

# SPECIAL REPORT 1996-2016



**Sangath**

**Celebrating 20 years of innovating solutions  
to improve mental and physical health across the life course**





**COVER DESIGN**

Growth is more than the physical, it encompasses the blooming of the soul and spirit, and hence is holistic. The journey from birth to adulthood should be like that of a flower: unhindered and free, the only goal being to be the best we can.






























SPECIAL REPORT  
**1996-2016**

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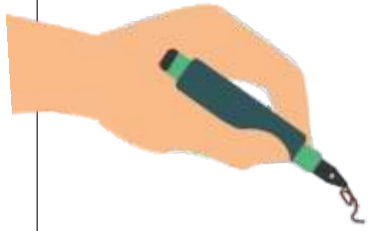
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## Vikram PATEL

# TWENTY YEARS: FROM STRENGTH TO STRENGTH

Vikram Patel was a co-founder of Sangath, and has served on its Managing Committee for 18 years, during which time he also served as its Chairperson for 2 years.



The true mark of an organization is when, in the face of a seemingly insurmountable challenge, it remains steadfastly committed to the task of fulfilling its vision. Beyond all the awards that Sangath has received in recent years, its resilience must surely rank as its most precious achievement. From its

to recognize the value of science to demonstrate why our chosen concerns were critical issues and; more pertinently, how we could address these concerns in a manner which was aligned with our communities' beliefs and affordable to our health care system.



Vikram Patel meeting with officials at a PHC where one of Sangath's projects was based

very inception as an organization primarily committed to providing a child guidance service in Goa to its current status as one of the most innovative health organizations in India, Sangath has faced monumental challenges. For a start, the areas of health we chose to focus on were totally unfashionable in the mid-1990s. I still recall being questioned about why child development or mental health should be considered a socially relevant cause for an Indian NGO. Surely there were far more important health problems affecting our population? We needed not only to be patient and tenacious, but also

But there were other challenges too, not least a grievous split in the organization around its tenth anniversary when one of our co-founders left Sangath and subsequently began another NGO in Goa providing child guidance services. While I will always regret that this split ever happened, the fact that the General Body and staff, under the sagely leadership of Vishram Gupte, steadied the rocking boat and gradually put it back on course, remains one of the most inspiring examples of our resilience. Most recently, another potential threat emerged when I moved to New Delhi to head the Public Health Foundation of India's Centre for Mental Health. I vividly recall many a doom-sayer predicting the imminent demise of the organization as I was not able to devote as much time to its growth as I had for nearly two decades. Amazingly, Sangath has only grown from strength to strength, thanks to the emergence of new leaders to carry forwards its vision and experts from leading academic institutions to mentor these leaders.

What set us apart from most other NGOs is our focused commitment to innovations for improving access to interventions which can promote child development and adolescent health, and



Vikram Patel receives the prestigious Order of the British Empire award by the UK government



work on autism was selected to be showcased at the World Innovation Summit for Health 2016 in Qatar, and we were ranked one of India's leading public health research organizations. All from our humble head-quarters in Goa, one which we could only afford thanks to an international prize from the MacArthur Foundation and which, thanks to a generous gift from Charles Reynolds, we

**r**educe the 'treatment gap' for mental disorders. Our singular innovation of empowering ordinary people, whom we

often called 'lay counsellors', to deliver psychosocial interventions which we systematically developed to ensure that they were acceptable to our target communities, is the primary reason why we have won plaudits around the world. This model of care has resonance not only in India but across the world. We believe in designing innovations which can ultimately be scaled up through routine primary care or community delivery platforms, for we are staunch supporters of a universal

health care system within which our interventions need to be fully integrated. This is, for us, the only way to reach our large, under-served population. We are equally committed to a transparent evaluation of all our interventions, applying the highest standards of medical research to demonstrate their effectiveness. And we believe in sharing this knowledge with others, for example through our Leadership in Mental Health course which has attracted and inspired hundreds of students from around the world over the past eight years.

It is for all these reasons that I am not surprised that in the past year alone Sangath won the WHO Public Health Champion of India award, our



**I vividly recall many a doomsayer predicting the imminent demise of the organization as I was not able to devote as much time to its growth as I had for nearly two decades. Amazingly, Sangath has only grown from strength to strength, thanks to the emergence of new leaders to carry forward its vision and experts from leading academic institutions to mentor these leaders.**

will expand into the adjacent property to further our work on ageing. Today, we can be proud to proclaim that we are one of Goa's few exports which have had an impact on public health around the country and internationally.

But we cannot rest on our laurels, for there is much more work to be done. Looking ahead to the next decade, Sangath will continue to flourish and consolidate its activities in our priority areas of child development and disability, adolescent health, addictions, and psychological treatments, and expand its work on ageing,

the use of technologies for mental health interventions and mental health promotion and prevention of mental disorders. Above all, we will remain committed to our ideals of systematically developing and evaluating innovative interventions and using this knowledge to improve access to care in partnership with government and NGOs. With the continuing support and trust of our partners (particularly various government agencies in Goa and other states of the country), our collaborators (particularly our academic partners in India and abroad) and our funders and, most of all, to the dedication of our inspired team, I can, with great relish and hope, look forward to our journey in the years ahead.





Amit Dias is the current Chairperson of Sangath and also leads the research in ageing in Sangath.

## Amit DIAS

# DOWN MEMORY LANE

## TWENTY YEARS OF INNOVATING, CREATING KNOWLEDGE AND MAKING A DIFFERENCE

**T**his year we complete twenty glorious years since Sangath was established. As we do so, we renew our commitment to develop better evidence based services and models for care for all the people, especially those in the low and middle income countries. As I look down memory lane, I am extremely grateful to the founding members for their

Amit Dias and colleagues at the old Sangath office



School of Hygiene and Tropical Medicine, UK, the Public Health Foundation of India, Directorate of Health Services and the Government of Goa. I must put on record my sincere gratitude to our members who served on the Managing committee over the years, particularly to Professor Vikram Patel who is the co-founder of Sangath and the longest serving member on the managing committee. It is due to his vision and leadership that we have achieved what we have. At Sangath, we recognise that it is our duty to share the knowledge with likeminded people, disseminate our research findings and promote leadership in Mental Health. This year we successfully conducted the 9th annual course on Leadership in Mental Health, which once again attracted participants from around the globe. We have also introduced the Barefoot Counselling course for the first time this year. In the years to come we will be laying greater emphasis on skill based training programmes, research, awareness generation and advocacy.

vision. We are also grateful to all our sponsors, partners and each and every member of team Sangath. We have been working in close partnership with the Ministry of Health in India, the London

From our humble inception in 1996, we have grown into a leading organisation in the area of public health. We started as an organisation to support families with children with developmental problems and provide clinical services to the local community. Over the years we realised the need to develop services in the area of child health, youth and adolescent health, and adult mental health, we have moved forward with innovative programmes for families of children with autism; students



• In schools; and people suffering from alcohol problems, depression, anxiety, severe mental disorders such as schizophrenia and post-partum depression among others. We have recently added the Geriatric health as the latest segment to our services which addresses conditions such as Alzheimer's disease and depression in late life.

In 2010 we moved beyond the boundaries of Goa with our project named DELIVER (for mental health care) in Karnataka. Ever since then, we have worked in seven states and are currently running projects in Haryana, Bihar, Maharashtra, Delhi besides Goa. With the DIL (prevention of Depression in Late Life) project, we have now ventured in the realm of prevention of mental illness. We are also looking forward to developing better services models using technology for bridging the mental health treatment gap. We have successfully used technology in our INFORM project for children and we will be using it in our new service to address mental illness in adolescents through our PRIDE Project. Today we have over 200 people working for team Sangath.

The World Health Organisation estimates the number of people with mental and behavioural disorders worldwide to be a staggering 450 million, which literally means that one in four people will develop one or more of these disorders during their lifetime. In India, conservative estimates state that we will have around 50 million people with mental health problems. However, in contrast, we do not have the adequate number of mental health professionals to address the current need for treatment. Over the last twenty years, Sangath has been working in the area of training alternate health care workers and counsellors and developing evidence based innovative intervention programmes. Our approach, based on collaborative care frameworks and delivered by lay health workers has been successful in bridging the mental health treatment gap for various health

problems such as common mental illness, across the age spectrum of life and making mental health services more accessible and affordable.

This year we successfully organised a mental health film festival and several awareness campaigns such as the Autism Awareness walk as part of our annual Light it up Blue campaign for Autism awareness. This year we also hosted the first National Conference on Bridging the Mental Health Treatment Gap with the aim of getting likeminded people together and join the campaign to develop a world which is more friendly and sensitive towards people with mental illness.

Over the years, we received several awards in recognition of our research and services. In 2008, we were awarded the MacArthur Foundation International Prize for Creative & Effective Institutions which helped us purchase our own premises in Succor. We also won the Mother Teresa award from the Department of Art & Culture, Government of Goa. We were recognized as India's 4th leading public health research institute in 2015. In April, 2016, Sangath was given the World Health Organization's Public Health Champion award for outstanding contribution to public health in the country. This year, Professor Charles Reynolds, renowned geriatric psychiatrist and one of our collaborators won the prestigious Pardes Humanitarian Prize in Mental Health (together with Professor Vikram Patel) and decided to donate the entire prize money to Sangath. The generous donation will be utilised to build the much needed Centre for Aging Research and Education (CARE) in Goa.

The last twenty years have been extremely encouraging and rewarding. We have been constantly challenging ourselves and innovating as we march forward. In Sangath we believe that it's not just about having ideas, but making ideas happen, which makes the difference. Together with your support we will continue our mission with renewed dedication.

Sangath Ascho.



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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 and youth health, and mental health

Sangath endeavors to innovating solutions to improve mental and physical health across the life course

• MISSION STATEMENT

• OUR VISION



## 20 THINGS YOU NEED TO KNOW ABOUT US

OUR VALUES

Passion  
Performance  
Excellence  
Teamwork  
Empathy  
Respect  
Integrity  
Innovation

# 1 OUR JOURNEY

**S**angath is a non-governmental, not-for-profit organisation committed to improving health across the life span by empowering existing community resources to provide appropriate physical, psychological and social therapies. Its primary focus areas include child development, adolescent and youth health, and adult health and chronic disease.

Started in 1996 by seven professionals in Goa, Sangath developed a vision to provide professional healthcare services for developmental disabilities and mental health problems. Today, it is one of the largest NGOs in the state, with more than 100 service providers, two centres in Goa, projects across India, collaborations with leading institutions in the world, and international recognition for its path-breaking research and intervention programmes in the community.

We started with facility based clinical services, but soon realised that there was a very poor follow-up rate of families. Sangath then began developing ways of making mental healthcare more accessible and affordable for the wider community. This is done in consultation with healthcare providers, community members, people with mental health problems and their family members.

At the heart of our vision lies the 'treatment gap' for mental health problems in India, i.e. the very large gap between the number of people with a mental disorder or disability, and the number of those who receive the care that can greatly improve the quality of their lives. A major barrier to closing this treatment gap is the lack of affordable care in community settings like their own homes, schools and primary health care centres.

Our pioneering strategy has been to use relatively low-cost human resources, by empowering ordinary people and community health workers, to deliver mental healthcare with appropriate training and supervision from experts.

As a result of our success in designing effective and low-cost models of care for people with mental health problems, Sangath has been able to contribute to improving the quality of mental health care, not just in Goa, but in other parts of the country, and globally.



The Sangath family during the inauguration of the new office premises





### 3 GOVERNANCE AND ADMINISTRATION

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. Other key contributors to Sangath's functioning include the Central Administration, the Senior Management Team, the project Principal Investigators, Project Coordinators, and funders and collaborators.

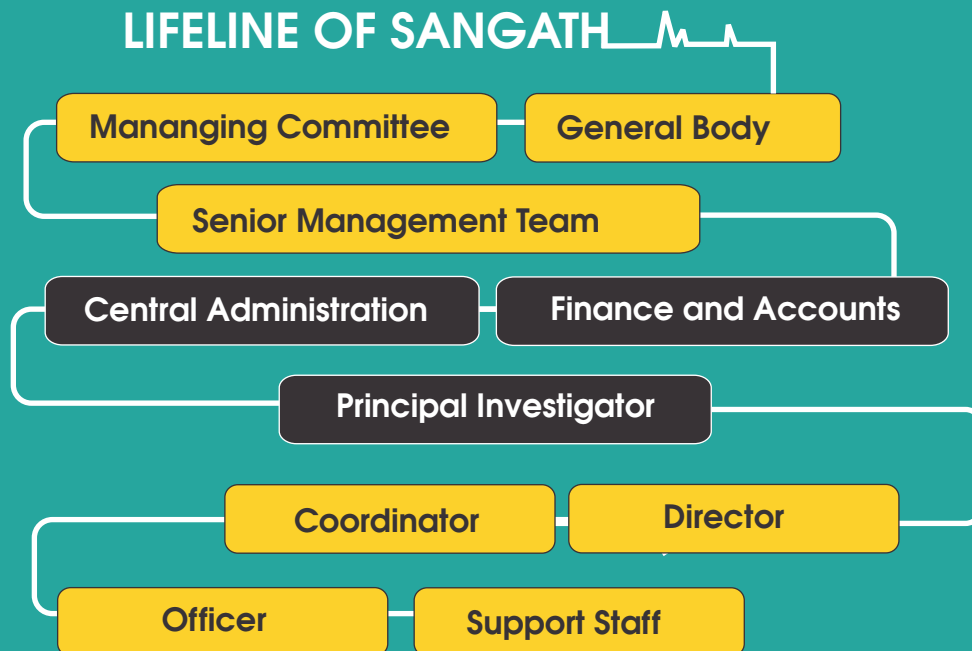
Sangath would not be the successful NGO it is today without its service providers, who work on specific responsibilities in different projects and in the central administration. As of today, the total human resources strength at Sangath is 288 individuals, 32% being lay counsellors and 25% being researchers.

### 4 GENERAL BODY

The General Body is the supreme authority deciding the organisation's governance policies. 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.

### 5

#### LIFELINE OF SANGATH



### 6 GB MEMBERS

- Monica Bariya
- Urvita Bhatia
- Percy Cardoso
- Nishtha Desai
- Amit Dias
- Gauri Divan
- Vishram Gupte
- Rajendra Hegde
- Veena Hegde
- Kalpna Joshi
- Prachi Khandeparkar
- Giselle Lobo
- Abhijit Nadkarni
- Smita G. Naik
- Pradeep Padwal
- Vikram Patel
- S. Ramaswamy
- Anil Rane
- Nazneen Sarosh-Rebello
- Mrinalini Sahasrabhojane
- Rahul Shidhaye
- Edna Miranda Souza
- Prashanti Talpankar

## 7 MANAGING COMMITTEE

The Managing Committee looks into the day to day affairs of the organization. The final responsibility for execution of all projects, financial accountability and overall management of the institution rests with the MC. The MC also has the role of guiding policy and sustainability issues.

## 8 FINANCE

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

## 9 INSTITUTIONAL REVIEW BOARD

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

## 10 PARTNERSHIPS

Our belief in collaborative work with partners at local, national, and international level is the backbone of our growth and success. We continue to forge new and strengthen existing partnerships with government, academic institutions, health care providers, community groups and NGOs to ensure that our work reaches out far and wide. Our partners and collaborators include the Directorate of Health Services and Directorate of Education (Government of Goa) and Goa Medical College (India), Public Health Foundation of India (India), South Asia Network for Chronic Diseases and the London School of Hygiene & Tropical Medicine (UK).

## 11 OUR CLINICAL SERVICES

Through our clinical services, we provide support and care to people who experience mental health problems. Our experienced team of mental health professionals include psychiatrists, psychologists, social workers, and counsellors. Sangath's clinical services are strongly guided by principles of quality service, evidence-based care and supervised practice. These principles are operationalised through opportunities for continued professional development, regular supervision, documentation and monitoring, and an iterative process of service improvement.



## 12 OUR EFFORTS AT CAPACITY BUILDING

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

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



# 13 PAST AND PRESENT SITES





Amit Dias and Vikram Patel receive the WHO Public Health Champions award for Sangath

Economics, and the Goa State Infrastructure Development Corporation.

Sangath was awarded the MacArthur Foundation International Prize for Creative & Effective Institutions in 2008. It was honoured with the Blessed Mother Teresa award by the Department of Art & Culture, Government of Goa. In 2015, it was recognized as India's 4th leading public health research institute, in the 'Public Health and Well Being: Mapping Institutions, Researchers and Funders in India' report prepared for the Science and Innovation and the Research Councils UK by Amaltas, India. Recently, in April, 2016, Sangath was given the World Health Organization's Public Health Champion award for outstanding contribution to public health in the country.

Our founder Vikram Patel has received numerous accolades in recognition of his groundbreaking work in mental health, globally. In 2009, he was awarded the Chalmers Medal by the Royal Society of Tropical Medicine and Hygiene, UK. In 2015, the TIME magazine named Vikram in the annual list of the 100 most influential people in the world. He was conferred an Honorary OBE (Officer of the Most Excellent Order of the British Empire) by the UK Government in 2016, by the High Commissioner of the UK in New Delhi; and he was a recipient of the Pardes Humanitarian Prize (2016), New York.

Sangath is recognized by the Ministry of Science and Technology as a Scientific and Industrial Research Organisation. It works in close partnership with the Ministry of Health in India, the London School of Hygiene and Tropical Medicine, and the Public Health Foundation of India. Also, it is represented on various government committees including the Government of India's Ministry of Health's Mental Health Policy Group, and the National Trust's Task Group for Autism Spectrum Disorders. It has 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

# 14 ACCOLADES



Counsellors performing a street play for World Autism awareness Day





## 15 BENEFICIARIES OF OUR RESEARCH IN MENTAL HEALTH



Communities



Policymakers




Researchers



Health Professionals

## 16 CONNECT WITH US

 Facebook: SangathGoa

 Twitter: @SangathGoa

 Website: [www.sangath.in](http://www.sangath.in)

# 17 Sangath projects over the years

1998-2000

Depression after childbirth

1999-2000

Impact of alcohol use on health and family life



## 1998-2000

### Depression after childbirth

The aim of this project was to examine post-natal depression and its impact on mothers and infant development. We conducted the study in the antenatal clinic of the Asilo Hospital, a district hospital in north Goa. The mothers were interviewed to obtain information on their psychological health, family life and obstetric history. They were reviewed soon after

birth and again at six weeks and 6 months after delivery to identify postnatal depression. We also conducted qualitative interviews to explore the experiences and cultural contexts of depression after childbirth. Finally, we also examined the babies to investigate the impact of postnatal depression on infant growth and development.

## 1999 2000

### Impact of alcohol use on health and family life

The aim of this study was to understand the patterns and impact of problem drinking amongst male factory workers in Goa. The project is based in four large industries in the mining, transport and manufacturing sectors. We interviewed workers to identify drinking patterns and their relationship to health, domestic violence and work performance.

## 1999 2000

### Sex, Studies or Strive: The Adolescent Health Needs Assessment Project

The aim of this study was to describe the health needs of adolescents in Higher Secondary Schools. We interviewed adolescents using mixed methods to elicit their health priorities and needs with the overall objective of generating information which may be usefully incorporated in health interventions for adolescents.





1999-2000

Sex, Studies or Strive: The Adolescent Health Needs Assessment Project

1999-2000

Impact of Dementia and Depression

1999-2001

CRY Early Intervention Project

1999-2001

NIRMAN

## 1999-2001

### CRY Early Intervention Project



This project aimed to promote the growth and development of high-risk babies born in Goa. An Early Intervention Clinic was established at the Department of Pediatrics, Goa Medical College, Goa, a teaching hospital. We conducted training programmes about child growth, development and behaviour for grassroot health workers (e.g. anganwadi workers) and community women's groups. We developed the "Early Years Last Forever" manual to train Anganwadi workers in conducting simple developmental assessments, home stimulation program, communication skills, talking to parents about nutrition and common behaviour problems in early childhood.

## 1999-2000

### Impact of Dementia and Depression

Through this project we aimed to develop culturally valid measures of mental health in the elderly and determine the impact of caring for dementia on family members. We conducted focus group discussions with elders, carers and health workers. We used the findings to develop culture and education fair measures of diagnosis of dementia and depression in the aged in community settings in the Konkani language and to obtain information on care arrangements and carer burden in families with elders with and without dementia and depression.

## 1999-2001

### NIRMAN

Through this project, we provided a comprehensive service for families affected by violence, including therapy and legal support for women and children and help for perpetrators of violence. We provided individual therapy, family and marital therapy and when needed, play therapy with child victims. We also provided legal and social support when appropriate. We conducted advocacy activities on the problem of domestic violence and established networks with women's groups, and relevant government agencies.

2000-2002

State of Goa's Health

2002-2006

SAS  
Stree  
Arogya  
Shodh

2001

Study of  
drinking  
patterns

## 2000-2002

### State of Goa's Health

The objectives of this project were to prepare a report on public health issues in Goa, host a meeting of stakeholders in health in Goa to consider the implications of the report, and to facilitate the formation of a local public health

action group. A range of experts in Goa were invited to contribute on various topics and these contributions informed the content of the State of Goa's Health Report.

## 2002 2006

### Stree Arogya Shodh (SAS)

The aim of this project was to investigate the relationship between common gynecological symptoms, reproductive tract infections and psychosocial factors such as violence and depression. We conducted a community-based survey of women aged 18–50 years, in Goa. These women participated in a structured interview, which elicited data on gynecological and reproductive history, and factors such as gender adversity, symptoms of somatoform disorders, and common mental disorders.



## 2001

### Study of drinking patterns

This project aimed to examine the patterns of drinking in male hazardous drinkers, focusing on the use of different types of alcohol such as non-commercial alcohols. We collected descriptive data using drink-diaries administered weekly over one month. The participants were drawn from low-income community settings in New Delhi, Ahmedabad, Goa and Vellore, Tamil Nadu.





2001-2004

**REACH**  
Resource Centre  
for Adolescent  
and Child Health

2001-2006

**SMIPS**  
Supporting  
Mothers In  
Pregnancy  
Study

2002

Let's talk  
about  
safety

## 2001-2006

### Supporting Mothers In Pregnancy Study (SMIPS)

Using research evidence and our knowledge of Goan practices and beliefs, we developed and tested an intervention program to support childbearing women, and prevent postnatal depression in the mother and its negative consequences on her child. The intervention delivered in the mothers' homes included sessions on information about pregnancy and child care, individual support and problem solving and assistance with early mother-infant interaction.



2001  
2004

### Resource Centre for Adolescent and Child Health (REACH)

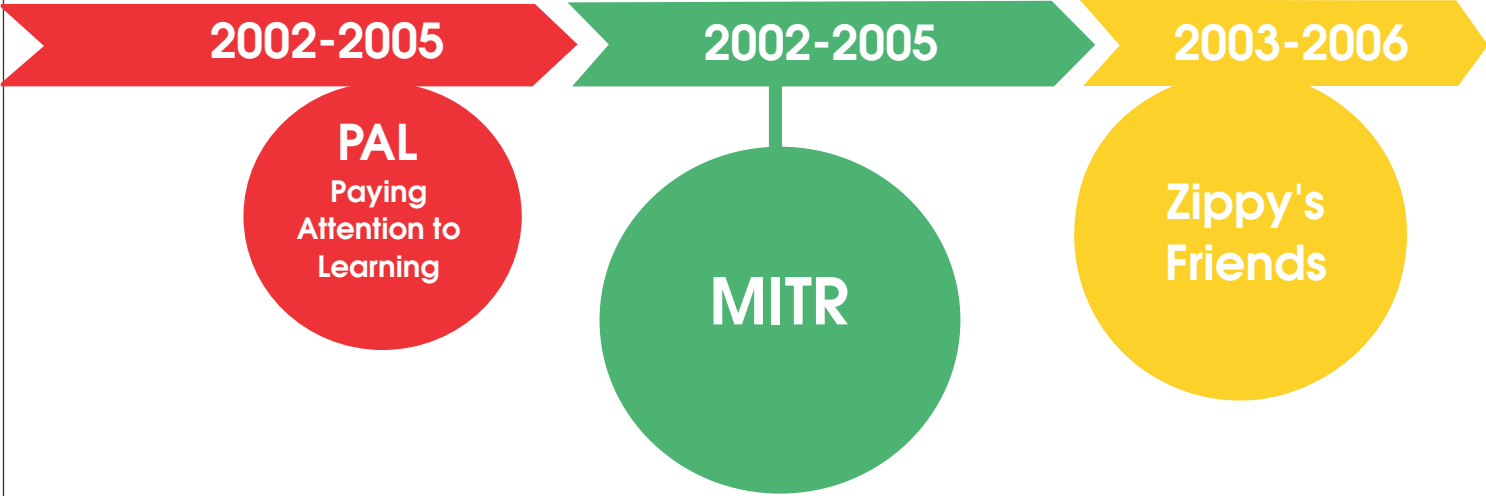
The aim of this project was to increase the knowledge and understanding of adolescent health concerns, to strengthen Sangath's capacity as an effective resource organisation in the field of adolescent reproductive and sexual health, and to strengthen the capacity of NGOs and health workers working with adolescents on reproductive and sexual health and rights. We established a documentation and dissemination center for materials pertaining to adolescent health, with an emphasis on collecting relevant material from within the country. We published the 2nd edition of "Health Needs Of Adolescents - A Study In Goa" and a resource kit for teenagers, parents and teachers titled "All For Teens". We conducted workshops to train participants *in assessment* of adolescent health needs, providing counseling for health problems, intervention methods in family settings, and school based interventions. Finally, we conducted training workshops focused on research methods in adolescent health.

2002

### Let's talk about safety

This project aimed to create awareness about child sexual abuse among school teachers and children. We developed an awareness manual on the basis of participatory discussions with various stakeholders including parents of children. The outcome was an easy to read manual which sensitises parents and teachers to the issue of child sexual abuse and helps parents





# 2002 - 2005

## Paying Attention to Learning (PAL)

This project aimed to identify and help children with learning difficulties who were at risk of failing school, dropping out or who were generally unable to learn at the pace of their peers in class. We set up a learning centre at Sangath and resource rooms with specially trained teachers within schools. In

addition to providing facilities for assessment and an array of therapeutic techniques, we created awareness, trained teachers in remedial education techniques, and facilitated changes in the education system that would recognize that all children have the right to learn.

# 2002 2005

## MITR

The aim of this project was to identify the predictors of a healthy adolescence, particularly in the areas of sexual health, mental health and educational achievement. The study was set in an urban and rural settings in the southern district of Goa. At baseline and 18 months follow up we interviewed a cohort of adolescents aged between 12 and 16 years of age residing in the selected areas, to elicit information on peer relations, parental relationships, substance abuse, violence, reproductive and sexual health, and physical and mental health.



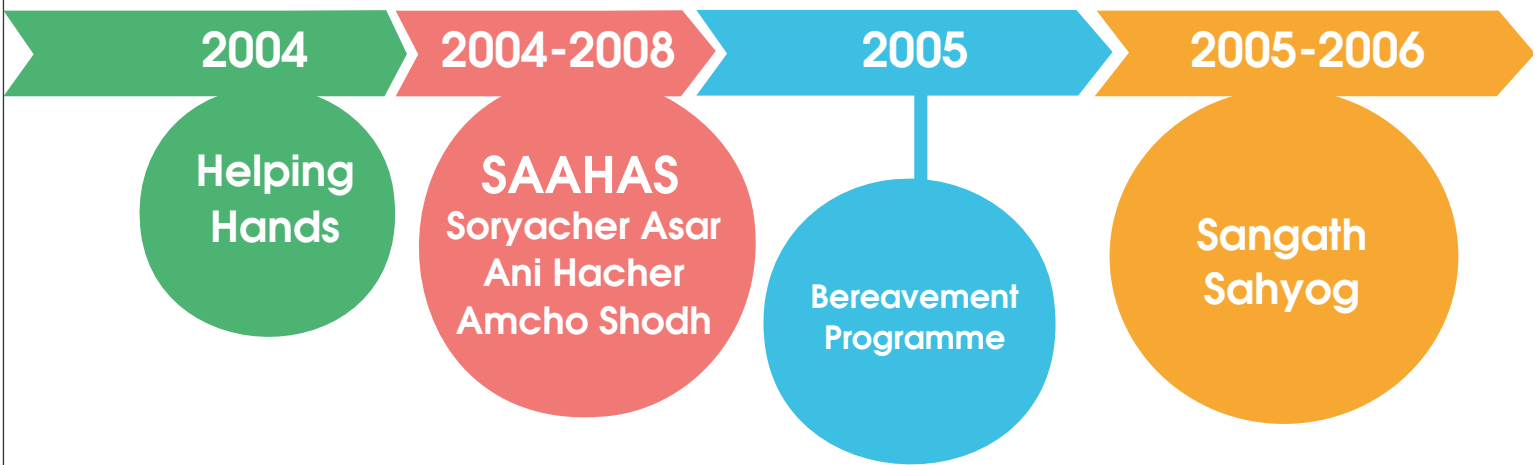
# 2003 2006

## Zippy's Friends

Through this project we introduced preschool children to the Zippy's Friends program which teaches them to cope with everyday difficulties, to identify and talk about their feelings, and explore ways of dealing with them; trained and assisted teachers to facilitate the program in schools and integrate emotional development of children with language development. The original program was initiated in English language schools and the Konkani version was subsequently introduced in vernacular language schools.







## 2004

### Helping Hands

This project aimed to provide early intervention and inclusive education for preschoolers with disabilities. During the course of the first year, 20 children with various disabilities (autism spectrum disorder, cerebral palsy, visual deficit and mental retardation) were trained at the centre. During the second year the program evolved to work with children from the more underprivileged sections of society. Our approach was to evolve a model to integrate children with disabilities within the existing Integrated Child Development Scheme (ICDS) of the Government, in partnership with anganwadis (government pre-schools).

## 2004 - 2008

### Soryacher Asar Ani Hacher Amcho Shodh (SAAHAS)

This project aimed to describe the prevalence and risk factors of heavy drinking in men and women; and to describe the relationship between alcohol use and other health and social outcomes, especially sexual risk behaviours. The project was based in a rural and urban communities in Goa and helped to systematically estimate the burden of alcohol use disorders and to map the landscape of alcohol use in some parts of the state.

## 2005

### Bereavement Programme

The aim of this programme was to develop a community response for community bereavement mobilization among the tsunami affected in Tamil Nadu. We conducted a bereavement awareness session to provide training to 35 counsellors from a local NGO. This was followed by a three week mentoring of counsellors to help provide appropriate bereavement intervention and support for the counsellors.

## 2005 2006

### Sangath Sahyog

The aim of this study was to identify the mental health needs of women and children who have been trafficked and to build the capacity of NGOs and government agencies working with trafficked women and children. We shared our expertise in mental health with other NGOs and government personnel through capacity building workshops and trainings to achieve a holistic approach for working with the victims of trafficking.

2005-2008

Yuva Mitr

2005-2011

MANAS  
MANAshanti  
Sudhar Shodh

2006-2008

DIA  
Developing  
Inclusion in  
Anganwadis

## 2005 - 2008

### Yuva Mitr

The aim of this project was to design, implement and evaluate a community based intervention program for promoting health and well-being of young people aged 16 – 24 years in four communities in Goa. We trained peer leaders who then conducted group sessions on study skills and life skills for other youth and also staged street plays on stress, suicide, substance abuse and HIV/AIDS. We trained teachers to support the peer leaders in conducting programs for

other students, to address difficulties faced by students in the classrooms and to refer any student needing professional help to specialist services. We also designed a Teachers Tool Kit and an attractive booklet for young people with information on sexual health, mental health, education and careers and life skills. Finally, we raised awareness about youth health problems amongst the local medical fraternity through workshops and in the larger community through health promotion posters.

## 2005 2011

### MANAshanti Sudhar Shodh (MANAS)

In this project we developed and evaluated the cost effectiveness of a primary care intervention strategy for the treatment of common mental disorders in Goa. In MANAS, we used two models of care as follows. Enhanced Usual Care focused on improvement of recognition of mental health problems in primary health care and providing the information to the doctor who could then prescribe free generic antidepressant medication. In Collaborative Stepped Care (CSC), a trained Health Counsellor delivered psychoeducation, specific psychological treatments, yoga, and proactive monitoring of medication adherence.



## 2006 2008

### Developing Inclusion in Anganwadis (DIA)

Implemented in the Ponda taluka of Goa, this project explored the acceptability of implementing the Portage model through the anganwadi network to promote development of children aged 0 - 6 years. We developed the Konkani language version of the Portage program. We trained anganwadi workers to identify common childhood disabilities and to provide simple home based early interventions for such children. We organized a number of outreach health camps and established networks for future work with children with developmental disabilities.



2006-2008

**ASHA**  
Arogya Sambal  
Shiksha Hoikarop  
Adhar

2006-2009

**Let  
Everyone  
Learn**

2007-2010

**Umeed**

## 2006 - 2009

### Let Everyone Learn

This project aimed to make all children feel welcome in schools irrespective of their academic ability, ensure real learning for all children in mainstream schools, ensure that all children experienced achievement, and prevent school dropout. Towards this end, we developed a hands on flexible curricular package for STD VI based on the regular curriculum as recommended by the National Curriculum Framework, including a Language Development Model, and initiated Resource Rooms in mainstream schools.

## 2007 2010

### Umeed

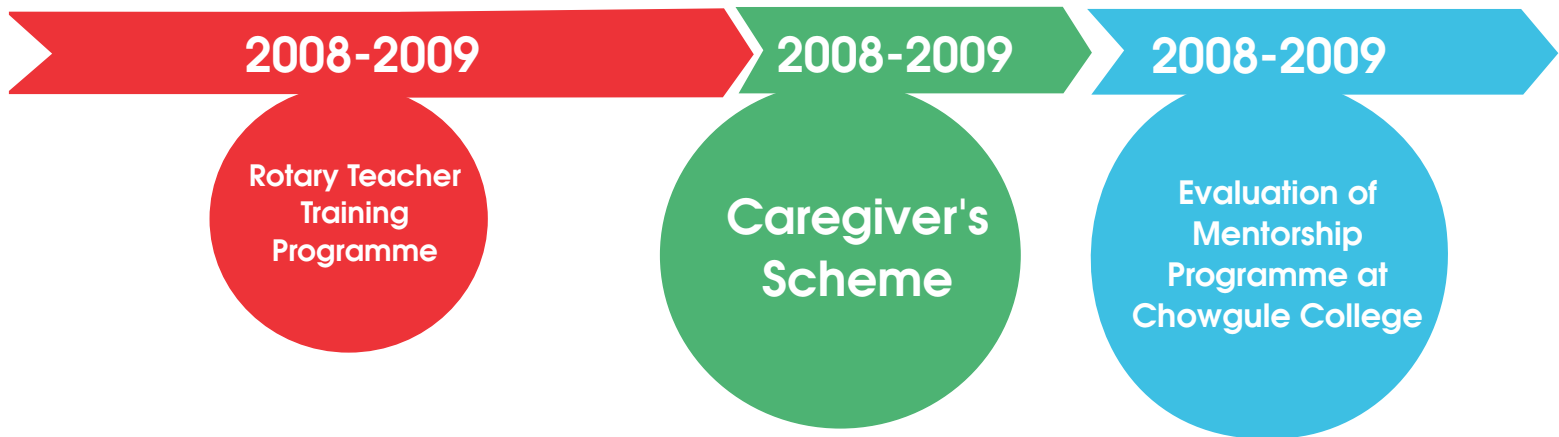
The aim of this project was to investigate the impact of psychosocial health concerns on help-seeking behaviours in people coming to be tested for HIV/AIDS. We investigated this by recruiting and interviewing attendees of pre-test counseling at the Goa Medical College Integrated Counselling and Testing Centre (ICTC). We systematically measured the presence of mental health problems, like depression and alcohol abuse, in people attending ICTC and its impact on their attendance at follow-up appointments with doctors at the ART Centre. We then collected follow-up data from the routine records of counsellors at the ICTC on the HIV status of the participants and the participant's attendance at post-test counselling sessions.

## 2006 - 2008

### Arogya Sambal Shiksha Hoikarop Adhar (ASHA)

The aim of this study was to develop an intervention program to strengthen and support community-based caregivers of people with HIV/AIDS and thus improve their quality of life and that of the people they care for. We supported people living with HIV/AIDS (PLHAs) and their families by identifying, supporting and building the capacity of informal caregivers with particular emphasis on developing supportive environments, promoting mental health and nutrition, respite care, socio-economic support and integrating community based care into the existing continuum of care. This was done by developing a sustainable model involving community based outreach workers supporting PLHAs and their care-givers.





## 2008 - 2009

### Rotary Teacher Training Programme

Through this project we developed a training manual for teachers to help them tackle behavioral, learning and emotional problems in school children. We conducted focus group discussions with school teachers to understand common problems that they encounter in their

classrooms, in particular learning and behavioral difficulties. We used this information to develop a user friendly Teacher's Toolkit to help teachers identify and tackle developmental, behavioral and emotional problems in school children and refer those requiring specialised help.

## 2008 2009

### Caregiver's Scheme

This project was a logical extension of the respite care provided to families of children with autism by Sangath's Diuli clinic in Goa. Through this project we delivered the Caregiver Level III training program, a scheme of the National Trust for the Welfare of Persons with Autism, Mental Retardation, Cerebral Palsy & Multiple Disabilities. We trained caregivers to look after young children with disabilities and subsequently they secured employment as professional caregivers in schools and homes.

## 2008-2011

### Developing Opportunities for Special Teens (DOST): 2010-11

Many children with special needs have problems with socialization, particularly those on the Autism spectrum. Most of these young people have limited opportunities besides in their school setting to meet with typically developing teens. The parent group Together for Inclusion Everywhere in Society (TIES) approached Sangath to support teenagers with disability to meet once a fortnight with their peers in a college setting. Sangath facilitated this by approaching St Xavier's College, Mapusa and assigned a visiting intern to support a "Friendship Club" with student volunteers of the clinical psychology department. Students were sensitized to area of developmental disabilities along with the specific needs of all the young people with Autism and Intellectual disability who were part of the program.



2008-2009

**GEMS**  
Gender Equity  
Movement in  
Schools

2008-2011

**Manthan**

2008-2011

**DOST**  
Developing  
Opportunities for  
Special Teens

## 2008-2009

### Gender Equity Movement in Schools (GEMS)

The objective of this project was to test the feasibility of delivering the Yaari Dosti and Sakhi Saheli modules (multi-component interventions to address sexual and reproductive health, fatherhood, HIV/AIDS and gender based violence) in selected schools of Goa using School Health Counsellors (SHC's). We first conducted a needs assessment for school students through role plays, group discussions and poster presentations, and focus group discussions with teachers. This information was then used to develop classroom modules focusing on building an understanding of gender, violence and bullying, and life skills required to deal with these, such as assertive communication and anger management.



**2008  
2011**

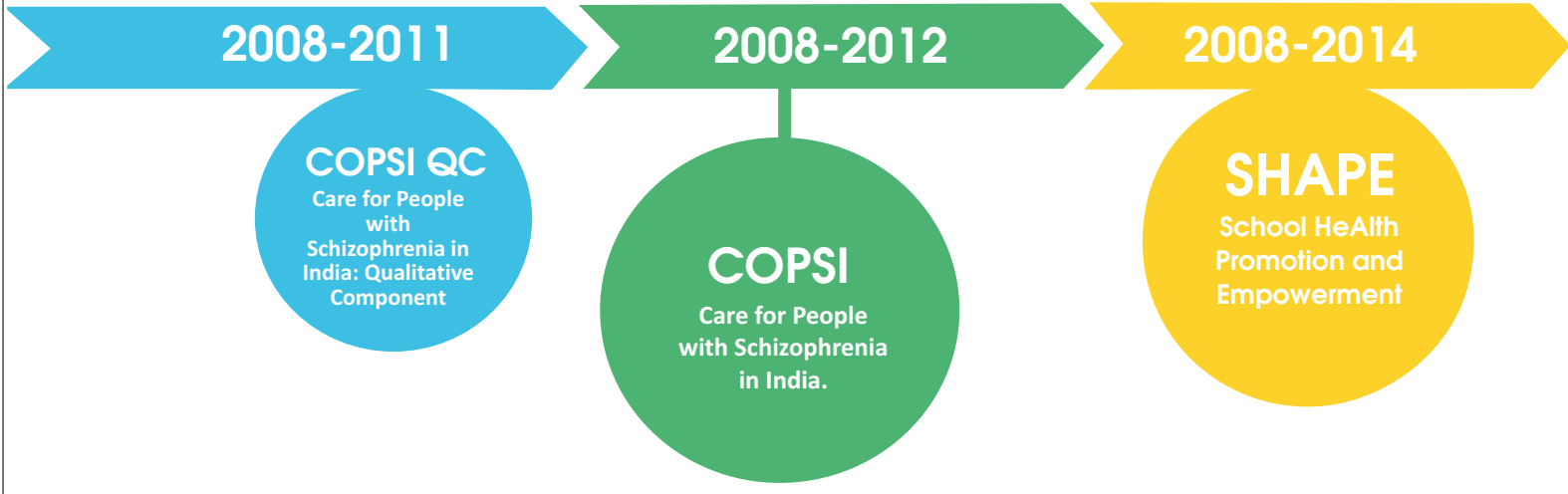
### Manthan

This project aimed to promote the health and well-being and improve the educational outcomes of adolescents through the development, implementation and evaluation of a school based intervention package. We trained School Health Counsellors (SHCs) and placed them in schools to implement the intervention package developed in the SHAPE program (described below). As a result of this project Sangath was appointed a technical consultant by the Goa Education Development Corporation under the Directorate of Education, Government of Goa to implement the school health counselling programme across Goa.

## 2008 - 2009

### Evaluation of Mentorship Programme at Chowgule College

We evaluated the existing mentorship program of the college which had been started with the aim of supporting students throughout their educational career in the institute. We used mixed-methods to elicit the students' and teachers' perspectives and made recommendations to redesign the program taking the students' needs into consideration and to integrate monitoring mechanisms into the programme for its continuous improvement.



## 2008 - 2011

### Care for People with Schizophrenia in India: Qualitative Component (COPSI QC)

The aim of this study was to evaluate the impact of community care on experiences of stigma and discrimination of people with schizophrenia and their families. Participants in the COPSI study

(described below) were asked about their experiences of stigma and discrimination both with the help of questionnaires and in-depth-interviews. This allowed us to learn in more detail about their experience of the illness and the impact of stigma on their lives. We interviewed patient-caregiver pairs in Goa, Satara and Chennai.

## 2008 - 2012

### Care for People with Schizophrenia in India (COPSI)

The aim of this project was to evaluate the cost-effectiveness of a community-based intervention for improving symptoms and social functioning in people with schizophrenia. We first developed and refined an intervention, and then developed a manual to help guide community health workers in delivering the treatment. The cost effectiveness of the intervention was then tested in a randomized controlled trial at three sites: Goa, Satara and rural Tamil Nadu. We developed a COPSI resource kit which comprises of the COPSI training manual for community health workers, intervention flip chart, intervention handouts, recovery stories booklet and videos about people with schizophrenia and their families telling their stories of illness and recovery in a deeply personal way.

## 2008 - 2014

### School Health Promotion and Empowerment (SHAPE)

This project adapted the World Health Organisation's Health Promoting Schools model by introducing an alternative low-cost human resource in the form of a school health counsellor to deliver the intervention. We implemented this adapted school health promotion package in various schools in Goa. Finally, we conducted case studies of school health promotion programmes in Bihar, Madhya Pradesh, Maharashtra, Orissa and Rajasthan, to address the acceptability, feasibility and impact of various types of school health promotion programmes in India.



2004-2008

**SAAHAS I**  
Soryacher Asar  
Ani Hacher  
Amcho Shodh I

2009-2012

**ARTI**  
Autism Research  
and Training  
Initiative in India

2009-2011

**CorStone I  
and II**

## 2009-2012

### Autism Research and Training Initiative in India (ARTI)

This project examined the experiences of families living with a child with autism in Goa, completed the translation (into Marathi) and cultural adaptation of two screening tools and a gold standard diagnostic tool for Autism Spectrum Disorders, and became part of a national consortium, led by the International Clinical Epidemiology Network (INCLIN), which undertook a first of its kind epidemiological study in India aimed at validating a locally developed screening tool for ten neuro-developmental disabilities, including autism, and estimating their prevalence.



## 2004 - 2008

### Soryacher Asar Ani Hacher Amcho Shodh I (SAAHAS I)

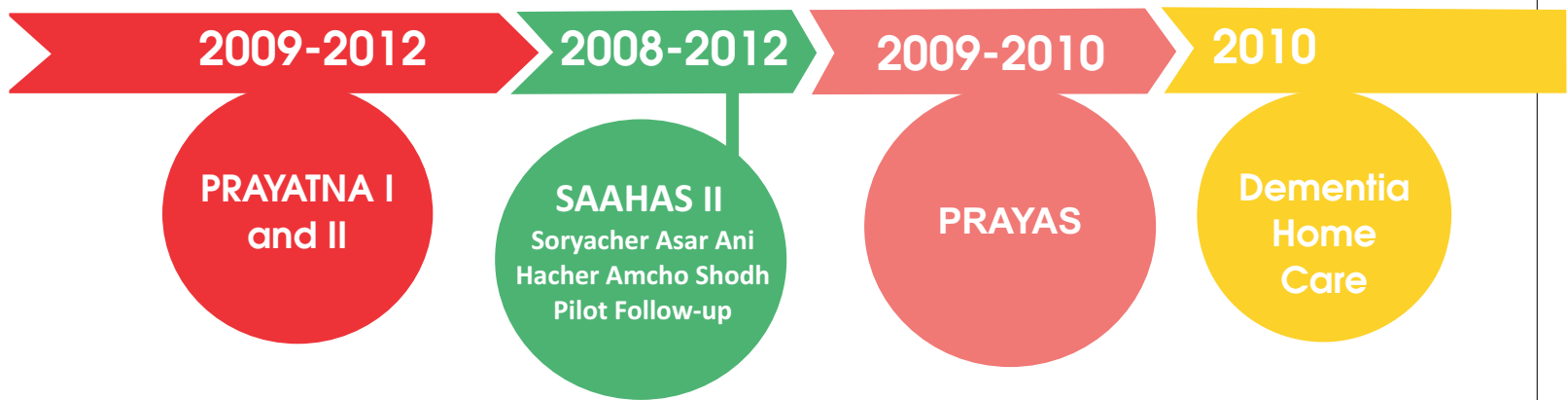
This project aimed to describe the prevalence and risk factors of heavy drinking in men and women; and to describe the relationship between alcohol use and other health and social outcomes, especially sexual risk behaviours. The project was based in a rural and urban communities in Goa and helped to systematically estimate the burden of alcohol use disorders and to map the landscape of alcohol use in some parts of the state.

## 2009 2011

### CorStone I and II

This project evaluated the Children's Resilience Program which was designed to equip girls with awareness and skill sets for dealing with personal challenges and building emotional resilience through a facilitated peer support model. We evaluated the program with the aim of assessing the feasibility and acceptability of implementing the program in a wider setting in Surat and to explore improvements in mental health and emotional resilience among the participants.





## 2009 - 2012

### PRAYATNA I and II

This project aimed to provide youth friendly counselling services in the Jawahar Navodaya Vidyalaya schools through training and supervision of staff nurses. In the first phase the

programme was implemented in Chandigarh and Pune, and later scaled up in the states of Madhya Pradesh, Rajasthan, Orissa, Bihar, and Maharashtra.

## 2008 2012

### Soryacher Asar Ani Hacher Amcho Shodh I (SAAHAS II)

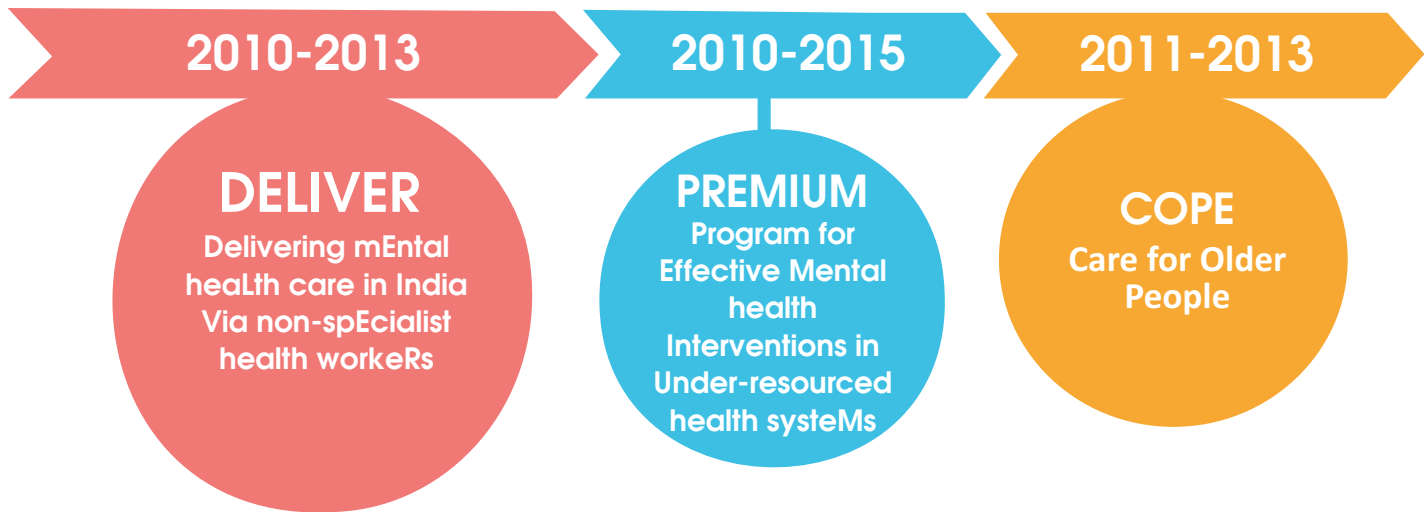
This project was conducted to collect information to plan a larger study on the outcome and impact of Alcohol Use Disorders (AUD). We followed up 150 men with different levels of alcohol use from the SAAHAS study (described above). The results of this project were utilised to successfully develop a proposal for SAAHAS II (described below) a follow-up of all the men who took part in the original SAAHAS study to describe the long-term course and outcomes of AUD in Goa.

## 2009-2010

### PRAYAS

The project aimed to create a teaching community sensitive to the needs of all children. Through the Prayas project, teachers in the mainstream school system were equipped with skills on how to include children with diverse learning needs.

The project developed a teacher training package that focused on having teachers understand holistic development in children, accepting individual differences and difficulties that account for scholastic underperformance. The training highlighted the different areas of development and the learning process, differences in the manner of learning and reasons underlying learning difficulties. We looked at integrating theoretical aspects with curriculum delivery and emphasised the need for schools (the management, teachers and parents) to work as a community. The project was implemented in close collaboration with the South Education Zone in four schools of south Goa and trained sixty teachers in over fifty sessions.



## 2010-2015

### Program for Effective Mental health Interventions in Under-resourced health systeMs (PREMIUM)

The aim of this study was to define the steps of a systematic methodology for the development of a new psychological treatment for delivery by lay health workers, to test this methodology in the development of treatments for Depressive Disorder and Alcohol Use Disorders, and to evaluate the cost effectiveness of the resulting treatments. Through this programme we have developed Counselling for Alcohol Problems and Healthy Activity Programme, which are contextually appropriate and cost effective.

## 2010 - 2013

### Delivering mEntal health care in India Via non-spEcialist health workeRs (DELIVER)

This project aimed to explore the roles of non-specialist health workers and how they can provide mental health services in India. We explored the history and development of the roles of non-specialist health workers in mental health care provision in India.

## 2010

### Dementia Home Care

The aim of this project was to address the needs of the people with dementia and their caregivers. Implemented in the South Goa talukas of Salcette and Quepem we raised awareness about dementia and our Home Care Advisors visited families to advise them on the non-pharmacological interventions that could improve their quality of life.



## 2011 2013

### Care for Older PEople (COPE)

The aim of this project was to develop a multi-component intervention package delivered by non-specialist health workers for frail dependent older people and their carers, and carry out its initial evaluation. The package of care was constructed to address relevant impairments (e.g. mobility, nutrition) across a range of health conditions experienced by the elderly (e.g. dementia, stroke).



2011-2013

**CDRF**

Chronic Disease  
Risk Factors

2011-2015

**INCENSE**

Promoting the  
Inclusion and  
Empowerment of  
People with Severe  
Mental Disorders

**2011  
2013**

**Chronic Disease Risk Factors (CDRF)**

Through this study we estimated the prevalence of household and individual CDRF and outcomes, described the responses to illness and health care decision-making; and evaluated the adequacy of diagnosis and treatment of CDRF in India.

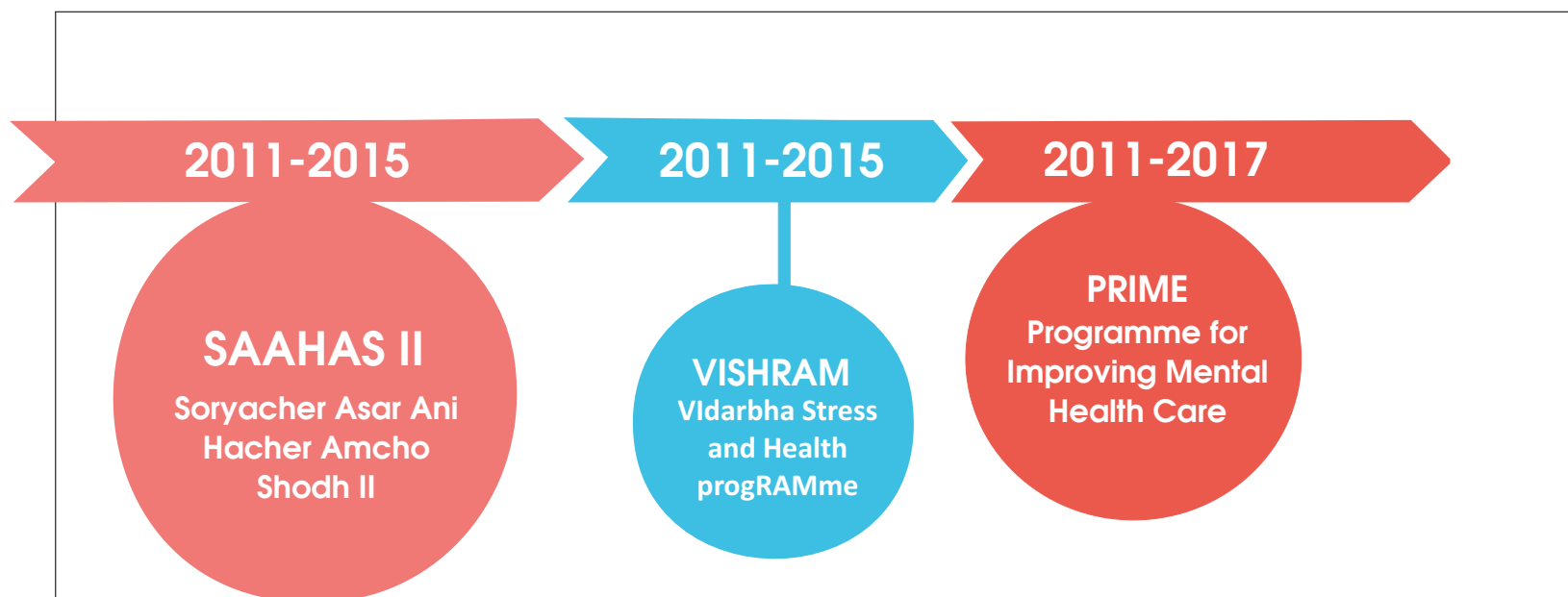


**2011  
2015**

**Promoting the Inclusion and Empowerment of  
People with Severe Mental Disorders  
(INCENSE)**

The aim of this project was to work with vulnerable persons with severe mental disorders to provide the conditions and capabilities to promote their recovery, to promote their social inclusion and, to promote their human rights and dignity through appropriate support and services. We implemented this project in two of the largest and oldest mental hospitals in India - in Pune, Maharashtra and in Tezpur, Assam. We implemented collaborative interventions to promote independent living capabilities, moved persons with severe mental disorders who were ready to supported community housing, developed livelihood options in collaboration with programme partners, promoted social inclusion and citizenship rights and provided community based services.





## 2011-2015

### Vidarbha Stress and Health progRAMme (VISHRAM)

This project aimed to understand the mental health needs of rural communities in Vidarbha, train human resources for improving mental health awareness and delivering community-based mental health interventions, and ultimately improve the coverage of mental health services for common mental disorders, and alcohol use disorders. We assessed mental health needs and resources for the provision of mental health care, trained health workers in various aspects of psychosocial and mental health care, delivered evidence-based psychosocial and mental health interventions, advocated to raise awareness and demand for mental health care, monitored and evaluated the impact of the programme, and established collaborations with partners in Vidarbha region with the aim of scaling up the programme.

## 2011 2015

### Soryacher Asar Ani Hacher Amcho Shodh II (SAAHAS II)

This project aimed to describe the natural history and impact of alcohol use disorders in a representative sample of adult men in Goa. Our study was designed as a retrospective (historical) cohort study in which we followed up the men who were first interviewed for SAAHAS (described above) to explore how alcohol use disorders evolved over time and how they affected various domains of the drinkers' lives.

## 2011 2017

### Programme for Improving Mental Health Care (PRIME)

The aim of this project was to generate knowledge which can be used to improve access to care for priority mental disorders (depression, alcohol abuse and psychoses) in primary and maternal health care contexts in low resource settings. PRIME is being implemented in selected communities in five countries: Ethiopia, India, South Africa, Uganda and Nepal. In India, the program is being implemented in Madhya Pradesh, where we have developed an integrated mental health care plan comprising packages of mental health care for delivery in primary health care and maternal health care, evaluated its feasibility, acceptability and impact, and are presently evaluating the scaling up of these packages of care at the level of districts.





## 2012 - 2014

### Parent-mediated intervention for Autism Spectrum Disorders in South Asia (PASS)

This project systematically adapted the PACT (Pre-school Autism Communication Therapy) intervention for delivery by non-specialist health workers and conducted a pilot evaluation of its acceptability and feasibility in Goa and Pakistan. The

PASS intervention is a developmental intervention conducted in a naturalistic setting and primarily works at making parents aware of how they can change their interaction with their child with Autism to enhance communication. The intervention is supported by video feed back.

## 2012 2016

### South Asian Hub for Advocacy Research and Education on mental health (SHARE)

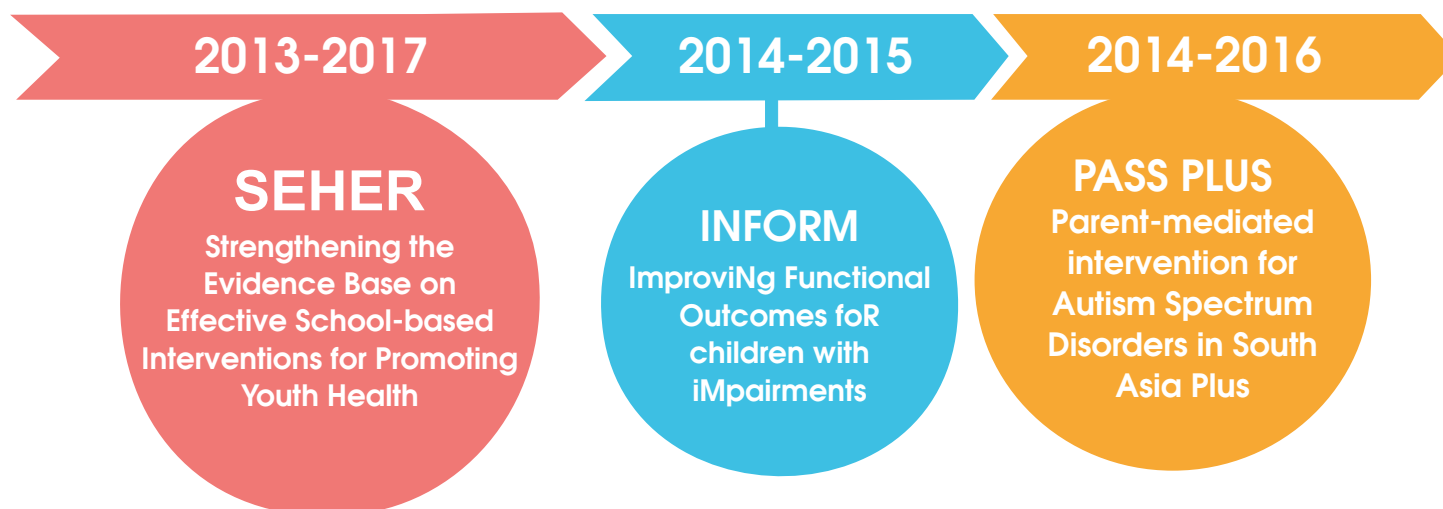
The aim of this project is to adapt the Thinking Healthy Program (THP), an intervention for maternal depression based on Cognitive Behaviour Therapy (CBT) previously evaluated in Pakistan, for peer-delivery and evaluate its impact on the mothers' and child's health. We have now developed an adapted THP which is presently being tested for effectiveness and cost effectiveness against enhanced usual care, in two randomised controlled trials in India and Pakistan.



## 2013 2016

### Prevention of Depression in Late Life (DIL)

The aims of this project include the development of an intervention to prevent depression in late life and promote healthy ageing, to explore its acceptability, and to test its effectiveness. Through a formative phase of research we have developed and piloted the intervention and are presently testing its cost-effectiveness in a randomised controlled trial.



## 2014-2015

### ImproviNg Functional Outcomes for children with iMpairments (INFORM)

The aim of this project was to design a mobile-health (mHealth) platform for community health workers to deliver evidence-based strategies to support activities of daily living in children with neuro-developmental disorders. Towards this end, we have standardised and restructured a paper-based manual developed by MAITS (Multi-Agency International Training and Support), UK, and transferred it to a mHealth platform.

## 2013 2017

### Strengthening the Evidence Base on Effective School-based Interventions for Promoting Youth Health (SEHER)

Through this project have developed and evaluated two models of school-based interventions delivered by teacher as SEHER Mitra and SEHER Mitra (lay health worker) and compared with government-run Adolescence Education Programme. Implemented in the Nalanda district of Bihar, this adolescent health promotion programme aims to build school climate and consequently promote reproductive and sexual health, and gender equity, and mitigate gender-based violence, and other adverse health outcomes in school-going adolescents

## 2014 2016

### Parent-mediated intervention for Autism Spectrum Disorders in South Asia Plus (PASS PLUS)

PASS PLUS is a continuation of the PASS project (described above). Based in the Kolhapur district of Maharashtra, PASS PLUS developed and evaluated a population based strategy for the early identification of children affected by Autism Spectrum Disorders (ASD), estimated the coverage of interventions for ASD, and developed and evaluated the feasibility and acceptability of a lay health worker delivered comprehensive intervention to address a wide range of unmet needs of families affected by ASD, by incorporating additional modules (e.g. behaviour management, sleep management) to complement PASS.





2014-2016

**CONTAD**  
Community  
Orientated Non  
Specialist Treatment  
for Alcohol  
Dependence

2014-2018

**SAFE**  
Supporting  
Addiction  
Affected Families  
Effectively

2014-2017

**SPRING for MDGs**  
Sustainable Programme  
Incorporating Nutrition &  
Games for Maximizing  
child Development  
Growth and Survival

## 2014 - 2016

### **Community Orientated Non Specialist Treatment for Alcohol Dependence (CONTAD)**

This project aimed to increase the access to evidence based care for the large proportion of people with alcohol dependence in India who do not have access to help for their alcohol related problems. We have developed an approach to deliver two packages of care for alcohol dependence which will cater to the needs related to alcohol detoxification and the longer term goals of relapse prevention. Both these packages can be delivered by lay health workers at home or in primary health care centres (PHC) and are

potentially more accessible than the standard institutional model of care, and can achieve much greater coverage due to its community orientation.



## 2014-2018

### **Supporting Addiction Affected Families Effectively (SAFE)**

This project aims to contextually adapt the 5-Step Method (psychosocial intervention for families affected by their relatives' drinking) using a systematic methodology and to test its acceptability, feasibility and preliminary effectiveness when delivered by lay health workers in Goa. At the end of this project we expect to develop a manualised community approach to support addictions affected family members using low cost human resources.



2015-2018

**Beyond  
Boundaries**

2016-2021

**PRIDE  
PRemlum for  
aDolEscents**

## 2014-2017

Sustainable PRogramme Incorporating Nutrition & Games for Maximizing child Development Growth and Survival (SPRING for MDGs)

Based in the Rewari district of Southern Haryana, the SPRING project is evaluating an innovative, feasible and affordable home based intervention ('*Kilkaari*' or the laughter of children), delivered by community health workers called Kilkaari workers. The intervention will be delivered to pregnant women and through the first two years of the child's life. The intervention is expected to have a positive impact on maternal health, child development, growth and survival.



## 2015 - 2018

### **Beyond Boundaries**

Implemented across various elementary schools in Goa, this project aims to promote inclusive education. We are doing that by sensitizing school managements and teachers to reasons for academic underperformance, training teachers on various aspects of child development and learning with an added focus on holistic development and inclusion of all children, enhancing teachers' skills in planning and organizing classrooms in a way that facilitates learning among all children, strengthening existing services for counselling of children with emotional difficulties, strengthening existing services for remediation of academic problems for children with specific learning disabilities, and facilitating expansion of resource room services to cater to the needs of children with neuro developmental disabilities such as autism.

## 2016 2021

### **PRemlum for aDolEscents (PRIDE)**

The goal of PRIDE is to develop and test a psychosocial intervention targeting common mental disorders in school going adolescents. The intervention will comprise a combination of self-care and counselling delivered by lay counsellors, we will evaluate its effectiveness in reducing symptom severity and improving recovery rates in adolescents with these mental disorders. Based in New Delhi and Goa, PRIDE will actively engage with adolescents to ensure that the programme is aligned with their priority concerns

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The DIL team commemorates World Mental Health week with medical college students



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Welcome Trust  
World Health Organisation



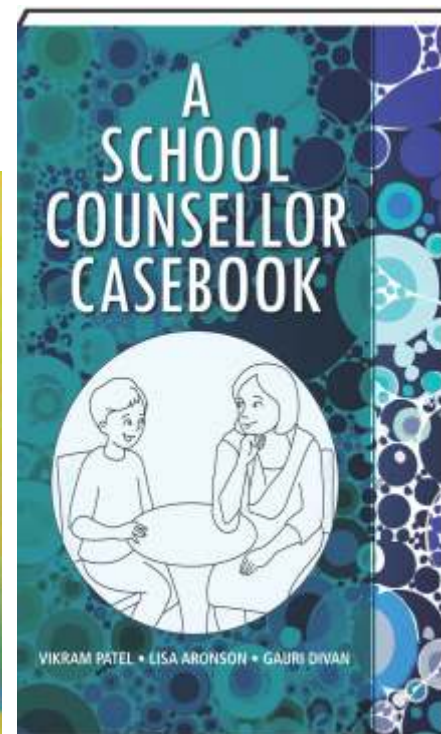
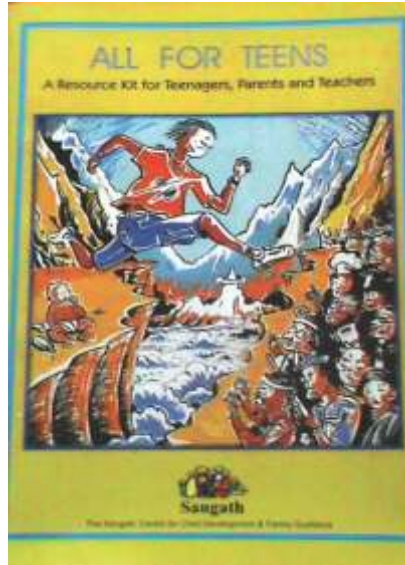
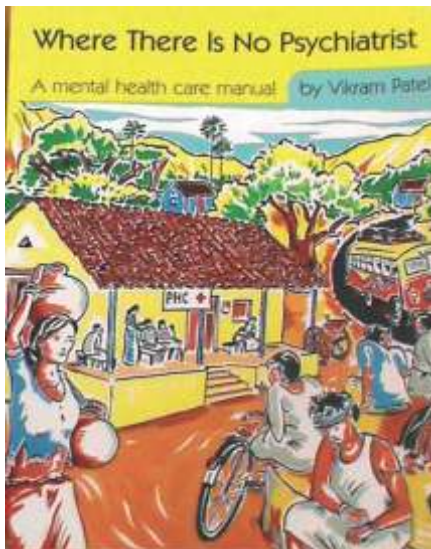
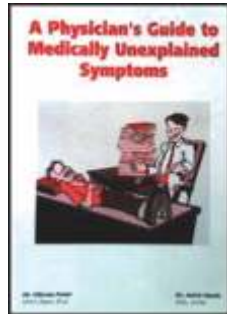
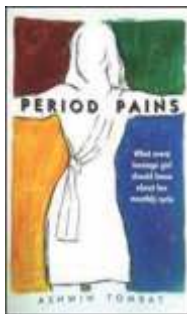
The Santa Party

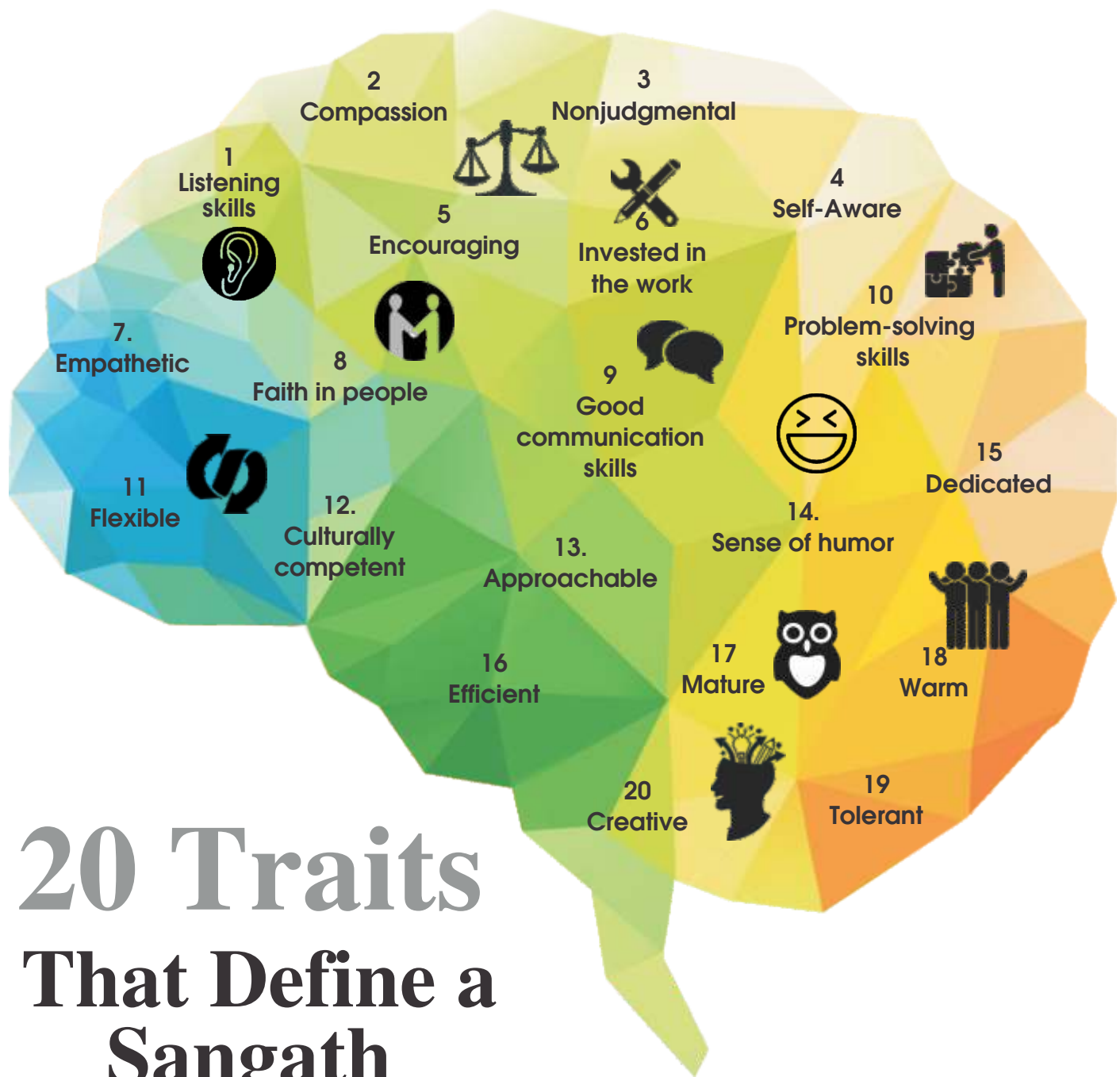




## 20 SOME OF OUR PUBLICATIONS

A School Counsellor Casebook  
Health Needs of Adolescents: A Study from Goa  
Period Pains (English and Marathi)  
All for Teens (English and Marathi)  
Helping a Child with Learning Difficulties  
Where There is No Psychiatrist  
Learning Difficulties – Looking Beyond  
Autism – Hope and Help  
Down Syndrome – Reaching Out  
Barefoot Counselling  
A Physician's Guide  
Dealing with victims of family violence: police manual  
Doctors Manual  
STI/RTI Research Methods  
Common Mental Disorders in General Health Care  
The State of Goa's Health  
The MANAS program kit  
The COPSI program kit  
The PREMIUM kit: Healthy Activity Program Manual,  
Counselling for Alcohol Problems Manual, Counselling  
Relationship Manual

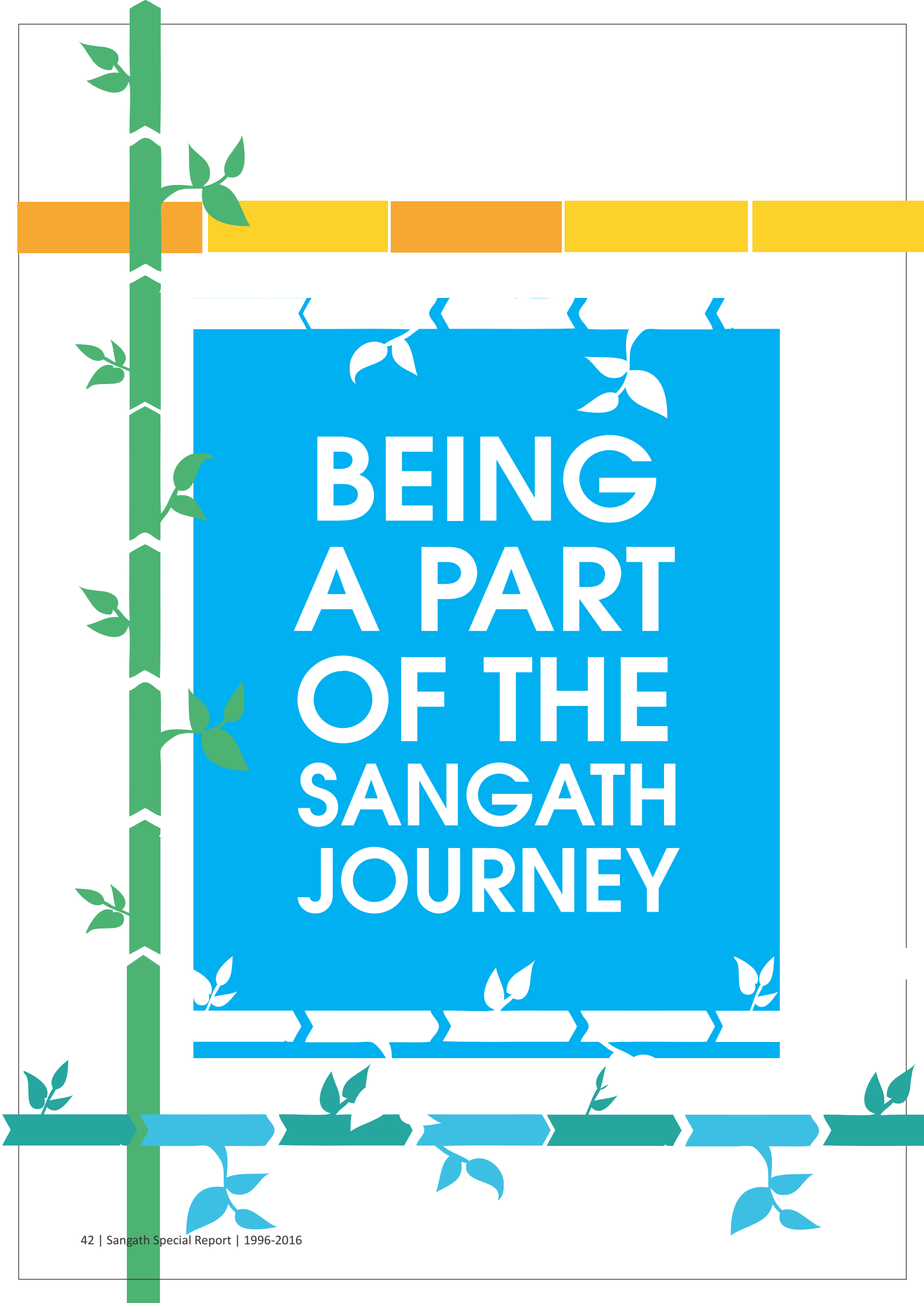




# 20 Traits That Define a Sangath Counsellor



**Sangath**



# BEING A PART OF THE SANGATH JOURNEY





# AN INTOXICATING STORY

## Abhijit NADKARNI

**Abhijit is an Addictions Psychiatrist and Epidemiologist. He leads the Addictions Research Group (ARG) and dabbles in a few other things (sometimes uninvited) at Sangath.**

**S**angath. An organisation. A philosophy. A dream. A journey. A journey that started twenty years ago. A dream of seven visionary individuals. A philosophy that has managed to capture the imagination and enthuse many of us. An organisation that has managed to develop a reputation for itself that belies its small size. A David amongst the Goliaths of mental health research institutions across the world. A David that continues to dream. That continues to work towards making its dreams a reality.

Sangath is the story of a 20-year journey. But the story that I am about to tell is not about Sangath. Within Sangath's epic story are many little stories. Stories of people, stories of places, stories of success, stories of disappointments, stories about making a difference. This is one such story. This is a story within a story. As Sangath becomes a 20-year-old adult, it holds within it the story of a younger sibling, probably 10 years younger. This story is about Sangath's portfolio of addictions research.

The evolution of an organisational research portfolio is not much different from the growth of a human being. It has its developmental stages of childhood, adolescence, adulthood and old age. It has its teething problems,

growth pangs, and teenage angst. But it also has its passion, energy, drive, and desire to succeed. The growth of the addictions research portfolio has not been any different. Just as the early days are characterized by curiosity and desire to explore, the childhood of this portfolio was defined by three major studies that were designed to understand the extent of the alcohol problem in Goa. These surveys conducted in the community, primary care, and industrial settings highlighted the large burden of drinking problems amongst men in Goa. This was not just a burden affecting the drinkers, but also their families and the wider society. This was then followed by India's largest community-cohort study on men with alcohol problems, and examined what happens to their drinking and its effects over time. Not surprisingly, it showed that, without any treatment for the drinking problems, the problems tended to become severe, and recovery from the drinking problems led to several benefits compared to sustained drinking problems. With such a clear indication of the burden of alcohol problems, the next logical step was to develop treatments to help people with such problems. But importing interventions directly from the West would not work as





**A researcher collects data on patterns of alcohol consumption**

they would not have been an appropriate cultural fit. Importing treatments that needed to be delivered by specialists would also not work, as India does not have the luxury of adequate numbers of mental health specialists. So, just like any self-respecting child would, the addictions portfolio borrowed from Sangath, the parent. It borrowed the idea of adapting a treatment (which is known to be effective) to make it suitable for the Indian culture. It borrowed the idea of developing a treatment that can be delivered by lay health workers (people with no prior mental health qualifications who are trained and supervised to deliver frontline mental health treatments). What resulted was a cost-effective treatment which helps to reduce drinking among harmful drinkers. This kind of success is just the boost that a child requires. This has now resulted in the expansion of the addictions research portfolio to explore locally appropriate treatments delivered by lay health workers to people with alcohol dependence and to widen the reach to also include support to families affected by addictions.

As children become adolescents and adolescents become adults, they continue to dream. As the addictions research portfolio stands at the cusp of adolescence, it dares to dream. It dreams of consolidating all addictions research in Sangath under the umbrella of the nascent Addictions Research Group (ARG). It dreams of widening the scope of its work to include other



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addictions such as illicit drugs, gambling and the internet. It dreams of building relationships with other like minded organisations across India to expand the geographical reach of its work. It dreams of building a dedicated group of professionals interested and invested in the field of addictions research. It dreams of influencing alcohol policy locally, regionally and nationally. It dreams of becoming an adult that others would aspire to emulate. Like many other dreams this too is 'intoxicating'. As I said, this is a story within a story. A short story that waits to unfold as the larger Sangath narrative readies itself for the next 20 years of making a difference to the world that we live in.



A community meeting organised in the SAAHAS project



Anisha is the Site Principal Investigator for the SHARE project at Sangath. She completed her B.Sc. in Chennai, and then her M.Sc. and M.Phil. at King's College London. Her interests include people, music, reading and puns.



## Anisha LAZARUS

# A TRIAL OF A PSYCHOSOCIAL INTERVENTION FOR MATERNAL DEPRESSION - FROM A MOTHER'S PERSPECTIVE

I came to Sangath in 2013, new to Goa, and to the kind of community health work and research for which Sangath is famous. My husband and I had moved from London to India only the previous year, and I was looking forward to an opportunity that would help me to learn so much more. There were going to be so many changes, the enormity of which I barely realised at the

time: leading a team where I had previously been a one person team, managing a trial instead of doing qualitative research, and doing field research instead of desk based research. But this is what I had hoped to do when I fell in love with psychology and research, and I was both excited and nervous.

I loved the informality and the non-importance of hierarchy at Sangath. I appreciated the dedication by long-serving members of the Sangath family to mental health research, whether their role was administration, housekeeping, accounts, or trial management. There were so many people to learn from at Sangath - our housekeeper, team members, my PI. And one cannot but help feel joyful every day when there is so much greenery and colour (and water, if it happens to be the months of June - September) on your way to work and around it.

SHARE is a trial of the Thinking

Healthy Programme delivered by Peers

(THPP), providing support through a trained Sakhi (who is another mother in the community) for mothers who have depressive symptoms. The focus is on the mother, her relationship with her baby, and her relationship with others, through 3 CBT-based steps: identifying unhealthy behaviours, replacing them with healthy behaviours and practising those healthy behaviours. Little did I think then, that two years into my time in Goa, I would be pregnant myself, that too with twins. I worked long and hard on handing over my responsibilities in anticipation of being on maternity leave, and on making sure the trial would be alright, but left very little time to prepare myself mentally and emotionally for child birth.

The grace of God, and the support I received from an incredible number of people were the main factors in being able to survive. As addressed in the THPP, each stage of motherhood brings about new challenges. During pregnancy, since I was still working full-time, it was the support of colleagues who 'had my back' on my off days, that made a difference. I had family members who came from Chennai to spend odd weeks with me while my husband was away, and church friends who offered all kinds of support from dinner to a place to rest. It was thanks to another colleague that I packed my hospital bag two months before the due date, and had an emergency plan that I shared with my family.

Nobody expected my last team meeting to also be my last day of work, but the twins came at 32 weeks. Thanks to SHARE and THPP, I was determined that the babies would be exclusively breastfed for the first 6 months, although I really had no idea how difficult it was going to be with

premature babies. The babies were under a warmer in a nursery for the first week, with tubes and oxygen helmets and the works. They were far too small to be able to breastfeed normally, so it involved long hours with expressing breastmilk, feeding them with a syringe and then a 'paladda' (a specific type of spoon), and everything had to be sterilised. The first two weeks were a strenuous blur, but the twins were alive, and we got to take them home with us (oh the panic in my head when the doctor told us we would be discharged!!).

Over the next two months, the cycle of sterilising equipment, expressing, feeding drop by drop, sterilising, only to begin again in less than 2 hours, is one that will remain with us for a very long time. For somebody who is used to running around and loves meeting people, two months indoors without being able to go anywhere was a challenge. When you are advocating building a relationship with others in THPP, but are tied down to one room yourself, technology comes to the rescue – being able to read, to catch up with the news, to text people were very important to me. I was reminded of the importance of focusing on the baby while feeding, but believe me, there is only so much that you can do of that when feeding is the only thing you seem to be doing. A lot of the tenets of the THPP seemed like a distant dream with multiples (I may have managed to walk the dog once a week, if that, for exercise), but the social support was constant and kept us going.

There were dark days though: nights when at 4 am I would cry with frustration and sleep deprivation, wanting to give up and switch to formula food, days when I had not seen the outside world and was desperate for a change, yet despising myself for not being able to focus on the babies. The physical and emotional toll on my husband and mother was immense, and I could see it. It is particularly difficult to modify unhealthy thinking when your brain is so sleep-deprived – you know that calling yourself a bad mother because you cannot engage with your babies any more is an unhealthy thought, but it is hard to replace it when you are not able to think straight. God was good to us through it all – the phone calls with a friend who had delivered her baby 6 weeks before mine, the support from a trained



**Team meeting of the SHARE project**

counsellor who was also a friend and colleague and who tried to find ways to problem-solve, the knowledge that there were so many people all over the world who were thinking of us...

My situation may be somewhat different from that of mothers in our trial, both economically and socially, but I can now endorse what we are trying to do through THPP from a personal perspective. Providing support to mothers throughout the maternal experience, helping her to care for herself, her baby and have a relationship with those around her, are all immensely valuable. My faith, a husband who is a partner in every way, family and friends to rally around, a considerate and supportive workplace and colleagues, enabled us to survive this epic journey and come out smiling. Motherhood is a sudden change, in spite of the nine (in my case, seven) months of anticipation, and there is no way you can detail how you are going to adapt to the life-changing event. As you go through it, you figure out the tasks, try to do them as best as you can, recognise that there is only so much that you can do and the uniqueness of your situation, and get as much support as you can.

The twins are ten months old now, at the time of writing, and developing in leaps and bounds (quite literally, when they try to leap out of the bed or carrier). Sangath has continued to play a role in supporting motherhood, for which I am very grateful. And through THPP and in other ways, we try to pass on what we ourselves have learnt and received, in the spirit of friendship and togetherness.

“**My situation may be somewhat different from that of mothers in our trial, both economically and socially, but I can now endorse what we are trying to do through THPP from a personal perspective.**”





**Azaz KHAN**

## केस मैनेजर की पर्यवेक्षण की प्रक्रियाएं (Case manager's supervision process)

अजाज को डॅवेलोपमेंटल व काउन्सिलिंग सायकॉलॉजी में आठ साल का अनुभव है | वह जुलै २०१३ से **PRIME** प्रकल्प के अधिकारी का काम कर रहे हैं |

प्राईम परियोजना द्वारा प्राथमिक मानसिक रोगों के लिये मानसिक स्वास्थ्य सेवाओंका संचालन, सामाजिक स्वास्थ्य केंद्र (Community Health Center) में परियोजना द्वारा स्थापित मनकक्ष एवं नियुक्त "केस मैनेजरों" (Counsellors) द्वारा किया जाता है | जिसमें स्वास्थ्य केंद्र (Health Center) के चिकित्सको (Doctors) को मानसिक स्वास्थ्य में प्रशिक्षित किया गया है | केस मैनेजरों को अवसाद में मनो-सामाजिक हस्तक्षेप/परामर्श (Psychosocial Intervention/Counselling) के लिये आरोग्य गतिविधि कार्यक्रम (Healthy Activity Programme), शराब की समस्या में मनो-सामाजिक हस्तक्षेप-शराब की समस्या के लिए परामर्श कार्यक्रम (Counselling for Alcohol Problem) एवं मनोविक्षिप्ता (Psychosis) के लिए मनो-शिक्षण (Psycho-education) पर विशेष प्रशिक्षण दिया गया है | निम्न उद्देश्यों की प्राप्ति के लिए केस मैनेजरों का निरंतर पर्यवेक्षण

(Supervision) किया जाता है:

१) केस मैनेजर की सामान्य परामर्श कौशल एवं मॉडल-केन्द्रित (आरोग्य गतिविधि कार्यक्रम एवं शराब की समस्या के लिए परामर्श कार्यक्रम) परामर्श क्षमता आँकलन एवं क्षमतावर्धन |  
२) परामर्श सत्रों की गुणवत्ता में वृद्धि करना |  
३) परामर्शीय उपचार के प्रति मरीजों की संतुष्टी बढ़ाना |

४) फालोअप सत्रोंको बढ़ाना एवं उपचार को गुणवत्ता पूर्ण सम्पन्न करना |  
परियोजना में मनो-सामाजिक हस्तक्षेप सेवाओं को उन्नत बनाने एवं केस मैनेजरों के परामर्श कौशल उन्नयन के लिए सतत रूप से त्रैमासिक रिफ्रेशर प्रशिक्षण (Quarterly Refresher Training), स्वास्थ्य केंद्र पर्यवेक्षण (Facility Supervision), विशेषज्ञ पर्यवेक्षण (Specialist Supervision) एवं साप्ताहिक समूह पर्यवेक्षण (Weekly Supervision) किया जाता है |

साप्ताहिक समूह पर्यवेक्षण - प्रत्येक सोमवार को दोपहर ३.०० बजे शाम ५:३० बजे तक परियोजना के कार्यक्रम में किया जाना निर्धारित है | समूह पर्यवेक्षण की योजना ४५ दिवस पूर्व में ही बनाई जाती है | जिस में कौन से सप्ताह में किस केस मैनेजर की कौन से सत्र की रिकॉर्डिंग साप्ताहिक समूह पर्यवेक्षण में सुन जाना, प्रस्तावित रहता है | इसलिए केस मैनेजर साप्ताहिक समूह पर्यवेक्षण के लिए पूर्ण तैयारी से आते (जैसे अपने केस की रिकॉर्डिंग, केस फाइल इत्यादि) है | समूह पर्यवेक्षण में परामर्श कौशल, आरोग्य गतिविधि कार्यक्रम तथा शराब की समस्या के लिए परामर्श कार्यक्रम के प्रत्येक चरण के लिये निधारित संरचनागत मुख्य घटकों को रिकॉर्डिंग के माध्यम से सुनिश्चित किया जाता है कि अपेक्षित घटकों को उक्त केस मैनेजर







#### Sangath publications on sale

कितनी गुणवत्ता के साथ स्वास्थ्य केंद्र में मरीज को प्रदान कर रहा है | रिकॉर्डिंग सुन कर सभी उपस्थित केस मैनेजर एवं पर्यवेक्षक अपना-अपना सुझाव एवं फीडबैक देते हैं कि किस प्रकार सुने जा रहे सत्र को तकनीकी रूप से और उन्नत बनाया जा सकता है | कौन-कौन से परामर्श कौशलों का उपयोग किया जा सकता था जिससे सत्र और अधिक प्रभावी हो सकता था | जिस केस मैनेजर के सत्र को पर्यवेक्षित किया जा रहा होता है, वह भी स्वयं का मूल्यांकन कर फीडबैक देता है |

अतः इस प्रकार साप्ताहिक समूह पर्यवेक्षण से सभी केस मैनेजरों को अपने-अपने केस के विषय में समूह चर्चा करने एवं सत्र को करने में आ रही समस्या आदि के समाधान हेतु सुझाव एवं सहयोग प्राप्त करने का समान अवसर मिलता है | विशेषज्ञ पर्यवेक्षण: साप्ताहिक समूह पर्यवेक्षण में सुनी जा रही रिकॉर्डिंग को विशेषज्ञों के पास पहुँचाया जाता है | जिसे वह सुनकर सत्र में हो रही तकनीकी कमियों के बारे में बताते हैं | साथ ही उनके सुधार के लिए सुझाव देते हैं | सत्र का फीडबैक एवं सुझाव जिसकी रिकॉर्डिंग सुनी जाती है, उस केस मैनेजर को व्यक्तिगत रूप से दिया जाता है | स्वास्थ्य केंद्र पर्यवेक्षण: प्रत्येक मनकक्ष में पर्यवेक्षक द्वारा पर्यवेक्षण के उद्देश्यों को पूरा करने के लिए क्षेत्र को भेट दी जाती है | स्वास्थ्य केंद्र में केस मैनेजर का मरीज एवं उनके देखभाल कर्ता, स्वास्थ्य केंद्र के कर्मचारी के साथ ताल मेल एवं व्यवहार का अवलोकन किया जाता है | केससे संबंधित समस्त दस्तावेजों एवं मनकक्ष से सम्बंधित अन्य दस्तावेजों को जंचा जाता है | मनकक्ष के प्रबंधन हेतु आने वाली समस्याओं पर चर्चा तथा प्रभावी निवारण हेतु सहयोग दिया जाता है | साथ ही उनके द्वारा मनकक्ष एवं समुदाय में किए गए कार्य की समीक्षा एवं गुणवत्ता बढ़ाने हेतु फीडबैक एवं सुझाव दिया जाता है |

त्रैमासिक रिफ्रेशर प्रशिक्षण: प्रत्येक त्रैमासिक अंतराल में दो दिवसीय रिफ्रेशर प्रशिक्षण आयोजित किया जाता है | रिफ्रेशर प्रशिक्षण के पाठ्यक्रम की रूप रेखा पिछले तीन

महीनों में सम्पन्न हुए साप्ताहिक समूह पर्यवेक्षण, स्वास्थ्य केंद्र पर्यवेक्षण, पर्यवेक्षक द्वारा केस मैनेजरों का व्यक्तिगत अवलोकन, केस मैनेजर द्वारा चाही गई तकनीकी सहायता के आधार पर बनाया जाता है | पाठ्यक्रम की रूप रेखानुसार आरोग्य गतिविधि कार्यक्रम (HAP) तथा शराब की समस्या के लिए परामर्श (CAP) के विशेषज्ञों द्वारा प्रशिक्षण दिया जाता है |

अतः इस प्रकार पर्यवेक्षण के उद्देश्यों को प्राप्त करने हेतु अप्रैल २०१६ तक ६४ साप्ताहिक समूह पर्यवेक्षण एवं ४ त्रैमासिक रिफ्रेशर प्रशिक्षण २५ स्वास्थ्य केंद्र पर्यवेक्षण आयोजित किए जा चुके हैं |

इसके अतिरिक्त परियोजना के माध्यम से प्रदान की जा रही मनो-सामाजिक हस्तक्षेप (परामर्श) सेवाओं की गुणवत्ता के मापन एवं उन्नति के लिए जनवरी २०१६ से क्वालिटी इम्पुवमेंट प्रोजेक्ट भी संचालित किये जा रहे हैं |

इस प्रकार उपरोक्त पर्यवेक्षण के माध्यम से केस मैनेजर को परामर्शीय कौशल उन्नयन, मनो-शिक्षण, आरोग्य गतिविधि कार्यक्रम तथा शराब की समस्या के लिए परामर्श कार्यक्रम के संरचनागत ढांचे में पकड़ बनाने में सहायता मिलती है साथ ही उनके आत्मविश्वास में वृद्धि होती है | जिससे वह कार्यक्रम में पंजीकृत मरीजों को गुणवत्ता के साथ मनो-सामाजिक हस्तक्षेप/परामर्श प्रदान कर पाते हैं | जिससे उपचार के उद्देश्यों की प्राप्ति होती है |

कार्यक्रम में अप्रैल २०१६ तक अवसाद के ८७९ शराब की समस्या के ४९५ एवं सायकोसिस के १३५ मरीज पंजीकृत हो चुके हैं | अतः स्वास्थ्य केंद्र में केस मैनेजर के माध्यम से पंजीकृत मरीजों को परामर्शी उपचार प्राप्त हो रहा है तथा उक्त कार्यक्रम से मरीज लाभान्वित हो रहे हैं |

#### Vikram Patel teaching on the flagship Leadership in Mental Health course, held by Sangath and LSHTM



# A PERSONAL DECADE OF LEARNING AND GROWING



## Gauri DIVAN

**Gauri is a paediatrician focused on working in the area of early child development, developmental disabilities and occasionally dabbling in adolescent health. Her biggest pleasures and teachers have been children themselves especially the one she co-parented!**

**W**hile Sangath celebrates its 20<sup>th</sup> year; my engagement with the organisation is only approaching its teenage years! Till 2004, my professional interactions with Sangath were limited; through co-delivering BabyTalk, a preparatory workshop for new parents. However in 2005, after a year away from Goa; Gracy Andrews the then chairperson called on me and wondered if I would be willing to support Sangath's work with children and families. The organisation had undergone many changes and upheavals in the previous year, and the child development service needed to rethink its focus. At that stage it was difficult to look into the future and see what this would entail, but it seemed like an interesting challenge to take on.

In 2005, besides a few referrals we were getting in North Goa, Sangath was involved in the end stages of the *Helping Hands* program which was trying to create a model of an inclusive *anganwadi* centre in Taliegao. My first inputs were in supporting the existing team in putting together resource materials in the form of the bilingual "Aadhar" manual to support *anganwadi bais* or government pre-school teachers with basic knowledge and skills to support an inclusive environment in their centres. As this work was enthusiastically received at the few

centres we engaged with; we took this one step further with the *Developing Inclusion in Anganwadis* project. With support from the local chapter of the Confederation of Indian Industries we took on the task of training all the *anganwadi* workers in an entire district of Goa in using the Portage manual for early child care and development. This was my first experience of working with frontline workers and it was wonderful. The *anganwadi bais* of Ponda were enthusiastic and excited about learning new skills and were able to integrate many of our suggestions into their daily routines. While my teammate Vandana and I really enjoyed this project, it also revealed to me the importance of increasing community based awareness for issues around supporting child development and disabilities.

We then focused our work more on generating evidence for services for children with autism and their families; first through the *Autism Research and Training Initiative (ARTI)* project, then the *Parent mediated intervention for Autism Spectrum disorders in South Asia (PASS)* and in

Light it up blue campaign being held at schools in Goa







the current PASS Plus projects which has been a steep learning curve! A fortuitous partial move to Delhi meant that I was also given a fabulous opportunity to oversee a trial for an early child development intervention, 'Kilkaari', in Haryana. This move into the broader area of early child development and thinking about more universal interventions to help *all* children achieve their potential has been very interesting, not just for me personally but also in line with the work we have been doing in adolescent health through our *Manthan* schools program. While in *Manthan* we were involved in developing a life skills program for adolescents in schools, in the *Sustainable Program Incorporating Nutrition and Games (SPRING)* the 'Kilkaari' program we are extending this work with children by dropping down to the very beginning of the young person's life – the pregnancy!

Along the way there have been many other small but very satisfying projects with children and their families; *Saathi* which built capacity in special educators and parents with skills for dealing with the emotional and sexual health needs of children with disabilities; *Developing Opportunities for Special Teens (DOST)* wherein we responded to a parent group's request and started a unique program encouraging older students with Autism to meet and socialise with college students; the *INFORM* m-health platform which has an innovative approach to using technology to try and overcome the difficulties of getting best practices to families of children with cerebral palsy, and of course the annual *Light it Up Blue Campaign* to increase awareness for Autism, which has been expanding its coverage to more iconic buildings every year across Goa, and this year has made its presence felt in Kolhapur as well.

One of the best things about working in Sangath has been the multi-talented people that

we work with – each of whom have their own special strengths. For me personally, working with my wonderful program colleagues Vivek, Percy and Roy, who shoulder responsibilities to make these complex and time-bound programs work successfully and simultaneously produce such great science, has been one of the definitive pleasures! But it is also the long-term presence and non-work conversations over a cup of tea with colleagues like Pushpa, Laxmi, Anuja and Yvonne who add a personal and special dimension to making Sangath feel like a second home.

Finally, I think what gives me the most satisfaction for the work we are doing through Sangath – is to realise the impact on individual families. Vandana Parulekar, a mother who received the PASS intervention said, *"It was a privilege to be part of the project, and I also gained a better understanding of (my son) Josh because of PASS. I always think fondly of the time spent on the sessions and am a strong proponent of this method of intervention"*. Or when during a *Kilkaari* session in Haryana, four generations of women sit down with us; the grandmother and great grandmother listen to what we have to say and then extend their help to their daughter-in-law so she can give her own daughter a better start in life - that is when I realise that in Sangath, we are doing the right thing!



A kilkaari worker speaking to a mother and child



## Gill VELLEMAN

# REFLECTIONS ON WORKING WITH SANGATH



**Gill Velleman is a Project Consultant to the Addiction Research Group** Having been visiting Goa for many years as a holiday visitor, I have now been working with Sangath for over one and a half years. My background has been working in the National Health Service in the UK for 25 years. I have been Director of Primary Care and a Project Director. My original career started out

various ways. I have been working in the Addictions Research Group (ARG) but have also run several training courses across Sangath.

I have helped train the lay counsellors for two of the ARG projects: CONTAD and SAFE. I have loved doing this and it is a real highlight of my career. The counsellors have been amazing and it has been very rewarding seeing their skills develop. The counsellors have enjoyed the training and one of them said, *“Training and refresher training with you is good, encouraging”*.

I have made the training sessions as interactive as possible and they are certainly greeted with fun and enthusiasm – this includes innovative techniques like using an exercise DVD guided activity session which helped to energise us all. My limitations with Konkani has not been a hindrance in training as we have discovered that two of our ARG colleagues, Godwin and Christalina, can simultaneously translate for us- so I can actually hear the skills being used, can suggest improvements and then can see and hear the improvements being made. I have also helped with the supervision sessions, leading to our counsellor supervisor, Subhash saying *“Good feedback for me to improve on my supervision skills which really helped me out.”* Besides appreciating the technical input that I give, I know that they also

Gill Velleman, facilitating a group discussion during a training workshop on the 5-Step Method in March 2013.



in health promotion and as an alcohol counsellor. I now work freelance and am an international assessor for family and addiction work. I wanted to utilise my expertise and skills to help Sangath in



Sangath loves to learn from a range of local and global perspectives.

love my English chocolate biscuits!

Working in this way with Sangath and the ARG makes me feel that I am giving back something to Goa and making a real difference to the people that Sangath serves. I feel very reassured that the people attended to by the counsellors are receiving high quality counselling.

The other side of my job has been introducing project management techniques and other management techniques, and here my experience has been mixed. As Abhijit has said "Gill has a strong belief in everyone's potential to achieve the same level of output as one would



Working in this way with Sangath and the ARG makes me feel that I am giving back something to Goa and making a real difference to the people that Sangath serves.

Participants at the Interpersonal therapy workshop

expect from more qualified staff in Western settings.... This has its advantages in terms of potentially increased efficiency but also has *disadvantages as it sometimes conflicts with the 'Indian way of working'*."

The ARG has been introduced to using very structured project management methods and uses a computer-based easy-to-use system called Smartsheet. This has helped with managing each project and knowing when each one is on track or not. As Urvita has fed back, these techniques have "helped shape ARG in such a way that it serves as a good example for others in Sangath to follow; especially regarding its procedures and processes". Finally, for the wider organisational development I have also run Sangath-wide training courses in both Excel and Project Management skills.

Having closely worked with Sangath I became aware of the excellent work it is doing. At the same time it gave me an opportunity to closely observe some areas that need to improve in Sangath. For the future with Sangath, I recently presented a number of ideas to the Management Committee on organisational development which could help Sangath to become an even more brilliant organisation. These ideas are centred around staff training and implementation of efficient management systems, with improvements being led from within the staff team. I hope that at least some of these ideas will be implemented over the next year, and I wish Sangath well in its future work.



Enjoying the Sangath picnic (left to right), Mahesh Gurav and Arti Girap



## Giselle LOBO

**Giselle Lobo has been a special educator for 27 years. She has taught students with special needs, conducted parent education programs, and workshops for teachers. She is a strong proponent of inclusive education and believes that it is the system that needs to change to**

# ACTION THROUGH RESEARCH

**M**y association with Sangath began in 1999 and has continued to this day. In 1999, I was asked to address special educators at Sangath on planning and developing Individualized Education programs for children with special needs. When I went to deliver my talk I found myself in a convivial environment where everyone from the organizers to the participants radiated enthusiasm, energy and passion. Seventeen years down and I still get the feeling anytime I walk into Sangath where everyone on the staff projects the same qualities that they did so many years ago.

Over the years I have had professional and personal ties with Sangath and each of them has brought its own experiences.

On the professional front I have found that members of the staff always show a commitment to quality products and services. Whether it was training teachers at the special school (Diuli) or collaborating on various research programs, I always experienced

passion, commitment to detail, and above all the determination to develop services that were useful to the community. The focus on community has always been paramount in any of the research programs conducted by Sangath, and it is always heartening that every AGM always has a component of outreach to the community. Attending the strategizing sessions of the research projects gave me insight into the necessity for meticulous planning and focus on details.

On a personal level, Sangath has provided me with counselling services of professionals who are competent as well as compassionate. These services have been of the highest quality and I have been lucky to avail of them so easily. The value of these services is further enhanced by the welcoming and courteous attitudes of all the supporting staff, including those who man the reception.

But there is one characteristic that makes Sangath stand out for me and that is the air of equality that pervades the whole organization. There is a lack of "Sirs" and "Madams" among all the employees, notwithstanding the fact that there is a plethora of doctors and other titled professionals including one of the Time magazine's '100 most influential persons in the world'. This is not an environment that one finds in any Indian organization. For me, this is an outstanding example of dignity of labor and respect for the individual. Kudos to the management for achieving this wonderful environment over the years and continuing it till today.

My wish for Sangath is that it continues to do the work that it does best...Conducting research, developing evidence-based practices and bringing in higher standards of performance in the field.





# MY EXPERIENCE WITH SANGATH

Lisa is a Clinical Social Worker and Clinical Child Psychologist. Her work emphases include clinical practice, preparing mental health clinicians working with families and children and public mental health.



## Lisa ARONSON

Through a Fulbright-Nehru Lecturer award, I worked with Sangath in Summer 2010-Spring 2011. This award was intended to continue developing a framework to train para professionals to work with the mental health needs of youth and caretakers in low-resource settings. I had begun this while working with the NGO 'Women of the Don Region' in the Russian Federation, preparing para professionals to work with families and children following a terrorist attack on a school.

It is the nature of any interest to take different turns upon exposure to new ways of thinking, to other professionals and to different populations. And, so it was with my exposure to the richness of Sangath's work in the field of school mental health. I had the opportunity to sit in on the school counsellor trainings and clinical staff meetings, to interact with the mental health trainees (school counsellors) and their teaching staff, to visit a number of schools, to participate in meetings the counsellors had with troubled youth and to add some of my observations to their supportive counselling work. A fruitful outcome of my work at Sangath was a

co-authored casebook for school counsellors (*A School Counsellor Casebook*, Vikram Patel, Lisa Aronson, Gauri Divan).

Presently, in addition to private clinical work and teaching, I am working as a school based clinical social worker/child psychologist with disadvantaged migrant high school youth in California. I continue to utilize my learnings from my work with Sangath as well as adapt the content of the *School Counsellor Casebook* to help me address the problems this population faces.



Advocacy campaign for disabilities right

# “SANGATH” AND ME... A MEMORABLE JOURNEY!

## Gracy ANDREW

**Gracy Andrew is a Clinical psychologist who worked with Sangath for several years before going on to head CorStone India Foundation based in Delhi. CorStone is an international non-governmental organization working to develop and provide personal resilience programmes to improve well-being.**

**I**t was 1996, a year since I had returned to Goa, my hometown. I was a fully trained Clinical Psychologist and I had taken a long break from my career to take care of my children, a toddler and a preschooler. I honestly thought that there would not be much use for my professional services in a place as relaxed as Goa, and I was trying to come to terms with the fact that I would have to say good bye to my primary career.

It was my children's pediatrician who coaxed me to meet Dr Nandita DeSouza (the then Director of Sangath). Not expecting anything from this meeting I travelled to Porvorim, and when I met her I was completely bowled over. Within the course of that single meeting, she asked me to join Sangath! She said that they had formed a multidisciplinary team and they were missing a Clinical Psychologist. I wondered why she didn't want to check if I could actually do the work. I had a lot of 'buts' in mind. I said to her "But I live very far from here, I live in south Goa... I have two small children... I have had a long break and may have forgotten ..."

All my 'buts' were just swept aside and in June I was hired, the first Clinical Psychologist of the Sangath Child Development Centre! Thrilled, I



An early intervention

pulled out all my psychometric tests lying at the bottom of my cupboard, carried them to the Centre and started work on a part time basis twice a week. I never anticipated that I would remain there for the next 15 years of my life!

When I began, I had very little confidence. I plodded along through assessments, writing reports and messing up the only computer at the Centre (with a 'DOS' program!). However, instead of being admonished for my clumsiness and slowness, there was so much love and togetherness around that for me it was a dream come true. Gradually my confidence grew. I accompanied Dr Nandita when she assessed children with developmental delays, observed her counselling families, assessed the children, discussed the reports and treatment plans with the team, read up on various disabilities and conducted workshops for teachers,

parents and other stakeholders. My knowledge and skills grew and within the next two years I was asked to head the program on learning disabilities.

In my career before the break I had dabbled in both - clinical services as well as research and always enjoyed both. When I joined Sangath, I settled into my clinical role least expecting to get any opportunities to do research. That's when I met Dr. Vikram Patel and was utterly surprised that here was an epidemiologist with a passion and vision for research that surpassed any that I had met before him.

Over the years I had the opportunity to work with both. While with Nandita and many other lovely people who were part of her clinical team, I developed my clinical skills; with Vikram I re-discovered my fascination for research. I worked along with him, coordinated several research projects, had opportunities to get trained in qualitative research and later headed the adolescent program in Sangath. With an ever-encouraging group of colleagues, we even bought our first property in Raia, Goa and started the South Goa branch of Sangath. Sangath too grew over time, and just like the

adolescents I saw in my clinic, it entered a major transitional and turbulent period. A few of us held on and did not let the boat sink. We weathered the storm and brought Sangath to safe shores, after which the organization just grew in leaps and bounds.

In 2010, I took over the helm as the Executive Director of Sangath. During the two years as the Executive Director, along with the then

Chairperson of Sangath Mr. Vishram Gupte I led the administrative and financial team in Sangath to put some strong systems in place.

There had been a rising need that was growing in me to work beyond the shores of Goa and reach out to young people who had a far greater need for psychosocial interventions. In 2012, with a heavy heart, I left Sangath to move to Delhi and work in communities in Bihar and Gujarat.

My fifteen years in Sangath have been truly memorable years that I will always treasure. From a nervous, diffident professional my experiences helped me grow into a confident clinician. It's where I learnt how rigorous one has to be in research, how to manage a team and how people can make and break organizations and programs if not tackled at the right time and in the right manner.

Today as the Country Director of CorStone these experiences always aid me in managing programs, research and people. The multi-faceted role I had to play in Sangath over 15 years gives me the cutting edge multi-dimensional perspective allowing me to guide people and programs from all angles.

I wish Sangath and all its members growing recognition in the coming years!!



**Sangath too grew over time, and just like the adolescents I saw in my clinic, it entered a major transitional and turbulent period. A few of us held on and did not let the boat sink. We weathered the storm and brought Sangath to safe shores, after which the organization just grew in leaps and bounds.**





# MY CONVERSATIONS WITH NEWTON

(Miriam Sequeira's  
experience of working at  
Sangath as told to her  
husband Newton Sequeira)

## Miriam SEQUEIRA

All of 26 years, I had lived within the safe confines of my family circle, and for the first time I was living alone in another state, Goa. With no credible clinical experience save for a brief stint

at a government hospital in Mumbai, I was out to pursue my dream to be a psychologist.

How I found myself at Sangath is a story for another day, but it would suffice to say that I had no clue what I was getting into.

Save for being able to spell the word 'research' and a few hazy lessons on research methods in college, I could not spruce up my resume with any 'research work' and yet fate had me working in one of the world's most reputed community-based mental health research organisations.

I distinctly remember the day I sat before the interview panel, as Dr. Amit Dias, Dr. Fredric Azariah and Revathi N. Krishna, tried to figure out if I had what it takes to steer the intervention program in their Prevention of Depression in Late Life (DIL) project. Even as Amit threw questions at me about my qualifications and social life, I could see that Revathi did not look so convinced. Frankly speaking, even I was not convinced. Who was I kidding!? And yet Sangath gave me a

chance; and that is how I found myself working on the DIL project.

I had naïve hopes that life would be easy and that I would be given an induction programme and some training. Well presumably that is not the Sangath way! On my first day, Sherin Abraham (the DIL data manager then) showed me around the office, gave me a tantalising view of the only air conditioned room (which unfortunately wasn't going to be mine) in the building, and then led me to my desk. "This is the intervention manual of a similar study done in Pittsburgh, USA and here are some of the intervention manuals of other Sangath projects. You need to adapt and develop a counselling manual for the DIL project in Goa based on these," Sherin said.

This was the deep end, but despite my initial fears and occasional tears, things worked out. Sangath throws you directly into the ocean, but it does give you the resources to swim. I can distinctly remember the numerous times I showed up at Revathi's desk seeking help and advice. And despite her hectic schedule, the responsibilities of her own project and clinical commitments, Revathi always had a smile and a listening ear. I never returned disappointed. Let me borrow a leaf from my boyfriend (yes, that is what I call Newton), who never misses an opportunity to preach. Every life coach will tell you, 'when the going gets tough the tough gets going.' I have

**Miriam Sequeira is a clinical psychologist who currently works as the clinical coordinator of the DIL project at Sangath. She trains and supervises lay counsellors to deliver a problem solving based intervention to the elderly in the community with the aim of preventing depression in late life.**



a simpler funda- When the going gets tough, hang in there.

Barely married, there were several occasions when I told Newton that maybe teaching suited me better. The lure of a better salary, shorter working hours and summer holidays certainly was tempting. Today I can say that I am glad that I did not give in to those temptations. Fredric and Sherin, the best colleagues that one can have, often had a good laugh watching me pace up and down trying to make sense of intervention manuals and research terminology. In their words, the only time that I was not bouncing up and down the steps with intervention documents, I would be bouncing up and down at the sight of a delicious Goan fish *thali* (platter).

The learning curve may be steep at Sangath, but like any ascent up a peak, the view from the summit is worth the effort. Sangath has not only shored up my research skills, it has boosted my self-esteem, given me new friends, broadened my perspective, and given me a chance to work with some of the finest researchers.

The clinical services and the opportunity to see and help patients is another great boon at Sangath. Aside from my brief stint at King Edward Memorial Hospital in Mumbai and the year long spell as a school counsellor, my clinical experience was limited. Sangath changed that with its model of training junior clinicians under the constant supervision of senior clinicians. As slow as it may seem and as tedious the process, the ability to make a difference and to help another person improve the quality of their life is fulfilling. That is not to say that there haven't been ups and downs. If roses have beauty, they also have thorns. But these thorns remind us of what we hold and serve as life's lessons.



Graham Thornicroft talks about stigma at LMH

My journey at Sangath has been a journey of personal and professional discovery. I have lost and I have gained. Sangath was there to cheer me when I ran, and to pick me when I fell. Finally, I must make a special mention about the lay counsellors who are the front line soldiers in the entire DIL project. To them I am their reluctant leader. As luck would have it, they find themselves reporting to a 'girl' (their first impression of me) who is much younger than them. As much as I hate it, my role requires me to draw the line at some point. For instance, I must appreciate the patience and food that Seema, Sabina, Raj and Caji continue to bring to the table despite my stern warnings.

When I first read the intervention manual and when I realized that I had to train lay counsellors, my first thought was that I wanted to reverse roles. This is where Sangath taught me what it means to be a leader. As uncle Ben said to Peter Parker, "With great power comes great responsibility." DIL helped me understand this urban wisdom.

**The learning curve may be steep at Sangath, but like any ascent up a peak, the view from the summit is worth the effort.**

# Neerja CHOWDHARY

## REFLECTIONS ON WORKING WITH SANGATH

Neerja, is a consultant psychiatrist who worked at Sangath as a Programme Director from 2006 to 2013. She currently works at WHO as a Technical Officer in the Department of Mental Health and Substance Abuse

I walked into the Sangath office exactly 10 years ago seeking to explore how I could further my interest in community mental health. This was the beginning of an

been involved in, the common goal has been to improve access to mental health services for people with mental illness and their families. In order to do this, we addressed three questions – the “what”, the “where” and the “how”.

*What* are the treatments that we would provide people with mental illness?

While there are many treatments that have been proven to be effective for people with mental illness, most of these have been developed in the West. Our first step was to adapt these treatments for a range of mental illnesses - depression, anxiety, schizophrenia, dementia - to our local setting. We did this in consultation with many key advisors – mental health specialists, non-specialist health care providers such as primary care staff, community members such as religious leaders, faith healers, and, very importantly, people living with mental illness and their family members.

Once we decided what the treatments would consist of, we needed to decide *where* we would provide them. Mental illness frequently co-occurs with other health conditions such as non-communicable diseases (diabetes and cardiovascular disease), maternal health and HIV. Hence, rather than delivering vertical programs for mental health, integration



(left to right) Gauri Divan, Neerja Chowdhury, Vikram Patel, and Abhijit Nadkarni at the annual Grand Challenges Canada meeting

exciting journey marked by incredible learnings, important milestones, many challenges and, most importantly, with amazing co-travellers.

The focus of my work at Sangath was in the field of adult mental health. Amongst the many projects that I have





### Session focussing on early intervention for autism

illnesses. This was a challenging approach and we have had to implement a number of steps to ensure its success. These consisted of:

- Adapting psychological treatments so that they could be delivered by lay counsellors.
- Developing structured treatment manuals to train lay counsellors.
- Recruiting appropriate people from the community to the role of counsellors.
- Training and supervising lay counsellors so that they could provide good quality care to people with mental illness.

within these other health programs made intuitive sense. We did this in a number of ways. For example:

- Collaborating with the government Directorate of Health Services to integrate mental health in primary health centers,
- Working with partner NGOs to provide comprehensive care to the most vulnerable populations, such as those living with HIV/AIDS in Goa and socio-economically deprived families in rural Vidharbha, and
- Providing maternal mental health care within antenatal care programs.

Our third question was *how* do we provide these treatments? The inadequate number of specialists available to provide mental health care is a major barrier to access to treatment in India. This led us to adopt a novel approach - using lay counsellors who had no previous experience in mental healthcare to provide psychosocial treatments to people with a range of mental

We achieved many successes along the way. For example, in the largest mental health trial to be conducted in the developing world, the MANAS trial, we were able to demonstrate that lay counsellors, when given appropriate training and supervision, can provide effective care for people with depression and anxiety in primary healthcare settings. We were able to develop an expanding cadre of skilled and dedicated lay counsellors many of whom have continued to work with Sangath and in fact, some have now progressed to training and supervising other counsellors. This, I must admit, has been one of the most fulfilling aspects of my work – to have contributed to building the capacity of the counsellors who are now able to provide quality care for people with mental illness.

Throughout this process, I have had the good fortune of working with amazing colleagues, learning and sharing experiences so that our programs could be impeccably designed and conducted using the highest ethical standards. During that same period I also had the opportunity to obtain a Masters' degree in Epidemiology from the University of London (through distance learning), and that has contributed a great deal to my knowledge and skills in this field. I have subsequently been able to extend the experience I gained in Sangath in designing, implementing and evaluating mental health programs in many diverse settings, nationally and internationally, including countries affected by conflict and natural disasters.



In the largest mental health trial to be conducted in the developing world, the MANAS trial, we were able to demonstrate that lay counsellors, when given appropriate training and supervision, can provide effective care for people with depression and anxiety in primary healthcare settings.



## Percy CARDOZO

# TWO DECADES OF LEARNING AND GROWING WITH SANGATH

**Percy is a psychologist whose area of work is child development and adolescent health. She believes that children bring out the best in her, is passionate about making a difference to their lives, especially those experiencing difficulties.**

**I**t fills me with immense pleasure and pride as Sangath celebrates its 20<sup>th</sup> anniversary. It is indeed a great feeling to have been a part of this organization for almost two decades. When I look back on the time that I have spent in Sangath, I first think of the most wonderful people that I have met and the relationships that I have built in the organization over time. Along with career growth, it has been a fulfilling journey of immense personal growth.

My first very brief introduction to Sangath was through Gracy Andrew who I had met through a common social contact. Back then I was working as a school teacher. However, with my non-conventional mindset, working in a very conventional work environment was stifling. Though I was not completely unhappy as a teacher, I found myself getting restless. I was looking for something much more stimulating and fulfilling. Meeting with Gracy only increased this restlessness, I wanted to work with her

and Sangath, but did not know how. A few months later I read Sangath's advertisement for a research officer. I sent in my application without thinking twice even though this did not go down well with my closest friends and family. The fact that Sangath was miles away from my hometown did not deter me.

On the day of the interview I walked nervously into Sangath's small office located in Defense Colony in Porvorim. My first encounter was with Sujata, Sangath's energetic administrator. Her loud and warm welcome coupled with the informal atmosphere of the place put me at complete ease. There were a few other interviewees, and as we were chatting with each other in the waiting area, Vikram walked in and introduced himself, checked if we were comfortable and offered to make some tea for us. I remembered that the interview call letter was signed by a Dr. Vikram Patel, I was not sure if he was the same Vikram. He did not seem to be. Bosses never offered to make tea for interviewees, at least I had not known of one.

When I walked into the interview room, I realized that the Vikram who had offered to make tea for us and Dr. Vikram Patel were one and the same. Vikram had no airs about himself, a very down to earth, humble, and welcoming personality. This was true for Nandita as well. The Dr. Nandita De Souza that I had expected to meet was to my surprise a very simple, cordial woman who made you feel really comfortable with just one handshake. And of course there was Nazneen about whom I had not heard much before meeting her in the interview.

Sangath commemorates World Autism awareness Day in schools





Sangath participates in the Badte Kadam campaign by the National Trust

Her very calm demeanour coupled with her patient listening took away the last bits of anxiety that I was experiencing when I walked into the interview room. As I walked out of Sangath's premises I had a feeling of being valued and respected. This was the first impression about Sangath and it has not changed at all over the years that I have been here.

When the appointment letter arrived, I was thrilled, my friends and family were not sure if I was making the right choice. This seemed like a crazy decision, giving up a secure job and joining an unknown field, at least in the world that I was living in. But I was determined to be there at Sangath, especially after the positive interview experience. I decided to take a break from teaching for a short while and work with Sangath for two years, however at the end of two years I fell completely in love with the work Sangath did. Teaching did not appeal to me anymore, at least teaching in the traditional sense. I decided to continue my journey beyond the two years. Today it has been almost eighteen years, and I still want to continue this journey.

When we began work in Sangath we were a small family of about ten to fifteen members. I remember travelling for almost two hours to reach the office, but that did not put me off. I used to excitedly wait for the next day to be at work. There was always a new experience waiting each day. Working with Vikram has been the most enriching experience. From him I have learned so much about working with people, respecting and valuing people, far more than what I have learnt about mental health. From Nandita I have caught the bug of working with passion for a cause that you believe in. In addition to Vikram and Nandita, my good friend Gracy has

been a mentor and my strongest support for most part of my early years in Sangath. She has taught me a bit of everything, from working with clients in the clinics to managing a team. When I showed hesitation in working in certain environments Fiona made sure that I got some lessons in real social work. I am ever so thankful to her for giving me those lessons. In the later years in Sangath I have been very fortunate to have had the opportunity to work with Gauri who has taught me so much about asserting myself and going after what I want to achieve.

As I write this article I am filled with nostalgia, I fondly remember each of my colleagues, especially those from my early years in Sangath. Livia, Wilma, Rahul, Subodh and Rinea my very first colleagues here, have helped me understand that work and fun can go together when the members in a team spend time understanding each other than competing with each other.

Over the years there have been many others, each of whom has touched my life and contributed to who I am today. They have helped me understand that the workplace can also be a home. That is what Sangath is to me, a second home

On the career front, my learning curve has only seen a steep rise from the moment I stepped into the Sangath office. There has never been a time when I have regretted my decision to quit the teaching profession. The professionalism, the intellectual stimulation and above all the self confidence that I have gained is worth the decision I made for myself. From being a research officer to leading my own programme today I have come a long way. Sangath provided me with a platform to pursue my dream and also provided me with the support through all the mentors. I can proudly say that I have been fortunate to be mentored by some of the best brains and best hearts within Sangath.

And not forgetting my clients, especially the little children who have given me so much joy and still continue to do so. Every person that I have come across during the course of my work has showered only blessings. Their generous affection and kindness has given me the strength to move on when there have been challenges.



Prachi KHANDEPARKAR

# GROWING UP WITH SANGATH:

## SANGATH'S CONTRIBUTION IN ADOLESCENT HEALTH



**Prachi is a psychologist, with vast experience of working with governments, NGOs, and grassroots organisations on developing, training and implementing adolescent health programmes.**

**A**dolescence represents one of the most critical transitions in life; and is characterised by tremendous pace of growth and change, that is second only to that of infancy. During this period most adolescents experience pressures that put them at risk of developing mental health problems, adjustment-related problems, and substance use disorders. All of these can have long-lasting effects on the future health and well-being of the young person.

All of us have a responsibility to both promote adolescent development and adjustment, and to intervene effectively when problems arise; and Sangath takes this responsibility very

seriously. Sangath's work in adolescent health was initiated soon after its inception two decades ago and has, to a large extent been supported by the MacArthur Foundation since 1998, notably the scaling up of school health interventions in Goa. Support has also been obtained from Vedanta group, formerly Sesa Goa (through their Corporate Social Responsibility [CSR] programme), and from United Nations Population Fund (UNFPA). Through our Prayatna project, by training school nurses in basic counselling skills, we have provided counselling services in 216 Jawahar Navodaya Vidhyalayas from Chandigarh, Bihar, Maharashtra, Rajasthan, Madhya Pradesh and Orisaa.



Prachi Khandeparkar holds a session on adolescent mental health

We have developed a consolidated package of school-based interventions (School Health Promotion and Empowerment: SHAPE), built on Sangath's experience of task-sharing, on components from other reviewed programmes, as well as the WHO's Health Promoting School framework. The intervention, delivered by a lay school counsellor, comprises of three levels- individual, group (i.e. class), and universal (i.e. entire school). At the individual level, the counsellor provides counselling services to youth who seek help on their own or are referred by others and facilitates referrals to other health services whenever needed. At the class level, the counsellor implements a structured life skills curriculum for the students of class V and X. At the school level, the counsellor facilitates formation of a school health promotion advisory board, and implements structural interventions (e.g. policies on bullying) to promote youth health, and school health service activities (e.g. visual screening). The SHAPE intervention was implemented in 14 rural schools in Goa with financial support of a local corporate's CSR programme. The SHAPE/Manthan intervention was designed based on learnings from previous Sangath projects namely REACH (Resource Centre for Adolescent and Child Health), Yuva Mitra and Mitra study.

Currently Sangath, has a couple of ongoing projects in schools. The Strengthening the Evidence base on effective school based interventions for promoting youth health (SEHER) programme is evaluating the effectiveness of two models of school-based interventions, one led by the teacher as a counsellor and the other by an appointed counsellor in the school. The programme is aimed at promoting reproductive and sexual health, and gender equity, mitigating gender-based violence, and other adverse health outcomes in youth. The primary beneficiaries are youth attending the targeted schools; and secondary beneficiaries are teachers and parents.

Beyond Boundaries is a project that helps mainstream schools move towards a child centred teaching-learning environment that promotes



A workshop on reproductive and sexual health being held

inclusion of ALL children in 30 schools in collaboration with the Directorate of Education and Diocesan Society of Education, Goa. The

project aims at fostering networks with professionals, civil society organisations and government departments by streamlining procedures and rules to create an inclusive school environment for all children. Finally, we have the

PREMIUM for Adolescents (PRIDE) project launched in 2016. The overall goal of PRIDE is to develop a psychosocial intervention targeting common mental disorders in school-going adolescents, and to evaluate its effectiveness in reducing symptom severity and improving recovery rates in adolescents.

Apart from developing and testing such evidence based programmes, Sangath is also involved in providing various capacity building initiatives and trainings in adolescent health for professionals and other individuals. We conduct workshops in schools for various stakeholders and create resource materials for working with adolescents.

Finally, my dream for Sangath. I envisage the scaling up of our adolescence programs across other parts of the developing world in the coming decade. I see us continuing to play a crucial role in the field of adolescent health through our practicum trainings, further development of our community outreach by strengthening the existing government programmes, and continuation of our robust research activities.



**Finally, my dream for Sangath. I envisage the scaling up of our adolescence programs across other parts of the developing world in the coming decade.**

# GROWING WITH SANGATH: A TRANSFORMATIONAL EXPERIENCE

Rahul SHIDHAYE

**Rahul, a Sangath GB member, is a Psychiatrist with a keen interest in community mental health. His research is mainly in the areas of social determinants of mental health, integration of mental health in primary care and mental health systems strengthening.**



**M**y association with Sangath goes back to 2006, when it was celebrating a decade of its existence. Sangath was a well-known Non-Governmental Organization working in the field of public mental health during those days as well, spearheaded by a dynamo who we all respect: Vikram Patel. I had the privilege to hear Vikram's talk about Sangath's work in 2004 at a conference in Mumbai and two years later in Chandigarh. I was still completing my residency training in Psychiatry at that time, but had decided to reach out to Sangath as soon as I completed my MD. I was too immature those days (not that I am a mature, wise person now!), exposed only to the working of academic departments in medical schools in India and was completely unaware of how things work in the field of public health. One fine morning in November 2006, I sent a mail to a Sangath address and expressed my wish to work with them. I was not even expecting a response to this request as the mail was very poorly drafted and did not in any way inform the reader about what I was capable of and what I could contribute in the first place. The big surprise was a response from none other than Vikram Patel. The news was not so good as they didn't have any positions at that time, though the response encouraged me to seek an appointment with him. He

immediately granted me the same, which was a surprise to me, given Vikram's extremely busy diary! I clearly remember my first telephone call to Sangath which was answered by Yvonne, who very patiently explained to me the directions to reach the Sangath office. This same person, Yvonne, has coaxed me (not really, but isn't it good to spice this up a bit ) to write this article. This also probably underlines the fact that people, especially those like Yvonne have had a long association with Sangath.

In a couple of years, I got my first major breakthrough in the field of public mental health through Sangath. I became the Principal Investigator for PRIME project in Madhya Pradesh as well as Co-Principal Investigator for the VISHRAM project. Before this, I was teaching epidemiology and statistics at the Indian Institute of Public Health, Hyderabad and Public Health Foundation of India (PHFI) and had very little experience of leading programs in the field. I was quite apprehensive and felt shaky in the beginning. My first major task was to establish new offices and recruit teams in Bhopal and Nagpur, cities in Central India which I had never ever visited in my life. At that time, I was working full-time with PHFI and technically was an "outsider" in Sangath. This never became an impediment though, instead I got



Rahul Shidhaye conducting a session on the Theory of Change at LMH



absorbed quickly into the Sangath family. The support from the Sangath administration in Goa, newly joined Sangath staff in Bhopal and Nagpur who not just respected my leadership, but very subtly trained and groomed me into a Principal Investigator, and some solid and rigorous mentoring from Vikram; all played a major role in my transformation from a proverbial caterpillar to a butterfly (i.e. from an epidemiologist analysing datasets and teaching regression models to someone who could independently lead complex 'real-world' implementation research projects). In all these years, I distinctly remember Yvonne always being there to address any administrative issues we faced in Bhopal or Nagpur. I miss my interactions with Gracy, but working with Shreyas is equally satisfying.

I must say that Sangath for me is not just another organization which has shaped my professional career, it is far more than that. In my childhood, every summer we used to visit our "Mama's" (maternal uncle) place. In Hindi it is called as 'Nanihal' while in Marathi 'Aajole'. These terms have special significance in the Indian psyche and there are countless numbers of songs and stories woven around 'Nanihal'. Sangath for me is a 'Nanihal' and a yearly visit to Sangath after Diwali (in November) to teach in the Leadership in Mental Health Course is an emotionally soothing experience. A week spent in Sangath interacting with the course participants amidst the pristine environs of Goa is a 'recharge' for the next year. I am not a frequent visitor to the Sangath office in Porvorim, but I don't miss a



**Sangath for me is a 'Nanihal' and a yearly visit to Sangath after Diwali (in November) to teach in the Leadership in Mental Health Course is an emotionally soothing experience. A week spent in Sangath interacting with the course participants amidst the pristine environs of Goa is a 'recharge' for the next year**

chance to visit this place for the sheer beauty of the setting as well as the positive vibes it has. The office is in a 'waddo' with lot of mango trees around, which is so unlike some of the corporate settings with

a 'cubicle' culture. Sangath which is India's fourth leading public health - research institute also gives you a chance to pluck and relish a mango from its backyard leading to blurring of 'work' and 'play'.

It's a privilege to contribute to this report of

Sangath to be published on completion of two decades of its path-breaking work. Incidentally, I am writing this article on a Guru-Pournima day. This is a tribute to Sangath which has been a Guru (Teacher) to me for the last 10 years.

## Richard VELLEMAN

# A CHANCE MEETING

**Prof Richard Velleman is both a clinical and an academic psychologist, with research and practice interests covering a wide spectrum within mental health. Richard is currently a Senior Research Fellow at Sangath and Emeritus Professor of Mental Health Research at the University of Bath, UK.**



**M**y wife, Gill, and I have been visiting India (almost always including Goa) since our first holiday here in January 1993. We fell in love with both Goa and India, and coming here was the highlight of each year; and from 2003/4 onwards, we started coming out for longer periods – first 6 weeks, then 3 or 4 months, and sometimes more than 6

But in 2011 I was running a symposium at a Conference in UK and was introduced to Dr Abhijit Nadkarni. Abhi told me about Sangath and the amazing work it was doing, and when I next travelled to Goa for my usual 4-5 months, I met Professor Vikram Patel and heard about the exciting and valuable work Sangath was undertaking. From then (2011) onward I have been working with Sangath, at first on the PREMIUM project (with some small additional inputs: into the 'SHARE' project, and running some sessions as part of Sangath's programme on professional development, etc.), and then from 2013, developing, with Abhi, the Addictions Research Group within Sangath.

This is very exciting and extremely worthwhile work, although it does have its challenges and frustrations. Among the many exciting elements are:

- Working with such excellent and hardworking colleagues. There are too many to name all, but I must especially mention Abhi, my first Sangath contact and now my main collaborator. He is all of exceedingly competent, extremely hard-working, and a really close colleague with whom I very much see 'eye-to-eye'.
- Bidding for research funds with colleagues (especially with Abhi), and being very successful in the awards which we are getting (so far!) – these include (all with Abhi)



**Richard Velleman training lay counsellors to deliver the 5-Step Method for families affected by addictions**

months. We both used to work in Goa, but our work was not related to Goa or India: I would write books and scientific papers related to my research work undertaken in the UK and elsewhere; and Gill would work on UK National Health Service projects which did not necessitate her actually being based in the UK.

- CONTAD (Grand Challenges Canada, 2 years, 2015-2016)
- SAFE (Grand Challenges Canada, 21 months, 2015-2016)
- SAFE phase 2 (Wellcome Trust / Department of Bio-Technology (DBT) India Alliance, 2 years, Clinical Research Fellowship for Urvita Bhatia, 2016-2017).
- IMPACT (MRC, UK, 2 years, with Dr Anil Rane 2017-2018).
- And we have numerous others in the application phase.
- The development of 'scaling up'. I have always been interested in 'giving away professional power': taking lay people and helping them acquire and utilise the same skills in delivering psychological therapies that expensive and extensively trained 'experts' have, and then supervising these lay counsellors to ensure the continuation of these high standards. I have done this a lot in the UK, and doing this in India is among the most exciting and worthwhile of all the work here. Here in India, Sangath has taken a lead in such scaling up work; and it is an honour to work alongside the many key individuals in Sangath who do this.
- The recruitment, selection, training and supervision of these groups of lay counsellors, in various projects, especially PREMIUM, CONTAD, and SAFE. All of this work demonstrates that such 'giving away' is possible here in India – and

the counsellors are lovely to work with and are becoming VERY competent.

Some of the challenges and frustrations are related to infrastructure (e.g. power cuts, inadequate and very expensive internet connectivity); others relate almost entirely to the clash between a precise and planned approach to delivery of projects versus the more laissez-faire approach to planning that seems typically Indian - the difficulties of working within the 'Indian way of doing things' as one colleague put it: employing more people than seem to be needed because things take a lot longer 'in India'; accepting that most people will not be pro-active about seeking training or improving their own competence; and a host of other examples.

However, I do not want those comments to take away from my overall impressions of work within Sangath. I have been met with warmth and friendliness from everyone. The work we are doing in Goa and increasingly across India is hugely important and worthwhile: the commitment to make a difference to people's lives, initially here in Goa by developing, delivering and evaluating the impact of psychological interventions for various conditions that affect people, and then by scaling up these interventions so that they will be of use to people across India, and indeed across the developing world. I feel immensely privileged to have joined Sangath and I look forward with pleasure and anticipation to continuing to work

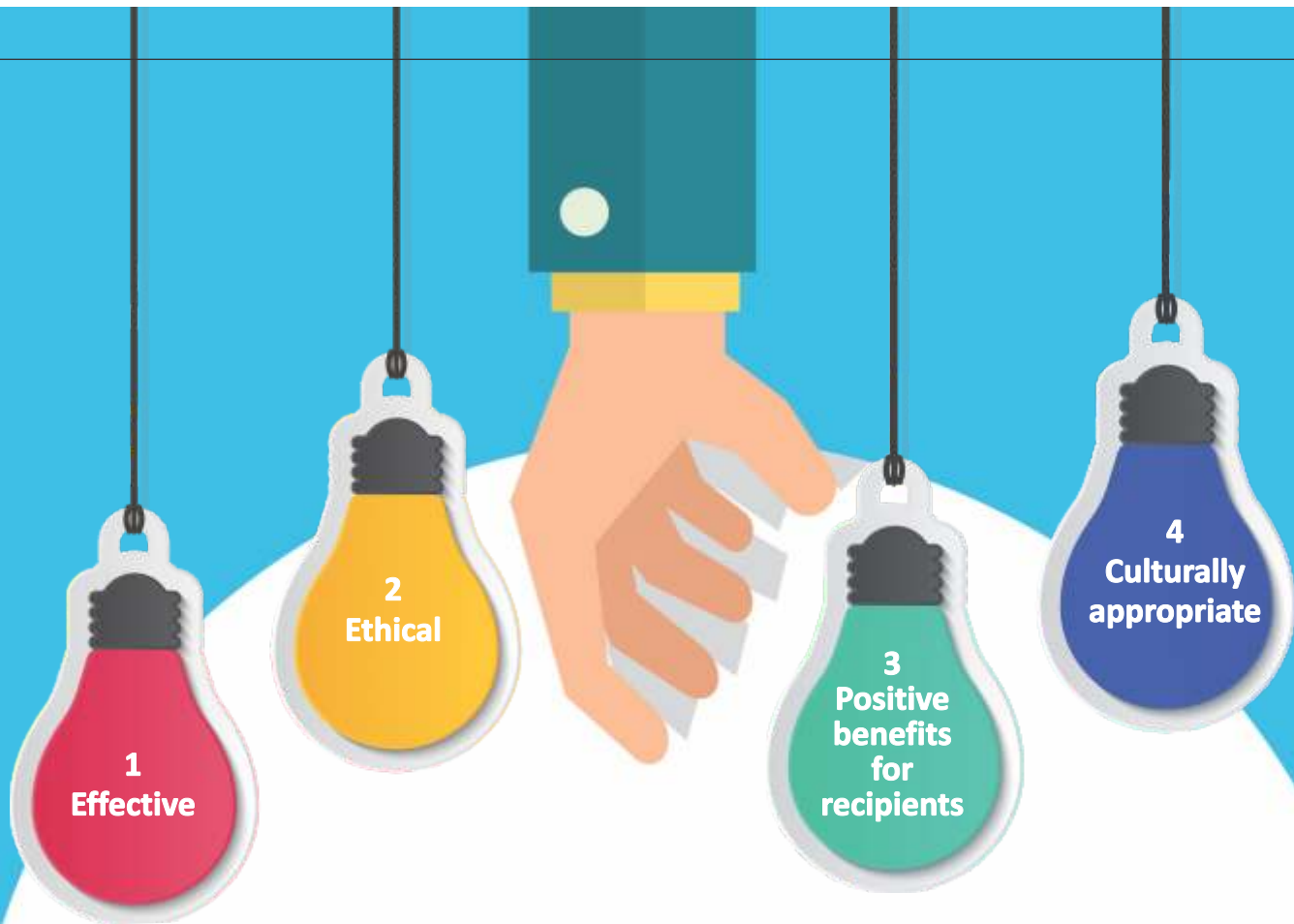


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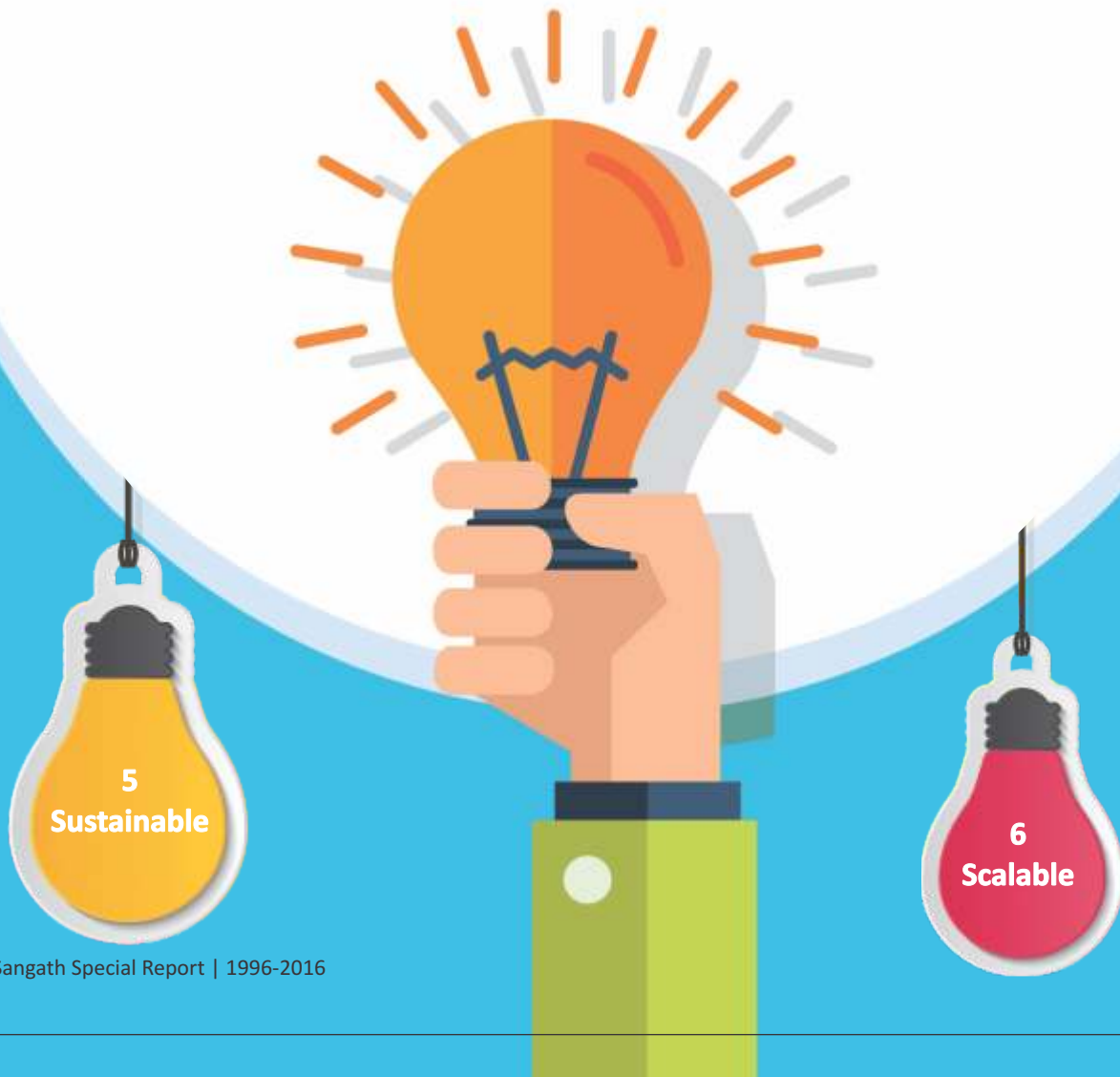


Games and fun during the annual picnic





# 20 CHARACTERISTICS OF OUR INNOVATIONS





## Shreyas KAMAT

# FROM BANKING TO NGO-MY JOURNEY

**Shreyas was a banker before she joined Sangath. In Sangath she leads the central administration team as well as provides supervision to project administration teams.**

**L**et us rewind back to a typical working day in 2010: I reach office and begin work. Mailbox is full. There are five home loan application files on my desk. All five applicants already have a home and two 'second' homes. I have just sold them a third home loan! The applicant considers it as an investment. I consider it as a step closer to achieving my annual target of selling home loans to people who do not need a loan! On the other hand, some others have stopped paying back their loan, and I have to soon plan a strategy to deal with them.

**Now let us fast forward to a typical working day in 2016:** I reach office and begin work. Mailbox is full (some things never change!). There are five new applicants who want to participate in Sangath's flagship Leadership in Mental Health course. There are three new donors to our first ever crowdfunding campaign. There are announcements of a workshop in project management and a training

session on assessment of mental health concerns in children. A funder is happy with the quarterly report and sends a confirmation of further funds with Diwali wishes. A colleague informs me that we have received significantly positive outcomes for one of our school health programs!

***This is what I have achieved by moving from the corporate sector to the development sector.***

I work with an organization that is making a difference to the world around it and within it. We are wanted and welcomed. We do work that people want us to do: providing care to people who need it the most, building communities, building skills in people to provide care to others within, and possibly beyond their community. Our work involves developing innovative models of care. We generate knowledge for the global community so that they too can benefit from our work and take a step ahead in their journey.

***We are pioneers.***

People from all over the world throng to our training programs. They return enriched and inspired to bring about change, and also to send their colleagues to participate the next year. Colleges from all over the country look forward to visit us, to know more about our work and its impact on the society as a whole.







Johnny with his mean machine

research evidence. To me, this transformed the way I looked at development work and guided my thought process.

***At Sangath, I found teachers for life.***

The smallest of encounters in the corridors with my colleagues at Sangath, brings home a lesson or message about research or project management or life.

Once, I was travelling around the villages in Salcette enlisting schools for a program. The program was in its initial stages, and I was under tremendous stress. Johnny, my colleague who drives us around, sensed my feelings and offered this gem: *“When a program begins, you always feel stressed due to uncertainty. As the days go by, and*

*as you get more experienced, you will feel more confident,”* he said with a smile.

A dynamic theatre group invites us to participate in their experiment of creating mental health awareness through engaging plays. The list is endless, and equally exciting.

***I feel wanted and I feel that I belong. I love my job!***

Though at a very senior position in my erstwhile corporate avatar, I felt I was doing a very mundane job. Sangath rescued me! I walked into Sangath with a desire to make a difference to the world around me. And it is here that my desire turned into learning. I learnt the fascinating concepts in formative research for needs analysis, pilot testing and monitoring, and evaluation.

Development work was not just 'doing good work' or 'doing what you think is good'. At Sangath, I discovered that it is a science. Every decision at Sangath is backed by



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Johnny had learnt this over his eight years of experience at Sangath and he was offering me his learning. It is rare that people at all levels in an organization have something to offer and feel free to offer it.

Sangath has given me the opportunity to work with people from across professional domains and cultures, learning from their experience and from my own. For me, Sangath is a journey that

takes me through unexplored destinations and gives me the confidence and pathway to make a difference.



## Siddharth GANGALE

Siddharth Gangale has more than 10 years of work experience in the development sector, specifically in community mental health, training and capacity building of CBOs and NGOs and also has also worked with tribal communities in the states of Maharashtra and Madhya Pradesh.

### HOW POSITIVE ENERGIES CHANGED “SELF” AND “PROFESSIONAL SELF”

I joined Sangath's VISHRAM (Vidharbha Stress & Health program) project in 2011. On the day of my interview, I met Dr. Vikram Patel & Dr. Rahul Shidhaye for the first time. Surprisingly, at that time I had no idea or information about who they were and the extent of their work in the field of mental health. At the interview, Dr. Vikram was very positive about my experience of mental health advocacy during my stint with Basic Needs India. After I started working with Sangath, I came to know more about the organisation,

with Sangath I have learnt a lot. I learnt a range of new skills such as developing project plans, developing work packages and training modules, advocacy, and finally disseminating findings through publication in scientific journals. I also completed my PhD in Community Mental Health in this period and presented papers in various seminars at the state and national level, all because I started enjoying the process of research at Sangath.

As human beings all of us should have a scientific approach in our daily life as well as in our work. I always had a scientific approach in my personal life but during my journey in Sangath, and specifically working with Dr. Vikram and Dr. Rahul, I learnt how to use a scientific approach in my work. Based on my experience, I have learnt that Sangath provides its staff with a platform to develop oneself professionally, but finally it depends on each one of us as individuals to grab those opportunities and grow as professionals. Personally, I have not let any opportunity go wasted; I have grabbed every opportunity to learn, and in doing so widened my perspective and understanding about mental healthcare delivery in India.

In the development sector very few organisations provide an enabling environment for employees to develop their potential through various capacity building programs. Although I have been working in the development sector with various national organisations for the past ten years, except for Sangath, I have never experienced the decentralization of organisational power in terms of programmatic and financial decisions. In most organisations such policies remain on paper but in Sangath I experienced how such policies can become a functional reality if implemented in the right spirit. Because of such positive experiences, I feel very proud and privileged being part of the Sangath family. Personally, I feel that Sangath's contribution to my life and to my personal and professional development is something that I will cherish forever.



and Dr. Vikram and Dr. Rahul. In my regular interactions with them I always experienced a positive energy which boosted my morale, and over time resulted in my 'self' and 'professional' development.

Today, I feel very proud to be a part of an organisation which has international recognition in the field of development and testing of evidence based culturally appropriate mental health interventions. In my previous job I had extensive experience of providing community mental healthcare for severely mentally ill persons, but none of it was documented in a systematic manner. In my journey

# IT IS THE PEOPLE THAT MAKE AN ORGANISATION

Anuja is the  
librarian and  
dissemination  
officer at Sangath.

## Anuja BANAUЛИKAR NAIK

**I**t was a pleasant feeling to go back in time while writing this article. I joined Sangath in December 2009. I still clearly remember my interview which was conducted in our old office, near the Electricity Department in Porvorim. I had a chance to meet two wonderful women; whom I hold closely in my heart even today, Yvonne Goncalves and Tamara D'sa from the Administration Department. After listening to them talk about Sangath and observing its work, I strongly felt that I should work here. Within two days I got a call to confirm my selection and I was dancing with joy, and to this day there has been no end to that joy.

On my first day at work, Yvonne gave me a brief induction and then took me around the office to introduce me to other project staff. At that time all the projects were working out of rented rooms located in separate buildings. It was Christmas season and few colleagues were busy practicing carol singing to celebrate Christmas and New Year. Never before had I seen a celebration of such kind in an office building. By looking at the whole convivial atmosphere I was deeply touched.

But now times have changed and so has Sangath. We have moved to a new building of our own, and all project staff are housed under one roof. Work has increased significantly. Tasks have become more technical and we are making vigorous efforts to master them.

My work as an Administrative Assistant was like the Bollywood blockbuster 'Dhoom'. I was a busy-bee and was extremely busy with managing telephone calls,

attending to visitors, talking to patients and fixing appointments for them, and handling all in house complaints – “this is not working – that is not working,” lots of filing, logistics and what not!! Thanks to Yvonne and Amit, my colleagues who helped me during that time, I was able to successfully complete all this work.

Sangath helps people who have problems in their life (especially those related to mental health). Such people need an external source of support that will listen to their difficulties and provide them with help/ solutions. I personally thank Sangath for such work as my awareness about mental health was practically non-existent before I joined here. After joining Sangath, I got to know more about mental health, problems related to it, and how it impacts peoples' lives.

Sangath helps us grow both personally and professionally. We get the opportunity to attend various talks to develop personally, witness our work in the community, and watch mental health related

movies, in our staff meetings which are organized every quarter. We have fun during these meetings by coming together playing games, and of course having delicious food.

Sangath is our family and its strength is in its beautiful and resourceful colleagues with whom you can learn a lot and who are always eager to lend a helping hand.



Cheeeese! (left to right, Priya Korgaonkar and Anuja Banauliker)



## Vaibhav MURHAR

# मध्यप्रदेश में मानसिक स्वास्थ्य नवाचार



वैभव २०११ से PRIME प्रकल्प में प्रकल्प संचालक का काम संभाल रहे हैं।

मध्यप्रदेश को नवाचारों अथवा इनोवेशन के लिये जाना जाता है खास तौर पर स्वास्थ्य के क्षेत्र में। हाल के वर्ष में मध्यप्रदेश में मानसिक स्वास्थ्य के उन्नयन अथवा स्केल-अप का एक सुंदर उदाहरण कायम किया गया है। मध्यप्रदेश के सभी 51 जिलों के जिला अस्पतालों में मानसिक स्वास्थ्य कार्यक्रम की शुरुआत प्रदेश के स्वास्थ्य विभाग एवं राष्ट्रीय स्वास्थ्य मिशन के नेतृत्व में

की टीम मानसिक स्वास्थ्य सेवायें प्रदान करने के लिये नियुक्त की गई है जिन्हें मानसिक स्वास्थ्य सेवा प्रदान करने हेतु प्रशिक्षित किया गया है। जिला अस्पतालों में मानसिक रोगों से संबंधित दवाइयों की उपलब्धता सुनिश्चित कराई जा रही है एवं मानसिक स्वास्थ्य एम आई एस भी स्थापित किया गया है ताकि समयबद्ध रूप से उपयुक्त मानसिक स्वास्थ्य इण्टीकेटर प्राप्त किये जा सकें। इन सब के अतिरिक्त प्रत्येक जिला अस्पताल के सभी चिकित्सा अधिकारियों हेतु दो दिवसीय मानसिक स्वास्थ्य उन्मुखीकरण प्रशिक्षण भी दिया जा रहा है। असंचारी रोगों के लिये आयोजित किये जाने वाले प्रशिक्षण में भी मानसिक स्वास्थ्य के लिये प्रशिक्षण सत्र का प्रावधान किया गया है। इस तरह से विभाग न केवल कार्यक्रम के स्तर पर बल्कि संस्थागत स्तर पर भी मानसिक स्वास्थ्य के एकीकरण का व्यापक प्रयास कर रहा है। प्रदेश में मानसिक स्वास्थ्य के क्षेत्र में की गई इस नवाचारी पहल को सोहम (Scaling up opportunities for Healthy and Active Minds) नाम दिया गया है। उपर्युक्त कार्यों की शुरुवात पिछले एक वर्ष में ही हुई है किंतु इसकी नींव लगभग 5 वर्ष पहले प्राईम कार्यक्रम की शुरुवात से रखी गई थी। वर्ष 2011 में स्थितियों अत्यंत जटिल थी। प्रदेश में जिला मानसिक स्वास्थ्य कार्यक्रम 5 जिलों के लिये स्वीकृत किया गया था एवं यह प्रदेश के चिकित्सा शिक्षा विभाग के अंतर्गत मेडिकल कॉलेजों के द्वारा चलाया जा रहा था किंतु इसके अंतर्गत कोई उल्लेखनीय प्रगति नहीं हुई थी। भारत शासन द्वारा जिला मानसिक स्वास्थ्य कार्यक्रम चलाने वाले संबंधित मेडिकल



**Participants for the short course on statistics and data analysis, organised by the PRIME project in Bhopal**

संगत एवं पब्लिक हेल्थ फाउण्डेशन ऑफ इण्डिया के तकनीकी सहयोग से की गई है। इसके अंतर्गत सीहोर जिले में चलाये जा रहे प्रोग्राम फॉर इम्प्रूविंग मेण्टल हेल्थ केयर (प्राईम) मॉडल का अनुसरण करते हुये प्रत्येक जिला अस्पतालों में मनकक्ष स्थापित किये गये हैं। मनकक्ष में एक चिकित्सा अधिकारी और दो नर्स



**Data checking in progress**

कॉलेज को आवंटित किये गये बजट का प्रभावी उपयोग नहीं किया जा सका | चूंकि लोक स्वास्थ्य एवं परिवार कल्याण विभाग जो कि लोक स्वास्थ्य सेवायें प्रदान करता है, इस कार्यक्रम का सीधे तौर पर प्रबंधन नहीं कर रहा था अतः दो विभागों के आपसी सामन्जस्य की कमी भी इस कार्यक्रम की विफलता का एक उल्लेखनीय कारण था | पिछले बीस वर्षों के दौरान संगत का फोकस मानसिक स्वास्थ्य के क्षेत्र में साक्ष्य आधारित उपचारों का विकास रहा है | इस दौरान सामान्य स्वास्थ्य काउन्सलर के माध्यम से दिये जाने वाले मनोसामाजिक उपचारों का विकास एवं मूल्यांकन किया गया है | संगत की अगुवाई में 20 जून 2011 को मध्यप्रदेश में प्राईम कार्यक्रम लॉन्च किया गया | मानसिक स्वास्थ्य के क्षेत्र में लोक स्वास्थ्य एवं परिवार कल्याण विभाग के सहयोग से संगत एवं पब्लिक हेल्थ फाउण्डेशन ऑफ इण्डिया द्वारा मानसिक स्वास्थ्य के क्षेत्र में प्रदेश में चलाया जाने वाला यह पहला अनूठा कार्यक्रम था | इस कार्यक्रम का उद्देश्य साक्ष्य आधारित मानसिक स्वास्थ्य उपचारों को प्राथमिक स्वास्थ्य सेवाओं के साथ एकीकरण करना एवं तत्संबंधित शोध करना था | इस कार्यक्रम में न सिर्फ मानसिक स्वास्थ्य के साक्ष्य आधारित औषधीय एवं मनोसामाजिक उपचारों को शामिल किया गया

वल्कि किसी स्वास्थ्य कार्यक्रम की सफलता के लिये आवश्यक एनेवलिंग घटकों को भी जगह दी गई | इस प्रकार एनेवलिंग घटकों पर ध्यान देने के कारण मानसिक स्वास्थ्य सेवाओं के एकीकरण हेतु अनुकूल वातावरण निर्माण में सहायता मिली | प्राईम कार्यक्रम की टीम के सतत् प्रयासों एवं स्वास्थ्य विभाग के सहयोग के द्वारा सीहोर के तीन सामुदायिक स्वास्थ्य केंद्रों (विल्किसगंज, श्यामपुर एवं दोगाहा) में मानसिक स्वास्थ्य सेवाओं के एकीकरण का एक अनूठा मॉडल उभर कर आया | इन तीनों स्वास्थ्य केंद्रों में मनकक्ष स्थापित किये गये जहाँ मानसिक स्वास्थ्य सेवा में प्रशिक्षित केस मैनेजरों को नियुक्त किया गया है एवं उनके माध्यम से मानसिक रोगों की पहचान की जाती है एवं फिर क्लाइंट को उचित मनोसामाजिक उपचार तथा मनो-शिक्षण प्रदान किया जाता है | केस मैनेजरों की सेवायें न सिर्फ स्वास्थ्य केंद्र तक सीमित हैं वल्कि उनके द्वारा गाँवों में भ्रमण कर भी समुदाय में मानसिक रोग की पहचान एवं मानसिक स्वास्थ्य प्राथमिक उपचार प्रदान किया जाता है | इस तरह से सीहोर जिला मानसिक स्वास्थ्य सेवाओं के एकीकरण का एक अद्भुत मॉडल बन कर उभरा है | उपर्युक्त मानसिक स्वास्थ्य एकीकरण के प्राईम मॉडल के सफल क्रियान्वयन एवं स्वास्थ्य विभाग के स्तर पर उपलब्ध कुशल एवं प्रगतिशील नेतृत्व के समागम से मध्यप्रदेश में मानसिक स्वास्थ्य कार्यक्रम को सुदृढ करने के प्रयासों की शुरुआत हुई | अभी तो यह एक शुरुआत है, आगे आने वाले दिनों में स्वास्थ्य विभाग की ओर से कई नई गतिविधियों को प्रारंभ किये जाने हेतु वैचारिक सहमति दी गई है जिनमें से कुछ मानसिक स्वास्थ्य हेल्पलाइन, विभिन्न स्वास्थ्य कार्यकर्ताओं के प्रशिक्षण में मानसिक स्वास्थ्य को शामिल करना, व्यापक मानसिक स्वास्थ्य जनजागरूकता अभियान इत्यादि शामिल हैं | संगत एवं पी . एच . एफ . आई . आने वाले दिनों में विभाग के साथ सोहम को आगे बढ़ाने हेतु सतत् प्रयासरत रहेंगे |



**Street play in progress**



## Vandana KAKODKAR

# A JOURNEY TO SANGATH

**Vandana is an Intervention Coordinator at Beyond Boundaries Project based in South Goa. She's also a freelance nutritionist.**

**S**angath.....its memories that linger with me are just awesome.

I was just back from my post graduation from Mumbai in 1999, and there was an advertisement in the papers which caught my attention. In response to that advertisement, I applied for the post of clinical assistant at Sangath. Dr Nandita, Sujata and Fiona interviewed me. This was my first experience of being interviewed, and understandably I was quite nervous. But I was made to feel so comfortable by the interviewers there that I felt very relaxed. Within a week I got my appointment letter and I jumped with joy!!!

Initially, I worked under Dr Nandita's supervision and I owe a lot of my professional traits to her. Sangath was not just a job for me! I

was still learning, learning new things in child development; learning to conduct workshops. We worked as a small family.....I never looked at Sangath as my work place, but it was like my home away from home. The ambience was very casual, freedom of speech was paramount, there was no hierarchy, and yet the learning process continued. We would not only do our job but also help each other, and do any odd jobs required. I remember, there used to be no drivers at Sangath at that time. We had a Maruti Omni van for our project and we all had to learn to drive as our clinics were in Bicholim. There was so much stress whilst driving that we would hardly use the 3rd and 4th gears. Within a short time, I mastered the skill and lo and behold I am confident with my driving now.

I have wonderful memories with all my colleagues. I cherish all the lovely moments-right from staff meetings, presentations on Fridays, birthday celebrations, picnics, community work, clinics, workshops etc .. Prachi, Kalpana, Daegal, Ulka, Dr Vaishali and me were the juniors of Sangath and Dr Vikram, Dr Nandita, Gracy, Fiona, Marita, Percy were the seniors. I had joined Sangath on a 18-months project, but new projects kept coming up and I continued at Sangath. Slowly, Sangath started growing and we had to rent more office space. What

Participating in the Disability Rights campaign





started off as a nuclear family gradually evolved into a joint family. It was still wonderful to be a part of the joint family. The only bad consequence of this growing family was that Dr Vikram stopped getting chocolates for us!

I also had an opportunity to work with Dr Marcus Hughes and Rachel Hughes. By this time I had graduated to the coordinator's post in Sangath. Dr Gauri and I also worked on a project on Early Intervention with anganwadi workers. I had such a rich and varied experience/s in child development, that I felt I was prepared to become a mum by then. Dr Nandita's teachings on child development, stimulation, breastfeeding, disciplining children etc. all helped me to become a successful mother to my little son. Since I wanted to devote my time to my child I decided to quit Sangath as commuting from Ponda to Porvorim was getting difficult. By then I had worked in Sangath for 8 lovely years.

My little brat has now grown up. Fortunately for me, Percy recruited me for her program based at Raia. It was a joyous moment to get back to my work place -my other home and to be with some of my old friends. The icing on the cake was when one

of the Time magazine's 100 most influential person in the world welcomed me back by saying that the "PRODIGAL DAUGHTER" had returned to Sangath!!!



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#### Time for celebrations!



Vishram GUPTE

# A Pretty Girl...@ 20



**Vishram is a general body member and has been the longest serving chairperson of Sangath.**

Unlike individuals, institutions take some time to grow, but twenty years are good enough for an institution to grow out of its nescient stage. A girl of twenty years and an institution of the same years have much in common. Both are fresh in their outlook, willing to tread an unknown path and bubble with life. Both look pretty. Sangath is that pretty girl... for me. I am happy that it is celebrating its 20th birthday which means it has come out of its 'teenage syndrome' leaving behind its teething problems.

The counsellors in Sangath exhort their young clients with adolescent anxiety to overcome it by becoming 'adult'. Adulthood means taking responsibility for one's actions and taking the trials and tribulations of life in one's stride, and walk towards a receding goal. Being an adult is being able to walk towards an aim which keeps moving beyond the horizon of expectations.

In the case of Sangath, an institution built by individuals who believed in the idea of helping people in distress, this horizon of expectations is always out there,

beckoning, but eluding. With its team of competent and committed men and women, Sangath knows it too well and will, in the spirit of a pilgrim, keep on walking towards its deity. This deity is none other than service to humanity in general, and helping an individual in psychological distress in particular.

A lot of statistical data can bear me out on how Sangath has alleviated individual and societal distress through its research-based intervention projects in the last two decades. This is a matter of official and statistical record which I leave to you to verify from Sangath's annals. I would, for a change, focus on the lived experience, the throbbing and pulsating moments which made Sangath what it is today, a unique initiative in preserving mental health and maintaining psychological and spiritual hygiene of clients. It has also been teaching coping strategies to caregivers who attend the clients in a domestic set up.

From clinical depression, to bipolar disorders, from schizophrenia, to learning disabilities, from autism spectrum disorders to alcoholism and from family



Vishram Gupte (extreme left) with colleagues



**Vishram Gupte addressing a community meeting**

counselling to geriatric care....Sangath has always been active in finding solutions to a range of these problems. But its mode of treatment has always been based on evidence-based intervention, rather than “pop” beliefs and practices. This is why Sangath is known as one of the premier mental health research organisations, not just across the country, but throughout the world.

This fame is largely due to its founders' vision, particularly that of Dr Vikram Patel, a man now well known throughout the world for his socially relevant and clinically impeccable research methodology. He and his team of equally gifted clinicians have made Sangath the torch bearer of mental health not just in India, but in Africa and Asia too. This is nothing short of a dream run, and we must feel proud to live in the vicinity of such a famed organisation.

The seven founding members who came together way back in 1996 with a shared imagination of implementing an evidence-based psychological assessment and psychiatric intervention was the beginning of Sangath. It is a memorable event in the history of Goa, known for its better than average public health indices. Those seven founders have become a part of the Sangath's institutional lore. Those members, till this date, have remained committed to what they pledged two decades ago.

I was a late-comer to this scene. I entered as a reluctant Managing Committee member somewhere in 2005. I became a 'Vice Chairperson', within a year with all my protestations, and as luck would have it, assumed its Chairpersonship for a continuous period of six years, for which I feel blessed. The residual bliss has still not left me completely even though I am not a part of Sangath's scene for the last four years. Believe me, because I say this with a hand on my heart.

The assumption of my office as a chairperson and the internal organisational turmoil coincided in such a way that it left me no time to enjoy and be smug about my work. It took a couple of years for Sangath to overcome those organisational issues and the internal storm to settle. In the bargain some

friends were hurt and felt alienated, but finally the organisational vision of total transparency won the day and Sangath emerged as a credible NGO, whose financial and administrative affairs were declared above board, not just by its General Body but by the official auditors and other monitoring agencies.

This, I believe, is the real feather in Sangath's cap. Other laurels, like a Mac Arthur Prize and other prizes of equal importance came Sangath's way for which the credit must be given to every member in equal measure who worked to fulfill Sangath's vision, may she or he be a researcher, counsellor, accountant, administrator, driver or a house keeper. Sangath's core belief lies in sharing responsibilities and laurels in equal measure.

Sangath can reasonably boast of establishing a democratic work culture by following a horizontal hierarchy where people relate to each other on an equal footing. Sangath is a unique organization which runs without a boss and gives dignity to all. It must have been a fantastic experience for all those service providers who worked for it in different capacities over the last two decades. Like sharing things together and, transparency in financial and administrative matter, Sangath also believes in building skills of its service providers by experts in the field.

It has always surprised me to watch a young girl or boy coming to join Sangath and then her/his metamorphosis into a confident and competent worker within a short time. I remember many such instances and could name them, but refrain from it. This is because of the stimulating and encouraging working environment, thanks to the sensitive and responsible leadership of Dr. Amit Dias who today has carved a special niche in international geriatric and public health research.

If you ask me what aspect of Sangath I like most? My answer would be: its inherent egalitarian work culture, its emphasis on building skills of its service providers, its meticulous way of organising various socially relevant research projects and its commitment to transparency in matters of financial and administrative matters. Any organisation can become a force if it follows these four 'noble truths'.

When I think about my experience with Sangath, I fumble for words... I cannot express my gratitude towards the organisation which took so little from me and gave me so much. Thank you Sangath and all those lovely friends who made me feel so valuable for such a long time.

Keep on walking towards the shining horizon. Best luck and many happy returns of the day!





## Miraj U. DESAI

# ‘MY EXPERIENCE’ WITH SANGATH

**Miraj worked with Sangath on the ARTI project, specifically helping to design and implement the qualitative research component. After spending four months in Goa, he returned to work with ARTI and collected data for his own PhD thesis focused on parents' experiences of children with special needs.**

Quite simply, my time at Sangath was life changing. At Sangath, I was a proud member of the ARTI team (Autism Research and Training Initiative) and later an Honorary Research Fellow. Vikram, Gauri, Vivek, and countless others always served as consummate hosts and colleagues, bringing an energy and enthusiasm that was infectious and inspiring. Sangath emanates not only a strong dedication to improving the lives of others, but does so with a basic sense of humanity and kindheartedness. It is clear why Sangath is such a well-respected world leader in mental health research and

programme implementation.

I will never forget the memories and experiences while at Sangath, for which I will always remain grateful. These experiences continue to nourish me in my day-to-day work at the Yale Program for Recovery and Community Health (PRCH). Both Sangath and PRCH share a commitment to community partnership, as well as a focus on empowerment vis-à-vis health. I have had the unique privilege of working at both esteemed institutions, which has given me a sense of hope for our future in this shared, increasingly globalized world.



The PREMIUM team take time off to pose



Lalan Madkaikar conducting a counselling session



लालन SAFE ह्या प्रकल्पात काऊन्सिलरचे काम करत आहेत . ह्या आधि संगतच्या अनेक प्रकल्पामधे त्यानी वेगवेगळ्या भुमिका वजावल्या आहेत .

सांगात ह्या शब्दातच खूप काही दडलेलं आहे . सांगात म्हणजे साथ, एकमेकांच्या साथीने काम करणे, एकमेकांच्या साथीने पुढे जाणे, समाजातील लोकांना मदत करणे व त्याचा ठसा समाजावर उठवणे . सांगात हे नाव ही संस्था सार्थ करत आहे .

ही संस्था तळागाळातल्या लोकांना मदत करण्यासाठी, त्यांच्या मधल्याच, त्यांच्या समस्या जाणणाऱ्या, त्यांची भाषा समजणाऱ्या सेवाभावी व्यक्तींना हेरून, त्यांना पुढे आणून, प्रशिक्षित करून, त्यांच्याकडून काम करून घेते . औपचारीक शिक्षणाला किंवा डिग्रीला जास्त महत्व न देता, दर्जेदार प्रशिक्षणाच्या आधारे हे साध्य केले जाते .

प्रशिक्षण तेही मुद्देसूद, आत्मविश्वास वाढवणारे, भीती कमी करणारे आणि काम करण्यासाठी गरजेचे असणारे आणि ज्ञान देणारे . एक ते दोन महीन्याच्या कालावधीत प्रशिक्षित करणे ही काही खायची गोष्ट नाही पण इथे ते चांगल्या रीतीने केले जाते .

सांगात ही एक शाळाच . जिथे प्रशिक्षण घेणारे शिकतात, सक्षम होतात . त्यांचा दृष्टीकोन बदलतो . प्रत्येक कृती करताना आपण जे शिकलोय त्याची आणि ज्या गटावरोवर आपण काम करतो त्यांच्या अनुभवाची छाप आपल्या जीवनावर पडते . आपल्या स्वभावात, वागण्यात कितीतरी सकारात्मक बदल घडतात .

दरवर्षी अनेक प्रोजेक्ट सांगातमध्ये राववले जातात . विशिष्ट अश्या गटाचा विचार करून त्यांना मानसीक आधार देण्याचे काम होते . उदाहरणार्थ मंथन सारखा प्रोजेक्ट शाळकरी मुलांसाठी होता . मुलांनाही समस्या असू शकतात आणि ह्या समस्या कमी करून त्यांच्या मार्गातले अडथळे दूर करून दिशा देण्याचे काम होऊ शकते ह्याचे मूर्तिमंत उदाहरण म्हणजे मंथन होय . तसंच सेफ हा प्रोजेक्ट दारूच्या आहारी गेलेल्यांच्या

घरच्यांसाठी आहे . दारूच्या आहारी गेलेल्या माणसाच्या घरच्यांची परिस्थिती किती दारूण असू शकते ते चित्र ह्या प्रोजेक्टद्वारे दिसून येते . त्यांना मदत मिळणं किती गरजेचं आहे हे सांगून कळणार नाही . हसणंही विसरलेल्या आणि सतत तणावाखाली असलेल्या ह्या चेहऱ्यांवर हा उपचार संपल्यावर जेव्हा स्मित झळकतं तेव्हा जे समाधान मिळतं ते खूप काही देऊन जातं .

काम केल्यानंतर जर त्या कामाचं समाधान मिळत नसेल तर माझ्यालेखी त्याला काहीच महत्व नाही . इथे ते मिळतं ते आवर्जून सांगावसं वाटतं . तसंच ह्या दोनही प्रोजेक्टचा मी एक भाग आहे हे सांगताना मला खूप

## लालन मडकईकर

आनंद होत आहे .

प्रिमियम डिप्रेशनवर, सखी गरोदर महिलांसाठी, असे अनेक प्रोजेक्ट्स समाजासाठी उपयुक्त ठरलेले आहेत . तसेच मानसिक आरोग्य दिवस असो किंवा स्वमग्नता दिवस असो, तो साजरा करण्याचा किंवा त्यानिमित्त समाजात जागृती निर्माण करण्याचा उत्साह खरंच खूप दांडगा असतो .

इथे कोणीही लहान मोठा नाही, प्रत्येकाला सामावून घेतलं जातं . स्वच्छ आणि पारदर्शक व्यवहार, हुद्याला नव्हे तर कामाला महत्व असल्यामुळे काम करण्याचं एवढं समाधान दुसरीकडे नाही . आणि म्हणूनच सांगातकडे परत वळण्यासाठी खूप विचार करावा लागत नाही . सांगातचे आकर्षण सदैव असते आणि हे असच राहावं हिच सदिच्छा .

## Abhijeet JAMBHALE

# EXPERIENCING CARE GIVING



**Abhijeet is a volunteer in the Addictions Research Group in Sangath.**

**A**fter my graduation in engineering and a couple of years working in the corporate sector, I accidentally ended up studying mental health. At the tyre manufacturing unit where I worked, I happened to come in close contact with a lot of daily wage contract labourers. They were very keen on educating their children well. They would often regret the choices they had made in their life. Their choices made them work for 12-16 hours a day every day, sometimes for minimal wages. They would come with questions about career choices for their kids. They would wonder how different their life would have been if they had given birth to two kids instead of



**Pic: Ashwin Verlekar**

four. They would ask about different options to save the little money that they had earned. I developed an intense desire to help them and others like them. But I did not know where and how to start. That is when providence intervened and I decided to pursue education in mental health.

After completing my training I got an opportunity to work for The Banyan, an NGO based in Chennai which focuses its work on homelessness, poverty and mental illness. In a city which is different from the rest of India, mainly in terms of the language spoken, I somehow managed to spend a few months working, learning about mental health, meeting

people who spoke nothing else but Tamil and majorly struggling to learn this new language. For the first few months I felt like I was in a different world altogether, as I did not understand the language being spoken; I could not read the letters written and the only familiar things that came to my rescue were some delicious idlis, dosas and sambhar. But one fine day while at work, in the shelter for homeless men with mental illness, I heard someone loudly singing a Marathi song. I rushed out to find the person who was singing. There I saw him, Vijay (name changed), a lean guy possibly in his thirties; singing a Marathi song and dancing along, all for a fellow resident from the shelter. Later, I found out

that that he belonged to the Akola district from Maharashtra and ended up in Chennai by boarding a Chennai-bound train while wandering in the streets of Akola town during his peak period of illness. Not being conversant with Tamil was a major constraint for me, and a reason for distress as my social life in Chennai had gone for a toss. I started wondering how it must have been affecting Vijay on his path to recovery. I discussed this with other people in the organisation and decided to shift him to a more familiar place. A close relative of mine agreed to temporarily adopt him and Vijay came to Goa with me. His outspoken nature, kind and polite words made him get along with everyone very easily. Initially people would trust him with anything, including working in the betelnut farm and cowshed, handling money and managing their children. He was the favourite play mate for the young boy in the house and the favourite student of the little girl in the house. He was a good student because he wished to finish school, study hard and get a white collar job. Things went smoothly till one day he felt homesick, so much that he did not let anyone sleep a couple of nights. Since we knew the place where he belonged, I decided to take him to his village in Akola district.

I still remember the day when Vijay was all awake and dressed at 4 AM; breaking his usual routine of waking up at 8 AM only after hard efforts and a loud



yelling from someone or the other. 'Hello Abhijeet boss' he yelled loudly to welcome me, with the usual wide grin on his face. He was all packed. He had stashed all the clothes that he had in a bag for the journey that we were taking together. He ran towards me in excitement, took me to his room and started showing me all the things that he wished to carry. I found two bottles of deodorant which someone had gifted him, a comb, a wet towel, all the clothes that he had and a small gift that he had bought for his sister. We were travelling only for a few days, but he insisted that he liked to carry everything that he had with him. His excitement stopped me from negotiating about reducing his luggage and we were ready to go.

What I learnt from this short journey to Akola is something that I had not experienced in my entire life. I had read and heard some complicated (though they sound simple) terms such as caregiver burden, stigma, etc; but I had never experienced these things. This journey has taught me about mental illness that I possibly could not have learned in any course or book. As we started off on our journey in a train towards Mumbai, I had many questions from Vijay to answer. He wanted to know the route that we were taking, the cost of the ticket, how I managed to get money for this journey and so on. He would endlessly talk and discuss 'important issues' that would come to his mind. These important issues would be anything and everything that he had seen or done in the past and anything and everything he wanted to see or do in the future. I started trying to follow his line of thoughts very closely and it was really astonishing to see how he would jump from one topic to the other. For some time, these talks were quite interesting to me. After few hours I started getting irritated as he would loop the same speech over and over again. If I fell asleep, he would go to a neighbouring passenger and start talking to them. He would tell them how he wanted a job. One person took him very seriously and thought that I was trafficking him somewhere. He would walk to the train door. He would talk to anyone who maintained eye contact with him. Some enjoyed the dialogue, while others would ignore him. He would buy something to eat for himself while I was asleep. So, actually he was enjoying his journey. But these things made me restless, irritated and at times agitated. I would

immediately react to his behaviour, and then sit and think what made me react that way. Despite being aware about his illness, his behaviour, his urge to talk to anyone that he met, having studied all these in my books, I had failed then to accept him the way he was. Before that I had spent not more than two to three hours with Vijay sometimes as a friend, sometimes as a guardian and sometimes as a mental health professional. But here I was heading for a 5-day journey with him to his village, which he was visiting after three years. This journey made me understand what caregiver's burnout actually means. I started wishing for him to fall asleep. It went on like this for a couple of days until I realised that he was a person, who was going to his village after a very long time. I had to let go all the worries, stigma that I had carried and learn not to interfere with the freedom that he was enjoying. We reached his beautiful village in Akola district after a twenty-four hour journey. We met the only surviving members of his family-his sister and a distant uncle. I got to know how Vijay had been prior to his illness and how he got lost on the Nagpur railway station while he was travelling with his distant uncle. His relatives requested me to take him back as it was tough for them to provide him with proper care. Mental healthcare facilities were not available anywhere in their district. Though the neighbouring district was covered under the district mental health program; mental health services were very far from their reach. Hence, he returned back to Goa. He still remembers our journey and every time I meet him, he narrates it with great excitement. He wishes to travel to his village one more time, rebuild his dilapidated house, plough his father's small field, look after his sister and her kids (as he thinks his brother in law does not take proper care of her) and earn some money from a white collared job.

## Percy CARDOZO

# OUR CHILD DEVELOPMENT WORK: FROM CENTRE BASED CLINICS TO THE COMMUNITY

**Percy is a psychologist who has been with Sangath's child development programme for the last 18 years. She is now leading a programme that looks at holistic learning and inclusion of children experiencing difficulties in the mainstream schools.**

**S**angath's first Child Development and Family Guidance Centre opened in Goa in 1997. In its 20-year journey from 71, Defense Colony, Porvorim to 451, Bhatkar Vaddo Succor and beyond the borders of Goa, Sangath has touched the lives of many children and families. As we have travelled, our clinics earlier confined to the four walls of our centre, have moved to the door steps of our clients.

Since inception, Sangath's clinics have very actively engaged with pediatricians, schools and other professionals in

conditions such as Autism, Specific Learning Disabilities, Attention Deficit Hyperactivity Disorder, etc. were alien to the Goan community. I remember many people, especially teachers, looking at us in disbelief, wondering whether we were being over protective of children, giving excuses for their low achievement and motivation. Sangath has been one of the organisations instrumental in bringing about a big change in this mindset. The seeds that Sangath sowed almost 20 years ago are bearing fruit today. Sangath's ever dynamic team under the strong and passionate leadership of Dr. Nandita De Souza worked enthusiastically to create awareness about neuro-developmental disorders and emotional difficulties affecting children and adolescents. Not surprisingly, a phenomenal change in the mindsets was brought about in a short span, less than a decade, especially among school teachers and professionals working with children.

Nandita, the strongest pillar of Sangath's multi-disciplinary child development team, laid robust foundations for impeccable professionalism in the delivery of the services and quality control. Every client who attended Sangath's clinics received immediate attention and care that was of a very high standard, directly supervised by Nandita. I am proud to say that Sangath continues to hold on to those values till today. Nandita personally supervised people, right from the receptionist who received client calls, to

### Training session



reaching out to children and families in need of our services. Back in the 1990s

### Special educators in mainstream school in a workshop

the clinician writing the reports.

I joined Sangath a year later, and am privileged to have met and worked with the stars of Nandita's very first child development team. There was Gracy Andrew, the nerve soothing psychologist who gave her clients the feeling of being listened to; Fiona Dias Saxena, the firebrand social worker, who empowered every client to stand up for themselves; Nazneen Sarosh Rebello, the tranquil speech therapist who chose words wisely and ignited a desire to speak in every client; Shirley Fernandes, the cheerful special educator who made little children overlook the fact that sometimes learning can be boring; and not forgetting Prof. Vikram Patel, the brain behind Sangath's ever evolving dynamism, the strongest support to this team. This energetic team worked passionately for a cause, reaching out and guiding children and families in need of mental health care. They worked part-time, volunteered, sometimes worked without pay, but never lost sight of their vision. When I joined the team, Sangath was only one-year-old, but so much was achieved in so little time.

Vikram's community-based projects brought in additional professionals providing the much needed support in expanding our work. Sangath then spread its wings to South Goa, with the opening of its second centre in Margao. Back then the clinical work focused on attending to clients at both the centres, and working with schools to spread awareness about children's academic, behavioural and emotional difficulties.

The challenges families faced to access centre-based facilities and the need for capacity building in the community setting led to the development and implementation of projects to address these challenges. Sangath's first program outside the centre-based clinics included the early intervention project for high risk babies with funding from CRY (Child Rights and You). Then came the DIULI project, a preschool day care program for children with developmental disorders, funded by the National Trust for the Welfare of Persons with Autism, Mental Retardation, Cerebral Palsy and Multiple Disabilities (Government of India). The DIULI project was expanded to the



Helping Hands project with support from the Paul Hamlyn Foundation (UK). Through this project, children who were a part of the DIULI were placed in state run pre-schools.



**I remember many people, especially teachers, looking at us in disbelief, wondering whether we were being over protective of children, giving excuses for their low achievement and motivation.**

Dr. Marita Adam joined the team with a voracious appetite for hard work.

Our work by then had extended to mainstream primary and secondary schools. The Paying Attention to Learning (PAL) and Let Everyone Learn (LEL) projects funded by the Sir Dorabji Tata Trust, supported schools to help children with specific learning disabilities. Both these projects were led by Marita, whose ability to persevere and go down to the depths of the problem

coupled with her analytical approach earned accolades for Sangath, especially from the teaching community.

In 2005, Sangath's child development work underwent a massive overhaul when Nandita moved out of Sangath. For some time, the child development team felt lost and directionless; needless to say it did rebound soon. In some ways this seemed like the much needed opportunity to





**Participants and tutors at the Leadership in Mental Health course**

rethink and refocus our child development activities. This coupled with a decade of clinical experience helped us revamp our child development work. At this point Dr. Gauri Divan, a developmental pediatrician came into the Sangath family and provided the strong direction that the child development team needed. The projects that Gauri has been leading have now taken Sangath's child development work closer to the community and literally to the doorsteps of families of children experiencing difficulties. Like all other work, the child development work too is based on strong evidence-based practices.

I personally have been involved in working with children and adolescents experiencing academic difficulties. Through the Prayas project funded by Erasch and Roshan Sadri Foundation, UK, I have worked with the mainstream schools to sensitize teachers on holistic teaching practices that encourage inclusion of children experiencing difficulties. Beyond Boundaries, the current project that I am leading, funded by Colorcon Asia Pvt. Ltd, Verna is only an extension of the work that we began with the schools

through many of our projects described above. Through this project we are looking at building sensitivity towards children experiencing difficulties and capacity building of teachers to mainstream all children smoothly.



Over the years, contributions of very enthusiastic and committed professionals

**In the last two decades Sangath has strived to provide evidence based quality mental health care to children, adolescents and their families with strong adherence to quality standards.**

like Wilma D'Silva, Merlyn Rodrigues, Prachi Khandeparker, Kalpana Joshi, Dr. Vaishali Joshi, Vandana Sardesai, Anjali Baretto, Yogita Joshi, Joycelin Fernandes, Lucy Martins, Nathasha Alphonso, Fomida Begum, Rinea Dourado, Sandra Pinto, Renuka Dharmadhikari, Dr. Sharmila Correia, Gracy

Moraes, Achira Chaterjee, Vivek Vajaratkar, and many others have helped Sangath take its child development work forward. In the last two decades Sangath has strived to provide evidence based quality mental health care to children, adolescents and their families with strong adherence to quality standards. In the future, we hope to expand our work with the same resolve and spirit that our team has displayed over these years.

# Caetano SOUSA

Caetano is a health counsellor in the DIL project.



## MY EXPERIENCES IN SANGATH

**T**he most worthwhile experience of my entire professional career has been my stint with Sangath.

I met Dr. Amit Dias, the Chairperson of Sangath while completing a short-term home nursing training course. Due to this opportune meeting, I got to know about Sangath and eventually joined the organisation as a counsellor on the Depression in Late Life (DIL) project, in 2015. I can say that I have been lucky to work under the guidance and training of various colleagues in DIL due to which I have gained many blessings including counselling skills, leadership qualities, and communication and organisational skills.

I have thoroughly enjoyed my journey of learning and fun with the DIL team. The best part is that we have had all these wonderful experiences while making a difference to the elderly in our society. As a team, our community experiences have helped us to grow, to learn, to support, to build trust, to learn conflict resolution skills; and also develop a greater sense of ownership to the tasks assigned to us.

It gives me immense pleasure to say that the most worthwhile experience of my entire professional career has been to work with Sangath, as it gave me the opportunity to proudly do what I always dreamt of- to be a change agent in the lives of the elderly, to help them solve their problems, to

empower them to overcome their daily life obstacles, and eventually help them to live a happy and fulfilling life.



Counsellor supervision in progress at a PHC

**The most worthwhile experience of my entire professional career has been my stint with Sangath.**



## Pushpa BARLA and Dhanalaxmi SAKAT

Anuja Naik documents her conversations with Pushpa Barla and Laxmi Sakat, Sangath's housekeepers and important members of the Sangath family.

Pushpa is one of our senior most staff in Sangath. She has been handling the housekeeper position for the last 17 years. She is just like a “jackfruit”, hard outside but soft inside.

# IN CONVERSATION



LAXMI



PUSHPA

**ANUJA:** How many years have you completed in Sangath?

**PUSHPA:** 17 years. I joined in 1998.

**ANUJA:** Great!! It's a long journey. You have had such a vast experience with Sangath. As you know Pushpa, Sangath has successfully completed 20 years. So, what do you think of Sangath's growth over the past two decades?

**PUSHPA:** Yes. Sangath has grown. It has become huge. From the rental office we have come to our own big building.

**ANUJA:** Ok. So what do you think? To whom should the credit for these changes go?

**PUSHPA:** I think, it's because of Dr. Vikram Patel. He was there since the beginning and because of him hundreds of people have jobs and are able to feed their families.

**ANUJA:** If you were to divide the past two decades into phases, how would you divide it- and what would define each of the phases.

**PUSHPA:** Earlier people were working together in a team. They were sharing, helping, caring, involving, cooperating and they also found time to have fun. They used to get involved with other projects to understand, learn and help. But now people don't like to mix up with other projects. I love to mix with others, get involved and to help them.

**ANUJA:** Ok. What do you feel about your work in Sangath?

**PUSHPA:** I enjoy my work. I like to give my 100% at work.

**ANUJA:** Ok. That's nice of you Pushpa. Thank you for sharing your views with us.

My name is Laxmi, and I work as a housekeeper in Sangath. Before joining Sangath I was working in an Educational Institute. The Institute shut down abruptly one day, and I had to seek out a new job. I came to know (from my friends) about a job vacancy in Sangath and I came here to apply for it. Initially I joined Sangath on a part time basis, and a year later I got a full time job in Sangath. The proximity of the office to my home and the prospect of a five day working week were an added incentive to this take up this job.

I feel Sangath is my home. I have caring people around me, with whom I can share my feelings. I do get counselling from them for the personal difficulties that I have. My seniors guide me to improve the quality of my work.

I will always be thankful to Sangath for what it has given me.



Participating in the Autism Awareness walk (far left, Pushpa Barla and far right, Laxmi Sakat)



राज नारायन बिन्द

## दिल स्वास्थ्य सलाहकार की जिमेदारी

राज 'DIL' प्रकल्प में काउन्सिलर का काम कर रहे है |

मैं यह सोच रहा था की कहा से शुरूवात करू | मानसिक स्वास्थ्य संगठन में यह मेरा पहला अनुभव है | मेरी यह इच्छा थी की मैं ऐसे मानसिक स्वास्थ्य संगठन में सेवा दू |

संगठन के 'दिल' प्रोजेक्ट के द्वारा मैंने बहुत कुछ सिखा और समझा | हमें बुजुर्गों के बीच काम करने का अवसर मिला | एक ऐसा ही अनुभव मैं आप सबके साथ वॉटना चाहता हूँ |

एक बुजुर्ग थे जिनकी उम्र ७४ साल थी | जब उनसे मैं पहली बार मिला, उन्होंने मेरा स्वागत किया और अपना समय दिया | पारिवारिक समस्या के कारन वह मानसिक तनाव से गुजर रहे थे | उनकी पत्नी गंभीर विमारी से गुजर रही थी और अपनी बेटी के साथ रहती थी | अपनी पत्नी की देखभाल करने के लिए उन्हें करीब २० किलोमीटर दूर बेटी के घर जाना पड रहा था |

हमारी बातचीत और मिलना जुलना शुरू हुआ | धीरेधीरे समय बीतता गया, सीखना सीखाना, सलाह मशहारा जारी रहा | और एक समय आया कि बुजुर्ग के मानसिक आरोग्य में सुधार आया | उन्होंने जीवन में एक नई दिशा पाई | इस प्रकार बुजुर्ग के जीवन में आशा आयी | यह मेरे लिए एक सुखदायक और मन को छूनेवाला अनुभव था |



Pic: Santosh Sapre



## Subhash PEDNEKAR

सुभाश हो स्वता एक उत्तम काउन्सीलर . ताणे सांगातान नव्यान रूजू जाल्ल्या काउन्सीलरांक मार्गदर्शन केला . असोच एक प्रकल्प सोपल्या उपरांत काउन्सीलरांक निरोप दितना सुभाश एका कवितेतल्यान म्हणता...

### सांगातातले ते दिस

ज्या तरेन मेळ्ळी आमीं ते दिस खूप वरे आसले  
पूण अशा तरेन पैयस जातले हे केन्नाच कोणी चितूंक नासले .

ल्हान व्हड, गरीब श्रीमंत केन्नाच भेदभाव केलो ना आमीं  
पूण ल्हान थोरांच्या हाता सकयल खुप किते शिकली आमीं .

सोरो पिवपी मनशां वांगडा जायते आमीं काम केले  
आनी सांगाताच्या नावान आमीं तांका एक नवीन जिवन दिले .

सांगाताच्या ह्या रोप्यांक कोणी खत कोणी उदक घातले  
पूण पयता पयता तूमच्या सारके फूल तेका सोवीत आयले .

Subhash with the merry band of counsellors



सांगाताच्या चार भिंतींनी खुप किते शिकपाक मेळ्ळे  
पूण त्योच भिंतीं आयज सोडून वयताना मन आनी दोळे भरून  
आयले .

तुमचो मोग, तुमचो वांगड खूप भांगरा मोलाचो आसलो  
ताकाच लागून तुमचो व्हेल्यु आयज चार-चौगान सगळ्यांक  
दिसलो .

सगळ्या जाणांचो एकवट तुमचो म्हाका केन्नाच भंय नासलो  
पूण तोच एकवट आयज वयता म्हणून म्हाका एकटो कसो  
दिसलो .

चलता-भोवता, खाता-पिता तुमचो उगडास खूप येतलो  
पूण उगडास जर येयलो जाल्यार आता हांव कोणाक सांगतलो?

देवालागी एकूच मागता, तुमका फूडार वरो दिवचो  
आनी नवो एक प्रोजेक्ट येवन आमचो एकवट परत जावचो .

# Sabina RODRIGUES



Sabina is a health counsellor in the DIL project.



The DIL team participating in a community engagement program

## WORKING IN SANGATH

**W**hen I joined Sangath, I was welcomed in the great family of multi-talented people from different walks of life with a lot of warmth and affection. My experience in Sangath has been tremendous. I had never worked in an organization before, and to come out of my comfort zone and mingle with highly professional individuals was awesome! The early days were tough because the only work experience that I had until then was that of running a grocery store owned by my husband. But the faith reposed in me and constant encouragement by my colleagues was a huge motivating factor to continue working here. With my

dedication and hard work, and the constant backing and support of my fantastic team of fellow counsellors, I was able to overcome hurdles and become a confident person, both professionally and personally.

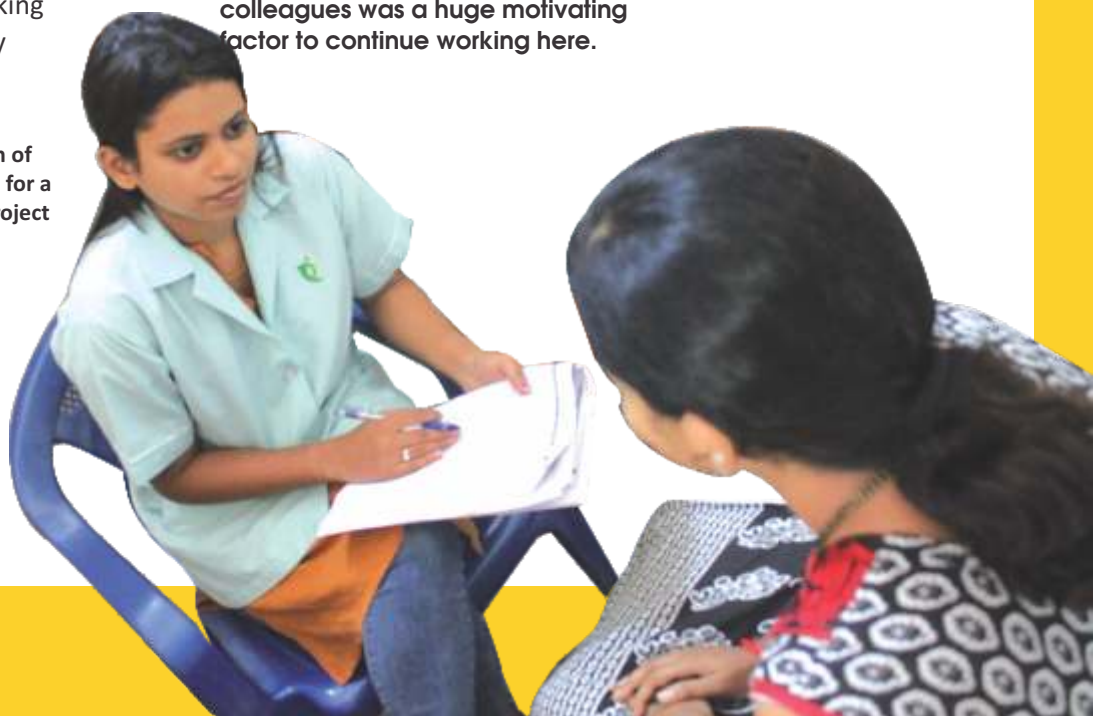
We have been trained to become skilled and competent health counsellors by our dedicated and talented supervisor. At Sangath, one gains a world of knowledge by attending the monthly clinical meetings and various workshops delivered by skilled and talented professionals. I would love

to continue working with this wonderful family for many more years in the future.



**The early days were tough because the only work experience that I had until then was that of running a grocery store owned by my husband. But the faith reposed in me and constant encouragement by my colleagues was a huge motivating factor to continue working here.**

Collection of health data for a research project





Urvita BHATIA

# BEING BITTEN BY THE GLOBAL MENTAL HEALTH BUG



**Urvita, a psychologist and Wellcome Trust DBT Research Fellow, is a key member of the Addictions Research Group at Sangath and is presently working with families affected by their relative's drinking. She lives and breathes Sangath.**

**S**angath celebrates 20 years this year, and I have been a part of four beautiful years of its existence. I more than just wish that I could have joined others in the personal narratives highlighting their experiences in Sangath over the past 20 years, but age isn't on my side. Blame it on the researcher hat that I often wear, but when I reflect on my growth in Sangath over the past four years, 'phases' immediately emerge and become distinct.

psychology classroom in university, I threw myself into the large, messy and real world of global mental health in the classroom called Sangath. The need to join Sangath emerged from my 'I-want-to-do-more-for-the-community' desire, combined with Sangath's body of work that I had watched and heard of a lot. And with my first step into Sangath, I got bitten by the 'global mental health bug'!

One certainly does expect a sense of newness in entering new environments and situations, but in Sangath, this newness was coupled with differences in world-views, right from my first step through its door. Those initial days were distinct as they were accompanied by incessant burning questions, the kind of questions one would have when exposed to a different philosophy and vision of mental health care. The biggest question in my mind was about the task-sharing approach that Sangath's work has relied on, historically. I wondered: How can lay counsellors who receive lesser training than professionals deliver psychological treatments? Does it work? What about professionals who have undergone rigorous training? In retrospect, these questions emerged from my deep entrenchment in the conventional clinical psychology training, which emphasised the role of extensive training as the foundation of good clinical care.



The first phase: 'What is this talk'  
From the narrow, constrained and well-defined environment of a clinical



The weeks passed and as I trod along a researcher's path those questions started to take a different meaning. Through my work in the SHARE programme I began understanding the perspectives of mothers experiencing depression. Their words carried inherent messages throwing insights into various aspects of mental health: how mental health is understood and misunderstood, how mental health is given priority or not, how a mental health problem manifests, how meaning is attached to mental health and mental health problems, how choices are made when one experiences a mental health problem, so on and so forth.

Collectively, voices from the community expressed the need for better mental health care. In parallel, tireless voices from Sangath expressed the need for building up of more resources for better mental health care. Gradually I began understanding why Sangath approached its mission of filling the gaps in public mental health in India the way it did. By the end of this phase, I was left with the question of will I be changing my philosophy?

In Sangath, one is fortunate that one gets to share space with leaders in global mental health, who I began to closely follow and work with. I particularly tried to follow how they actually walked the talk; and along with the rapid learning, that quickly whetted my appetite, I decided I wanted to do more.



**The second phase: 'How do people walk the talk'**  
 By phase 2, I had observed enough of the words and practices of folks at Sangath and in the community. I became more immersed with the fundamental questions that drove Sangath's work, and the incessant burning questions became workable hypotheses I wanted to test myself. With this, a Pandora's box opened up. Learning always happens at an accelerated pace in Sangath, and quite quickly I started getting familiar with and appreciating the global mental health lexicon. I understood that learning is a two-way street: that the counsellors I had engaged with in training and supervision taught me as much about mental health as I taught them; that a good global mental health researcher is one who maintains scientific equipoise; that ensuring the quality of processes and structures are as essential as setting the processes and structures up; and so on and so forth. In parallel, I began spending more time and efforts in activities beyond my role as a researcher, because of which I earned the label of being an 'Eager Beaver' (a label I very much relate to and enjoy wearing in Sangath). This helped me enjoy a different side of things at work, whether it was planning people-engagement activities for the year, in the 'Little Elves' group, or coordinating the clinical competency building activities. The learning through doing was complemented by learning through seeing. In Sangath, one is fortunate that one gets to share space with leaders in global mental health, who I began to closely follow and work with. I particularly tried to follow how they actually walked the talk; and along with the rapid learning, that quickly whetted my appetite, I decided I wanted to do more.

**The third phase:**  
**'I want to know how to walk the talk'**  
 By phase 3, the workable hypotheses that I wanted to test myself became formal arguments and discussions in the context of a class-room setting. I had decided that I needed to complement my little field experience with some 'formal learning' to be able to contribute more. I embarked on a new academic adventure and left the local to join the global (Masters in Global Mental Health at the London School of Hygiene and Tropical Medicine). It makes an interesting experience when 'doing' comes before 'formal learning'. The degree, both its people and its content, gave me opportunities to evolve personally and professionally, and left me with a deeper sense of scientific curiosity and spirit. I also



undertook opportunities to exercise my previously learned skills in a different work environment, with the intention of learning how different worlds work. All of this kept me engaged, challenged, and driven. And all the while, the urge to come back to the local remained strong. Winter turned into spring, into summer, into autumn, back to winter, and I was home.

The fourth phase:

'I want to now walk the talk'

From a global environment, I wanted to come back to the local, because that is where I saw the burning questions needed much work. I took up an opportunity to apply for a Research Training Fellowship, and found my way back to Sangath. I remember that the transition back to the local was easy in both homes- my personal one and professional one.

In this most recent phase at Sangath, the formal arguments and discussions have become burning questions once again. Earlier experiences that I had during my initial days in Sangath have now been replaced by similar experiences, but on different levels by virtue of being newer and deeper. What is different is that there are now established and strong pillars of support in my journey.

My project beneficiaries teach me that in their stories of struggle, pain, and hurt that I carry in my mind and heart is the greatest source of potential for change. My institution teaches me to become a leader, and take responsibility for change. My colleagues teach me the importance of collegial support, and make the learnings and trials of the journey easier to imbibe and accept. My mentors teach me to continuously challenge myself, and the importance of acceptance and endurance in the choices I make. My family teaches me how to find

strength in the face of struggle, and the beauty of dreams. My passion teaches me to respond with equal measure to success and failure.

When I return home, these teachings stay with me, and the learning has given me a new-found freedom in my research adventures: I have become more uninhibited in my my quest for knowledge. I am carrying my curiosity lens and am working very closely with various stakeholders to currently answer a question on the experiences of family members affected by addictions. I am learning how to simultaneously develop and sustain processes and structures essential for the delivery of programs. I am learning how to open new roads to our work by connecting and working with other like-minded individuals having experience of posing or addressing those burning questions.

Through each of these four phases, there have been common threads that have woven all of the moments in time together.

Sangath's vision to work where no one else does, and its people who work tirelessly to actualise the vision breathe enthusiasm and life into everyone. Its focus is on quality in every effort. The warmth that lives in the spaces of Sangath. Its ability to withstand the seasons of time. Its strength that lies in the collective power of uniquely talented individuals, where weaknesses are balanced off by others' strengths, which affirms that the whole is greater than the sum of its parts. Its power of making one strive for excellence. The words that turn into action. And the quality of touching people's lives.

I have first-hand experience of how each of these threads enriches one's life, and it is because of these threads that my journey in Sangath has become a vital part of my identity. I am grateful to Sangath for being the place where I 'dipped my toes in the ocean of global mental health', and subsequently found my calling in life. Perhaps the greatest gift that Sangath has bestowed upon me is its spirit that resonates within me, because of which 'work' has taken on a different meaning and has become a way of life. My wish for Sangath is that in its efforts to work on the collective, it continues to touch the individual that resides in each of its people- its workers and its beneficiaries.





## Nikita SHIRODKAR

Nikita is a counsellor working in the SAFE Project in Sangath.

# SAFE – A JOURNEY FROM STRUGGLE TOWARDS SUCCESS

**A** new place of work, with a desire in mind to do something for the society; thus began my journey with Sangath and SAFE in November, 2015.

During the first 3 months, I felt like a toddler who learns to walk for the first time. We learned the basics of counselling, and with a lot of training and practise we were finally ready to take our first steps in the real world of clinical practice. But the actual challenge was to form a “base” in the world out there, which I would say was the beginning of our journey of struggle, and which was officially termed as “networking”. Despite difficulties, it was a great experience of going to far off places where we had never been to before, building contacts with various gatekeepers in the community, and talking with people experiencing distress, and providing them a helping hand. It felt like we were providing a ray of hope for those who had lived in darkness for so many years. But this is just the beginning and there is lot more to come- '*woh kehte hai na, picture abhi baki hain mere dost*'.

This journey has been a journey of learning as well. I learnt a lot not only from experts and professionals, but also from my own colleagues. This journey had been a mixture of many emotions -happiness, frustration, anger, and disappointment. However, what remains at the end is the feeling of deep satisfaction and appreciation of the fact that life is incomplete without its share of ups and downs.

Now as we stand at the mid-stage of our journey, we hope this journey which began with a struggle will have a happy ending of success.

# Neha SINGHAL

Neha is part of the intervention team in the SPRING project, and works as a supervisor.

## EKLA CHOLO RE

*“Kilkaari mein kaam karne ke baad meri zindagi puri tarah badal gayi hain , pehle main apni gali se aage tak nahi gayi thi..ab pure gaanv ko jaanti hun aur gaan vale mujhe..mujhme bahut himmat aa gayi hain”*

(“My life has changed completely after having worked for Kilkaari program. Earlier I did not even venture out on the street-and now, I know the entire village well and people know me. I have a lot of courage now”)

-Ram, Kilkaari Worker

*“Hum to yahi sochte hain ki kaash yeh program pehle chala hota...hum bhi apne baccho ko aur achhi tarah paalte..humne to itna dhyaan nahi rakha unka kyunki koi jaankari nahi thi pehle”* (“We wish that this program had started earlier. We would have also raised our children better... Earlier, we did not know much, (so) could not care for our children(well)”)

-Sonu, Kilkaari Worker

The words above resonated through the hall at the SPRING site office at Rewari, Haryana where the entire field team had gathered for a monthly group meeting. Besides the pleasure the workers are

receiving from going into homes, we ourselves (as supervisors) have noticed changes in the discussions at group feedback at our office. We find that these women have become financially independent, which improves their standing in their homes; a few of them had been victims of physical abuse at their homes. It is heartwarming to see their husbands helping them out with the domestic work now, as they respect their new found independence. Not only are these women contributing to the improvement of child nutrition status in their villages but have emerged as role models for other women in their community to be independent and contribute to their family's earnings. Many more women have now approached us saying they want to join the program.

Meanwhile beaming with pride, a Kilkaari Worker Pooja Devi shows off her new smartphone to fellow workers, that she has recently purchased with her own savings!

We find that these women have become financially independent, which improves their standing in their homes; a few of them had been victims of physical abuse at their homes.

The happy team of Kilkaari workers



# 'COUNT'ING OUR BLESSINGS AT 20 YEARS



Pranjali is Sangath's Finance Officer and her extensive experience of more than a decade in accounting makes her an invaluable member of the team.

## Pranjali RODRIGUES

I was extremely happy to be given the opportunity to write about Sangath on the occasion of its 20<sup>th</sup> year celebration. I am not a professional writer; numbers are more close to me rather than words, yet when it comes to Sangath, I find so many things to say. Do you know what the word 'Sangath' means? In the local language it means 'to go hand in hand' and yes, just like its name, Sangath remains with you and supports you in any mental health problem that you might experience. Sangath is the first NGO that I came in touch with that deals with mental health problems of each and every phase of our life from birth to old age. Sangath is always having one or the other project in its magical basket exploring many of these areas. If we look back over the past 20 years, we will find that many major funders have taken note of Sangath's good work. Along the way, Sangath has received many awards and this year, Sangath's name was written with golden letters as 'WHO India Public Health Champion of the year 2016'. Sangath has been able to achieve all this success because of the vital role played by our principal investigators, founder members, managing committee and the dedication of all service providers. Now Sangath has spread its wings through its work in various parts of India and has become an international-level NGO. It has not only achieved great heights in the research

arena, but it has also become a NGO with the latest technological operations. I would like to give my best wishes in the following words to all those who have made Sangath an all-round organisation:

“Life is a stage  
Play your role  
And make the  
Dream of your life (Sangath)  
More and more successful”.

I really wish to highlight for all the readers that Sangath is a 'ONE STOP' organisation that engages in cutting-edge world class research in all areas of mental health. This ONE STOP is not only for patients

to seek clinical aid but also for governments to get ideas to implement new methods to improve the mental health care for all. If anyone asks any individual in Sangath 'What did Sangath give you?', then you will definitely hear that it provides a platform for their career development. I will be surprised if there is even a single person who has worked in Sangath, and left without value additions in his/her life. Sangath gives a chance for personal development to each and every one who comes in

contact with it— it may be a patient or service provider, a consultant, a collaborator, or an advisor.

“ I am sure that each and every person in Sangath would like to express the following:  
“Each day at Sangath teaches us new new things,  
Each new day, each new question  
Increases our capabilities  
Unity in diversity of different personalities  
You will find at Sangath definitely  
Which makes our Sangath  
A highest authority.”



# 20 Types of

# People at Sangath



## THE KEYBOARD MONKEY

Head always buried in the laptop, come hell or high water.

1.



**THE OVER EAGER-** Rushing away to start the task even before the briefing has ended. Always looks forwards to the new!

2.



**THE DRAMATIC ROYALTY-** Every little event is an occasion of epic proportions.

3.



## THE ANTIVIRUS-

The one you run to every time your computer misbehaves. Knows the solution to every IT problem!

4.



**THE KNOW-IT-ALL-** Do we need to say anything?



5.



**BRAIN HEATERS-** Either their heads are always hot or they get your head hot!

6.

**THE QUESTION MARK-** What is this? Why does it have to be this way? Who is that? When do we start? Where is the meeting? The questions are never ending, making you ask 'Why was I born?'



7.



**WORKAHOLICS** - Those who send you an email at 12 am asking for a work update!

8.

**THE TEA POT-** Always the first one to enter the kitchen at tea time, and the last one to leave.



9.

**THE LATECOMERS** - Their clocks are always an hour behind the rest of the world.



10.

**THE MULTITASKERS-**  
Typing on the laptop, while discussing the latest Lancet paper with a colleague, and keeping an eye on the supervision session happening in the next room.



11.

**THE SELFIE STICK-**  
An event has not happened unless it is recorded as a selfie.



12.



**THE FOODIES-**  
The walking-talking in house Zomato with all the information about the latest food joints in town.

13.

**BBC-**They know everything that is happening in the organization. Need some juicy gossip? The office BBC has it all for you.



14



15

**THE GENEROUS SOULS-** Don't know how to use SPSS? Don't have a pen? Forgot to get your lunch? You know who to go to.

16

**READY TO ROCK THE RUNWAY-**They are the ones who put the streets of Paris to shame.

**THE HIDDEN TALENTS:**  
Psychologist by day, singer by night. Accountant by day, drummer by night. Need we say more.



17.



**THE JOKERS-**  
When you are having the blues, these workmates are the ones you seek to bump up your mood.

18.



**THE QUIET ONES-**If you have something you need to get off your chest, they are really good listeners, because they actually care about what you're saying

19.



**THE ENERGIZER BUNNIES-**At the end of the workday when your energy is flagging off, he/she is buzzing with ideas and actions.

20.

# Harshada NAIK

हर्षदा नाईक ही PREMIUM प्रकल्प मध्ये गुणात्मक संशोधक सहनिदेशक म्हणून काम करत होती .

## सांगात प्रशिक्षणाचा जादूई दिवा अल्लाउद्दीनचा



मित्रांनो, मला जर कोणी विचारलं, की सांगात वढल एका वाक्यात सांग, तर मी म्हणेन, तो एक जादूई दिवा आहे . 'मानसिक आरोग्य' ह्या विषयात कामं करणाऱ्या कुणाही व्यक्तिला चांगले शिक्षण हवे असल्यास सांगात कधीही नाराज करणार नाही . या जादूई दिव्यातील 'जीनी' तुमच्या समोर

वर्षातील सांगात मधील वैयक्तिक आणि व्यावसायिक अनुभव तुमच्या सोबत शेअर करायला मला खूप आनंद होतो आहे . माझी एक दृढ भावना आहे की, तुम्हांला एखाद्या निष्णात व्यक्ती कडून काही शिकायचे असेल तर स्वतः होऊन एक पाऊल पुढे टाकायलाच हवे, तुम्ही हिंमत दाखवायला हवी, तुमचे स्वप्न आत्मविश्वासाने साकार करण्यासाठी पुढे सरसावयाला हवे .

वर्षभरापूर्वी गोव्यात येण्याचा काहीसा कठीण निर्णय मी घेतला . तेव्हा माझ्या घरातील सर्वच मंडळी मी घाई घाईने घेतलेल्या निर्णयावद्दल साशंक होती आणि वारंवार मला सतर्क करीत होती . मित्रमैत्रीणीनी तर मला पुण्यातील चांगला जॉब सोडून गोव्यात जाण्यावद्दल वेड्यातच काढले होते . काही नातेवाईकांना गोवा हे पर्यटनासाठीचेच फक्त एक ठिकाण असे वाटत होते . तिथे शिक्षणाची गंगोत्री आणि चांगल्या संशोधन कार्यात जॉब असूच शकत नाही असा त्यांचा दृढ विश्वास होता . गोवा म्हणजे फक्त स्वस्त दारू (Liquor) स्वस्त पेट्रोल मिळणारी आणि सुट्टी एंजॉय करायला सागर किनारी असलेली मस्त मजा करायची जागा एवढेच आमच्या मंडळींना माहित होते . माझ्या मनाची स्थिती सुध्दा दोलायमान होत होती . पण एके दिवशी माझ्या मार्गदर्शक, सल्लागार आदरणीय मॅडम डॉ . नातु यांचा फोन आला, जवळ जवळ डोक्यावर टपली मारून जागं करण्याचं काम ह्या फोनने केलं . त्या म्हणाल्या, 'अग विचार कसला करतेस, धावरू नको, पुढे निघ, काही तरी नवीन शिक, संशोधन कसे करायचे ते शिकण्याची संधी दवडू नको . नातु मॅडमचा एक एक शब्द मला सावधान होण्यासाठी घंटेचं काम करून गेला . त्यांचा सल्ला शिरसावंध मानुन मी लगेचच आमच्या लाईन मॅनेजर सचिनला फोन केला आणि सांगातच्या संगतीत जाण्यासाठी होकार कळविला .

'सर्च' गडचिरोली ह्या संस्थेत इंटरशिप मध्ये काम करतांना सांगात मधील विविध प्रकल्पावद्दलची माहिती मिळत असे . सांगात चे नांव NGO च्या सर्कल मध्ये खूप आदराने घेतले जायचे . सांगातचे संस्थापक प्रो . डॉ . विक्रम पटेल यांनी लिहिलेले "Where there is no psychiatrist" हे पुस्तक आमच्या मास्टर्स च्या शिक्षणात वायवल सारखं वाटत असे . या सर्व गोष्टी सोबत गोव्यावद्दल असणाऱ्या आकर्षणामुळे मी सांगात मध्ये रूजू होण्याचा निर्णय पक्का केला . अगदी खुल्या दिलाने मी माझ्या प्रशिक्षणाला प्रारंभ केला . मी असं कधीच म्हणणार नाही की गोव्यात काम करण्यासाठी मला फुलांच्या पायघड्या घातलेल्या होत्या . तो cake



अवतरेल अन म्हणेल 'हुकुम मेरे आका' . मालक सांगा, तुम्हांला काय काय शिकायला आवडेल, नुसती आज्ञा करा . तुम्हांला नवीन intervention strategies तयार करायला आवडतील की qualitative & quantitative research skills शिकायच्या आहेत . ही 'जीनी' वर्ष भर मला पाहिजे ते माझ्या समोर सहज आणून देत होती, तिने माझी साथ सोडलीच नाही . म्हणूनच मागील



walk नव्हता . सुरुवातीचे काही महिने वराच त्रास झाला, नवीन जागा, नवीन वातावरण, त्यात जुळवून घेता येता वरेच दिवस गेले . सर्वात जास्त बदल घडवावा लागला, तो माझ्या त्या Psychiatric Social Worker ह्या भूमिकेतून Mental Health Researcher ह्या भूमिकेत जाण्याचा . कधी कधी माझ्या वरिष्ठांनी चुका दाखविल्यानंतर खूप चिंता वाटत असे . कधी कधी वाटे की, माझ्या मास्टर्स च्या शिक्षणाचा काहीच फायदा होत नाही . पण सांगात मधीलच मित्रमैत्रीणींनी मला खूप मानसिक आधार दिला आणि स्वतः पुढे होऊन मला काम करायला मदत केली . हळू हळू परिस्थिती सुधारू लागली, हळू हळू संशोधनात मी इंटरस्ट घेऊ लागले, कार्यशाळेत (वर्कशॉप) सहभागी होऊ लागले . संशोधन कार्यातले खाच खळगे मला कळू लागले . आमच्या मॅनेजरच्या सततच्या मार्गदर्शनामुळे माझी काळजी आणि संशोधना विषयीची भीती कमी झाली . त्यामुळे मी देखील वेगवेगळ्या प्रोजेक्ट मधील जास्तीचे काम मुद्दामहूनच मागून घ्यायला लागले . माझा आत्मविश्वास अन कामाची अचूकता आणखीनच वाढायला लागली . माझ्या लाईन मॅनेजरच्या प्रोत्साहनामुळे, माझ्यावर टाकलेल्या प्राथमिक ड्राफ्ट आणि प्रश्न मालिकेच्या

(Questionnaire) जबाबदारी मुळे मी अधिक खोलात जाऊन अभ्यास करू लागले .

मला असं वाटत असे की, माझे क्लिनिकल स्किल्स (पेशंटची संवाद साधण्याचे, त्याला मदत करण्याचे कौशल्य) चांगले असावे म्हणून मी स्वतः होऊनच क्लिनिकल सेवेत काम करू लागले . वरिष्ठ वैद्यकिय तज्ञाकडून मार्गदर्शन, सूचना, शिवाय इतरही वैद्यकिय तज्ञाकडून मासिक गुप मिटिंग्स् मध्ये कार्यावरील देखरेख, मार्गदर्शन, या सर्वांचा परिणाम म्हणून मी दररोज नवनवीन कन्सेप्ट्स् (कल्पना) आणि टेक्नीक्स् (पध्दती) ने समृद्ध होत गेले . सर्व क्लिनिकल मिटिंग्स् माझ्यासाठी इंटरस्टिंग होत गेल्या . सांगातच्या Extra Curricular Activities मुळे मला खूप काही शिकायला मिळाले . वेगवेगळ्या Out reach program मुळे जी जबाबदारीने काम करण्याची शिकवण मला मिळत होती त्यामुळे स्वतःची सुप्त शक्ती, नेतृत्व गुण, व्यवस्थापन कौशल्य आपोआपच वाढीला लागत होते .

वर्षभराच्या काळात संशोधन क्षेत्रातील, रूपोपचार ( क्लिनिकल )



सेवांच्या अनुभवांवरोबरच निष्णात, तज्ञ व्यक्तित्वाच्या मार्गदर्शना खाली ऑर्ग नाईज्ड कसे व्हावे, सिस्टॅमॅटिक ( सुव्यवस्थीत ) आणि कष्ट करायला केव्हाही तत्पर कसे असावे, विषयावर केंद्रित होऊन अविचल कसे कार्य तडीस न्यावे त्याचे प्रशिक्षण माझ्या अंगी आपोआपच भिन्नत होते .

माझ्या मनातला एक मंत्र मी तुम्हांला सांगते . मित्रमैत्रीणीनो, हळू हळू काम शिकण्यात व करण्यात काही कमीपणा वाटून घेऊ नका . त्या कामात सतत कार्यरत राहाण्याने तुमचे career चांगले तयार होते . शिक्षण घेण्यात अजिवात घाई नको, एका झटक्यात सर्व काही शिकलं पाहिजे, असं काही नसतं . जेव्हा कठीण प्रसंग येतात तेव्हा धीर सोडू नये . शांत वित्ताने, न घाबरता, त्यावर मात करता येते .

सांगातमध्ये मी अशीच एक नवोदित तरुण मानसिक आरोग्य प्रोफेशनल म्हणून माझ्या अनुभवाना रोजच अधिकाधिक समृद्ध करीत आहे . त्याद्वारे मी मानसिक आरोग्य सेवा, रूपण सेवा, संशोधन, मार्गदर्शनाचा अनुभव देखील घेत आहे .

इतक्या सर्व विषयांतल्या अनुभवा सोवत मी मानसिक आरोग्य, संशोधन, मार्गदर्शनात व रूपण सेवेत माझी वाटचाल करत आहे . अजूनही नेमक्या कुठल्या भागात मी माझे पुढील कार्य करावे असे मी ठरविलेले नाही . असं वाटतं की Research & Advocacy या विभागात पुढे जावे . मला नक्कीच जाणिव आहे की, सांगात ह्या संशोधन शिक्षणाच्या गंगोत्रीत, अल्लाऊद्दीनच्या जादुई दिव्यात माझ्या पुढील संशोधनाची अनेक कवाडे उघडून देण्याची शक्ती आहे, नव्हे ती उघडलेली आहेत . मला माहित आहे कि, त्यामुळेच माझी individual & professional वृध्दी होईल . मला दिलेल्या दिव्य दृष्टीमुळे मी अभिमानाने सांगते अजूनही मी शिकतेच आहे . Robert Frost च्या खालील ओळींनी मी माझ्या विचार मालिकेची सांगता करते .

The woods are lovely dark & deep  
But I have promises to keep  
Miles to go before I sleep  
Miles to go before I sleep

" घनदाट अरण्य निविड अंधार

मी दिलेल्या वचनांचा निर्धार

( चिर ) निंदे पूर्वी मैलो चालावे लागणार

( चिर ) निंदे पूर्वी मैलो चालावे लागणार"



## Yvonne GONVALCES

# MY JOURNEY WITH SANGATH



**Yvonne is an administrator and has been a fellow traveller with Sangath for fourteen years.**

I joined Sangath as a researcher for the SMIP (Supporting Mothers in Pregnancy) project in the year 2002. At that time I was admittedly new to the world of NGOs and their work but immediately grew to love it. The entire ethos of the organization from the work environment and the management, to its commitment to society was like a breath of fresh air. The support to the staff in particular, is immense and regular training opportunities allowed me to grow, both personally and professionally. After the SMIP project ended I was given the opportunity to join as a Junior Administrator, a role I was happy to take on and which has since allowed me to further develop skills that are vital to the smooth running of the 'beating heart' of the organisation, that is the Sangath Administrative Office. This role has taught me the value of diligence, the importance of time management and the ability to work well in a team. It has shaped me into the person I am today, a person with integrity and the willingness to continue learning.



**This role has taught me the value of diligence and the importance of time management and the ability to work well in a team. It has shaped me into the person I am today, a person with integrity and the willingness to continue learning.**

I find that as I grow into the role of an Administrator, I learn something new every day. The environment is stimulating, constantly moving and has great people and support at all times. The work I do is extremely rewarding and a lot of fun!

The thing I'm most proud of is the network of people we've built, both internally and externally; and this includes strong relationships with our very accessible Management Team. I have got to know a lot about the workings of the organisation that wouldn't normally be possible in a large for profit corporation.

The gratitude I have towards Sangath for all the opportunities it has given me cannot be put into words and to this day I remain amazed at the growth we as an organisation have achieved together over the years. I have had 14 wonderful years at Sangath and look forward to many more.



**Yvonne (Kneeling, far right) on a picnic with Sangath colleagues**

# Interns' Corner





## Mariam IBRAHIM



**A**malgamation: Goa itself is an amalgamation of rural, urban, suburban, river and sea. Sangath is a combination of personalities coming together from different walks of life and time zones to create a patchwork of possibilities. Every single activity, event, publication anything at all that gets done at Sangath is discussed first. Every single member of the team from manager to intern is invited to share their inputs. The resulting work is always an amalgamation.

**B**uffaloes: Everyday on my way to work, amidst glittering green and hazy gray, were the lazing grazing buffaloes munching away while birds dropped and flew up and between them in leisure. Anytime I felt anxious, confused, angry, frustrated I would focus on the buffaloes in the field. They brought me back to the here and now.

sell drinks than grocery stores, it's not hard to understand why the state has a major drinking problem.

**E**gypt: Where I'm from, I came to explore a world beyond my own, and yet I felt strangely at home. I came to India because of the similarity of the challenges to increasing access to Mental Health in both countries.

**F**irsts: in so many ways this internship was a first for me, my first time in India, my first time in Goa, my first time working with a mental health organization which has been a dream of mine since I was sixteen, and after a couple of detours I was finally there.

## FROM A TO Z VIA SANGATH

**C**hai : Life at Sangath revolves around Chai, the entire flow of the day is structured around Chai time. Over chai is where people meet, greet and gossip. The Chai thermos anchored firmly in the center of the staff kitchen table. Chai. C is also coffee, the office introverts' drink. C is counsellors the lifeblood of Sangath and the coolest most humble people I have ever met. C is coconut and curry.

**D**rinking: Both of the projects I was involved with, SAFE and CONTAD had to do with drinking. SAFE aims to support family members affected by a relative's drinking. CONTAD aims to help drinkers stop drinking. I saw more shops in Goa that

**G**roup : Addictions research group. My people. The group of people at Sangath that dissect addictions, think up projects that target communities affected by addictions and implement them, follow up on them, then publish the results to the scientific community and beyond. They also moonlighted as the Fashion Research Group during a meeting where we discussed the team's t-shirts.

**H**ighway : **T**he Mumbai Goa highway is one of the main arteries of transport in Goa, it's where I caught the bus to get to anywhere and everywhere, and frequently got off at wrong stops. It's also home to a little restaurant run by two ladies where I got my lunch from for the first month.

**I**ce cream man: the highlight of my workday.



Around mid March the weather got so sweltering the only way to survive the day was my Kulfi ice cream bar. Around 2 pm the ice cream man would come tinkering down the road triggering a pavlovian bolt down the stairs to get my dose.

**J**aargon: Much of the medical and scientific community practically gorges on jargon. What I loved at Sangath was the emphasis on getting rid of the jargon except when absolutely necessary. All the manuals, information sheets, posters, we worked to develop were edited and changed to be as reader friendly as possible. The goal being to make the conversation about mental health open and inclusive to everyone from day laborers to housewives.

**K**ingfish: An essential component of the Goan fish thali, crisp and spicy on the outside tender and succulent on the inside. Kingfisher, a bird who obviously likes fish just as much as humans do. Also the cover star of Kingfisher beer bottles.

**L**ibrary: The calmest and breeziest room in the office, also the resting place for dozens of fascinating books on anthropology, development work, public health, psychology.. I could go on. I honestly would have not minded spending the entire duration of my internship in the library just eating up all the books in there.

**M**angoes: The tree spreading its delicate arms over the office and providing what seemed to be an endless supply of mangoes.

Pushpa the lovely lady in the kitchen would collect the little green ones. Peel them, chop them and douse



them in salt, and spices. Then serve them every other week with lunch.

**N**erds: At Sangath it's perfectly OK to be a nerd. In fact if you're not a nerd, you might feel a bit out of place. There is so much to learn. From basic counselling skills to creating flipcharts for introducing SAFE and CONTAD to the staff at the government primary health care clinics. At Sangath nerds are nourished, nurtured and encouraged.

**O**bservation: I'm a big fan of active observation, and at Sangath there were so many opportunities to observe and learn. From counsellor supervisions, to field visits to GP clinics and the district hospital. To attending the PREMIUM results dissemination meeting. To monthly research meetings where different people are invited to share their knowledge on management and

research skills. To the monthly clinical meetings where you could learn skills relevant to counseling and clinical work.

**P**arty: Every other day was a party at Sangath. Someone is leaving, someone is arriving, we got approval from the Directorate of Health Services to take the project to government clinics. It's someone's birthday or wedding. My favorite party was our ARG dish party when everyone made dishes that were native to their home. On that day I discovered that Koshary (an Egyptian dish of unknown origins) went perfectly with Palak Paneer a Punjabi dish courtesy of Sheetal the project manager at the time.

**Q**ualitative research: My favorite kind of research, mainly because I just like asking people questions. One of my favorite tasks was developing an interview guide for use in SAFE. This was meant to generate information about how the different people involved with the project felt and thought about the program.

**R**ain: The rain that never came, when I was there as I sweltered melted away in the heat of February, March and April.

**S**hrines: In Goa, and all over India shrines are not just in temples. They are under trees, next to fountains, on your porch, on a bus stop. All draped in the same orange and yellow flower garlands that women sometimes wore in their hair.

**C is also coffee, the office introverts' drink.  
C is counsellors the lifeblood of Sangath and the coolest most humble people I have ever met.  
C is coconut and curry.**

**T**raining sessions: I was lucky enough to attend training sessions on almost all aspects of the work. From management to counselling to research. My favorite was the training sessions for counsellors, as I got to interact with the counsellors who were doing the work on the field, as well as learn about counselling in a practical hands on way.

**U**rvi: My mentor for the duration of my internship and my guide on all things in Sangath. She took the time to meet with me every week, make schedules, pinpoint activities that might interest me and make sure I got the utmost best out of my internship.

**V**a va va voom: The din of motorcycles, the soundtrack of my trip and the one thing I regret not learning to do while I was in Goa.

**W**eddings. It's India after all, still I was not expecting to get invited to three different weddings in the space of three months when I arrived not knowing anyone at all.

**X** the unknown: I have no idea yet where life will take me after this internship. I had no idea what I was getting myself into before I came. The most important thing I

learned from this trip was just to embrace the unknown.

**Y**onder: As this post winds down I am getting all Shakespearian on y'all. Yonder is where I am richer with experience, fatter with chapatis and grateful for it all.

**Z**est: I arrived at Sangath with a zest to learn more about Mental Health, more about India and more about myself. I left with an almost tenfold increase in that zest. It was also a game winning word in a Scrabble match at the Sangath picnic.





# Angela LEOCATA



“Nahi, nahi, nahi...” “Ek-do baar.” (*No, no, no... One-two times*). I sit and watch another mother complete the PHQ-9, a part of the screening process for our study. Sitting near this mother in a government hospital of Northern Goa, I begin to think about her and this experience for her. Is this the first time she has been asked questions concerning her mental health? If so, are they phrased in a way she understands? I look around at the pregnant mothers and running children surrounding our screening station. Does she feel comfortable answering them? I glance at the researcher from our team conducting the survey. Does she feel comfortable answering her?

I observe as the mother gives consent to take part in the program. What influences her decision, given that only half of the

participants will receive counseling? For whom does she join - the health of herself, or the health of her baby? How does this shape how we understand mental-health care?

As an intern for the SHARE project at Sangath, I had the opportunity to observe screenings, such as these, at government hospitals and primary health clinics across Goa, in addition to a variety of other in-field opportunities, such as visiting the homes of peer-counselors and attending their supervisions. These experiences enabled me to help develop the formative stages of the study's qualitative research, and, perhaps more importantly, grow a better understanding of the complexities of intervention development and evaluation in global mental health.

I watch our screener give the mother literature on the program. Will the peer-counselor of this

mother be able to relate to her experiences? What is her motivation to work with the program? How will her experiences as a peer-counselor change as the program continues? Will she feel valued by the study?

Will the mother's family, friends, or community know about the program? How will this influence how she is perceived, or how she is treated?

## GROUNDING MY UNDERSTANDING OF A GLOBAL NEED: MY EXPERIENCES AS AN INTERN FOR QUALITATIVE RESEARCH OF MENTAL-HEALTH CARE AT SANGATH, GOA



PASS communication intervention being delivered in Kolhapur, Maharashtra.

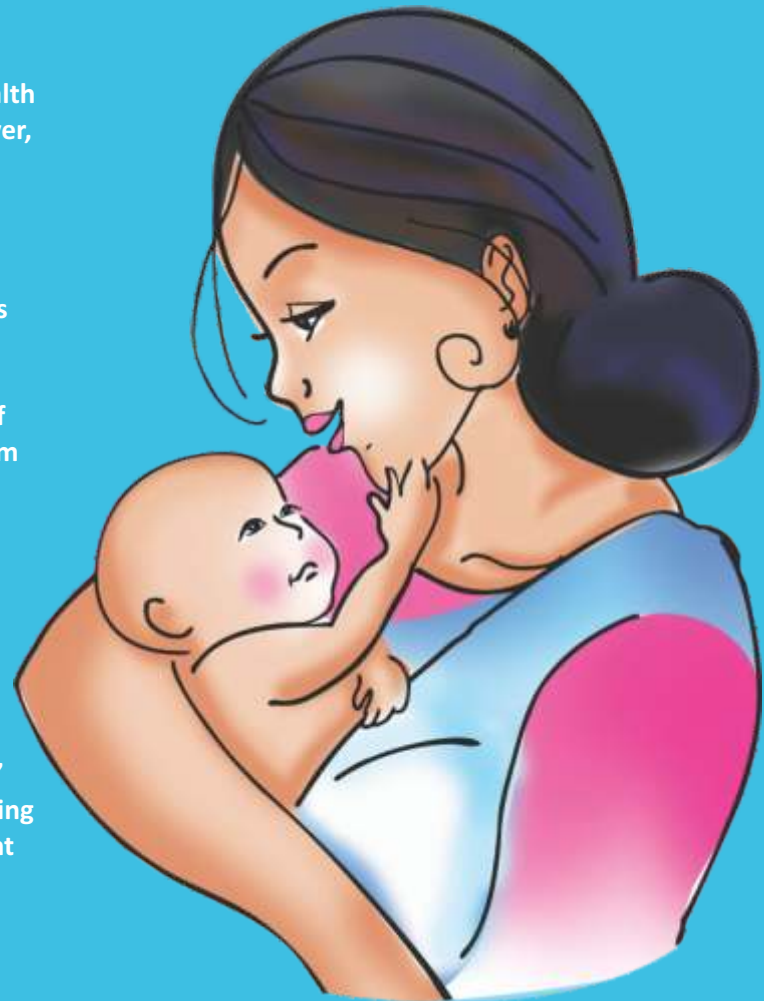
Will the mother feel comfortable maintaining new habits or lifestyle changes when the program concludes?

As a student of Anthropology and Psychology, I was drawn to Sangath for the opportunity to better understand global mental health from an anthropological, clinical, and public health perspective. I did not anticipate, however, the extent to which I would be able to engage with the various levels of research.

From sitting in clinics as mothers were first screened, to attending supervisions to review a peer-counselor's progress mid-intervention, to then joining for a group peer-counselor meeting at one of their homes, and concluding with a team meeting with the study's PI and entire research team, my experience as an intern at Sangath enabled me to understand the complexities of global mental health to an extent that a university lecture hall simply cannot. Hearing a peer-counselor voice how overwhelmed she felt by her caseload; seeing a mother in tears still score a "0" on the PHQ-9; debating in a team meeting why there was a disparity in recruitment

levels in North and South Goa; or having another peer-counselor explain to me how critical her work has become to her, are the moments from this internship that have shaken and inspired me.

These experiences add empathy to what I have learned of global mental health. Perhaps most importantly, they have instilled a new sense of urgency to how I view global mental health research. I have always considered mental-health care to be a personal passion. After witnessing and engaging with the complexities of mental-health care on-the-ground, I now understand it to be a global need.





Paige **ENDSLEY**

## THE SANGATH EXPERIENCE

I was lucky to spend a little over 5 months with Sangath fulfilling the practicum requirement for my Master of Public Health. I studied epidemiology with a certificate in global health and am passionate about global mental health, making Sangath the perfect host site for my practicum. I worked primarily with the DIL project but was able to branch out and assist with other research projects. I was also fortunate to attend monthly clinical and research staff meetings and the Leadership in Mental Health course, where I learned from and worked with health professionals from around the globe.

My work experience with Sangath allowed me to expand my quantitative and qualitative analytical skills and develop tools necessary for work in global mental health. I was able to conduct systematic reviews, help create and code in-depth interviews, analyze baseline data for research projects in the early stages, assist in the creation of tools to be used in community based mental health programs, and develop an understanding of how one creates a community based psychosocial program in a low resource setting. I have also been able to contribute to research papers and further grow my knowledge of STATA. The work and projects being done by Sangath, the welcoming environment, and the knowledge of the researchers and staff provided me with an experience that not only complimented my MPH education but also gave me insight into what a career in global mental health can be.

The monthly staff meetings and guest lectures added to my learning while at Sangath. I interacted with experts and learned from their

research; I was also able to present my thesis project and receive feedback. The Leadership in Mental Health course that I attended through Sangath broadened my knowledge and understanding of where global mental health is heading through examples of community based programs, task sharing, and how to combat stigma attached to mental illness. The two-week course was informative and hands-on. I met and collaborated with people from all over the world who work in

global mental health, which was inspiring. I learned and grew throughout my time with Sangath and was also able to live in and enjoy Goa, which was an experience in itself. Goa is a beautiful, culturally rich place with amazing beaches and even better food. I'm very thankful for my time and experiences in Goa and with Sangath.

**The work and projects being done by Sangath, the welcoming environment, and the knowledge of the researchers and staff provided me with an experience that not only complimented my MPH education but also gave me insight into what a career in global mental health can be.**





**Saloni DEV**

## **LESSONS FROM THE FIELD: 176 Hours with Sangath**

I had been yearning to dive deeper into the field of Global Mental Health to seek an intensive learning experience and gain knowledge about its intricacies for preparing myself to put a strong step forward towards achieving my academic and professional aspirations. I had been yearning to tap on to the learning opportunities which lie outside the classrooms and the journals...

Being an intern with Sangath under the PRIME project gave me this opportunity. I have been greatly intrigued by the challenge of the gap in access to treatment for mental illness and by the idea of task sharing where Sangath complemented it

by taking me to the field and exposed me to the ground realities and the learnings which I would not have got a chance to get by reading a journal. I became conversant with and understood the key challenges involved in the integration of mental health care into primary and community health care at the field as well as at the structural level.

Being primarily involved with the qualitative part of the project, it gave me an opportunity to be a part of the implementation of the theoretical framework of the project and understand the receptiveness of the same, along with getting involved with the supervision of the delivery of mental health care by community health workers and working on quality improvement. My academic journey at Columbia University gave me a vision of endeavoring to bring about significant changes to improve mental health, while Sangath accompanied my vision with the imperative realities. My internship was filled with learnings from experienced professionals from the field and helped me understand the

intricacies involved at the field level and the challenges which are posed to the efforts towards bridging the mental health gap. I can surely say that it was indeed a 'learn with fun' experience where my colleagues and my supervisors took out time to explain the "how" and "why" which made it all the more

enjoyable. I am taking back happy memories of learning, of the intellectual and insightful lunch-time conversations, and of meeting some amazingly enthusiastic, energetic and committed people. This internship has been the most

valuable grad-school experience for me until now and has made me more committed to my interests and aspirations. India has far to go to bridge this gap in the access to mental health care, but organizations like Sangath are making every effort to make sure this gets done quickly and efficiently, where its competent and committed professionals and partners act as the 'cherry on the cake', or more appropriately, as the pillars to the bridge which aims to lessen the mental health gap.

Sangath, along with having a strong foundation, is very enthusiastic and great-hearted to give away the knowledge it creates and prepare future professionals and researchers like myself. To draw an end to this tribute, the most important learning that came to me over the course of my internship with Sangath was that it is not at all easy to bridge the gap which exists in the access to mental health care, but neither is it impossible. The first step towards any goal may not be perfect, but we need to persevere and find perfection in imperfections.





## Sydney CHURCH

Many people have asked me why I went into an internship in a science oriented NGO when it was anthropological research that I was really interested in. As an undergraduate my interest has centred on medical anthropology. I was inspired by medical anthropology as it provided my first insight into illness and mental health 'disorders'; the two being highly contextual phenomena which I found both fascinating and exciting. Because of this, I found my primary aim being to find any environment which was alien to my own to explore how experiences of a mental health 'disorder' compared to other places (mainly the UK as this is where I am from). Working in a science environment also meant I gained an insight into addiction that I would not have had access to otherwise. I found it interesting to see how the psychiatrists, psychologists and researchers around me interacted with, and interpreted addictive behaviour and its effects. It may also come as a surprise to some that both disciplines of science and anthropology are remarkably similar in trying to understand human beings, even if their responses and methods of interrogation are different. Against this background, an internship at a scientific research centre with an interest in anthropology was perfect. In hindsight, it was also the perfect opportunity to gain some grounded qualitative research experience; and area that was complementary too, but not covered in great detail in my degree course.

The challenge I had, before I found myself at Sangath, was finding a health related research environment, given my chosen subject of anthropology is not widely acknowledged within these circles just yet in the same way that perhaps psychology or even sociology are. However, the cultural anthropology I had been taught at SOAS has been very philosophical and lead me towards mental health debates which I found to be at the centre of the biggest question anthropology is posed with today. This is, what does it

mean to be human? From this question a whole host of ethical issues, personal valuations and judgements come to the fore, particularly when working with vulnerable persons. Working at Sangath allowed me to see into an environment where I could ask questions to myself and others whilst forming a more solid opinion of my own ethics. Before I started the internship I had expected to critique rather than form solid viewpoints, particularly because the post-structural anthropology I had learnt is the kind that sees everything that is solid disappear into the ether. It is easy to be the anthropologist sitting on the fence criticising everything and having no solution or sided support to offer of your own. However for me this can feel nihilistic and the great post-structuralists in anthropology tend

to 'go mad' or to use another term, fit in no-where, which although it may seem academically romantic, is not what I would wish for my future.

Learning more about community interventions at Sangath whilst at the same time pitting it amongst the political and economical climate of Goa which I looked into for my dissertation, was a healthy start to reassessing the foundation to my own ethics. It confirmed and established beliefs which will

be equally important in the future as my ability to analyse and critique, in order to work with people more vulnerable than myself with integrity. My learning experience confirmed to me that community is fundamental to good mental health which is not surprising considering Sangath's ethos of empowering existing communities to use the tools they already have to support one each other. Another aspect I learnt having scrupulously analysed a number of interviews in which each individual counted, as well as being encouraged to attend the talks on public health interventions elsewhere, was the importance of human interaction in understanding and reaching out to people who need support. Some bureaucracy is inevitably necessary. However, time and again Goa,

## MY INTERNSHIP EXPERIENCE IN SANGATH



Structures where governments have taken a laissez faire approach and left nothing but too many pharmacies and not enough people to support those with mental health issues, see the lives of those who need most help become dangerously precarious. The researchers at Sangath however relentlessly took interviews with people that sometimes spanned over an hour, which to me indicated a fierceness of engagement with the people around them and a re-assuring investigation into what they were communicating.

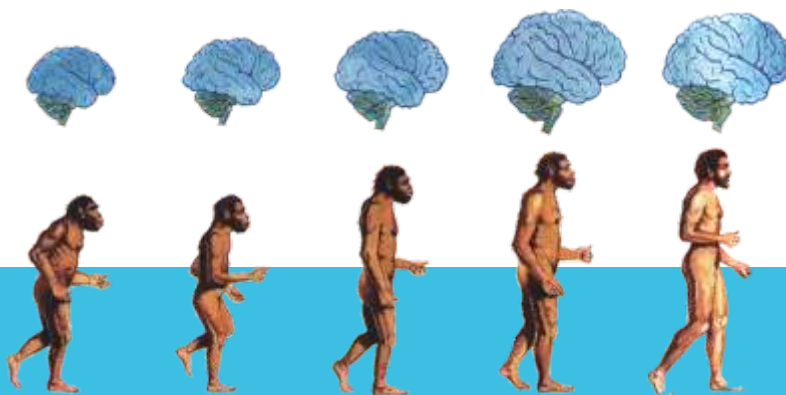
More specifically during my time at Sangath, I had the chance to develop myself academically through taking part in the publishing of two papers. For one of them; 'Psycho-social interventions for addiction affected families in low and middle income countries' I conducted a literature search to assess the extent to which there was support for family members of relatives suffering from addiction in low and middle incomes countries. This was part of the SAFE project (Supporting Addiction affected Families Effectively) for which I also co-wrote a primary science paper; 'Support Structures and Coping Strategies of Family Members Affected by their Relative's Drinking: a Qualitative Study from



India', on how family members were currently coping with the rise in addictive behaviours

I also used my time at Sangath to apply the research for my own final year dissertation. I dived in quite blindly, not knowing what the interviews taken of family members would bring up for me by way of a dissertation argument. I did have a general idea however that I would research how language used to communicate alcohol addiction affected individual's experience of it. Instead, as I learnt more about Goa, I ended up with a dissertation about alcohol use disorder being synonymous with masculinities gone awry within a neoliberal market logic and called it; 'The Market, masculinities and Alcohol Use Disorder in Goa', which I will try and publish with the help of my mentor from Sangath later this year. I found it unsettling and unavoidable that the more I learnt about alcohol use disorder the less confident I felt I could capture it as a phenomenon in 10,000 words. The experience also reminded me that three months is no time at all for the kind of project I had set myself. However, I found looking at alcohol use disorder from as many perspectives as possible extremely interesting as well as finding it useful in consolidating my understanding of key anthropological theories and using them to better help me understand a social group.

My time at Sangath posed some serious questions which I grappled with on a personal level as well as being tutored in the rigours of scientific research. It has allowed me to link anthropology to science, to see how they differ and are compatible whilst gaining sound research and writing skills which will be useful in my future trajectory. My time there definitely opened a number of doors career wise and pointed me towards other avenues which I will continue to explore within the sphere of mental health.







# COLLABORATORS SPEAK

## SOME OF OUR COLLABORATORS



LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



KING'S  
College  
LONDON  
University of London

**W**  
wellcome



Grand Challenges Canada  
Grands Défis Canada  
BOLD IDEAS WITH BIG IMPACT™



PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA



**SANCD**  
SOUTH ASIA NETWORK FOR CHRONIC DISEASE





## Dr Lakshmi Vijayakumar SNEHA, India

My warmest congratulations to Prof Vikram Patel and Sangath on the occasion of its twentieth anniversary.

The Nobel medal for Medicine/Physiology differs from the other medals in that it has an image of “The Genius of Medicine” holding an open book in her lap and collecting water from a rock to quench a sick girl's thirst. It also has an inscription in Latin from Virgil's Aeneid which loosely translated reads as “They who bettered life on earth by their new found mastery”. These words aptly describe Prof. Vikram Patel and Sangath.

Sangath has emerged as a premier NGO in mental health worldwide. In the mere span of two decades, the organization's accomplishments and contributions to this field was only possible due its undeterred focus on developing innovative community interventions for mental health delivered by non-mental health professionals. In my associations and interactions with Sangath, the team's expertise, energy, dedication, willingness to learn, adapt and change has impressed me the most. By far, the greatest achievement of Sangath is its ability to enthuse many dynamic, enterprising and concerned young individuals to work in the field of public mental health, which has been a domain vastly ignored these many years.

Prof. Vikram Patel is an inspirational leader. He is a unique and a rare blend of sparkling intelligence and warm humaneness. His enormous contribution to mental health has catapulted him to one of the Times hundred most influential people in the world in 2015. The numerous awards and accolades which he receives, sits lightly on him and he remains a warm, unassuming and easily approachable person. The admiration and respect that Prof. Patel has gained at both national and international mental health communities is characterised by his remarkable attention to detail, his ability to inspire a team, his thirst for knowledge and the burning desire in him to make a difference in the field of mental health.

Many dream, some try and only a few like Prof. Vikram Patel and Sangath achieve. They

have scaled new heights and set new standards. I wish they will continue to evolve and inspire others.







Dipa Nag Chowdhury at the inauguration of Sangath's new home

On behalf of the MacArthur Foundation, I congratulate Sangath on reaching this important milestone. In tackling problems of child development, adolescent health and mental health, Sangath has contributed to strengthening public health initiatives in India and beyond. Your exemplary and rigorous scholarship deploying insights from epidemiology to journalism, from the law to early education, and your holistic, multidisciplinary approach to public health has pioneered new models of intervention and care. Most importantly, your deep concern for individuals and families continues to change lives and strengthen communities. It has been a privilege for MacArthur to have partnered with Sangath over the past 20 years, and we wish you continued success.

**Dipa Nag Chowdhury**  
*India Office, MacArthur Foundation, New Delhi*



I have only recently gotten involved in a project through Sangath but I am thoroughly impressed by the research being done there and the quality of the staff. My involvement began with the PREMIUM program and I think it is as good a research study as I have seen. The dedication of the staff has been particularly striking. I expected to find a setting that was focused on translating technologies developed elsewhere to south Asian context (and it does) but I have been struck at how the work being done there is cutting edge with respect to the newest development in the field. I have been so impressed that I hope to do my next study in collaboration with Professor Patel and the marvelous setting that he has developed.

**Steve Hollon**  
*Vanderbilt University*

“  
I hope the next 20 years go as well as the first two decades.  
”

Prof Jim McCambridge  
*University of York*

“  
Congratulations on the wonderful milestone!  
”

Lena Verdeli  
*Columbia University*

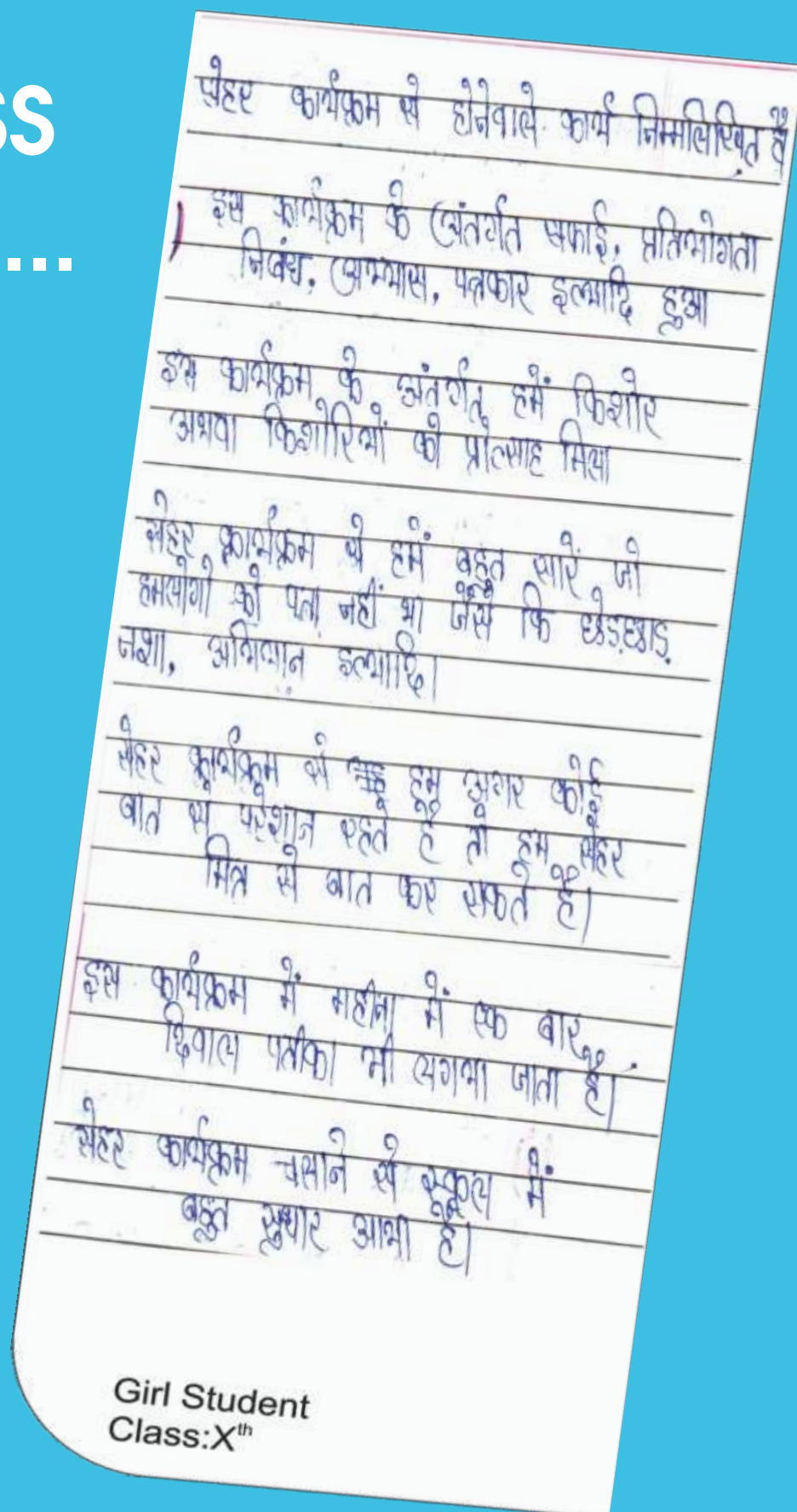
“  
Sangath has achieved a tremendous amount in the past 20 years, from conducting the first trials of mental health interventions in India, to pioneering task-shifting approaches to mental health care across a wide range of disorders, all the while providing essential mental health services to the community. The Wellcome Trust is proud to have supported a number of randomised controlled trials conducted by Sangath, including the current PRIDE trial developing effective interventions for adolescent mental health. Sangath's impact has accelerated dramatically in the past few years, and it is exciting to see their models of care become an integral part of State and National health programmes. Wellcome wishes Sangath every success for the next 20 years.  
”

Dr Mary De Silva  
*On behalf of Wellcome Trust, UK*

“  
You are improving health not only across the lifespan but around the globe. The impact of your research is evident from clinics in Goa to clinics in rural Colorado. Thank you for all that you have accomplished in the last 20 years, and I look forward to being part of the next 20!  
”

Sona Dimidjian, Ph.D.  
*University of Colorado, Boulder*

# SEHER SUCCESS STORIES...





अर्चना कुमारी शिक्षिका

सेहर कार्यक्रम के द्वारा कच्चे में समाज के प्रति जागरूकता उत्पन्न होती है। उनमें (बच्चों) का वॉन पैन्टिंग के माध्यम से जो भी जानकारी दी जाती है उसे ध्यानपूर्वक पढ़कर - समझकर अपने जीवन में उतारने है इसके अलावे उनमें शिक्षाचार, शालीनता, हल्-भाप व्यवहार में परिवर्तन हेरवर्न का मिजा है। वेड द्राड, जेडा जो समाज में अक्षयपथ रूप से फैली है उसे उन्नत आदमी तरह समझ सकते है।

Teacher, SEHER School

सेहर कार्यक्रम से हमें प्राणिक जागरूकता मिली। दिगार पत्रिका के माध्यम से सर के द्वारा प्रेरणा समा हब कलास में बनाया जाता है। सर्किट बॉर्ड लॉकस में हमलोग पुकी डालते है। फिलहाल जो समझना माली है उसका खुदाक मिलना है। या समझना की खुद ही खुदाकामी में मदद करती है। हर महीने बसुल प्रतियोगिता होता है और उसमें इनाम भी पाए जाते है। हर महीने पीपल बुक की सीटिंग होती है जिसमें हम दिगार पत्रिका बनाने में तथा सर का सहयोग करते है। कोई छात्र जागरूकता का समझना में है तो सर के एक पाठ जाकर अपनी समझने को रखते है तथा जागरूकता बढ़ाते है। स्कूल में प्राणिक कार्यक्रम सेहर के द्वारा प्राणिक है। उदाहरण हमें बहुत ही जागरूकता मिलने रक्षी है।

Boy Student ClassIX<sup>th</sup>  
School Code:48

Scale-7/33

सुखविद्यालय माफी

सेहर कार्यक्रम जो संगत द्वारा संचालित होता है। इसका संचालन हमारे विद्यालय में लगातार दो वर्ष से हो रहा है। इस कार्यक्रम से छात्रों एवं छात्राओं का सर्वांगीण विकास होता है। वे अपने अधिकांश एवं कर्मों से अवगत होते हैं। वे कर्मों को छात्र/छात्रा अपने मन की बात सेहर परामर्शी से बेपरवाह करके अपने समस्या का समाधान प्राप्त करते हैं। अतः मैं कह सकता हूँ कि संगत द्वारा संचालित कार्यक्रम सहायनीय है। इस कार्यक्रम का विद्यालयों में होते रहना चाहिए।

23/08/2016  
Headmaster  
HIGH SCHOOL MAFI  
20 MAFI INLAND

Headmaster, SEHER School

**CONTRIBUTION TO SOCIETY** - We are inspired by the fact that our work is rooted in the needs of the community, and is contributing towards the common good.

1



**OPENING DOORS TO OPPORTUNITIES** - By working at Sangath, we see ourselves entering a field of community service and research that will provide many more opportunities for us and other stakeholders, in the future.

2



**OPEN-MINDEDNESS** - Sangath is progressive and forward-thinking, always open to new ideas and change.

3

**Freedom to Express** - We are free to share our ideas, express discontent, and speak our minds, making the environment conducive to collaboration.

4



**CONSTANT LEARNING** - We are exposed to new forms of therapy, new ideas, and new ways of conducting research.

5



20

**TECHNOLOGY** - Sangath stays up to date with the latest software and technology, the key to a functioning office, coordinated communication, and effective service delivery.

6

# Things WE LOVE

# About Sangath

**ROBUST LIBRARY** - Books and materials on health, psychology, policy and so much more are a stone's-throw away in Sangath's in-house library.



8

**OPPORTUNITIES FOR CAPACITY BUILDING** - With frequent training sessions to equip us with new skills, there are always opportunities to build on what we already know.



7

**AN EQUAL PLAYING FIELD**  
- Without a hierarchical culture, everyone is treated with a smile and respect as they move in an out of offices, homes, and clinics.



**AUTONOMY TO GROW** - Those who take initiative are rewarded, and there is space for constant advancement through skills-building and teamwork.



**OPPORTUNITIES FOR NEW PEOPLE** - People who fill in new positions are welcomed with open arms and given the chance to build experience in various area of public mental health.



**VARIETY OF WORK** - There is diversity in the types of tasks we handle, from interview transcription to data coding to finances to conducting focus group discussion. This enriches the environment of the workplace and draws people from different backgrounds and with varying levels of experience.



**FILLING IN A GAP** - Our strength lies in addressing an ignored need in our community and other parts of India. We are shedding light on best practises in mental healthcare in a community-oriented way.



**EVERYDAY IS A CELEBRATION** - The joy with which we celebrate each other's birthdays, and successes in Sangath allows us to maintain a familial work environment.



**FIELD WORK** - Interacting with and being grounded in the communities where programs and interventions are embedded are crucial for us to maintain motivation and keep our priorities straight.



**HIGH QUALITY SUPERVISION** - Those who supervise projects are holistic in their approach and often have exposure to a variety of settings, both in-country and abroad, managing projects and teams.

**PRESSURE-FREE ENVIRONMENT** - Peers and supervisors are encouraging and understanding, allowing us to complete our work in a collaborative space.



**EXPOSURE FOR STUDENTS** - Through our strong internship program, we are able to provide first-hand exposure to aspiring mental health leaders who are currently students at institutions across the globe.



**DIVERSITY** - The staff is wildly interesting with varied backgrounds. Ages range from early 20s to senior citizens (although don't call them that!) People travel from all across Goa and India (and sometimes across the world) to come work with us.



**OUR FAMILY** - Although everyone has families to go home to, we can't help but feel at home when we're at Sangath!







**SPOTLIGHT ON  
SANGATH IN  
THE MEDIA**

## Sangath to counsel suicide-prone Vidarbha farmers

**VIBHA VERMA**

vibha@herald.goa.com

**PANJIM:** Suicide-prone farmers from Vidarbha region will now get the support from Sangath, which has designed a special program to salvage the crisis-ridden peasants.

Chairperson of the NGO, Vishram Gupte said that the project has been initiated by Dorajbee Tata Trust to help the cotton growing farmers who are on the brink of losing everything, due to several issues like irrigation, infertile land and apathy of the State Government. The national crime record statistics revealed that more than 30,000 farmers ended their lives in the last decade foreseeing bleak future and acute poverty. Frequent bad crops have worsened the situation even as central funding for these areas has failed

to bail out farmers from the crisis.

Gupte said that Sangath would be holding interventions between farmers and authorities, which will normalise the situation. Sangath which is said to have trained psychiatrists, counsellors and trainers on board, has decided to study the suicides in this parched region.

A pre-lunch meeting has been called at Nagpur on November 30 to discuss the project in detail with the authorities. The Trust approached Sangath for the project titled 'VSHRAM - Vidarbha Stress and Health Problems', to reduce suicides and improve health issues and psychological problems. 'Vishram' in Marathi means rest.

The four-year long project will cover four famine prone districts and eight blocks of Vidarbha, each block com-

prising of 10-15 villages. Cotton being a main crop of Vidarbha, the farmers' dependent on it have been increasingly finding themselves in a hopeless situation. State government's failure to provide much needed help has been adding to the distress amongst farmers, resulting in suicides.

"Unlike Goa, part of Vidarbha is arid and part of the region is green... The weather is indement. The rain in the region is 30-40 inches or even less," Gupte explained narrating how the NGO intends to go ahead with the ambitious project. Sangath will supervise and monitor this case and provide expertise in terms of developing intervention, training the community health workers and partnering with NGOs for working on the project.

Psychiatrist and Project Coordinator Dr Neeraj Chowdhary told Herald that they will start with three villages - Vidarbha, Amravati and Vidha. A temporary Sangath camp office would be set up in Nagpur along with the staff for the project. The experts will study the families, their body language, psychological behaviour, and other aspects. The NGO feels that there is a cause of concern. "We are not only looking for farmers' suicide but also other factors that contribute to suicides among youth and women," Chowdhary explained.

"We will develop the intervention in three major sectors, including common mental health disorder, alcohol use disorder and child & adolescent emotional problem," she said.

# HERALD

24<sup>th</sup> February 2011.

## SHORT TAKES

### Sangath awarded trophy

**PANJIM (HND):** The National Trust has awarded a trophy to the Sangath in appreciation of its outstanding contribution to the Badthe Kadam campaign held from November 16 to 30, 2010 across the country.

Sangath is a non-governmental, non-profit organization that has been working in the field of mental health and family well being in Goa since 1996. Sangath, along with other NGOs in the disability sector, launched 'Badthe Kadam' a nationwide disability awareness campaign for the welfare of persons with autism, cerebral palsy, and mental retardation. During the 15 day event, several events such as rallies, Special Olympics and stage performances by children were held in the major cities of Goa like Bicholim, Pernem, Vasco, Canacona and Margao.

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## Community workers help to bridge treatment gap in mental health

Training lay people can play a crucial role in helping to deliver effective care for depression and anxiety in resource-poor, primary healthcare settings



A mental health specialist in a supervision session with a lay health counsellor. Photograph: Vikram Patel

A report in the *Lancet* last year concluded that improving access to effective mental healthcare could help to alleviate poverty. *Mental health* was framed as a "development priority". But access to that crucial healthcare remains a barrier to many people in poor countries. While in Europe a third of people experiencing mental illness do not receive treatment, in developing countries the situation is much worse. In some countries, basic care eludes nine out of 10 people in need.

However, the largest psychiatry trial to be conducted in the developing world, the Manas intervention, convincingly demonstrated that training lay people can play a crucial role in helping to deliver effective care for depression and anxiety in resource-poor, primary healthcare settings.

Community healthcare programmes are not uncommon, and the Manas trial applied similar principles – training people to deliver basic care in their own communities – to mental health.

The randomised controlled trial was conducted in Goa, India, and involved more than 2,700 participants. After community consultation about the programme (which led to some changes in how the subject was addressed – for example, depression is explained as a stress-related illness), local people, mostly women, attended four-week training sessions on helping to manage depression, with an additional two weeks to cover specific disorders such as alcohol abuse. Typically, they are female university graduates, although it is envisaged that community members with a lower educational attainment will be used if the programme is scaled up.

On completing training, the community worker is based within the primary health centre and works alongside a primary care doctor, under the supervision of a psychiatrist. There are only 4,000 psychiatrists in India, serving a population of 1.3 billion. Shifting certain aspects of care to non-specialists allows specialists to achieve



Community workers help to bridge treatment gap in mental health | Rosa... <http://www.guardian.co.uk/global-development/poverty-matters/2012/f...>

greater coverage of the population. Primary health centres are also easily accessible and are a far cry from the old psychiatric institutions that are heavily imbued with stigma.

Professor Vikram Patel, clinical psychiatrist and former Rhodes scholar, set up the trial, which found that patients receiving care experienced a 30% decrease in common mental disorders and were less likely to attempt suicide. There was also a substantial reduction in the number of days out of work due to illness. Patel insists armies of mental health professionals are not needed to provide care. Instead, he believes in "mental health for all, by all".

"We need to empower everyone to be able to understand the commonsense ways in which first they can promote their own mental health, 'mental health literacy,'" he says. "Secondly, to provide mental healthcare when someone close to them is in a crisis, 'mental health first aid', and thirdly, at the professionalised level, to use lay health workers to provide mental care for people with mental illness.

"In many parts of the world chaining of people with mental illnesses is not uncommon, nor is seeing people walking around in clearly an unwell state, half naked, and no one takes any notice of them. It is tragic. There is a basic human right, which is not about just healthcare, but it is about the right to life with dignity, a right to citizenship."

However, there are several difficulties that need to be overcome if the intervention is to be extended to communities across the country. The support of specialists is essential, but many are sceptical about devolving responsibility to lay people. Many specialists prefer to work in the private sector, which means appropriate incentive packages will be required to encourage participation. The uneven distribution of specialists across the country must also be addressed. And, while the intervention tackles the supply side of the healthcare equation, a greater challenge will be creating a demand for the service.

Patel remains optimistic. "You address demand first of all by demonstrating that you can make a difference to people's lives when they suffer from these conditions. In any community, if you are able to demonstrate impact on individuals, the word gets around. 'That son that used to be tied up to the bed, today is working in the fields.' That is powerful stuff."



# THE HINDU

## Cities » Delhi

January 13, 2013

### **Weeding out distress**



The Hindu Changing perceptions: Focusing on early detection of mental disorders. Photo: G.N. Rao

Community-based programmes are targeting people suffering from depression, mental disorder and suicidal tendencies due to agrarian crisis in Vidarbha

"If only I knew, I would have talked him out of it. He did not look normal and we hardly had any communication for days before he died," says a farm widow in a remote village in Maharashtra's Amaravati district. Her husband committed suicide some time back as he was unable to repay the debt that he had taken. The money he borrowed kept multiplying over the years. He was under lot of stress but did not share it with anyone, not even his wife or children. And one day, he just killed himself.

This is not a lone incident of its kind. It is the story of thousands of farm widows in Vidarbha region — now known more for farmer suicides than the fine quality cotton it grows.

Suicide and mental disorders are major public health problems in India. According to the National Crimes Records Bureau, 125,017 people committed suicide in 2008 and at least 1,000 farmers ended their lives every year in the Vidarbha region since 2001 though several experts dispute the figure for being low than the actual cases which do not even get reported. Similarly, the causes of suicide are multi-factorial like gender disadvantage, caste discrimination and debt.

However, the most important individual level determinant is mental disorder. By far, the most common mental disorders which contribute to this risk are depressive disorder and alcohol use disorders. In addition to mental disorders being a determinant for suicide, they are also a consequence; thus, family members, including children, often experience severe emotional difficulties and frank mental disorder in the aftermath of a suicide.

When farmers commit suicide, the burden of supporting the families shifts on women who also have to come to terms with domestic violence, if husband takes on to alcoholism due to stress and depression. Unable to deal with such situations, women and children are automatically pushed into the high risk group.

It is this population that Project VISHRAM has been silently aiming to target since the past two years. Vidarbha Stress and Health Programme (VISHRAM) is a four-year community-based programme for the promotion of mental health and prevention and management of psycho-social distress and mental disorders in agricultural communities in the Vidarbha region — Amaravati and Wardha districts. While in Amaravati, it is being implemented by Prakriti, in Wardha, it is being run by Watershed Organisation Trust with technical support from Sangath.

"We chose Vidarbha because there was considerable local concern among diverse stakeholders, including our partner organisations in the region, about mental health issues, particularly in relation to suicide. Among the most important mental health factors related to suicide are depression and alcohol abuse, and both of these are priority conditions for Sangath's programme," says Vikram Patel of Sangath who is a Professor of International Mental Health at the Clinical Science Centre for Global Mental Health, London School of Hygiene and Tropical Medicine.



Studies have shown that rural communities are widely recognised as a high risk group for suicides as compared with most other occupations; moreover farmers have been reported to have high prevalence of common mental health problems and there is a large treatment gap for mental disorders. Vidarbha, in particular, has been badly affected by agrarian crisis which have been linked to farmer suicides.

“Unfortunately, people do not understand basic things like stress and depression until it is too late. In India, insanity is the only word that describes mental disorders of all kinds,” explains Suvarna Damle of Prakriti. “It is extremely difficult to convince people that mental disorders are curable. The only response we get when we talk of mental health is that there are no insane people around,” she says. In any case, faith healing is the first line of treatment that people adopt. When the patients are brought for medical help, the situation is generally out of hands.

Suicide is an extreme step but it begins with a very common and innocuous thing like stress or depression that can be a result of a range of social and health factors, especially in rural communities. For example, the greater insecurity of income, lack of access to credit, poorer access to appropriate health care and easier access to lethal methods for suicides like pesticides.

VISHRAM’s goal is to implement and evaluate a comprehensive, population-based intervention programme to reduce psycho-social distress and the risk of suicide through targeted interventions. “Agriculture is falling out of favour as an occupation in rural communities. One study found that about 40 per cent of farmers would like to quit agriculture. We spoke to 70 such children who do not want to take up agriculture as they do not find it prosperous any more and would rather sell off their land. Personal tragedies and alcohol abuse just add to this serious situation,” Ms. Damle points out.

Prakriti covers 16 villages of Amaravati and The Watershed Organisation Trust (WOTR) eight villages in Wardha. In each village, one person has been identified as a community health worker who acts as the first point of contact and helps to identify people with symptoms of mental disorders, even if it is just stress or depression. Of the 16 community health workers that Prakriti has, six are Accredited Social Health Activists (ASHAs) who are trained to detect such people and persuade them to visit the outreach clinics run by the organisations in collaboration with either district hospitals or private hospitals who send psychiatrists for these clinics. In the case of ASHAs, it is easy to link patients with the District Mental Health Programme (DMHP) being run in government hospitals.

“VISHRAM aims to be a community-based programme to promote mental health literacy and awareness and deliver basic mental health care services by trained counsellors in community settings in addition to providing specialised mental health care services through a collaborative partnership with public and private health care providers,” explains Bhupali Mhaskar of WOTR. Its ultimate goal is to integrate mental health with regular health care needs.

During the past two years, WOTR has mobilised self help groups and village leaders for early detection of mental disorders with focus on home-based care. Mental health awareness programmes include distribution of IEC material, street plays and informal interactions with women’s groups and free distribution of medicines. The next target now is to involve schools in identifying children with such symptoms by training teachers.

“The issue of mental health is so sensitive that it takes lot of time and persuasion to make people talk about it. Most people do not even relate to it,” explains Arti Khangar, a counsellor with WOTR. Initially when they were told the meeting would discuss mental health, the villagers would say it is a meeting meant only for “insane people”.

However, things seem to be moving in a positive direction now with villagers providing information about families under stress due to economic or social distress, alcoholism and domestic violence in the neighbourhood or even about someone in need of medical aid. The WOTR has identified between 90-96 patients with severe mental illness like schizophrenia who were referred to Datta Meghe Institute of Medical Sciences and Hospital for treatment, while in Amaravati this number was 64. A large number of patients are being treated at the outreach clinics also.

Three mentally retarded children were also detected in Choramba village. However, it was their mother who needed counselling because she kept worrying all the time about the future of her children after she dies. She complained of acute body pain which was because of mental stress but she could not relate the two. Baby Tihile’s husband is an alcoholic and had reportedly beaten her up when she was pregnant which, probably resulted in the condition of her children. An anganwadi sevika, Baby Tihile had even sent her children to a specialised residential school but pulled them out because of the pathetic conditions of the mental home.

“Four years down the line, we want to hand over the project to the public health system. There would be enough demand generated by then and enough trained people at the primary health centre level or community health centres to deal with such cases,” Ms. Damle says. VISHRAM’s focus is on treating mental disorders and addiction at the community level and within home settings, and at an affordable cost.

However, there is a huge drop-out rate as patients resist coming to clinics for the fear of stigma and even stop taking medicines once they show signs of improvement. This continues to be a huge challenge.



## Humanitarian services recognised 29 NGOs each get ₹ 25 lakh aid

NT NETWORK

PANAJI: The Chief Minister, Mr Digambar Kamat, on Thursday, distributed cheques of ₹ 25 lakh each, to 29 institutions from the state, at a function organised by the Directorate of Art and Culture in the city.

This was part of the one-time Golden Jubilee Grants in the memory of Blessed Mother Teresa Grants. The various Non Government Organisations which are working for handicaps, old age people, special children, AIDS affected, street children, for empowerment of women, availed the benefit of the scheme.

The objective behind implementing this scheme is to acknowledge the human services rendered by these NGOs. Speaking on the occasion, Mr Kamat

“The scheme is a token of acknowledgement of the selfless and dedicated service rendered by various NGOs in the interest of humanity.

Digambar Kamat  
Chief Minister

lauded the work done by the NGOs by rendering selfless and dedicated service to the needy and neglected section of the society, thus helping the government in its endeavour. He further said that the services of NGOs are indispensable.

Director of Art and Culture, Mr Prasad Lolyekar welcomed the guests. Ms Mangala Wagle of Kasturba Matoshri Trust, Panaji, Mr Vishram Gupe of Sangati, Mr Ganesh Pawar, co-opted ZP member, and Mr Valmik Dias of Daddy's School, Margao, spoke in praise of Mr Kamat and thanked the government for acknowl-

edging their services.

Mr Anand Sherkhane, additional secretary, finance, was also present on the occasion. Mr Pradeep Naik compered the function, while Mr Ashok Parab assistant director of Art and Culture, proposed the vote of thanks.

The NGOs who received the grants are: Snehamandir, Ponda; Lokvishwas Pratishthan, Ponda; 'Sanjeevan' Ponda; Matruchhaya Trust, Ponda; Kasturba Gandhi National Memorial Trust, Panaji; Children's Right in Goa, Panaji; Sangath, Porvorim; Jan Ugahi, Margao; Positive

People, Panaji; Sethu Trust, Panaji; Disha Charitable Trust, Panaji; Mother Teresa Sisters' Panaji; Gujarati Samaj Educational Trust for Handicapped, Margao; St Francis Xavier's Training Centre for the Handicapped, Old Goa; Daddy's Home Special School, Margao; Asha Deep Special School, Vasco; ARZ, Vasco; Chetana Charitable Trust, Curchorem; Navajoti Rehabilitation Centre, Thivim; Shanti Avendna Ashram, Loutolim; Nitya Seva Niketan, Rivona; Keshav Seva Sadhana School for special Children, Bicholim; Asto Thivim (Caritas Goa); Jyot Society, Margao; Mother Mary Heaven, Calangute; Divine Providence Convent, Cana-Benaulim; Indian Red Cross Society, Panaji; Poor Sisters of Our Lady (Lar Santa Margarita), Diwar and Lar de Sta Terezinha, Margao.

Gowantale mandli 13/10/2010

# स्मृतिभ्रंश रुग्णांना 'होमकेअर' मुळेच जीवदान

## राज्यात चार हजार रुग्ण; 'सांगात' संस्थेची केपे, सासष्टीत सेवा सुरु

**दीपक भांडागरे**

पणजी, ता. १७ : जोपर्यंत आपली स्मृती टिकून आहे, तोपर्यंत सर्व ठीक आहे. पण भुवकड्यातील अडथळां आणि वास्तविकीत घान विकसन जाणे म्हणजे आपली स्मृती हलकत चालली आहे, हेच समजावे. या रोगाला 'डिमेंशिया' म्हणतात. असा रुग्णांचे गोंयवतील प्रमाण चार हजार आहे. स्मृतिभ्रंश (अल्झायमर्स) हा डिमेंशिया सा रोगाचा एक प्रकार. हा रोग ६० वर्षांवरील लोकांना होतो. डिमेंशिया झालेल्या रुग्णांमध्ये अल्झायमर्स



**स्मृतिभ्रंशाची लक्षणे**

- ▶ स्मृती हरवणे
- ▶ विसराळूपणा
- ▶ वेळ व ठिकाणाचे भ्रान नसणे
- ▶ सवय व यर्तणुद्धीत बदल होणे
- ▶ व्यवहारात बदल होणे

रुग्णांना 'होमकेअर' सुविधेचा लाभ घेता आला, तसेच 'होमकेअर' चांगली घेतल्यास स्मृतिभ्रंश झालेला रुग्ण १० ते १२ वर्षे जगू शकतो. पण वेळेवर त्याची काळजी न घेतल्यास रुग्णाला तीन वर्षांतच मृत्यू वेळ शकतो, असे संशोधनात निष्पन्न झाले आहे. घान संशोधनाच्या आधारावर उत्तर गोंयवत 'होमकेअर' प्रकल्प राबविण्यात आला. हा सेवा प्रकल्प व्हास्को रॉबिन्सोव्हिल डिमेंशिया सोसायटीचे अध्यक्ष डॉ. अमित जायस यांना आंतरराष्ट्रीय अल्झायमर्स सोसायटीने उत्कृष्ट संशोधक म्हणून गौरविले आहे. त्यामुळे डॉ. जायस यांचे दक्षिण गोंयवत शरीरवरी

जाऊन स्मृतिभ्रंश झालेल्या रुग्णांना सेवा देण्याचे काम सुरु केले आहे. यासाठी मानसोपचारतज्ञ परोमो जाऊन स्मृतिभ्रंश झालेल्या रुग्णांची कशी करूनी घ्यावी, स्मृतिभ्रंश रोगाची लक्षणे कसे? त्यावरील उत्तरात याबाबत रुग्णांच्या कुटुंबीयांना मार्गदर्शन करत आहेत. यासाठी मेमरी क्लब व सहलग्न करणारे गट तयार करण्यात आले आहेत. त्यामुळे स्मृती विसरलेल्या व्यक्तीला समजून घेतले जात असून त्यांचे आयुष्यमान वाढण्यासाठी मदत होत आहे. ही सेवा वृद्धाग्रमातील रुग्णांसाठीही सुरु असल्याचे डॉ. जायस सांगतात.

होमकेअर प्रमाण ५५ ते ६० टक्के आहे. यावर जोपर्यंत उपचारसंबरोबर 'होमकेअर' हा एक चांगला उपाय आहे. त्यासाठी उत्तर गोंयवत आता केपे, सासष्टी जालुक्यात 'डिमेंशिया होमकेअर' ही सेवा सुरु झाली आहे. 'डिमेंशिया सोसायटी' ऑफ गोवा ने हा सेवा प्रकल्प तयार केला असून ती पर्वरी येथील 'सांगात' या संस्थेच्या मदतीने राबविण्यात येत आहे. उत्तर गोंयवतील बर्देश, तिसवाडी तालुक्यात प्रथम हा प्रकल्प राबविण्यात आला. येथील २६६

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**THE TIMES OF INDIA**

## Sangath study highlights reasons for alcohol problems in Goa

TNN | Dec 4, 2013, 06:09 AM IST

PANAJI: A study conducted in Goa and Satara in Maharashtra by Sangath, a non-governmental organization (NGO) committed to improving health, has found that one of the main reasons for developing drinking problems is psychological and social stress such as financial problems and family disturbances.

Other reasons for developing drinking problems include pressure from friends who are drinkers, availability of disposable income and drinking for pleasure.

A not-so-common reason observed is the use of alcohol to overcome fatigue at the end of the day.

Dr Abhijit Nadkarni and Prof Vikram Patel of Sangath Goa, along with other national and international colleagues have published the paper describing how men with alcohol problems and their family members view alcohol disorders, how they cope with drinking problems and the impact of their drinking.

The age of participants ranged from 25 to 65 years. The qualitative study provided in-depth and personal perspective to drinking problems in society.

Nadkarni said that most research about people's understanding of their illness, called 'explanatory models' comes from western countries. But their study addresses a major gap in the research literature on alcohol use disorders in developing countries like India. "The information that we obtained from this study also helped us develop a new psychological treatment

<http://timesofindia.indiatimes.com/story/goa/Sangath-study-highlights-reasons-for-alcohol-problems-in-Goa/articleshow/26816762.cms?uid=>

1/2



## Sangath's findings to SHAPE health promotion in schools

Project in final stage, to be completed by July '12

**VIBHA VERMA**

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**PANJIM:** The five-year-long project by Goa's leading NGO with regards to the lower middle class students from mining and coastal belt has entered its final stage and is expected to be completed by July 2012.

The project, implemented by Sangath, an NGO and closely watched by experts will provide policy makers with a model on how to address health promotion in a school setting.

'SHAPE' (School Health Promotion and Empowerment), as the project is named, was initiated in the year 2008 in 10 schools by training a group of coun-

selors who were chosen by the schools and belonged to the communities in which the schools are located.

Dr Gracy Andrew, Project Director said that they



The project, implemented by Sangath, an NGO and closely watched by experts will provide policy makers with a model on how to address health promotion in a school setting.

have networked with the government to take forward the findings of the study. There is also a possi-

bility that government might come up with a counselor for each super complex (which comprises of 5 to 8 schools).

The project since last five years have been sponsored by few of the mining firms and it has been rolled out in the schools run by families of mine owners or Diocesan Society of Education.

Sangath, State's prominent NGO, had hand-picked a bunch of counselors who were trained for 40 days, will be on the field interacting with the students.

"The intervention was on universal, group and individual level. This involves a range of activities including counseling, class room ses-

sions on life skills and working with the school authorities on school policies such as anti bullying policy," Andrew said.

During the project, the sessions on life skills helped the students build confidence and get updated about various aspects of their health. The parents and teachers were also taken into confidence in the project, the findings of which are properly noted down.

Andrew said that the State government has been updated at regular interval about the findings of the project and Education department has shown keen interest in taking forward these findings.



WORLD

## Vikram Patel

Barbara Van Dahlen | April 16, 2015

### Well-being warrior

It is hard to imagine a more difficult challenge than addressing the unmet needs of those from resource-poor countries who live with and suffer from mental-health disorders. And yet Vikram Patel has spent his career doing just that. Some champions of the underserved have a handful of talents on which they rely to maintain their momentum and sustain their efforts. Fortunately for those who are the most vulnerable and the most misunderstood, Patel has many. He is a gifted psychiatrist, a dedicated researcher, a successful author of books and academic papers, and he is an effective communicator. In fact, he seems to have an unending supply of these critical skills. And as a co-founder of the NGO Sangath and the Centre for Global Mental Health at the London School of Hygiene and Tropical Medicine, he helps spread the simple yet profound idea of mental health for all. He provides hope that mental illness and trauma make us neither weak nor unworthy of love and respect.

*Van Dahlen is a psychologist and the founder of Give an Hour, a network of volunteer mental-health professionals, as well as the Campaign to Change Direction*



Roger Deckler—WIRED

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## 'LIGHT IT UP BLUE CAMPAIGN' – AUTISM AWARENESS 2015

Posted by: Navhind Times April 8, 2015 in Buzz

### NT BUZZ

Since April 2 is recognised as the International Autism Awareness Day, partners across Goa working in the field of child development and child disabilities joined many associates within the state, country and the world to increase awareness for Autism.

Sangath participated in and also coordinated a number of activities with partners across the Goa.

As a preview on April 1, the parent group namely TIES (Towards Inclusion Everywhere in Society) organised an Autism Awareness walk through the streets of Panaji. The participants included parents, members of TIES, friends, students of Nirmala College. The staff of Sangath also extended a helping hand towards the efforts of TIES in creating awareness about Autism.

The walk towards this cause commenced from Orta de Garcia at 9.30 a.m. and circled around MG Road and culminated at the starting point by 12 noon. Along the way the students performed short skits, distributed awareness materials to passersby and establishments on route.

Various schools including Nisha's Play School, Shiksha Niketan, Kids Camp, Young Achiever's, Happy Hearts (Porvorim), Sunshine Worldwide School (Old Goa) and special children schools such as Disha's Charitable Trust, Lokvishwas Prathishthan School for Handicapped Kids (Ponda) and Peace Haven (Caranzalem) effectively coordinated with Sangath in conducting in-house awareness activities besides displaying posters.

Moreover, the government health care facilities too participated in the awareness building activities. Some of the health facilities that created awareness about Autism included Asilo Hospital in Mapusa and Primary Health Centres of Aldona, Pernem, Valpoi, Sanquelim, Bicholim, Betki respectively.

## Counselling parents makes children with autism communicative

Sanchita Sharma, Hindustan Times, New Delhi | Updated: Dec 16, 2015 15:31 IST



The therapy included a communication intervention exclusively with parents, who are counselled on how to become observers and recognise subtle signs of communication from the child. (Shutterstock)

A parent-based therapy that helps children with autism communicate better with their families works when adapted and localised to fit low-resource settings in south Asia, report researchers from India, Pakistan and the UK in the international journal *Lancet Psychiatry* on Wednesday.

Autism is one of the world's fastest growing developmental challenges that affects up to 70 million people, causing a severe effect on the social development of children. The initiative has been adapted for South Asia by Goa-based NGO Sangath in collaboration with the universities of Manchester and Liverpool and partners in Pakistan to successfully test it in India and Pakistan.

In developed countries, specialist treatment help children improve interaction with their families and peers, but these options are lacking in India outside the metros. The therapy, if implemented, will improve treatment for an estimated 5 million children with autism-spectrum disorders in the South Asia region.

Supported by the Autism Speaks Global Autism Public Health Initiative, Sangath researchers adapted a leading UK therapy method to launch PASS (Parent-mediated intervention for Autism Spectrum disorder in South Asia) programme.

Read: [Pregnant ladies listen up! Using make-up can harm your baby](http://www.hindustantimes.com/health-and-fitness/be-sure-to-avoid-makeup-when-pregnant-it-can-harm-your-baby/story-argm55ANo4qmoWhzDpeuEM.html) ( <http://www.hindustantimes.com/health-and-fitness/be-sure-to-avoid-makeup-when-pregnant-it-can-harm-your-baby/story-argm55ANo4qmoWhzDpeuEM.html> )

Read: [Parents on call: When your child has special needs](http://www.hindustantimes.com/health-and-fitness/parents-on-call-when-your-child-has-special-needs/story-2ub06qEDeZUr1oKad9HfJO.html) ( <http://www.hindustantimes.com/health-and-fitness/parents-on-call-when-your-child-has-special-needs/story-2ub06qEDeZUr1oKad9HfJO.html> )

The therapy was taught to non-specialist health workers in Goa in India and Rawalpindi in Pakistan, who worked with parents of 32 autistic children ages 2-9 years. "Children a little older than in the UK intervention were also included in the India study because autism is usually diagnosed late here, but there was no difference at all in the outcomes," said paediatrician Dr Gauri Divan in Goa, who led the initiative in India.

"The communication intervention is exclusively with parents, who are counselled on how to become observers and recognise subtle signs of communication from the child. It encourages a child with autism to become more confident about communicating with parents, and since we are work only with parents, the counsellor doesn't have to be a specialist trained in handling a child with autism," says Dr Divan.

11/1/2016

Counselling parents makes children with autism communicative | health and fitness | Hindustan Times



**The PASS therapy was delivered in the parents' first language and engagement in the treatment group began with a session on the causes and misconceptions about the condition. (Shutterstock)**

The PASS therapy was delivered in the parents' first language and engagement in the treatment group began with a session on the causes and misconceptions about the condition. At the end of the 12 week period after fortnightly sessions, the children were assessed using recognised methods and shown to be more likely to initiate communication with their parents compared to the comparison group that continued treatments they were already getting.

"These techniques have helped children in the UK, but in South Asia had its unique challenges such as lack of resources, trained staff, language and cultural differences and poor access to medical centres. This study is the first to have adapted a treatment so it can be delivered by non-specialist health workers in south Asian communities," said Professor Jonathan Green, lead author of the study.

Though the study did show a decrease in one measure of attention, suggesting that more refinements may be needed to PASS, the Manchester researchers are optimistic that it represents a cost-effective way of delivering treatment to children in areas where resources and specialist staff are unlikely to be available.



# Psychotherapy for All: An Experiment

By DAVID KOHN MARCH 11, 2008



Credit David Kohn

SIOLIM, [India](#) — At the faded one-story medical clinic in this fishing and farming village, people with [depression](#) and [anxiety](#) typically got little or no attention. Busy doctors and nurses focused on physical ailments — children with [diarrhea](#), laborers with injuries, old people with heart trouble. Patients, fearful of the stigma connected to mental illness, were reluctant to bring up emotional problems.

Last year, two new workers arrived. Their sole task was to identify and treat patients suffering depression and anxiety. The workers found themselves busy. Almost every day, several new patients appeared. Depressed and anxious people now make up “a sizable crowd” at the clinic, said the doctor in charge, Anil Umraskar.

The patients talk about all sorts of troubles. “Financial difficulties are there,” said one of the new counselors, Medha Upadhye, 29. “Interpersonal conflicts are there. Unemployment. [Alcoholism](#) is a major problem.”

The clinic is at the forefront of a program that has the potential to transform [mental health](#) treatment in the developing world. Instead of doctors, the program trains laypeople to identify and treat depression and anxiety and sends them to six community health clinics in Goa, in western India.

Depression and anxiety have long been seen as Western afflictions, diseases of the affluent. But new studies find that they are just as common in poor countries, with rates up to 20 percent in a given year.

Researchers say that even in places with very poor people, the ailments require urgent attention. Severe depression can be as disabling as physical diseases like [malaria](#), the researchers say, and can have serious economic effects. If a subsistence farmer is so depressed that he cannot get out of bed, neither he nor his children are likely to eat.

In India, as in much of the developing world, depression and anxiety are rarely diagnosed or treated. With a population of more than one billion, India has fewer than 4,000 [psychiatrists](#), one-tenth the United States total. Because most psychiatrists are clustered in a few urban areas, the problem is much worse elsewhere.

[Continue reading the main story](#)

As a result, most Indians with mental illness go untreated, especially in poor and rural areas. “There is a huge treatment gap for people with depression,” said Dr. Vikram Patel of the London School of Hygiene and Tropical Medicine, the psychiatrist who began the Siolim project. “In most places in the developing world, 80 percent to 90 percent of people with severe depression don’t receive adequate treatment.”

10/21/16



**VILLAGE IN GOA:** Two health workers' sole task in Siolim is to identify and treat patients' depression and anxiety. Credit David Kohn

For India, adding thousands of psychiatrists would take large sums of money and years of effort, resources unavailable to a developing country with many other health problems besides mental illness. By contrast, Dr. Patel's strategy costs relatively little and does not require legions of doctors.

"It's a really interesting, exciting thing he's doing," said Dr. Greg E. Simon, a researcher at the Center for Health Studies in Seattle.

Dr. Simon, a psychiatrist who studies mental health in the developing world, said the Goa strategy grew from a crucial idea. Unlike, say, heart disease and [stroke](#), which can require expensive interventions, depression is relatively simple to diagnose and treat. Many studies have shown that talk therapy and [antidepressants](#) lead to significant improvement in most patients.

"The fundamentals of helping people with depression are pretty low tech," Dr. Simon said. "The core resource is humans," people who can identify patients and offer treatments.

The Goa program, financed by the Wellcome Trust, is not the first using nonmedical workers to treat mental illness, but it is the largest. Almost 2,000 patients have been treated. Dr. Patel is conducting a randomized clinical trial to see whether the strategy works, the first time such a careful study has been run in the developing world.



If the research, which will finish in 2010, reports positive results, donors and governments are more likely to try it elsewhere in India and the world, Dr. Patel said, adding: “This is the most important question in [psychiatry](#). How do we scale up treatments to a population in a low-resource setting?”

“If you rolled this program out across India,” Dr. Simon said, “you’d be doing some good for a fifth of the world’s population.”

Dr. Patel, 43, grew up in Bombay, now Mumbai, and wanted to be a caterer. His middle-class parents insisted on a more respectable career. He went to medical school.

After completing training, he spent two years in Zimbabwe as a researcher. He hoped to prove that Western concepts of mental illness did not apply in the developing world. Instead, he came to the opposite conclusion, that the ailments were in fact just as common and just as treatable as in the West.

Photo



**SMALL CLINICS** Dr. Sudipto Chatterjee, a psychiatrist, and Namrata Pagi, a health worker, at a Canacona hospital. Credit David Kohn

He now splits his time between London and Goa, where he runs a social welfare organization, Sangath, which means partnership in Hindi.

Known in the West for its beautiful beaches, Goa is relatively wealthy by Indian standards. But most of its three million residents earn a few dollars a day, not enough to afford much medical care. Public health officials say that poverty can lead to alcoholism, domestic abuse and stress, all contributors to depression and anxiety.

At government clinics like the one here, overworked doctors lack time and inclination to ask patients about mental health. Even clinicians who look for depression may miss it. For reasons that no one fully understands, depressed patients in the developing world often complain of physical symptoms like fatigue, [headache](#) and [insomnia](#) rather than emotional problems like sadness or regret.

As a result, Dr. Patel said, depressed patients in Goa may receive unnecessary and expensive treatments that fail to address the underlying problem. For all those reasons, he said, most depression and anxiety remains undiagnosed. But they are common. A survey by Dr. Patel found that one in three adults seeking care at public health clinics in Goa were depressed or anxious. Dr. Neerja Chowdhury, a psychiatrist at Sangath who is helping manage the project, said, “That might be an underrepresentation.”

The program began in 2005, hiring 12 recent high school or college graduates who lacked medical backgrounds. Six “health assistants” received a week of training, and six “health counselors” had three months of training. The workers — paid the equivalent of \$100 to \$200 a month, significantly less than Indian psychiatrists — were sent to the six clinics.

Five days a week, the assistants screen almost every patient who arrives at the door. Pregnant women, minors and emergency cases are excluded. The screening is created for the program. It includes questions about physical symptoms, as well as emotional problems.

A patient meeting the criteria for mental illness is immediately sent to the health counselor, who provides a straightforward explanation of depression and anxiety and offers a range of treatments like talk therapy, yoga and, in conjunction with a doctor, antidepressant medication. Patients return every few weeks for follow-ups.

The screening and first consultation typically take a half-hour. In the old system, the few patients with diagnoses of depression were referred to a psychiatrist at one of two state mental [hospitals](#). Dr. Patel said many patients failed to show up for appointments because they could not afford to take time from work or pay for transportation.

Most are also apparently wary of visiting a mental hospital. In India, the stigma of mental illness remains strong. To minimize the problem, health workers avoid using the words “mental illness,” “depression” or “anxiety” with patients, relying on more commonly used words like “strain” and “tension.”

Photo





Bindiya Chodankar at the door to a tiny office in Siolim. Credit David Kohn

The patients “are happy to talk,” Dr. Sudipto Chatterjee, a psychiatrist at Sangath, said, “as long as you stay away from the idea of mental illness.”

Dr. Chatterjee helped draw up the program and oversees the screeners and counselors. He said they not only diagnosed as well as doctors but were generally better listeners, partly because they have more time.

Psychiatrists usually “have five minutes to see a patient,” Dr. Chatterjee said.

In a society where many people have no place to share their worries, the effects of therapy can be striking. On a recent Saturday morning at the Siolim clinic, Ms. Upadhye, the health counselor, sat in her closet-size plywood-wall office, trying to stay cool under a negligible breeze from a tiny plastic fan, when a psychiatric patient arrived for a return visit.

A housemaid in her 50s who wore large glasses, bright bangles on her wrists and a light blue sari, the patient had originally reported physical problems like headache, insomnia and pains but had been given a diagnosis of depression. As Ms. Upadhye listened, the woman let loose a flood of words.

Speaking in Konkani, the predominant Goan language, she told the counselor that she was not getting along with her four children, especially her son, who had recently beaten her up in a



# Sangath holds consultation meet on law on disability

HERALD NEWS DESK

**PANJIM, MARCH 11:** Sangath hosted a 2-day State consultation for the draft new law on disability, recently at Nalanda Hall, EDC House, Panjim.

Representatives from various NGOs working in the disability sector in the state, doctors and parents participated in fruitful and constructive discussions on the new legislation named as Rights of Persons with Disability, which is slated to replace the existing Persons with Disability Act 1995. While the group was pleased with the overall document and gave many technical modifications to various sections of the document, con-

cerns were raised about specific issues such as abolition of plenary guardianships, legal capacity, etc.

In keeping with the spirit of the UN Convention on Rights of Persons with Disabilities (UNCRPD), the new legislation moves away from medical model of disability towards a human rights model.

The Consultation was opened by the Director Directorate of Social Welfare N B Narvekar, and was facilitated by K Ramkrishna, Honorary Secretary General, National Association for Blind and a member of the Working Committee on the new legislation. He said that the civil society has to look at the consultations in a spirit that is reflec-

tive of the UNCRPD, and this is the first document of its kind where consultations have taken place with civil society across the length and breadth of the country.

The consultations are being organised across the country by the Working Committee on the new legislation under the Ministry of Social Justice and Empowerment.

The draft of the new legislation can be downloaded from: [www.socialjustice.nic.in](http://www.socialjustice.nic.in). Sangath, a Porvorim based multifaceted NGO,

working in the area of public health is in the process of collating the recommendations; suggestion may be mailed to [percycardoza@gmail.com](mailto:percycardoza@gmail.com) by

March 15. The recommendations will be sent to the working committee through the office of the Disability Commissioner, Goa.



Secretary General, National Association for Blind K Ramkrishna speaks at State Consultation for the Draft New Law on Disability. Also present are Director of Social Welfare, N B Narvekar and Chairperson of Sangath, Vishram Gupte.

## Mental health care, now accessible to all

Vikram Patel has brought about a paradigm shift in the way mental health care is disseminated in rural areas, finds Rohini Nair

Vikram Patel has a simple way of explaining the paradigm shift he's managed to achieve in the health-care dispensing system in the rural areas of India through the NGO Sangath. "Imagine that for the benefit of a newborn, when the baby is two weeks old, it has a fever. You call your mother for advice, but nothing she suggests seems to be working. Now who do you go to for help?" he asked the round of people gathered at the third edition of the TEDxLisboa, where Vikram was the first speaker.

Even as you think of a sophisticated hospital and a pediatrician in a white coat, Vikram flashes an image of a middle-aged man in a traditional white-curtain, working in what is essentially a kiosk shop. "This is Ashwin and she works in one of the poorest villages in Goa. He's not a community health worker," Vikram explains. "And why would anyone need to consult a specialist? Because they don't have access to other health-care providers."



Vikram explains his model for rural mental health care

Vikram explains that the "task shifting" that had helped decentralise health care more effectively is about those areas that would be most — bringing down about 20 per cent where people had access to home-based health-care — could be used to target another aspect of health that wasn't getting much attention: Mental illness. "Mental and neurological illnesses account for 10 per cent of the burden of disease in India. Depression is a leading contributor to this burden, suicide is a leading cause of death among young people. Fifty million people suffer from mental and neurological illnesses — that

could be depression, addiction, schizophrenia. And many of them do not receive a help," says Vikram, who is co-director of the Centre for Global Mental Health at the London School of Hygiene and Tropical Medicine. In a method that has been widely published in his book, *Where There Is No Psychiatrist* (2000), Vikram and his team trained community health workers to help those with mental illness — just as they'd previously been trained to deal with physiological ailments. "We found that depression and suicide rates went down among patients that were visited by community health

workers," says Vikram of the results of his follow-up study. "And how do you manage about depression across community health workers," Vikram says. "We simplified the message by stripping away complex jargon, suggesting the treatment so it could be delivered by people like Ashwin." Vikram is currently involved in formulating a national mental health policy for the government of India, and says "task shifting" could decentralise mental health. "It is affordable, equitable, empowering... It lets ordinary people become people who can help people's health in people's hands," he says. "Ordinary people around with the right knowledge can make health for all a reality." he adds.

## मद्यपानाने दुष्परिणामविषयक जागृती कार्यक्रम संपन्न

Goa Times 13/3/10

पणजी, ३२ सप्टें. (प्रतिनिधी) - संगत या स्वयंसेवी संस्थेने आपल्या माहस या उपक्रमाच्यावर्तीने अतिकडेचे वरते सासळी येथील श्री आनीबा देवस्थान परिसरात 'मद्यपानाने दुष्परिणाम आणि आरोग्य समस्या या विषयावरच्या एका लोक जागृती कार्यक्रमाचे आयोजन केले होते.

श्रीपोली प्राथमिक आरोग्य केंद्राचे वैद्यकीय अधिकारी डॉ. रमण कांगकीकर यांनी यावेळी आपल्या माध्यमात मद्यपानाच्या व्यसनमुळे आनेबांचे वैयक्तिक जीवन पूर्णपणे उध्वस्त झाले, असल्याचा उदाहरण

मद्यपान आणि अनेक संघर्षांचा धोका सामध्ये परस्पर संबंध असल्याचेही त्यांनी स्पष्ट केले. शिपोलीच्या बालविनयस अधिकारी श्रीमती निर्मला रेडकर यांनी १६ ते २० वर्षे बयोगटातील तरुण मद्यपानाच्या स्वयंसेवा बळी पडत असल्याबद्दल चिंता व्यक्त केली.

संगत केंद्राचे डॉ. विक्रम न्तेल यांनी यासंदर्भात संबंधित व्यक्तींना आवश्यक त्या वैद्यकीय सुलभता सुविधांचा जागील असे आश्वासन दिले आणि ग्रामस्थान स्वयंसेवाखोरीने आयोजित संदर्भात सहकार्यांचा हात

देण्याचे आश्वासन केले. चंद्रकांत म्हांबरे यांनी या कार्यक्रमाचे सुप्रसंचालन केले तर उमाकांत साणव यांनी आपाप मानले. वाळपरी आरोग्य केंद्राचे वैद्यकीय अधिकारी डॉ. आबू, संगत केंद्राचे डॉ. अरविंद निहळे आणि कन्नर गोवा जिल्हा परिषदेच्या स्वयंसेवा श्रीमती सुमन गांवस यांनी या कार्यक्रमाचा उद्दिष्टीत होत्या.

मद्याचे दुष्परिणाम या विषयाबरोबर हे सर्वोच्च सप्टेंबर महिन्यात केरी, मोर्ले, चॅरी, पोडोशे आणि हॉडा या तलासी राज्यातील खेळपात हॉलीवूडने आपण असून, मंतच्या काळात कादेंश तालुक्यातील कळंगुन, कांदोळी आणि साळगांव परिसरात असून उपक्रम संगत वैद्यकावतीने राबविता जाणार आहे.



**SUMMARIES OF  
20 MOST CITED  
PAPERS**

# 1

## Ageing and Mental Health in a Developing Country: Who Cares? Qualitative Studies from Goa, India.

Dementia and depression are two of the leading contributors to disability in later life, but simultaneously two conditions for which a word doesn't even exist in the local language. The awareness about dementia, depression and associated health care services is lackluster at best. However, research based at Sangath is helping establish better health service for each of these two burdensome disorders.

Dr. Vikram Patel and Dr. Martin Prince, two senior researchers collaborating in India and England, conducted a series of focus group discussions to delve into sociocultural perceptions of dementia and depression. The dominant theme was that respect for older people and caring traditions of extended family are changing rapidly in India. The authors want to shed the existing myth that elders in developing worlds continue to be universally revered in society. Patel and Prince found a fear of neglect and abuse were consistently stated as reasons for late life depression, and fear of dependency was a consistent worry for dementia symptoms.

Problematically, there are few, if any accessible formal health care services for depression and dementia, leaving many elders with few options for support. Community health workers, the authors argued, can adequately identify these conditions and are willing to take on a support counselling role. The authors suggested a home-based counselling model could be culturally appropriate in India, and are rolling out a pilot studies to evaluate its effectiveness. The implications could be an affordable model for a growing, vulnerable population in India.



# 2

## Maternal Psychological Morbidity and Low Birth Weight in India

This brief but influential report in a leading medical journal shows that maternal psychological disorders during pregnancy have long-term consequences for their babies. While the authors have already shown that maternal mental health is treatable in low resources settings, the slow uptake of their treatment model means many mothers still have little access to treatment. Now, the authors provide strong evidence that maternal psychological health is a worthwhile public health investment.

By comparing maternal psychological health with subsequent birth weight of the child, the Sangath team, comprising of Dr. Vikram Patel and Dr. Martin Prince, demonstrated that unwell mothers were more likely to have underweight babies. Low birth weight is subsequently associated with a host of later life illnesses.

The authors do not specify why this occurs, but suggest it could be because of poor self-care of unwell women. Depressed women may, for example, have poor appetites or diets, or have less access to healthcare services, which can have subsequent effects of foetal development. Because these indirect effects of mental illness can be easily avoided with psychological and medical support, the authors recommend that detection and interventions for these women be a public health priority in the region. The benefits can extend for decades to come in the infant's physical health.





# 3

## The burden and determinants of dysmenorrhoea: a population-based survey of 2262 women in Goa, India?

In India, female gender influences the control patients have over their health, social status, access to resources and even healthcare priorities. Menstrual disorders, for example, are not a priority in developing countries. Of all menstrual complaints, dysmenorrhoea—or menstrual cramps—is by far the most common; yet arguably, the least understood. Researchers at Sangath are hoping to rectify this, by studying how menstrual pains affect women and may cause unnecessary suffering.

The researchers looked at two elements of menstrual cramps. They first assessed the prevalence and burden, finding one third of participants experienced moderate/severe pain. They then identified any associated demographic, socioeconomic and somatic health factors, and found that menstrual pain was strongly associated with comorbid gynaecological complaints and psychological symptoms like depression and anxiety. Victims of sexual abuse, for example, showed more severe menstrual cramps. In this fashion, the authors suggest it could be a medically unexplained symptom like chronic back pain, and tangled in psychological and sociological causes.

Despite these correlations, few reproductive health programmes focus on its ensuing burdens. With its widespread prevalence and adverse effects, the authors believe it should be an important target in reproductive health, and recommend including gender and mental health based assessments in the clinic.



## Care Arrangements for People with Dementia in Developing Countries

In 1998, the 10/66 Dementia Research Group identified the impact dementia has on caregivers and local communities as an urgent research priority. Researchers at Sangath took upon this critical task, conducting the first study of dementia patients' living situations in developing countries. The study comprised 706 people with dementia and their principal caregivers in India, China, South East Asia, Latin America, the Caribbean and Nigeria.

The international team of researchers found that having dementia in developing countries was, proportional to the cost of living, a much bigger financial burden compared to developed countries. People with dementia use substantive health care services, and in developing countries where public healthcare centres are crowded and under-resourced, caregivers often opted for expensive private healthcare. Moreover, caregivers – frequently family members -often needed to cut back hours of paid employment to tend to their relative or pay for professional care.

The authors highlight a second cultural distinction in developing countries: people with dementia commonly live in three generational households. With this living arrangement, the personal burden of dementia is almost indivisible from the burden on surrounding family and community. The implications of this research are substantial, as the psychological and economic consequences on the family can feed a cyclical pattern of impoverishment, and act as a barrier to improved social and economic development.

# 4



# 5

## Dementia Diagnosis in Developing Countries: A Cross-Cultural Validation Study

By 2025, a predicted 66% of the world's dementia cases will occur in low and middle income countries, but less than 10% of the dementia research is applicable to these settings. Sangath, as part of the 10/66 Dementia research group, is hoping to rectify this gap by improving dementia diagnosis in developing countries.

To date, traditional methods of diagnosis are culturally inappropriate for low and middle income countries. Low levels of education, numeracy and literacy make traditional dementia diagnosis protocols unreliable and prone to over-diagnosis of unimpaired individuals. Secondly, getting possible patients to complete a two-stage diagnosis procedure is unrealistic in developing worlds. Sangath is trying to solve this problem by developing a more culturally appropriate, reliable one-stage diagnostic procedure.

The procedure is based on an algorithm of three existing diagnostic procedures: the Community Screening Instrument for Dementia, the Consortium to Establish a Registry of Alzheimer's disease test (CERAD), and the Geriatric Mental State test. Together, researchers administered culturally sensitive cognitive testing (e.g no reading or writing necessary) and conducted an interview with a close informant of the patient in a one-and-a-half-hour session. Once administered, they developed a predictive algorithm based on all three results, and found their algorithm was better than any individual test alone.

The results are promising and the group plans to carry this research forward, monitoring those who they identified as a dementia patient, repeating the validation study in other countries, and attempting to modify the test in order to identify dementia subtypes.



## Detecting common mental disorders in primary care in India: comparison of five screening questionnaires

Common mental disorders are grossly underdiagnosed in developing countries because healthcare resources are overloaded, medical training doesn't focus on mental health, and there is stigma associated with getting help for mental illness.

Researchers at Sangath in partnership with both American and British universities, believe a simple, easy to administer questionnaire could solve this problem. The hope is a simple screening tool will help physicians identify these disorders and encourage patients to seek appropriate help, but it remains to be decided which screening questionnaire is best.

The research, led by Sangath director Dr. Vikram Patel, concluded that while there was some variation in performance across all possible screening questionnaires they investigated, the differences were negligible. Questionnaires should then be chosen based on feasibility rather than clinical efficacy. For example, some questionnaires are better than others at avoiding false positives – the diagnosis of dementia in truly healthy individuals. However, if a health care system has enough resources to follow up with all positive diagnoses, and subsequently eliminate the false ones, then a small over-diagnosis of dementia is perfectly appropriate.

Regardless of culture however, the authors recommend that questionnaires in primary health care are an affordable, effective tool to kick start psychiatric treatment.



# 6

# 7

## The Effectiveness of a Home Care Program for Supporting Caregivers of a Persons with Dementia in Developing Countries: A Randomized Controlled Trial from Goa, India

The number of people expected to have dementia in India is predicted to triple—reaching 6 million—in the next 25 years. However, awareness is limited; dementia is considered a normal part of aging, and even if it was considered a mental health issue, health services are ill-equipped to treat it. The consequences are unnecessary burden to the patient and their family.

The 10/66 Dementia Research group, with contributions from Sangath, is developing a low-resource model for dementia, harnessing locally available health care resources to provide assessments and continuing care. Their idea is to teach existing caregivers how to better deal with dementia, in hopes of reducing their burden and improving their ability to care for the sick patient.

In a randomized control trial, the most rigorous of clinical tests, the team found a caregiver-focused intervention program led to improvements for caregiver mental health, patient's functional ability and overall mortality. The care involved trained community counsellors providing basic education about dementia and support to the caregivers, help to create better support networks for the family and references to psychiatrics when behaviours warrant medical attention. Considering the front-line resource was a locally recruited individual with no prior experience with dementia, the results are quite impressive.

The researchers owe their success to their commitment to two principles: that the service can be home-based, improving access to limited mobility patients, and that the intervention is sustainable with low overhead costs. They hope to carry this research forward to mitigate unnecessary burden of dementia in India.



## Efficacy and cost-effectiveness of drug and psychological treatments for common mental disorders in general health care in Goa, India; a randomized, controlled trial.

Common mental disorders such as depression and anxiety are a leading cause of disability in developing countries. In India, where there is limited psychiatric healthcare resources, most patients with such disorders consult general health professionals. As many as 30% of adults attending general outpatient clinics have a common mental disorder, and yet, there is an extreme dearth of evidence for treatment strategies in these contexts.

Researchers at Sangath, in collaboration with Institute of Psychiatry in London, have begun to fill this gap by conducting the first trial of primary health care based treatments of common mental disorders in India. They compared both antidepressant and psychological treatments with placebo controls in general health care, and found that antidepressants are both a clinically and cost-effective method of treatment in low resource settings. Curiously, psychological treatment was no better than placebo, which the authors suggest could be due to the expectation of 'treatment as medicine' in India, or lack of concurrent community-based social interventions.

In the context of the enormous public health burden of common mental disorders, this research by Sangath is making landmark steps forward for psychiatric care policies in developing countries.



# 8



# 9

## Evaluation of a community-based rehabilitation model for chronic schizophrenia in rural India.

Sangath researchers are calling for community-based schizophrenia care in low income countries after conducting a successful trial of their own intervention. The team compared their intervention to the standard outpatient clinic treatment and found that their community-based approach was significantly more effective for those who adhered the treatment. The healthcare model, already applied to many physical illnesses like leprosy, prioritizes accessibility, cultural sensitivity and community participation to provide services.

The intervention involves home visits by trained lay health workers. They provided psychoeducation, family counselling, advice for enhanced social networks and access to social benefits, in addition to the monthly psychiatric treatments provided in outpatient clinics.

Promisingly, the community-based approach was more effective at encouraging adherence to the treatment as well as more efficient at overcoming economic, cultural and geographical barriers. The authors believe the strength of this system lies in the community workers, who provide home-based care and who, because of their local origins, can communicate easily with the patients. In low-resource settings like rural India, this model can serve otherwise unserved regions, while simultaneously creating a community of awareness through education of community workers.



# 10

## Gender Disadvantage and Reproductive Health Risk Factors for Common Mental Disorders in Women: A Community Survey in India

Researchers at Sangath in Goa, led by Dr. Vikram Patel, are providing concrete evidence of the health repercussions of gender imbalance. By running a community survey, they found that factors associated with gender disadvantage like decreased autonomy and economic difficulty increased risk of depression and anxiety. Gynecological complaints, like vaginal discharge or benign bleeding during sex, were also associated with increased risk of depression and anxiety.

In India, gender influences the control an individual has over their economic position, social status, access to resources and treatment in society. Past research at

Sangath suggests these social repercussions extend into healthcare, where the social disadvantage of womanhood influence risk of depression and anxiety. Here, they suggest gender disadvantage is also compounded with reproductive health issues and the social roles women take on during menstruation, childbearing and infertility.



11

## Gender, Poverty, and Postnatal Depression: A study of Mothers in Goa, India

Researchers at Sangath are pioneering research on an issue generally unexplored in low and middle income countries: postnatal depression. By interviewing pregnant mothers before and after birth, they are identifying what about pregnancy and the postnatal period is contributing to their distress. They found that psychiatric morbidity before birth was the best predictor of postnatal depression, but that a significant number of risk factors were both gender-based and preventable.

In India where gender influences social standing, autonomy and access to resources, the effect of gender-based risk factors for postnatal depression are thought to be amplified. The researchers show this here: many strong risk factors for postpartum depression were the indirect consequences of having a girl rather than a boy, such as the anxiety and increased marital violence.



Postnatal depression is thought to occur in 13% of the general population, making it a large public health burden during crucial periods of child development.

However, maternal postnatal depression has received relatively little attention, something the team at Sangath is trying to rectify.

The research is demonstrating the crucial role of mental health in maternal health. Its implications should encourage policy makers to promote mental health care to midwives, gynecologists and pediatricians, as well as promote parent counseling as a preventative measure of postnatal depression.

## Why women suffer from common mental disorders

As part of their mission to explore gender disadvantage and its link to depression and anxiety, a collaboration of Sangath and other researchers are tracking risk factors for common mental disorders in India.

After 19 months, they found that being married, divorced or widowed was associated with increased risk of depression and anxiety. Poverty and its speculated indirect consequences, such as use of tobacco and gynaecological complaints, were similarly associated. This is the second of two papers confirming these risk factors for anxiety and depression in women.

The implications of this research, the authors argue, is simple. Public health policy needs to target those who are poor and pay closer attention to the correlation between gynaecological and social contexts with mental disorders. Although further evidence is needed to discern the exact mechanism leading poverty depression/anxiety, Sangath is at the forefront of research to find out.



12

# 13

## Irrational drug use in India: A prescription survey from Goa

With no national drug policy in India, there is rampant and inefficient drug prescriptions. 70,000 drug formulations flood the Indian market, whereas only 350 drugs are on the WHO Essential Drug List. With this in mind, researchers at Sangath, in partnership with LSHTM and healthcare agencies in Goa, are provided concrete evidence for the need for a standardized and regulated market.

Perhaps most problematically, the researchers show that private doctors prescribed significantly more branded medicines. Patel et al. suspected, and provided evidence towards the suspicion, that pharmaceutical companies offer subtle favours to doctors willing to prescribe their medicine.

Moreover, regardless of whether medicines were appropriate for the patient, the study found that the quality of the prescription was unsatisfactory, with inadequate information about the doctor, patient and method of administration. Secondly, prescriptions often were for multiple medicines, with tonic and vitamins being prescribed 40% of the time, despite having proven efficacy for only nutritional disorders. Lastly, there was a significant difference between public and private doctors, which Patel et al. attribute to poorer organization in public settings as well as less lobbying by pharmaceutical companies.



Patel et al. highlight that in a country like India, much of the medicine is paid out of pocket so the ultimate cost of the irrational drug prescription ultimately falls onto the patient. The implications of this problem are therefore widespread, and these researchers are provided concrete evidence upon which to found a national policy and standardize the format of prescriptions in India.

## Listening to Mothers: Qualitative studies on motherhood and depression from Goa, India.

Sangath is continuing to pioneer research of maternal health in low and income countries; this time by conducting qualitative research of postnatal depression in India. While postnatal depression is well researched in the developing world, next to no evidence is available for low and middle income countries.

By interviewing mothers and fathers about childbirth, the authors believe that postnatal depression is associated, not necessarily with varying biomedical psychiatry, but with social adversity, poor marital relationships and cultural attitudes towards gender (i.e. preferring a male child to a female). Previously it was thought that the importance of childbirth in non-western societies as a 'rite of passage' would protect mothers from postnatal depression, but here, the researchers found that the culminating stress of childbirth in India, compounded by unsupportive or helpful husbands, contributed to isolating and depressive feelings.

The implications of this research extend not only into how one understands depression in low and middle income countries, but by how we diagnose and categorize it. While a western tool may adequately identify distressed mothers, the authors at Sangath argue the use of a biomedical term to label the distress was inappropriate in India. That is, the biomedical model used in Western cultures might be valid for illness identification but not for explaining symptoms to a patient. Their understanding of the illness is rooted in social adversity.

Altogether, it is clear that any future efforts should not focus on the medicalization of the disorder, but should focus on encouraging husband and extended family participation in child rearing.



# 14



# 15

## Effectiveness of an intervention led by lay health counsellors for depressive and anxiety disorders in primary care in Goa, India (MANAS): A Cluster Randomized Controlled Trial.

In a series of lay counsellor-led health interventions, Sangath is providing ample evidence that psychiatric care in low resources settings is both affordable and logistically feasible. In this study, a team of Sangath researchers showed that locally trained counsellors can provide effective care for anxiety and depression.

Anxiety and depression are the most burdensome psychiatric illness globally, but in India, their diagnosis is compromised by social norms and perceptions of healthcare. Recognition of illness is lacking, and treatment for recognized cases is rare if available at all.

To overcome this, the researchers randomly assigned those with depression and/or anxiety to the standard care available in India, or to a special intervention developed at Sangath. When comparing the two groups six months later, those with a common mental disorders (anxiety/depression) in the special intervention group had much better health outcomes than those who got the standard of care. The effect was most pronounced for anxiety, and was specifically seen in public settings, where perhaps the standard of care is particularly lacking. Private primary health services, for example, still



## Non Traditional Lifestyles and Prevalence of Mental Disorder in Adolescents in Goa, India.

Globalisation is leading to rapid social changes in low and middle income countries, and these changing values and expectations are putting teens at higher risk of mental health disorders.

The research leading up to this finding, presented by Sangath, was motivated by a growing youth population in India plagued by depression and anxiety. Sangath conducted a survey of thousands of adolescents in India and found that products of globalisation, such as changing family structures and increased substance use, have detrimental effects on adolescent mental health. Appropriate parenting, the researchers argue, is the key to mitigating increasing psychiatric illness in the wake of an unstoppable cultural shift.

Urban environments, upper and middle class lifestyle, English-speaking and adoption of non-traditional leisure activities like having a close friend of the opposite gender, were also associated with higher rates of common mental disorders. Conversely, strong family support was a protective factor.

Together, the researchers suspect that increased interest in non-traditional leisure activities can lead to conflict between child and parent or decreased family support, which, as opposed to the leisure activity itself, is ultimately detrimental to the child. Parents should be open minded to this cultural shift, foster a supportive environment despite its unfamiliarity, and build instill resilience in their children.



# 16

# 17

## **Depression and infant growth and development in low income countries: a cohort study from Goa, India.**

In the first of two landmark papers on the burden postnatal depression, a team of researchers led by Sangath director, Dr. Vikram Patel, showed that postnatal depression has long term effects on, not only the mother, but on the growth of the child as well. The conclusions were based on assessments hundreds of mother/baby pairs.

This study is the first to address this association in low and middle income countries: mothers who have more severe postnatal depression had children with poorer growth outcomes and delayed mental development six months later. The association is well established in western contexts, but may be of much grander importance in India. Malnutrition is rampant and even a small increased risks can have truly detrimental effects on the individual's overall health.

Importantly, postnatal depression is a treatable disorder, and therefore is a promising target for intervention of poor growth. Continuing from this first paper, the second paper aims to elucidate how and why depression develops in order to further identify how best to target this problem. Together, the research coming out of Sangath can lead to targeted interventions with benefits occurring immediately and still observed decades later.



# 18

## **Poverty, Psychological Disorder and Disability in primary care attenders in Goa, India.**

As part of the efforts to increase treatment for anxiety and depression, the Sangath team led by Dr. Vikram Patel, is providing concrete evidence about correlates of common mental disorders to influence health policies in India. Mental health is not currently a priority in Indian health policy, but Sangath, through a broad spectrum of projects, is arguing against this framework.

Here they report that mental health is correlated with both markers of poverty and disability in primary health care settings. Although not possible to conclude in this study, the authors suggest that social or physical disadvantage leads to mental suffering, which in turn impairs the ability to cope with the original disadvantage. In this fashion, mental health and physical health are intertwined in a vicious cycle of deprivation.



## Risk Factors for Common Mental Disorders in Women

Researchers at Sangath propose a new explanation for the common findings that women suffer disproportionately higher burdens of common mental health disorders than men. In the absence of any biological explanation, Sangath is proposing this inequality is rooted in the gender disadvantage of women.

The researchers measured lifestyle and socioeconomic factors and compared them to mental health disorders a year later. They found that economic difficulties, being married or divorced or widowed, or gynaecological morbidities were associated with higher risk of common mental disorders.

The study is the first to provide longitudinal evidence of gender disadvantage. That is, they can comment on the timeline of risk factors and development of a mental disorder. By doing so, they are able to better speculate what causes common mental disorders in women, rather than what is simply comorbid with it.



The researchers at Sangath advocate that future efforts should focus on mitigating poverty. It is the starting point for the pathway to anxiety and depression, passing chronic disease, substance use and poor reproductive health along the way. They believe that poverty, and by extension restrictions to daily living, is a prime target for intervention.

## Why do women complain of vaginal discharge? A population survey of infectious and psychosocial risk factors in a South Asian community?

Dr. Vikram Patel and the team of researchers at Sangath are adding to a growing body of literature finding a link between psychological symptoms and reproductive tract symptoms. Vaginal discharge has long been poorly understood, but the team of researchers in India are slowly etching away its underlying causes.

In this study, they use a large sample of women, largest to date, and use a series of culturally sensitive psychosocial questions to assess whether psychological distress is related to reproductive adversities. They found that anxiety and depression and their associated physical symptoms (e.g. weakness) are strong risk factors for vaginal discharge. Although vaginal discharge was associated with a host of other factors, the psychosocial symptoms were the strongest.

Given the nature of the data, they can only speculate as to why this might occur, but the implications are still pronounced. The researchers recommend that women who present with vaginal discharge symptoms to primary health care centres be further screened for psychological distress. Regardless of whether anxiety and depression is a consequence of vaginal discharge or a cause, identification of any common mental health disorders is a positive step towards mitigation of their burden.



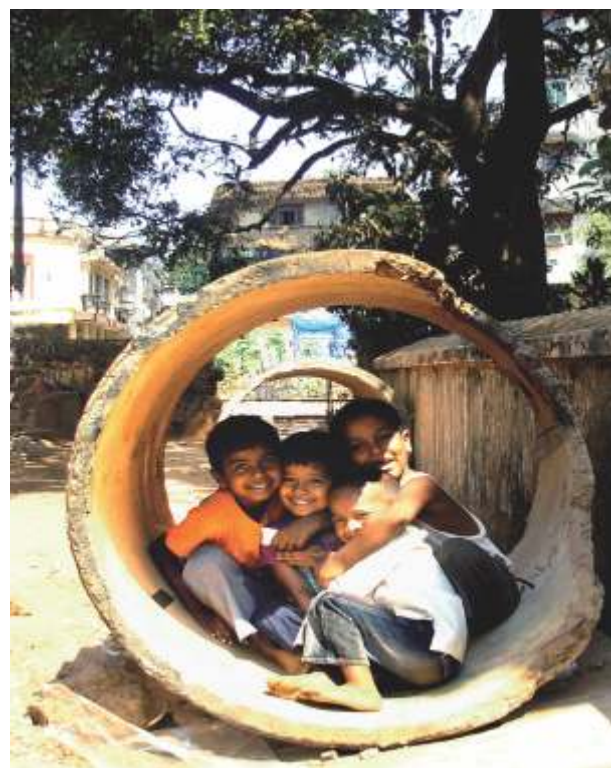


# CLICK FOR A CAUSE

The images below are from the Click for a Cause competition that was organised by Sangath in 2014, to commemorate World Mental Health Day.



Marlon



Blasco Fernandes



Bandish Wadaykar



Marielou Rangel





**Nikki Deshpande**



**Bandish Wadaykar**



**Blasco Fernandes**

# EDITORIAL TEAM





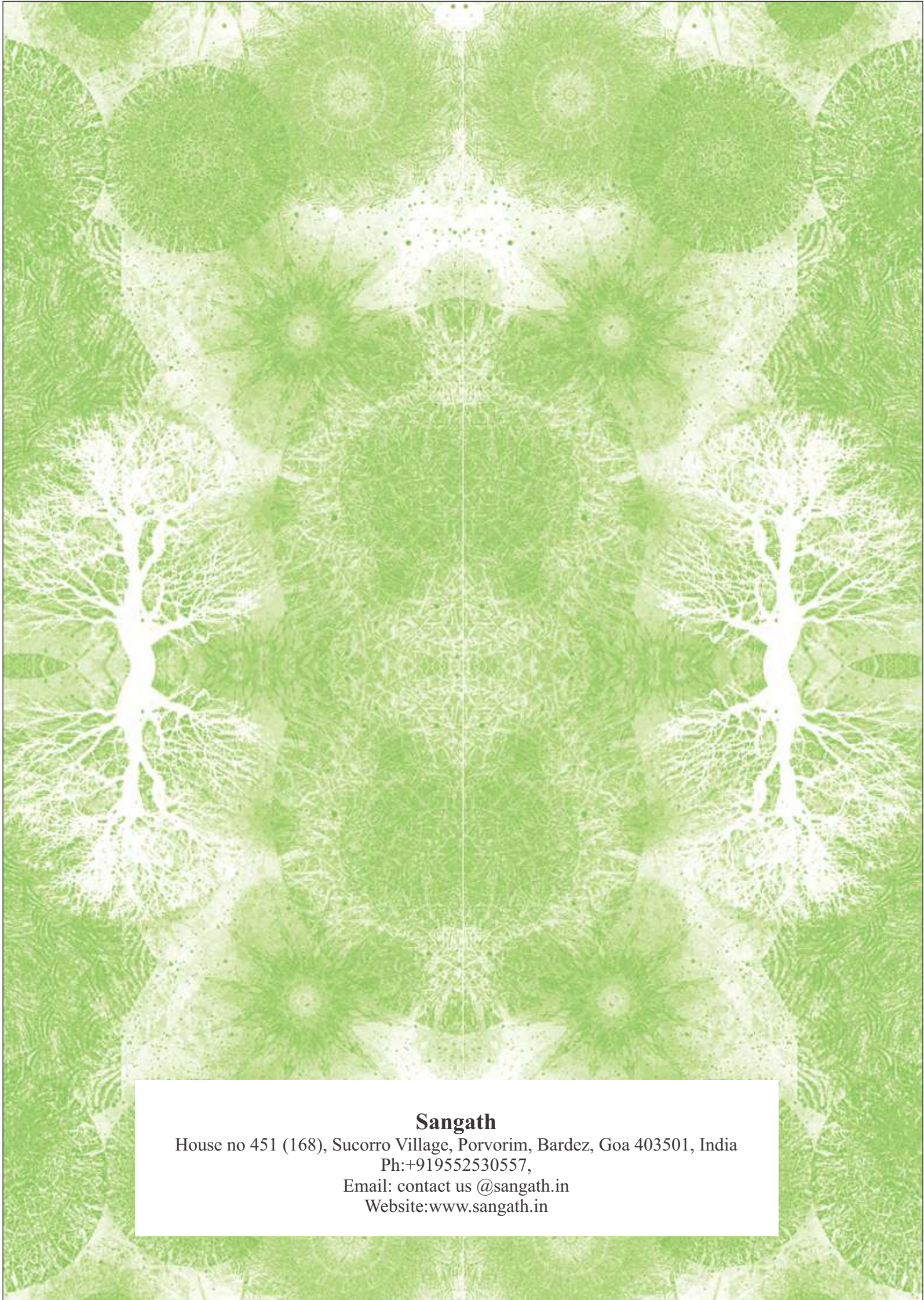
# THANK YOU



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