new digital data collection



The team practices measuring weight



The team practices measuring height

software for the organisation. "Up until now, Sangath was collecting data either on paper or by using palmtops, but we're starting something new by developing a software that will work on both android tablets as well as Windows," said Dr Nadkarni. "The software, once uploaded onto all computers at Sangath and the data collecting tablets, will help users create intelligent questionnaires which will automatically jump questions depending on inputted answers and generate tabulate results." This will be rolled across all future projects at Sangath for more efficient electronic data collection.

#### **Managing Chronic Diseases**

It is hard to face the reality of your strong, tall grandfather who threw you into the air as a little child now reduced to a trembling old man unable to feed himself or remember your name.

Older people have specific needs that have been left out of the development of national policies. Primary care facilities do not have out-reach facilities and mostly focus on detecting and treating acute health conditions instead of preventing or stagnating the reach of chronic diseases as much as possible in older people. Already, India and China have the largest number of elderly citizens in the world while chronic diseases account for 80 per cent of the global burden of disease. With chronic diseases linked to ageing - heart disease, stroke, cancer and dementia – being recognised as a public health priority, the four-fold increase of older people anticipated by 2050 presents a staggering burden to the government, health policies and society in general.

Through the **COPE** (Care for Older PEople) project, research fellow A T Jotheeswaran is developing a complex intervention package to be delivered by non-specialist health workers targeting the needs of dependent older people and their carers. "For families belonging to lower



A check-up in progress



socio-economic groups, 24-hour care for frail dependent older people is not possible. This means any one member has to reduce work or give it up entirely to care for the older person, which obviously affects family functioning and causes financial constraints," he said.

Older people tend to have multiple problems including slower movements, visual and hearing impairments, urinary incontinence, cognitive difficulties, memory problems and sometimes even psychiatric issues. Community

#### PROJECT SUMMARY

#### COPE

**Objective:** To develop a multi-component (complex) intervention package for use by non-specialist health workers targeting frail dependent older people and their carers, and carry out initial evaluation as preparatory work for a definitive randomised controlled

**Collaborating Institutions:** Primary Health Centre, Corlim-DHS (Directorate of Health Services, Goa), Goa Medical College (Bambolim), World Health Organisation, Geneva

Funder: The Wellcome Trust, UK, through the Public Health Foundation of India

**Duration:** August 2011–August 2013

interventions are being designed to address impairments involving mobility, behaviour, cognition, nutrition, hydration, continence, etc across underlying health conditions including dementia, stroke, heart disease, Parkinson's Disease, arthritis and others.

The first stage involved defining the needs of the target population – frail older people – by referring to research in other developing countries. During the second stage, the team conducted qualitative research to find out how geriatrics service could be integrated into the existing health care systems, especially at the level of primary health care centres. "We interviewed doctors and community health workers in government service, and frail dependent older people living in Goa to find out, among other things, their needs, the possibility of care and whether they would be happy to receive the intervention at home or at the clinic," explained Jotheeswaran.

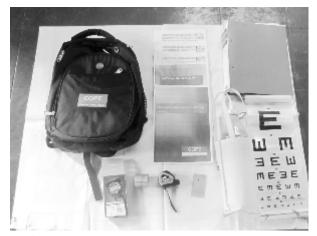
Having realised that the main challenge for health workers was the lack of time to deliver an extensive intervention, the team is now developing a treatment which is quick, effective and will work across the needs base of frail dependent older people and their carers. To do this, a literature review was conducted of published material in the field of gerontology from 1946 to 2011. This rich resource of evidence provides the team with the best intervention that works for a variety of different problems including mobility issues, undernutrition, urinary incontinence, cognitive impairment, etc. "There are cheap interventions available, but the problem is none of these studies have been conducted in developing countries so far. The World Health Organisation has appreciated the literature review and is now helping me contact and follow up with experts in each field on their opinions about training nonspecialist health workers delivering the intervention," said Jotheeswaran.

The team is currently training community health workers to identify the common problems faced by frail dependent older people. They are also looking into the preferences of patients and carers - the kind of treatment they would like, and whether they would be happy with the intervention. The main aim is to improve the condition and overall quality of life of the older person and decrease strain on the carer.

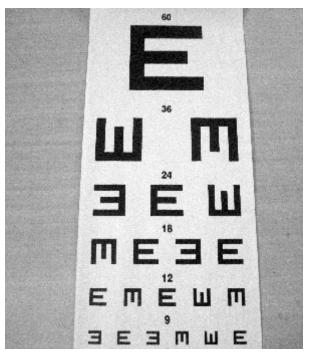
In a later stage, community health workers at the Corlim primary health care centre will be trained to identify frail dependent older people and impairments such as under-nutrition, immobility,



The team with personnel at a primary health care centre



The Cope toolkit use



A vision testing chart

incontinence, cognitive, behavioural, visual and hearing impairments. All older people identified by the health workers as being frail and dependent will be reassessed by a team of specialists, including a doctor, occupational therapist, psychologist and ophthalmologist to verify the diagnosis. They will later use the intervention guide developed by the project, which provides a standardised algorithm for the treatment of each impairment.

Chronic disease could affect people at any age. The cost of care is much more if it occurs earlier in life, sometimes resulting in a lifetime of injections and medication. An increasing number of publications are reporting that the so-called 'lifestyle diseases' are one of the major causes of death worldwide. India is experiencing an epidemic of chronic diseases including diabetes, hypertension, obesity, dementia, coronary heart disease, stroke, mental illness and lung disease. Researchers have attributed this situation to increased exposure to risk factors and changes in lifestyle including unhealthy eating habits,

alcohol and tobacco use, and inactivity among others.

One of the main aims of the CDRF (Chronic Disease Risk Factors) study is to examine exposures operating through households or neighbourhoods. It was felt that a more family or household-oriented approach could help control chronic diseases owing to the clustering of behavioural risk factors within households. Dr Amit Dias, principal investigator of the project, said, "Novel causal chains may be uncovered by examining the occurrence of illness in one member of a household but not others. Studying entire households will provide an unprecedented opportunity to gather comparative data on intraas well as inter-household variations in morbidity and health-seeking behaviour in relation to household structure, family size and gender balance, socio-economic position and community affiliation across a range of settings."

Findings will reveal the risk factors of a range of chronic diseases, how they affect the whole

## PROJECT SUMMARY

## **CHRONIC DISEASE RISK FACTOR**

#### Objective:

- To evaluate the prevalence of chronic disease risk factors among individuals and households
- To evaluate adequacy of diagnosis and treatment of chronic disease in the region

Collaborating Institutions: Public Health Foundation of India (New Delhi), South Asia Network of Chronic Diseases (New Delhi), Department of Preventive and Social Medicine, Goa Medical College.

Funder: The Wellcome Trust, UK, through PHFI/

SANCD

**Duration:** June 2011–March 2013

family and the whole village. Sangath, as part of the South Asia Network of Chronic Diseases (SANCD), is conducting a cohort study as part of the CDRF project, in which the team follows a group of people over five to 10 years and measures the risk factors and their effects over time. The team has chosen Carambolim, a rural community in south Goa, to carry out the baseline evaluation in two parts, a household level data collection and clinic-based data collection.

"We have already done an initial mapping of the village and are now going house-to-house to examine everyone and test the risk factors through a questionnaire," said Dr Dias, adding, "People are also called to the clinic at the Carambolim sub-centre where we conduct a series of tests and give them a health card. If we detect a chronic disease such as diabetes or high blood pressure, we immediately inform the participants and refer them to the health center for treatment."

He explained how chronic diseases are also known as iceberg diseases, wherein the obvious clinical manifestations are just the tip of the extent of the illness. "For example, diabetes can go undetected for years until the patient comes to the health facility with a complication of the eye or heart. Long-standing uncontrolled chronic disease leads to complications but if detected early can prevent further problems to a large extent," he added.

Sakle Bhat and Gauns Bhat, which together have 250 households, have been selected as the sample areas, in which an initial survey was carried out to familiarise the researchers with the families and create awareness about the project. The PI and a team from SANCD held a training programme for the researchers in using the questionnaire and conducting tests at the clinic,

including physical assessments involving anthropometric measurements, the use of digital blood pressure machines and glucometres and performing spirometry and vision tests. The use of netbooks to capture data electronically will also help fulfill one of the CDRF objectives - to examine the feasibility, acceptability and validation of electronic data capture for fieldwork.

Until May, more than 500 individuals were interviewed and nearly 170 households visited. The team has also conducted urine tests to analyse sodium and nicotine content in the participants. "Analyses of the risk factors and the associated chronic disease will help us gain better insight into the natural history of the disease and will help in developing specific interventions for preventing chronic diseases." said Dr Dias.

The study has increased the awareness about chronic disease in participants, who are keen to learn about their health status and clarify doubts regarding the diseases. Creating awareness goes a long way in preventing or at least slowing down the reach of an illness. One of the most disheartening revelations of The Dementia India Report 2010 was the low awareness and media interest about the degenerative disease in the country and the predicted doubling of the 3.7 million Indians who are estimated to have the



disease by 2030. Societal costs, which stood at about ₹ 14,700 crore, are expected to rise three times in the next two decades.

Dr Amit Dias, who was one of on the authors of the report, tallied the incidence of dementia in Goa at 2.9 per cent in those above the age of 60 and 12 per cent in those above 80 years. For the past decade. Sangath has been working to serve the needs of people with dementia and their families. A flexible stepped care intervention developed by Dr Dias and Dr Vikram Patel in collaboration with The Dementia Society of Goa, using non-specialist health care workers to improve the patients' quality of life and reduce caregiver burnout received the International FMA-ADI (Fondation Médéric Alzheimer-Alzheimer's Disease International) Award at the ADI conference in Greece in 2010, judged the best evidence-based psycho-social research for people with dementia and their families.

The Dementia Home Care Project seeks to extend this intervention to all the people of Goa, focusing primarily on providing nonpharmacological solutions to deal with behavioural and psychological problems associated with dementia to help patients with daily activities. "Many people cannot recognise the onset of dementia and assume it's a part of normal ageing or that people are going berserk



THE DEMENTIA HOME CARE PROJECT



International conference for Alzheimer's Disease, Toronto

and trying to cause trouble. Only recently I was helping solve the problem of a caregiver who said the person with dementia took his mobile to the bathroom and used it as a soap," said Dr Dias.

He added, "Our intervention is meant to help family members cope with dementia better and how we can do simple things using every day

#### PROJECT SUMMARY

## THE DEMENTIA **HOME CARE PROJECT**

#### Objective:

- To extend the evidence-based home care intervention to all the people of Goa
- To use locally available resources to address the needs of the person with dementia as well as their caregivers in Goa
- · To raise the level of awareness of the disease and services available at Sangath

**Collaborating Institutions:** Department of Preventive and Social Medicine, Goa Medical College

Funder: Rotary Club of Crosby, UK

**Duration:** September 2010–February 2012



At National Dementia Summit

resources to reduce the effect of memory problems on the patient and the stress on the caregivers."

Seventy-nine-year-old Anand, a retired bank manager, was becoming increasingly frustrated with his inability to remember recent events. His frustration was coupled with aggression and his wife Laxmi bore the brunt of his challenging behaviour over the last three years. "He would get angry more often and at times he would raise his hand and hit me," she said. Having heard about the Dementia Home Care initiative, Laxmi got in touch with the coordinator who discussed his problem and helped the family find a nurse for Anand. They also found that he enjoyed playing the tabla and encouraged him to include the activity in his daily life.

While the intervention did not reverse the disease, it helped improve the quality of their life, with Anand now being more attentive, sleeping well after his walks, eating properly, playing games and enjoying the tabla.

More than 150 individuals have been screened for dementia so far, through the project, from which around 117 were found to have different forms of dementia. The free service was also extended to those with Parkinson's Disease and stroke, and all patients received five visits on average, although those with severe dementia and behavioural problems were visited more frequently.

Around 21 homes for the aged in Goa were taken under the wing of the project, while Dr Dias conducted workshops to increase awareness and develop a curriculum for a course for home nurses. The project's assistant coordinator Shezmin Jasani received a Commonwealth scholarship to pursue a masters degree in dementia studies through the University of

#### **Upcoming Project**

PROJECT SUMMARY

## **DEMENTIA CREATIVE CARE**

#### Objective:

- Provide services for families of people with dementia in all parts of Goa
- Conduct training for people running homes for the aged
- Develop cognitive stimulation exercises for people with dementia

**Collaborating Institutions:** Department of Preventive and Social Medicine, Goa Medical College

Funder: Ronnie & Judy Coutinho and Friends of Southport, UK

**Duration:** March 2012-September 2012



International award for best research at ADI conference in Greece

Stirling, UK. Project director Dr Dias has been invited to conferences in Havana in Cuba, Salamanca in Spain, Bangkok in Thailand and Toronto in Canada to share experiences with developing dementia services in the community. He also received the Edith Cowen University research fellowship to visit the Centre for Excellence for Alzheimer's Disease Research in Perth, Australia to work under Prof Ralph Martins. The government of India has also taken cognizance of the Dementia India Report, which Dr Dias wrote along with Jotheeswaran and others. We hope it will result in the development of a national policy for people with dementia.

Despite all the recognition and progress, there's no stopping the team. "We have started to adapt cognitive stimulation exercises for people with dementia in Goa and we intend to recruit more families with those suffering from the illness into the project and try to improve their quality of life. More old age homes will also be included in the project in future," said Dr Dias.

The Cochrane Collaboration is an international network of more than 28,000 people from over 100 countries. They work together to help healthcare providers, policy-makers, patients, their advocates and carers, make wellinformed decisions about health care, by preparing, updating and promoting the accessibility of Cochrane Reviews -



systematic reviews of primary research in human health care and health policy

## Reaching out to children with blood disorders

What if you were told, as a child, that you couldn't play because if you fell and injured yourself your blood wouldn't clot? And if you bumped yourself on the head you could bleed yourself into a stroke...

It is estimated that nearly 1,300 children are born every year in India with haemophilia. Nearly a lakh are affected by the disease in total, but only 14,000 are registered as patients, according to reports. "It can be very painful once it bleeds inside the joints," said Dr Amit Dias, who leads the project on Care For Children With **Chronic Hematological Disorders In Goa.** "Sometimes the child cannot walk and if this happens repeatedly, it can cause chronic damage to the child."

India also records an estimate of 10,000 children born with thalassemia every year, a condition which requires the young patient to have repeated blood transfusions, putting them at risk of infection, bone deformities, slow growth, heart problems and excessive iron

#### PROJECT SUMMARY

## **CARE FOR CHILDREN WITH CHRONIC HEMATOLOGICAL** DISORDERS IN GOA

**Objective:** To reach out to children with chronic haematological disorders such as hemophilia and thalassemia, provide services and raise awareness regarding these conditions

**Collaborating Institutions:** Department of Pediatrics, Goa Medical College

Funder: Ronnie & Judy Coutinho in memory of Late Purification Coutinho



content in the blood. Dr Dias explained, "The collection of iron in the blood needs to be countered by medication given through subcutaneous pumps."

While the government of Goa has been very supportive and provides many medications free of cost through the Goa Medical College, the pumps come at a price, which this modest project is hoping to arrange for. "Infusion pumps required to deliver desferioxamine to the children with thalassemia will be provided to the department of pediatrics at GMC," said Dr Dias.

He added, "Through the project, we have initiated an attempt to assess the quality of life of children with haemophilia and thalassemia and provide them with help. We also attempt to raise awareness about this condition."

One of the primary aims is to ensure good quality care so that children can experience freedom from pain and live life as close to normal as possible. The project will look at evaluating the quality of life and needs of children with haemophilia and thalassemia. The stigma associated with these genetic disorders will be addressed through awareness programmes.

On a recent visit to Australia, Dr Dias visited the haemophilia centre at the Royal Perth Hospital in Perth to understand the facilities they have there and how similar facilities could be developed in Goa. The team is in touch with the Hemophilia Society of Goa and participated in the haemophilia awareness rally organised on World Haemophilia Day.

## **Mapping India's Public Health Research Capacity**

In collaboration with ICCHN (Centre for Child Health and Nutrition of the ICICI Foundation for Inclusive Growth), Sangath is mapping public health research outputs, barriers and strategies to promote public health research in the country.

"We are studying public health research in the first decade of this millennium (2000-2010) – its amount, how equitable the research is in terms of areas of study and geographical coverage, the barriers to research and how these can be addressed," explained Sachin Shinde, project coordinator. The project involves mixed methods - a bibliometric analysis of published health literature, and a stakeholder analysis using indepth interviews with leading researchers and stakeholders for public health.

"For the quantitative component - the bibliometric analysis - we have searched PubMed and IndMed, gathering more than 10,000 abstracts and used the World Health Organisation's (WHO) category of disease burden to classify them," said Shinde. He added, "Qualitative questions like barriers, challenges, motivators, factors influencing research and their solutions are being addressed by interviewing authors who have published immensely in the



#### PROJECT SUMMARY

## **PUBLIC HEALTH RESEARCH** IN INDIA IN THE NEW MILLENNIUM: AN ANALYSIS OF OUTPUTS, BARRIERS AND STRATEGIES

**Objective:** To map public health literature in the published domain originating from India and understand barriers as well as enabling factors that determine research priorities and practice.

Collaborating Institutions: ICICI Foundation for Inclusive Growth

Funder: ICICI Foundation for Inclusive

Growth

**Duration:** January 2012–July 2012

last decade on public health and professionals who are thought leaders in the public health sector."

The findings of the study will inform policy and practice in public health research in India and is envisaged to influence the Health Research Policy being currently formulated by the Department of Health Research. The results will also be useful to funders, public health research capacity building institutions, and other researchers.



The Sangath library



## **CLINICAL SERVICES**

Sangath provides services to adults with a range of mental disorders and psycho-social problems. These out-patient services are provided by Sangath's psychiatrists, clinical psychologists and counselors. In addition to medication, individual psychotherapy, family psycho-education and counseling services are offered. Collaboration between the various team members ensures that patients receive comprehensive care.









## Leadership in **Mental Health**

19th November to 30th November 2012 Goa, India

Conducted by

Sangath and the London School of Hygiene & **Tropical Medicine** 

Visit www.sangath.com for details









# COMPLEX **INTERVENTIONS**

Goa, December 3-8, 2012

Supported by

The John T and Catherine D MarArthur Foundation

Visit www.sangath.com for details

## **Training and Workshops**

Sangath transforms lives not only through research and clinical services, but also by building capacity through training programmes.

An increasing number of international and local students undertake internships at the organisation, taking away a mine of information through participation in various activities and, at the same time, enriching our experiences. The flood of registrations for our training programmes stands testimony to our appeal.

Our service providers, GB members and consultants participate in and conduct a variety of workshops. Here are some examples of workshops in the past two years.

## **Motivational Interviewing**

When: February 28 - March 4, 2011

Where: Panjim Inn, Panaji

The resource persons: Jeff Allison from Jeff Allison Training Ltd and Guy Undrill from 2gether NHS Foundation Trust, UK.

What: Participants are given a thorough understanding of the skills necessary to deliver motivational interviewing for patients in a variety of treatment settings and thus establish a foundation from which participants may continue to develop these skills

For Whom: The workshop targets those involved in the care of patients with mental health problems especially health and substance abuse, including counselors, community health workers, NGO staff,





## **Psychoeducation** for the Treatment of **Common Mental Disorders**

When: August 8-12, 2011 Where: Panjim Inn, Panaji

The resource persons: Gracy Andrew &

Dr Neerja Chowdhary

What: Participants are trained in the overview of the clinical aspects of common mental disorders (CMD), and a detailed introduction to the specific components of the MANAS intervention

For Whom: The workshop targets those working in the field of mental health and social work, with a specific interest in

improving access to mental health care in primary health and community levels

**Host:** Sangath



## **Behavioral Activation for Depression**

**When:** November 4-5, 2011

Where: Panjim Inn, Panaji

The resource person: Dr Sona Dimidjian,

University of Colorado, USA

What: Participants are trained in the core elements of the historical context of behavioral activation: basic and clinical research that informs the evidence base for the use of

behavioral activation for depression.

For Whom: The workshop targets health

practitioners involved in the treatment of patients with depression

**Host:** Sangath



## **Leadership in Mental Health**

When: Annual

Where: Panjim Inn, Panjim

The resource persons: In 2011, Dr Vikram Patel, Dr Soumitra Pathare, Dr R Padmavati, Dr Gauri Divan, Dr Sudipto Chatterjee, Dr Amit Dias & Dr Neerja Chowdhary

**What:** Participants are trained in the rationale for scaling up interventions for mental disorders, the principles and methods of scaling up and the leadership skills needed to scale up. The learning methods include structured group work, practicals, lectures and participant led presentations and discussions.

For Whom: The workshop targets those interested in improving care for people with

mental disorders and promoting their human rights, particularly in settings where mental health resources are scarce. People who attend the workshop include mental health professionals, general physicians, policy makers, representatives of funding agencies, humanitarian agency workers, NGO staff, epidemiologists, anthropologists, and

members of the user community.

Host: Sangath

## Feedback from previous workshops

"I can assure you that my work as a clinician and professor will no longer be as before Goa"

~Carmen Lara, psychiatrist, Autonomous University of Puebla, Puebla Pue, Mexico

"The structure of the course was tailor-made to the material covered – having interactive lectures in the morning and then consolidating this knowledge and integrating into a workshop environment was invaluable"

~Asanga Fernando, specialist registrar, Institute of Psychiatry, King's College, London

## **School Counselor Training Program**

**When:** May 2–June 4, 2011 Where: Sangath, Porvorim

The resource persons: Gracy Andrew, Prachi Khandeparkar, Luiza Lobo, Gauravi Shirodkar, Paciencia Cardozo, Sulaxa Gawas, Teddy Andrews

What: Participants are trained in key issues related to adolescent development and health, principles of health promotion in schools particularly the WHO Health Promoting Schools

model, skills needed to be an effective school counselor, and strategies for health promotion.

**For Whom:** The workshop targets those who wish to work as counsellors in school settings or people who wish to set up

health promotion programmes in secondary schools.



#### - Feedback -

"It was not just informative but also dealt with all areas of planning, implementation and review. It covered topics of dealing with stakeholders, and the fact that it put great emphasis on ethics and responsibilities of counsellors, who I feel deserve special mention."

## **Development & Evaluation of Complex Health Care Interventions**

When: Annual

Where: Panjim Inn, Panaji

The resource persons: In 2011 included Dr Vikram Patel, Dr Abhay Bang, Dr Shah Ebrahim, Divya Rajaraman, Dr V Mohan, Dr Rengaraj Venkatesh, and Madhumitha Balaji

What: Participants are given an overview of the nature of complex health care interventions and the steps involved in designing and evaluating complex interventions

For Whom: The workshop targets those interested in developing and evaluating complex interventions for priority health conditions, in particular for delivery in primary care or community health settings

**Host:** Sangath

## Feedback from previous workshops

"The case studies were simply beautiful since the presenters themselves had worked on it first-hand. Learning it from them, their passion really came across. It more than fulfilled my expectations. I leave with a rich experience, with an immense amount of knowledge."

~ Selva Swetha, research analyst, IKP Centre for Technologies in Public Health, Chennai

"I liked the openness of the course tutors to examine the boundaries of RCTs and specifically pushing participants to go beyond traditional ideas of gathering evidence, learning to go by the intervention and not be pushed by the evaluation methodology. I didn't expect to be able to apply myself to complex interventions this easily. Thank you for the intense learning, laughter and hard work!"

~ Ishita Chowdhary, CEO, The YP Foundation, Delhi

## Some of the workshops Sangath personnel have attended over the past two years include:

## **International Mental Health Leadership Programme**

When: May 31-June 25, 2010 Where: Melbourne, Australia

**Host:** Melbourne Centre for Population Health,

University of Mental Health

Sangath participant: Prachi Khandeparkar

#### **Badte Kadam Campaign**

When: July 26-30, 2010

Where: New Delhi

**Host:** National Trust, New Delhi

Sangath participant: Delilah Soares, Paciencia

Cardozo

## **National Protocol Finalisation** Workshop

When: August 27-29, 2010

Where: New Delhi

Host: INCLEN, New Delhi

Sangath participants: Vivek Vajaratkar,

Dr Gauri Divan, Miraj Desai, Luisa Lobo

#### **Students Suicide Prevention in Goa**

When: December 1, 2010

Where: Panaji, Goa

Host: Children's Rights In Goa

Sangath participants: Shezmin Jasani and

Lourdes Alvares

## **Children's Resilience Program** for Girls

When: January 27-31, 2011

Where: Surat, Gujarat

**Host:** Slum Women's Federation and Swaman

Trust

Sangath participants: Gauravi Shirodkar and

Sayunkta Govekar

#### **Nutritional Therapy for mind and brain**

When: February 11-12, 2011

Where: Thiruvananthapuram, Kerala Host: Upasana St Camilas Centre

Sangath participants: Medha Upadhyaya and

Bindiya Chodankar

#### **Empowering Voices**

When: February 24–March 9, 2011

Where: Verla-Canca, Goa **Host:** Video Volunteers

Sangath participants: Sulochana Pednekar

## Cardiovascular epidemiology and research method course on physical activity

When: May 18-25, 2011 Where: Mysore, Karnataka Host: CCDC, PHFI, SANCD

Sangath participants: Vivek Vajaratkar

## **Qualitative research training**

When: May 11-15, 2011

Where: Chennai **Host:** SAMARTH

Sangath participants: Vishal Dessai, Bhargav

Bhat

## **Team building and understanding** learning disabilities

When: October 19, 2011

Where: Panaji, Goa

Host: Samarthyam, New Delhi

Sangath participants: Paciencia Cardozo

## Randomised controlled trials: design, analysis and reporting

When: December 19-23, 2011

Where: New Delhi

Host: Indian Institute of Public Health Delhi

Sangath participants: Priya Korgaonkar

**Host:** ARDSI

Sangath participants: Dr Amit Dias, Shezmin

Jasani, Lourdes Alvares

#### **National Governance**

When: November 25, 2011 Where: Pune, Maharashtra

## **Other Workshops**

A wide range of institutes, schools and other NGOs invite Sangath to conduct workshops and lectures. Here are some notable examples.

#### For teachers and heads of schools

We have carried out workshops for teachers on these topics: understanding learning disabilities, inclusive education, phonics and language development, positive disciplining practices and classroom management, understanding and being sensitive to the needs of adolescents, stress management, anger management, self-esteem, child development, learning process, children with special needs and augmentative communication.

As part of our school programme, we held workshops for school managements, including heads of schools, teachers, hostel wardens and counselors.

Name of Workshop	Number of Beneficiaries
Understanding WHO's Health Promoting School model	45
Sarva Shiksha Abhiyan	259
Nutrition	19
School Health Counsellors Training	45
DOST	40
Holistic Child Development	26
Remediation of academic difficulties	20
managing children with behavioural and academic difficulties	22
Filling case history forms	22
Adolescent mental health	60
Managing children with behavioural and academic difficulties	80
Team building and understanding learning difficulties	16
Teenage pregnancy	100

#### **For parents**

We have held workshops on various topics like healthy eating practices, parenting skills, disciplining practices and understanding learning difficulties.

Name of workshop	Number of beneficiaries
Inclusive Education and Teaching strategies	47
Holistic Child Development	150
Need for vocational training for children with disabilities	75
Parents and teachers working together	30
Understanding adolescents	450

#### **For students**

Workshops covering a range of topics like study skills, career guidance, goal setting, self-esteem and nutrition were carried out for students. We also conducted a number of workshops on life skills.

Name of workshop	Number of beneficiaries
Reproductive and Sexual Health	506
Pep talk on exams	237
DOST	40
Nutrition	51
English conversation class	144
Assessment of children with learning disabilities	5
Healthy eating practices	85
Motivation and importance of education	72
Teenage pregnancy	100
Strangers and personal safety	500
Personal counseling	2
Understanding adolescents	450

#### **Others**

Sangath has also held workshops for the community, mental health professionals, primary health officers and outreach workers, as well as its own personnel.

Beneficiaries	Name of workshop	Number of beneficiaries
Community	IPT-Training	23

Beneficiaries	Name of workshop	Number of beneficiaries
Community	World Mental Health day	130
Community	Community Awareness workshop	40
Mental health professionals	Leadership in mental health	37
Primary Health Care officers	Manas dissemination	895
BEd students	Occupational Therapy and Sensory integration and Neurodevelopmental techniques	30
Outreach workers	Manas	19
Special educators	Skill building workshop	7
Special educators	Understanding Sensory Integration	7
Special educators	Understanding Autism	40
Staff capacity building	Workshop on Qualitative Analysis and Coding	15
Staff capacity building	Training on Mapping of research area	6
Staff capacity building	Budget	10
Staff capacity building	Qualitative research training	18
Staff capacity building	Data collection training	20

## Visitors to Sangath (April 2010-March 2012)

Sangath receives scores of researchers, experts, volunteers and interns visiting each year to learn about our work and develop new partnerships. Here is a list of some of the visitors over the past two years.

Dr Abhay Bang, researcher, SEARCH, Maharashtra

Agnes Fernandes, student, Indira Gandhi National Open University, Goa

Akinobu Takabayashi, research assistant, Tokyo University, Japan

Amanda Graverson, student, VIA University College, Denmark

Ana Eduarda Ribeiro, student, Hospital de Magalhães Lemos, Portugal

Anushka Rajesh Patel, University of Illinois, US

Atif Rahman, professor of child psychiatry, University of Liverpool, UK

Aurora Bassett, Stanford University, US

Sr Anita D'Silva, special educator, St Theresa's High School, Goa

Betty Kirkwood, professor of epidemiology, London School of Hygiene & Tropical Medicine, UK

Chelsie Hollas, student, School of Rural Public Health, US

Christopher Fairburn, Wellcome principal research fellow and professor of psychiatry, UK

Cyona Alfonso, student, Home Science College, Panaji

Dr Diya Dutt and Sucharita Narayanan, deputy director of Fulbright, Indiana University, US

Divya Kumar, student, London School of Hygiene & Tropical Medicine, UK

Edgar Woznica, Fellow CRPH, Jamkhed, from the US

Elvira D'Souza, student, Indira Gandhi National Open University, Goa

Gabriella D'Cruz, student, St Xavier's College, Mapusa

Hanimi Reddy Modugu, social scientist, South Asia Network for Chronic Diseases, New Delhi

Helena Verdeli, assistant professor of clinical psychology, Columbia University, US

Joanna Barrett, speech and language therapist, UK

Joanna Fernandes, student, Goa University, Bambolim

**Dr Joe Verghese,** Christian Medical Association of India, New Delhi

Kanchan Phadte, Indira Gandhi National Open University, Goa

Kiran Nanchahal, senior lecturer, London School of Hygiene & Tropical Medicine, UK

Dr Lisa Aronson, clinical child psychologist and social worker, Fulbright Nehru Lecturer, US

Luisa Strik-Lievers, child psychiatrist and neurologist, Italy

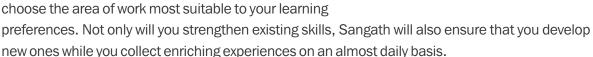
Manas R Pradhan, social scientist and senior research fellow, South Asia Network for Chronic Disease, New Delhi



## nternships

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 program, you will be able to choose the area of work most suitable to your learning



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 applications (www.sangath.com)

See you soon!



Maria Gaonkar, student, Indira Gandhi National Open University, Goa

Melissa Cranford, student, Warren Alpert School of Medicine's Scholarly Concentration Program, US

Michael King, head of department of mental health sciences at Royal Free Camps, University College of London, UK

Nayan Mohan, student, Indira Gandhi National Open University, Goa

Mónica Santos, student, Hospital de Magalhães Lemos, Portugal

Neil Aggarwal, student, Yale University, US

Prachi and Archana, UK

Pratima Murthy, professor of psychiatry and chief of the de-addiction centre, National Institute of Mental Health and Neuro Sciences, Bangalore

Ranjini Swamy, professor, Goa Institute of Management

**Rebecca Hock,** PhD student in Public Mental Health, John Hopkins, US

Ricardo Araya, professor of psychiatry, University of Bristol, Indiana University

Ronald Lalthanmawia, Christian Medical Association of India, New Delhi

Samuel Waldron, psychologist, UK

Scarlet Fernandes, student, Home Science College, Panaji

Sudipto Mukhopadhay, senior advisor, New Delhi

Sukumar Vellakkal, health economist and assistant professor

We are particularly delighted that students from many colleges also visit Sangath as part of their training. Over the past two years, we have hosted students from Pt Jawaharlal Nehru College of Social Work in Jalgaon and Walchand College in Solapur.

## **Networks**

Sangath implements much of its work with partner institutions in Goa, elsewhere in India and abroad. Sangath 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, of education and of social justice and empowerment. We are delighted to be in the final stages of completing a Memorandum of Understanding with the Ministry of Health, Government of Madhya Pradesh, for implementation of the PRIME program.

Many of our members serve of various Government committees (for e.g. Dr Vikram Patel served on the Task Force for Neurosciences of the Department of Biotechnology and on the Mental Health Policy Group of the Ministry of Health, Government of India; Dr Gauri Divan serves on the Task Group on Autism Spectrum Disorders facilitated by the National Trust; Prachi Khandeparkar is a member on the Juvenile Justice Board; 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 a member of four national, regional and international networks.

#### The State Nodal Agency Centre for the **National Trust**

Since August 2005, Sangath has been the State Nodal Agency Centre (SNAC) for Goa for the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability. The overall aim of the National Trust is to enable and empower persons with disability to live as independently and as fully as possible within and close to the community to which they belong.

The SNAC goal is to implement the programs of the National Trust at the state level. In the last two years, we reached out to various groups, including NGOs and individuals, working in the disability sector through various activities, to increase awareness about the National Trust, its schemes and other activities.

Two Sangath team members participated in the Badte Kadam training campaign in New Delhi in 2010.

## The South Asia Network for Chronic Diseases (http://www.sancd.org/)

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 conduct research on chronic diseases to make an impact on health policy and practice in the region.

Other partner institutions include: International Center 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 (Karachi, Pakistan), Institute for Research and Development (Battaramulla, Sri Lanka),

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

Sangath's chronic diseases projects are being implemented as part of our involvement with SANCD, which co-hosts our annual course on the development and evaluation of complex interventions. Sangath staff have also attended several SANCD sponsored workshops. Thanks to SANCD, two Sangath members (Amit Dias and Bhargav Bhat) were awarded Commonwealth scholarships to study for MSc degrees (by distance) through the London School of Hygiene & Tropical Medicine.

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

Sangath is part of the NIMH Collaborative Hub for for International Research on Mental Health research called SHARE (South Asian Hub for Advocacy, Research and Education on mental health) 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 (Pakistan), Human Development Research Foundation (Pakistan), Johns Hopkins Bloomberg School of Public Health (USA) 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 to provide peer delivered counselling to mothers with depression is being implemented through the SHARE program. SHARE's capacity building component awards Studentships to candidates from partner institutions to attend Sangath courses (The leadership in Mental Health course and the Complex Intervention Course). In addition, Sangath staff will act as mentors to young researchers who are awarded SHARE Fellowships to conduct research in the region.

## The Movement for Global Mental **Health (www.globalmentalhealth.org)**

The Movement for Global Mental Health offers a platform where diverse stakeholders stand together as equals to promote the shared vision of closing the treatment gap through improved access to evidence-based services and strengthening of human rights protection for people affected by mental disorders.

Since its inception, the movement has grown to a membership of more than 100 institutions from around the world. The website, the 'nerve centre' of the movement, was designed and managed by Sangath until March 2012. The movement website leads the list of 83,500,000 websites that are identified when 'global mental health' is searched on Google (searched August 2012).

In addition to being used to communicate news and announcements, the website houses resources such as packages of care, information about training programmes, human rights stories, updates on new research findings and advocacy articles. If you believe strongly in the mission of the movement, join us today!

## **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, Mapusa. The program 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 importantly encourages students in graduate and post graduate psychology courses to the experience of assisting young persons with special needs and creating a framework for sensitisation to disability as well as provides an opportunity to encourage inclusion outside the school system.

MAITS: Manual for Child Development Workers to work with Children with Developmental Disabilities: Sangath is working with Multi-Agency International Training and Support (MAITS) to produce a manual for community health workers to empower parents of children with developmental disabilities adopt best practices to assist their children with activities of daily living.













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## **Administration**

#### **Central Administration**

A well-oiled administration has ensured that all our activities are conducted cohesively and efficiently, complying with the rules of the Societies Act. Sangath's team strives towards implementing the best practices with complete transparency in financial management by providing specific responsibilities to key members.

The **Senior Management Team** (SMT) is formed of a representative each from the Managing Committee, Finance, Administration and the three main areas of Sangath's work - Child Development, Adolescent & Youth Health, and Adult Mental Health. The term will parallel that of the Managing Committee, but as the current team was only constituted in 2012, the members will continue their roles until 2014.

The team will provide assistance in drafting the policies and protocols of the organisation with respect to administration, finance and human resources: assess and recommend increments and redress grievances with respect to increments; suggest changes to the administrative structure as required; conduct initial screening and recommending new project proposals; and handle financial matters in the range of ₹ 5,000 - ₹ 10,000.



The Senior Management Team meets every month to discuss organisational and management issues and develop appropriate policies. The recommendations are sent to the Managing Committee for approval. The Senior Management Team acts as a link between coordinators, service providers and the Managing Committee.

**Administrators** take Sangath through its daily working, looking into human resource policies and procedures, producing newsletters and biennial reports, and ensuring the website is updated.

Sangath's financial position and management is dealt with by its **Finance Officer** and her team, who prepare project accounts for donors and annual audits for the General Body and auditors.

The IT Officer makes sure the Sangath domain and in-house network run without any glitches, and importantly, maintains systems to ensure the integrity, reliability and security of data and communications.

#### **Project implementation**

The **Principal Investigator** conceptualises the project, guides and develops the proposal and secures funding for the work. S/he looks after the overall implementation of the project, but hands daily responsibility and management of specific services or research goals to coordinators.

**Coordinators** take the project forward through planned strategies and goals, various activities which they monitor and keep a sharp eye on the budget. Meetings with the team at least once a month ensure the projects are under appropriate supervision, while specific monitoring and evaluation strategies help maintain high standards of work.

Funders and collaborators also visit Sangath and meet with those responsible to further review the



organisation's work.

Sangath would not be the successful NGO it is today without its **service providers**, who work on specific responsibilities in different projects and in the central administration. As on July 3, 2012, the total human resources strength at Sangath numbered 101, with 92 people working full time and nine part time. Staff welfare, project updates and team building exercises are looked after at a service providers' meeting held once in three months.

Clinical and research meetings are held every month which helps share experiences across projects, and further professional development. At clinical meetings, cases are presented and clinical audits carried out. At research meetings, presentations on new projects, findings of research studies or research methods are presented.

#### **Institutional Review Board (IRB)**

At Sangath, we place great emphasis on ensuring the highest standards of ethics in research. Our IRB fulfils Indian Council of Medical Research (ICMR) guidelines and is approved by the US Office of Human Research Participants Protection.

Research participants receive free health care relevant to the research. Independent Trial Steering Committees, Data Monitoring and Ethics Committees oversee our trials, and we

seek ICMR approval for all our international collaborative research projects.

#### **IRB Procedure**

Only projects that have received ethical approval from Sangath's IRB are permitted to be executed. Proposals are circulated for review, following which all IRB queries must be clarified and recommendations incorporated before clearance is granted.

Any major change in the protocol of an ongoing project following ethical approval will invite the need for fresh approval. Any adverse events that may occur during research along with action taken must also be reported to the IRB.

Four times a year, around September and March, the committee has a meeting, during which all ongoing projects are required to submit annual reports.

#### **IRB MEMBERS**

Chairman: Raj Vaidya (pharmacist, Hindu Pharmacy)

Members: Dr Amit Dias (epidemiologist, Goa Medical College)

Anita Haladi (professor in Economics, Dnyanprassarak Mandal College)

Dr Neerja Chowdhary (psychiatrist, Sangath)

**Dr Abhijit Nadkarni** (psychiatrist, Sangath) Rajal Shinkre (principal, Goa Home Science College)

Dr Sheela Gupte (obstetrician and gynaecologist, Vrundavan Shalby Hospital)

**Vishram Gupte** (lawyer and writer)

Dr Vikram Patel (psychiatrist and public health researcher, London School of Hygiene and Tropical Medicine)

**Dr Anant Bhan** (physician)

Gracy Andrew (clinical psychologist, CorStone)

#### **Finance**

A transparent and accountable financial management system is one of the hallmarks of Sangath's organisation. With the help of external and internal auditors and based on guidelines provided after a comprehensive audit by international firm PriceWaterhouseCoopers in 2007, we have developed a smooth and transparent system of financial management.

Our finance team monitors the position of all projects, including current and forecasted expenditure, and enforces strict procedures to ensure complete transparency. Detailed standard operating procedures for all types of financial transactions can be found in the financial manual.

Here are some of the salient features of Sangath's financial management system:

#### **Clear guidelines**

Our finance manual contains a list of accounting policies strictly followed at the time of purchase and sale of assets, investment of funds, travel reimbursement, settlement of advances, usage of mobile phones, etc.

#### **Authorisation of expenses**

All project and society expenses less than ₹ 3,000 are approved by the coordinators. Those





more than ₹ 3,000 and less than ₹ 5000 must be approved by the Finance Officer, those more than ₹ 5,000 and less than ₹ 10,000 are approved by the SMT and those above ₹ 10,000 are approved by the Managing Committee. The Finance Officer seeks prior approval from funders in case of any variation from budgeted figures.

#### **Monitoring**

Every project coordinator is updated monthly with a statement of expenses incurred and information on budgetary variations. The Finance Officer meets individual coordinators if project funds are not managed efficiently, while the Managing Committee also keeps a check on expenditures while giving approvals. This ensures that all funds are constantly monitored by the Managing Committee, coordinators and Finance Officer.

#### **Monitoring by auditors**

All financial transactions are scrutinised every quarter by an internal auditor, who updates the Managing Committee. Funds are also audited annually by a statutory auditor, who raises any issues with the finance officer and the Managing Committee for action.

### Insurance coverage and safeguarding of fixed assets

While insurance cover is taken for cash at safe and in transit, Sangath also covers all assets through equipment insurance, following strict procedures with regard to procuring, numbering and physical verification of fixed assets at the end of each financial year.

#### **Administrative costs**

Up to 10 per cent of running costs of projects, in agreement with the funding agency, go towards supporting the core administrative expenses of the society. This helps pay for facilities, including administrative and management support services, and capacity building for long-term sustainability.



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 to 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 along 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, Sangath

## **Personnel Welfare**

Sangath lays great importance on the welfare of its human resources, and while capacity building opportunities have become a norm at the NGO, we are continuously exploring new ways to provide incentives and security to our family of service providers.

### **Financial security**

Since 2010, Sangath has been offering the option of Public Provident Fund as well as Mediclaim benefits.

### **Capacity building**

Service providers are encouraged to nominate themselves for training opportunities based on the benefits it will provide to their work and career growth.

All project grants are requested to include capacity building in their budgets, and service



Staff listen attentively during a capacity building programme



A capacity building programme on time management for staff

providers often attend in-house courses and those conducted by other organisations within the state and outside Goa.

Many have also been funded to attend overseas meetings, while others are registered for Masters degrees in epidemiology or public health through the distance learning program of the London School of Hygiene and Tropical Medicine.

# **Documentation & Dissemination**

At Sangath, we place great importance on robust evaluations of our work and on research and we ensure we communicate our findings to a wide range of stakeholders for example through publications, meetings, workshops, print media and courses. Our website (www.sangath.com) also contains information on our mission, courses, publications, project updates, vacancies and the latest news.

## **LSHTM Masters Holders**



- Dr Neerja Chowdhary
- Achira Chatterjee
- Dr Sudipto Chatterjee
- Bhargav Bhat
- Dr Amit Dias

Both our libraries - one at each centre - together hold more than 4,000 books, journals, pamphlets, CDs and videotapes. Our researchers have also published a large number of papers in some of the world's leading peerreviewed journals, most of which are available on our website and in the library.

We have also published books, handouts for parents and teachers, and various manuals. A full-time librarian manages the library.

# Scientific Papers and Articles: 2010-2012

### 2012

1. Desai M U, Divan G, Wertz F J, Patel V. The Discovery Of Autism: Indian Parents' Experiences Of Caring For Their Child With An Autism Spectrum Disorder.

(In press) Transcultural Psychiatry

2. Divan G, Vajaratkar V, Desai M U, Strik-Liever L, Patel V. Challenges, Coping Strategies And Unmet Needs Of Families With A Child With Autism Spectrum Disorder In Goa, India. Autism Research (in press).

### 2011

3. Chatterjee S, Leese M, Koschorke M, McCrone P, Naik S, John S, Dabholkar H,

Goldsmith K, Balaji M, Varghese M, Thara R, Patel V, Thornicroft G. Collaborative Community Based Care For People And Their Families Living With Schizophrenia In India: Protocol For A Randomised Controlled Trial.

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Banerjee S, Dias A, Shinkre R, Patel V (2011) Under-nutrition In Secondary Schools: A Survey In Five Rural Goan Schools.

National Medical Journal of India - 24, 8-10.

Balaji M, Andrew G, Andrew T, Patel V (2011) The Acceptability, Feasibility And Effectiveness Of A Population-Based Intervention To Promote Youth Health: An Exploratory Study In Goa, India.

Journal of Adolescent Health, 48, 453-460.

Patel V, Chatterji S, Chisholm D, Ebrahim S, Gopalakrishna G, Mathers C, et al. Chronic Diseases And Injuries In India.

Lancet 2011 Jan 29;377(9763):413-28.

7. Patel V, Chowdhary N, Rahman A, Verdeli H (2011) Improving Access To Psychological Treatments: Lessons From Developing Countries. Behaviour research and therapy.

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8. Patel V, Weiss H A, Chowdhary N, Naik S, Pednekar S, Chatterjee S, et al. (2011) Lay Health Worker Led Intervention For Depressive And Anxiety Disorders In India: Impact On Clinical And Disability Outcomes Over 12 Months.

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9. Patel V, Koschorke M, Prince M, Cottler L. Closing The Treatment Gap For Mental Disorders In: Mental Health And Public Health - The Next 100 Years (ed: Linda B Cottler). Oxford University Press 2011

10. Patel V, Koschorke M, Prince, M (2011). Closing The Treatment Gap For Mental Disorders In: International Handbook Of Global Public Health (eds R Parker and M Sommer), Routledge.

11. Kakuma R, Minas H, van Ginneken N, Dal Poz M R, Desiraju K, Morris J E, Saxena S. Scheffler R M. Human Resources For Mental Health Care: Current Situation And Strategies For Action.

Lancet, 2011. 378: online publication 17 October 2011

12. Van Ginneken N, Tharyan P, Lewin S, Rao G R, Romeo R, Patel V. Non-Specialist Health Worker Interventions For Mental Health Care In Low- And Middle-Income Countries (Protocol). Cochrane Collaboration. 2011. Cochrane Review ID: 501210041309211330

13. Nadkarni A, Dean K, Weiss H A, Patel V.

Prevalence And Correlates Of Perpetration Of Violence Among Young People: A Population-Based Survey From Goa, India.

Asia Pacific Journal of Public Health. 2011 Aug 18. [Epub ahead of print]

### 2010

14. Patel V (2010) Professionalism And Resource Poor Countries. In: Professionalism in Mental Health Care (ed D Bhugra and A Malik). Cambridge University Press. pp 62-69.

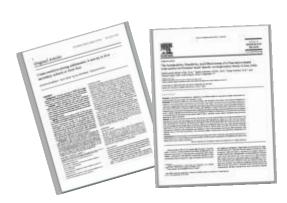
15. Elsabbagh M, Divan G, Koh Y J, Shin Kim Y S, Kauchali S, Marcín C, Montiel-Nava C, Patel V, Paula C S, Wang C, Yasamy M T, Fombonne E (2010). Epidemiology And Clinical Characterization Of Autism And Other Pervasive Developmental Disorders Across The World: Evidence, Opportunities And Challenges. Autism Research (in press).

16. Patel V, Weiss H, Chowdhary N, Naik S, Pednekar S, Chatterjee S, De Silva M, Bhat B, Araya R, King M, Simon G, Verdeli H & Kirkwood B (2010) The Effectiveness Of A Lay Health Worker Led Intervention For Depressive And Anxiety Disorders In Primary Care: The Manas Cluster Randomized Controlled Trial In Goa, India.

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17. Chowdhary N, Patel V (2010) Detection Of Common Mental Disorders And Alcohol Use Disorders In HIV Infected People: A Validation Study In Goa, India.

Asian Journal of Psychiatry - 3, 130-133



# **Technology**

Our Saahas II project has commissioned Vernabased software development firm Online Productivity Solutions to develop a customised digital data collection software. It is currently in the development stage.

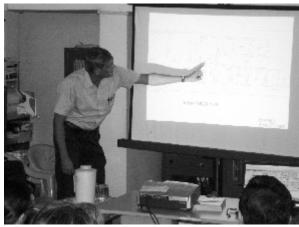
Our IT infrastructure is configured to be simple, smart and secure. A primary server manages all client computers and network peripherals, and access is allowed from the server only after the person is authenticated from the active directory. A scheduled backing up procedure is run every day.

The network is spread across five buildings at the Porvorim centre and one at the Raia centre. With more than 50 installed network points and approximately 65 network users, both offices have broadband internet connectivity.

Sangath is also widely accessible at www.sangath.com

# **The Sangath Training Centre**

With the MacArthur Grant received in 2010 and



Architect Dean D'Cruz elaborates on the plans of the new office

the Goa Government's Mother Teresa one-time aid received in 2011, Sangath realised its longcherished dream of securing a proprietary office and a training centre.

The Sangath centre in the Succour village of the Bardez Taluka in the north of Goa, India, will not only house its registered, administrative and project offices, but also its clinic, library and a large training centre with a capacity of hosting 54 delegates.

The work is in progress at the site and we expect to move into our new office and training centre in a few months' time.

# **BE A VOLUNTEER**



Like all non-government organisations, we at Sangath need volunteers to help us achieve our goals. We have many openings to suit your preference – professional, workshop organizing, administration, fund-raising and others. So if you feel like using your energy for a good cause, do let us know.

Visit our website (www.sangath.com), where you can fill out a volunteer form online, providing your educational qualifications, work experience, areas of interest, reasons for volunteering and other details.

Do attach a copy of your CV and a photograph of yourself before sending it to contactus@sangath.com, and we will get back to you.

Together, let's make a positive difference to people's healthcare needs.

# INDI SUMMARY



# – हमारा भविष्य स्वप्न

सांगात की स्थापना के पश्चात् यह आठवीं द्विवार्षिक रिपोर्ट आप पढ़ने वाले हैं। सन् 1996 से आरंभ इस यात्रा के दौरान सांगात बाल विकास, युवा स्वास्थ्य एवं मानसिक स्वास्थ्य के अपने प्राथमिकता वाले क्षेत्रों में गतिविधियों का विकास एवं समेकित करता रहा है। हमारे काम ने उपर्युक्त प्राथमिकता वाले क्षेत्रों में देखभाल के नये मॉडलों के व्यवस्थित विकास एवं मूल्याँकन एवं शासन एवं गैरशासकीय संगठनों की भागीदारी में इस ज्ञान का उपयोग देखभाल तक पहुँच बढ़ाने के हमारे आदर्शों के प्रति हमारी दृढ़ता को दर्शाता है। भारत में मानसिक रोगों एवं विकलांगता हेतू ''उपचार उपलब्धता अंतराल'' हमारे भविष्य स्वप्न के हृदय में बसता है अर्थात मानसिक रोगों अथवा विकलांगता से ग्रसित लोगों की कुल संख्या एवं स्वास्थ्य देखभाल प्राप्त करने वाले ऐसे लोगों की संख्या जो मानसिक रोगों अथवा विकलांगता से ग्रसित हैं एवं इस कारण उनके जीवन की गुणवत्ता बढ़ सकती है, के बीच बहुत बड़ा अंतराल है। हमारे देश के ज्यादातर हिस्सों में सस्ती मानसिक स्वास्थ्य सेवाओं की अनुपलब्धता ही इस उपचार उपलब्धता अंतराल को पाटने के मार्ग में सबसे बड़ी बाधा है। देखभाल का हमारा मॉडल उपयुक्त प्रशिक्षण एवं पर्यवेक्षण के माध्यम से सामान्य लोगों का प्रभावित लोगों को देखभाल उपलब्ध कराने के लिये सशक्तिकरण का प्रयास करता है और इसलिये यह उपचार उपलब्धता अंतराल को कम करने में योगदान देता है। विगत दो वर्षों में हमने अपनी इस विशेषज्ञता एवं मॉडलों का विस्तार देश के अन्य भागों में भी किया है। आज नागपुर, तेजपुर, बैंगलुरु एवं भोपाल सहित देश के विभिन्न शहरों में सांगात की टीम कार्यरत हैं और विद्यालयीन परामर्श के क्षेत्र में हमारी विशेषज्ञता से हम उत्तर भारत के पाँच राज्यों के सैकड़ो विद्यालयों को लाभान्वित कर रहे हैं। फिर भी निश्चित ही हमारा प्राथमिक

कार्य निरंतर रुप से हमारे स्थानीय समुदाय, गोवा के लोगों पर ही केंद्रित है।

विगत दो वर्षों में हमने बहुत से नये कार्यक्रम आरंभ किये हैं। प्रीमियम (PREMIUM) का लक्ष्य अवसाद एवं हानिकारक मदिरापान हेत् ऐसे मनोवैज्ञानिक उपचार विकसित करना है जो की प्राथमिक स्वास्थ्य केंद्रों में परामर्शदाताओं द्वारा प्रदान किया जा सके। पास (PASS) का लक्ष्य ऑटिज्म से ग्रसित बच्चों के लिये सामुदायिक परामर्शदाओं द्वारा प्रदान किये जाने वाले पालन-पोषण हस्तक्षेप को विकसित करना है। हमने कुछ मुख्य कार्यक्रमों को पूर्ण भी कर लिया है जिनमें शामिल हैं – मानस (मानसिक स्वास्थ्य के क्षेत्र में सबसे बड़ा प्रयोग) जिसमें सामान्य मानसिक रोगों हेतु गैर-विशेषज्ञ परामर्शदाताओं के लिये मॉडल का विकास एवं मूल्याँकन किया गया एवं कोप्सी (COPSI) जिसमें मनोविदलता (schizophrenia) से ग्रसित लोगों के लिये समुदाय आधारित पुर्नवास हस्तक्षेप का विकास एवं मूल्याँकन किया गया। आरती (ARTI) के अंतर्गत ऑटिज्म से प्रभावित परिवारों के अनुभवों एवं अतृप्त आवश्यकताओं का समग्र आंकलन पूर्ण कर लिया गया है। उपर्युक्त पूर्व शोधों के निष्कीषों को प्रमुख अंतर्राष्ट्रीय शोधपत्रों में प्रकाशित किया गया है जैसे लान्सेट, बीएमसी हैल्थ सर्विसेज एवं ऑटिज्म रिसर्च।

हमारे वैज्ञानिक कार्य के साथ ही हम, समुदाय एवं शासन की भागीदारी के माध्यम से हमारे देखभाल के मॉडलों के विस्तार के लिये भी प्रतिबद्ध हैं। इनसेन्स (INCENSE) के अंतर्गत तेजपुर एवं पूना के मानसिक अस्पतालों की भागीदारी में गंभीर मानसिक रोगों की देखभाल हेतू हमारे उपागम का विस्तार किया जा रहा है। विश्राम (VISHRAM) के अंतर्गत विदर्भ, महाराष्ट्र की शासकीय एवं गैर शासकीय संस्थाओं के

साथ सामान्य मानसिक रोगों की देखभाल हेत् हमारे उपागम का विस्तार किया जा रहा है। प्राईम (PRIME) को मध्यप्रदेश के स्वास्थ्य मंत्रालय एवं जिला मानसिक स्वास्थ्य कार्यक्रम की भागीदारी में चलाया जा रहा है। शेप (SHAPE) जो कि हमारा युवा स्वास्थ्य के क्षेत्र में फ्लैगशिप कार्यक्रम है, जिसका विस्तार हमारे विद्यालयीन परामर्शदाता कार्यक्रम के माध्यम २००८ में ९ विद्यालयों से आरंभ कर २०१२ तक सम्पूर्ण गोवा के 14 विद्यालयों में विस्तारित किया गया है। इसके अंतर्गत युवाओं के स्वास्थ्य के संबंध में विविध मुद्दों को एकीकृत किया गया है। हमें गर्व है की हम विकलांग जनों को जोड़ने के लिसे संवर्धन गतिविधि हेतू राष्ट्रीय ट्रस्ट के साथ सतत रुप से राज्य नोडल एजेन्सी के रुप में कार्य करते आ रहे हैं। उक्त उल्लेखित गतिविधियाँ हमारी पिछले दो वर्षों की गतिविधियों की झलक मात्र है ताकि हम आपको इस रिपोर्ट को पूरा पढ़ कर हमारी सम्पूर्ण गतिविधियों को जानने के लिये उत्साहित कर सके।

विगत दो वर्षों में हमें अत्यंत प्रतिभावान एवं विविधता युक्त सेवा प्रदाताओं का योगदान का लाभ प्राप्त हुआ है। हमारे पाठ्यक्रम जैसे मानसिक स्वास्थ्य हेतु नेतृत्व एवं जटिल हस्तक्षेपों का विकास एवं मूल्याँकन, सतत् रुप से पूरे विश्व से विद्यार्थियों को आकर्षित करते रहे हैं। हमने विद्यालय एवं मानसिक स्वास्थ्य परामर्शदाता हेतु नये पाठ्यक्रम आरंभ किये हैं। हमने अपने पुराने एवं नये भागीदारों के साथ अपना गठजोड़ और सुदृढ़ किया है उदाहरण स्वरुप सेण्टर फॉर ग्लोबल मेण्टल हैल्थ, लंदन, यूनिवर्सिटी ऑफ केप टाउन और यूनिवर्सिटी ऑफ लिवरपूल; द पब्लिक हेल्थ फाउण्डेशन ऑफ इण्डिया और साउथ एशिया नेटवर्क ऑफ क्रॉनिक डिसीस; महाराष्ट्र में परिवर्तन, प्रकृति एवं वोटर (WOTR); पूना एवं तेजपुर में मानसिक चिकित्सालयों; तमिलनाडू में विद्यासागर एवं स्कार्फ (SCARF); गोवा के दर्जनो विद्यालय एवं महाविद्यालय और गोवा शासन के विभिन्न विभागों विशेष रुप से स्वास्थ्य एवं शिक्षा। प्राईम (PRIME) कार्यक्रम के द्वारा हम आफ्रिका(इथियोपिया, यूगांडा एवं दक्षिण आफ्रिका) एवं एशिया (नेपाल एवं भारत) की संस्थाओं एवं विश्व स्वास्थ्य संगठन (WHO) के वैश्विक नेटवर्क में भागीदार हैं। हमें प्रसन्नता है कि हाल ही में हम एक नये NIMH Hubs (SHARE) का हिस्सा बने है जिसके द्वारा हम मातृत्व अवसाद हेतू मित्रमण्डली (Peer) द्वारा दिये जाने वाले मनोवैज्ञानिक हस्तक्षेप का विकास करने हेतू पाकिस्तान में अपने भागीदारों से नये गठजोड़ बना सकेंगे ।

शेयर (SHARE) के माध्यम से अब हम दक्षिण एशिया की छह देशों के लगभग दर्जन भर संस्थाओं के नेटवर्क में एक सदस्थ्य हैं। हम एक नया कार्यक्रम यूनिवर्सिटि ऑफ पिटसबर्ग के साथ आरंभ करने वाले हैं जिसके अंतर्गत हमारे मानस (MANAS) हस्तक्षेप का अनुकूलन कर वृद्धजनो में होने वाले अवसाद की रोकथाम हेतु हस्तक्षेप विकसित किया जायेगा। गोवा एवं उत्तर भारत के राज्यों के हमारे विद्यालयीन परामर्शदाता कार्यक्रम के निश्चयात्मक मूल्याँकन करके हम युवाओं के साथ अपने कार्यों को विस्तार देने की आशा रखते हैं।

आने वाले वर्षों में हमें बहुत कुछ देखना है। विशेषतः हमें प्रसन्नता है कि पर्वरी में हमारे नये "घर" का पूर्ननिर्माण एवं नवीनीकरण का कार्य भलिभाँति चल रहा है एवं हमें आशा है कि 2013 के पहले चरण में ही उत्तरी गोवा के हमारे कार्यालय नये परिसर में स्थानांतरित कर हो जायेंगे। हम आशा करते हैं कि आगामीं दो वर्षों में ई-लर्निंग के मंच पर निवेश के माध्यम से हमारे देखभाल के मॉडल एवं प्रशिक्षण कार्यक्रमों के प्रभाव में व्यापक वृद्धि होगी। बाल विकास, युवा स्वास्थ्य एवं मानसिक स्वास्थ्य के क्षेत्र में संगत को भारत के प्रमुख नवचारी संस्थाओं में से एक माना जाता है, विशेषतः उक्त स्वास्थ्य मुद्दों के संबंध मे सामान्य देखभाल सेवाओं के अंतर्गत उपयुक्त ज्ञान एवं कौशल वाले सामान्य लोगों का सशक्तिकरण कर कम लागत में देखभाल उपलब्ध कराने हेतु। सिर्फ अपने देखभाल के मॉडलों का संपूर्ण रुप से मूल्याँकन होते ह्ये देखना ही हमारा अंतिम भविष्य स्वप्न नहीं है बल्कि हम राष्ट्रीय एवं राज्य के स्वास्थ्य कार्यक्रमों का एक अभिन्न हिस्सा बनना चाहते हैं। हम अपने सेवा प्रदाताओं, भागीदारों, सहभागियों, वित्तपोषकों एवं मित्रों को उनके उदार सहयोग एवं विश्वास के लिये धन्यवाद देते हैं एवं आने वाले वर्षों में आपके साथ अपनी सतत यात्रा के लिये आशान्वित हैं।

~ विश्राम गुप्ते, अमित डायस, नाज़नीन सरोष-रिबेलो, मृणालिनी सहस्रभोजनी, अश्विन टोम्बट, कल्पना जोशी एवं विक्रम पटेल

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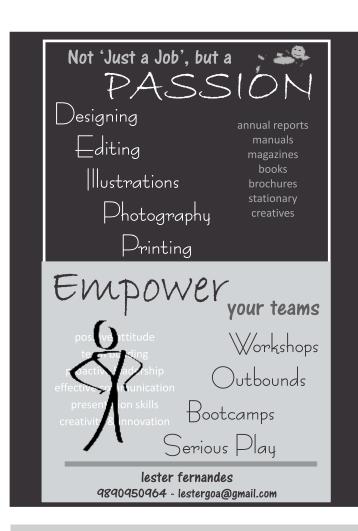


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Mobile Health Units - 2 Units	10,922		
Health & Awareness Camps including those for Anemia detection, Cancer awareness, Urology, Eye Screening,	16,400	Alternate Livelihood Project  Livelihood opportunities in association with	Beneficiaries (Approx) 6,000
Anti-Tobacco advocacy programme, etc.		University of Agricultural Sciences, Dharwad	3,000
Neuro-Rehab Centre	960		
Education	Beneficiaries (Approx)	Women Empowerment	Beneficiaries (Approx)
Vedanta Computer Education Programme: 265 schools in Karnataka and 402 schools in Goa.	85,300	Training Courses for Self Help Groups - enabling Micro Enterprises	500
Sesa Football Academy	141	Back to Farming	Beneficiaries (Approx)
Sesa Technical School	861	Reviving paddy fields	500
Educational Aid to Schools like Notebooks, Benches, Uniforms, etc.	50,000	Distribution of Seeds and Fertilizers	500 families
Bal Melawa and Children's Festival	2,700		
Vocational tuition classes and Evening study centres	10,000	Special Projects	Beneficiaries (Approx)
Manthan, a school based intervention for promoting adolescent health and improving educational outcomes.	2,600	Drinking Water Scheme project at Kirlapal Dabal, Goa	5,700
		Around 1100 acres brought under watershed	4 villages
'Sesa Dnyanjyoti Shishyavritti' - Scholarship Scheme	57 schools across Goa	development of A Narrain Mines in Karnataka  Distribution of smokeless biomass stoves in	700
Anganwadi and Balwadi Projects	4,000	Karnataka	

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- Social Security benefit for senior citizens raised from
   ₹ 1,000/- to ₹ 2,000/- per month.
- LPG Prices frozen For a period of 5 years.
- Under ladli Laxmi Yojana Scheme, a girl child will get
   ₹ 1 Lakh in the bank account on completion of 18 years.
- Total abolition of house tax on all rural houses of personal use, while in case of Municipal areas this will be applicable only to the dwellings of those who are below poverty line (BPL).
- Cyber Age scheme revised to provide laptop for students (XI std) and tablets for School children.
- 300 crores plan fund for overall welfare and development of ST population.
- House wife allowance of ₹ 1,000/- per month to fight price rise.
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