

Pilot campaign on awareness on mental health at Vizianagaram district

Final Report (SAMIDA)



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Public Health Foundation of India, New Delhi

Submitted by

Sanga Mithra Development Association (SAMIDA)

Acronyms

MR	Mental retardation
ANC	Ante Natal check-up / care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Angan Wadi Worker
FGD	Focus Group Discussion
IEC	Information, Education and Communication
SAMIDA	Sanga Mithra Development Association
PHFI	Public Health foundation of India
NGO	Non-Governmental Organisation
PHC	Primary Health Care (Centre)
DMHP	District Medical health Program
PNC	Post Natal Check-up / Care

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Executive Summary

SAMIDA made MOU with PHFI to conduct pilot awareness campaign on Mental Health at Vizianagaram district covering of Bobbili and Cheepurupalli villages . In pursuance of it completes the campaign covering of many activities like FGDs, base line survey/KAP survey, health camps, kalajata, university led campaign and display of other IEC materials to focus the attention of the people. It was covered widespread and the impact was redundant. The convergence efforts with other departments also made success of the program.

KAP survey was made in both areas of Bobbili and Cheepurupalli with the professional social worker students and obtained the data. As per that the awareness levels on mental health was very low and people could not understand the difference between mental illness and mental retardation. Still there is stigma prevailed in these areas due to lack of awareness.

Health camps were conducted in both the areas and huge response was obtained. The professional doctors from DMHP rendered service by way of examining clinically and referred to nearest hospital for better treatment. Total 105 patients were examined in both camps and the message was passed to 20% of the population in both the areas.

Kalajata program was conducted in both areas and which focused better way to get attention of the public. Since the people are very attractive in cultural shows and got huge response for this activity. In this program songs and skit was performed.

University led campaign was conducted in both the areas covering of colleges including students, lecturers, and social workers and had meeting and discussed the issue and need to take the plan of action to create more awareness on this issue. All are consensus opinion that the treatment is need more than any other as they have been neglected and depriving more that they had problem.

Speaker's bureau was conducted in both areas and in that program all the experts in this field like medical professionals from DMHP, DMHO and local PHC doctors attended and discussed the practical problems and also the resources available to the victims. Through this lot of information was disseminated over this issue.

1 Operational frame

As this is only a pilot campaign and allotted only two areas by the donor only and the organisation also got much acquaintance with the local people as it is implementing its activities in this district also. The people are being well acquainted with the organisation and its staff and received well. The people also ventilating their feelings normally and receiving the health services through camps also encouraging.

2 Project objectives

Objectives:

- To create more awareness on mental health
- To make access the people of health services
- To avoid stigma on mental health
- To extend the services of care givers

Strategies:

- One to one interaction
- Conduct FGDs
- Exit interviews to get opinion/feed back
- Key informant interviews

Interventions:

- Distribution of IEC materials
- Conduct health camps
- Kalajata programs
- University led campaign
- Speaker's bureau interaction

Outcome of the programme:

- Increased awareness among the people on mental health
- Aware about the health services available to mental health patients
- People discussing about the issue through IEC materials
- Created more interest through kalajata program
- Increased knowledge on the issue among the students through university led campaign.

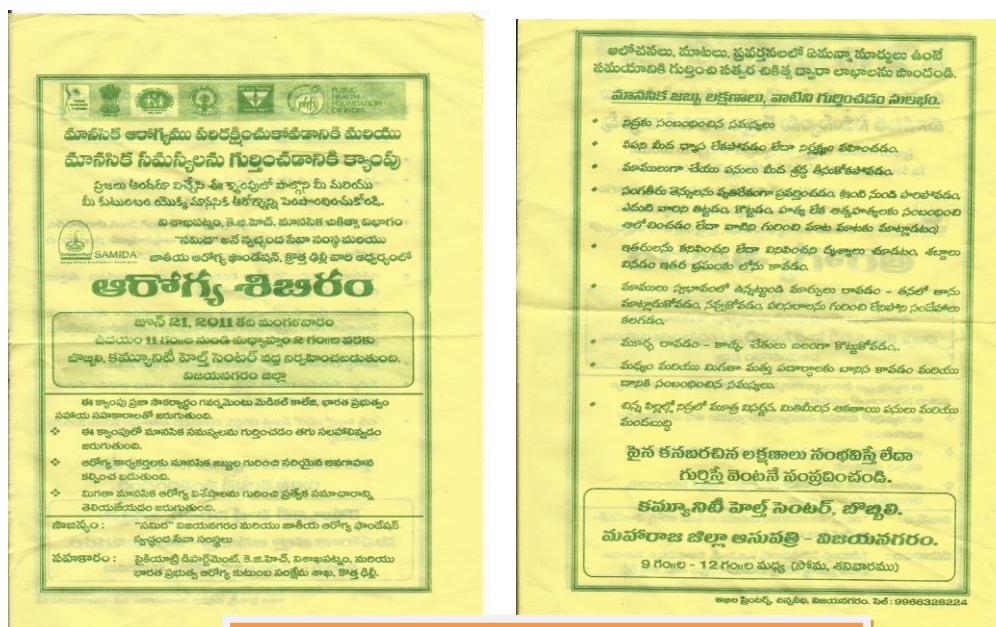
3. Experiences and difficulties in project implementation

The problems in implementation of this project is mainly identification of the real patients. The selection of the patients were selected mostly MR children or adults rather than mental illness. It was the lacuna or challenge faced by the organisation due to lack of proper understanding over the issue. The transportation of the patients to the health camp was also made big problem as they could not come at a time and it is very difficult to get them on to one platform. In the first health camp the time was too delayed as the lunch period was crossed and though the NGO made efforts to provide snacks but could not feed the patients and by considering this problem in the next camp lunch was arranged.

Detailed report of the interventions:

IEC material distribution like pamphlets and wall posters.

About the camp wide publicity was covered prior and on the day with auto campaign, pamphlets and wall posters were displayed at main corners to divert the attention on this issue and the venue was also fixed at main road to focus the public attention towards this to wide spread the issue.

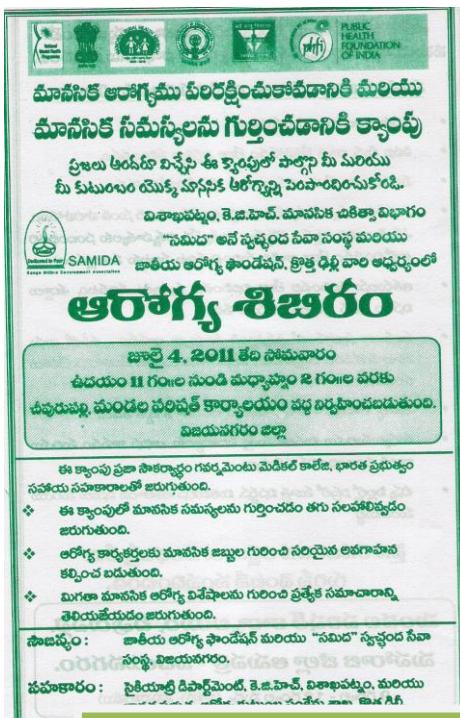


Pamphlet distributed pre camp at Bobbili

In the publicity it was focused that

- Treatment is possible for mental illness
 - One in four individuals may have a mental illness

About the camp wide publicity was covered prior and on the day with auto campaign, pamphlets and wall posters were displayed at main corners to divert the attention on this issue and the venue was also fixed at main road to focus the public attention towards this to wide spread the issue. With the students of social workers home to home campaign (for those identified in the survey) to attend the camp surely. It was noticed that public were aware about the camp and with that reason most of the people were attended from general community too.



Pamphlets distributed at pre camp of Cheepurupalli village

ఆలోచనలు, మాటలు, ప్రవర్తనలలో కిమున్కు మార్పులు ఉంటే సమాచారికి రూపం చేపట. రాశికి త్రాపాలాచాలను కొండండి.

ఇంద్రజిత్ జియా, రాక్షణ్యా, వాలీషి గుర్వంచెం సులభం.

మాస్టర్ రాజు జీర్ణ ఆసుపత్రి - విజయవాడ.

సిద్ధుల పరిషత్ కార్బాలయం, చింపురావుల్లి.

మార్కెట్‌లో అస్త్రముల విజయావసరం

ಮಹಾರಾಜ ಜಲ್ಲ್ಯಾ ತಿಸುವತ್ತು - ಹಡಯಾರ್ಥಾ.

9 ನಂಬಿಲ - 12 ನಂಬಿಲ ಮುಂಡ್ಯ (ಸಾಮಾ, ಶಸವಾರಿಮ್ಯ)

6 Cl. 111-111

of Cheepurupalli village

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A pamphlet was specially created for publicity of the camp, providing details of the camp location, collaborators and supporters in setting-up of the camp, purpose and benefits of participation in the activity.

The pamphlet contained an appeal to the public to attend the camp and also provided common symptoms to promote a greater number of persons to seek treatment. About 1,000 pamphlets were distributed amongst the public in the vicinity of the camp on the weekend prior to the camp date.



25 posters were displayed in the important places to spread the message of the camp.

- ❖ Opp. Bus stand
- ❖ Main centre in the village
- ❖ Infront of Pan shop

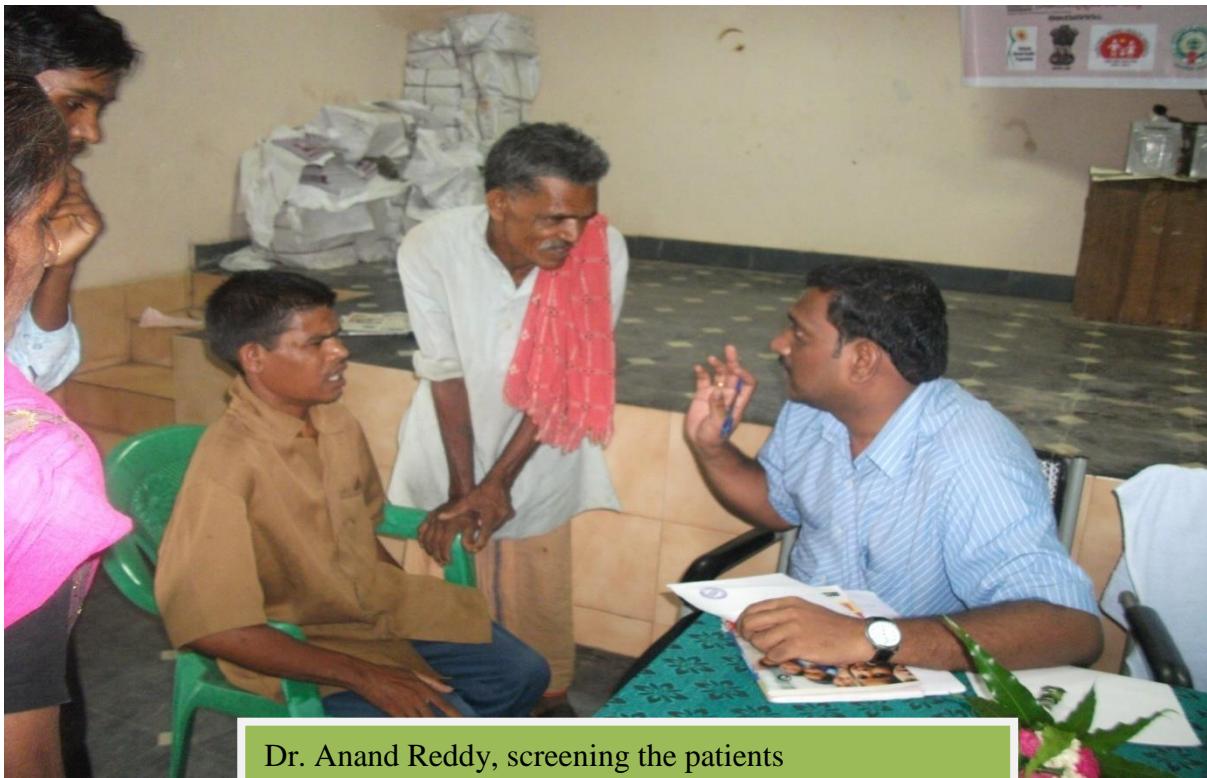
Five banners were printed in telugu which is local language as easy to understand to the public. These banners shared the date and location of the camp as well as the supporting institutions and partners involved in putting the camp together.

Clinical examination: DMHP personnel were actively involved in the camp in counselling support along with counsellor and also very much patient examined the patients and provided support which makes boost of morale of the care givers those are availed the services.



Dr. Vijaya Gopal examining the patient





Dr. Anand Reddy, screening the patients



Counsellor sharing her experiences

KALAJATA PROGRAM

Objectives:

- ❖ To focus the attention of the people towards this issue
- ❖ To create more awareness on Mental illness people/treatment
- ❖ To explain the resources available for the victims and make it to access

Strategey for awareness program: through cultural event of skit/street play, songs

Cultural team: most experienced professional those rendered services to Many of the NGOs earlier.

Process: the team was started with the songs on the social issues and on mental illness theme, which makes thinking by the people about the victims and their treatment.

Later they performed the skit namely “Melukolupu” which was prepared on the theme of the mental illness and which awakens the people on the subject issue. The main theme is when the mental illness or deep dipression/ sudden change in the behaviour by the person immediately the villagers are thinking that there is some thing had happened and it has to cure by the some quacks in the villages those are exploiting the innocence of the people. Based on this theme 15 min skit was prepared and performed by the professionals and which was attracted by the people much.

People reaction: the people reaction was too good as the cultural event was attracted and they asked to perform in their villages too. The guests also appreciated the theme and performance and they do suggest that if it was performed in the villages too it would be so better result can be expected.

Conclusion: after completion of the cultural event it was understood that with this program the attention of the people can be diverted towards this issue and if this was performed in the villages more people can be attracted.

Photographs of the kalajata program:





SPEAKER'S BUREAU INTERACTION

Speakers: Dr. Vijaya gopal, Superintendent, Govt. Mental Health care Hospital, Visakahapatnam.

Dr. Anand Reddy, Medical officer, Govt. Mental care Hospital, Visakhapatnam

Dr. Neelakanteswara Rao, Senior Medical Officer, PHC, Cheepurupalli.

Introduction:

The program was started with welcoming the guests and explained the objective of the program by secretary of the SAMIDA organisation and asked to explain about the myths and facts about the mental illness by the professionals.



Mr. Veerabadra Rao, Secretary SAMIDA explaining the objective

Dr. Vijaya gopal addressed the gathering and stated that there are two types' mental retardation and mental illness. Mental retardation which normally comes from birth and which is not possible to cure and second one is mental illness is which happens in the middle of the life or any time. Normally it happens due to

- ❖ Pondering about issue and making hypothesis overly
- ❖ Insecure feeling
- ❖ Over tension
- ❖ Nerves weakness

Symptoms

- ❖ Deep depression
- ❖ Sleeping problems
- ❖ Neglecting the work and not concentrating
- ❖ Abusing, abnormal behaviour

- ❖ Fits or sudden fall on the floor etc



Dr. Vijaya Gopal, Superintendent, Mental health care Hospital,

The above symptoms are related to mental illness and if the treatment is provided then most of the diseases are curable. He also addressed that in the earlier the program used to continue in the PHCs by visiting one of the medical officers to nearest PHCs in weekly one day for these cases and it was closed due to various reasons. Recently the govt. Is proposing to restore the same.

Dr. Anand reddy addressed that the treatment can be available at Mental care hospital, Visakhapatnam. Institutional care is available in only two places in Andhra Pradesh as Hyderabad and Visakahapatnam only. In the Visakhapatnam the medicines also can be given with free of cost where is in these camps only screening and referral is available. He assured that he will be helpful in screening, guiding and supporting to issue the certificates too if any one comes to Visakhapatnam and given the address by noting the notice board which makes easy to note down by all.



Dr. Ananad Reddy, Medical officer, Govt. Mental health care Hospital, visakhapatnam

Later Dr. Neelakanteswara addressed that if the program continues in the future they are willing to provide the infrastructure support like room, table, chair and other logistics for one day program in a week. He assures to adhere in their sphere for accessing the treatment to the victims.

In the program the PRI members and govt. Officials also participated. MPP (Mandal Parishad President) addressed the gathering and they will support for this program if the program extends from their resources by providing logistics.



MPP addressing the gathering

MDO also addressed and he asked that if this program will continue or one day program and if at all continue how can run this program. He also assures that if the program continues the support from their end can continue and he has given the venue with free of cost to this program.



MDO, Cheepurupalli addressing the people

Finally the secretary of the SAMIDA organisation has acknowledged all and expressed gratitude to all the guests and vote of thanks to the session and with that it was concluded.



People attended for the meeting



Guests attended for the meeting

ANALYTICAL REPORT ON KAP SURVEY

Introduction:

SAMIDA made an MOU with PHFI to organise mental health camps and also to conduct the basic survey on KAP at the selected villages of Bobbili and Cheepurupalli in Vizianagaram district of Andhra Pradesh. In pursuance of that KAP survey was made and the contents were reported.

Demographical data of the villages

Bobbili:

- ❖ Bobbili had a population of 50,140.
- ❖ Males constitute 50% of the population (25,044)
- ❖ females 50% (25,096).
- ❖ Bobbili has an average literacy rate of 64%, higher than the national average of 59.5%;
- ❖ with male literacy of 71%
- ❖ female literacy of 56%.

Bobbili mandal had a population of 1,16,205 in 2001.

- ❖ Males constitute 57,912
- ❖ females 58,293 of the population.
- ❖ The average literacy rate of the mandal population is 59%.
- ❖ Male literacy rate is 71% and that of females 47%.

Cheepurupalli:

- ❖ Chipurupalle has an average elevation of 87 meters (285.4 feet).
- ❖ Cheepurupalli is one of the most developed town in vizianagaram district.
- ❖ Chipurupalli is the commercial center for the 4 mandals and their respective villages. It is the main railway station center for 8 mandals in vizianagaram and srikakulam district.

Education

Chipurupalli is one of the most developed towns of Vizianagaram District in education. It has separate government Hi-schools for boys and girls and has five government elementary schools within the city. It has one Govt. Degree College, one Govt. Intermediate College and many private colleges and schools. One B.Ed College also available beside STATE BANK OF INDIA. Saint Theressa Institute of Technology is one Engineering College in Chipurupalli and at a distance of 6km from Chipurupalli center. It also has MBA, MCA and polytechnic courses.

Demography

- ❖ Cheepurupalli mandal has 58,000 population
- ❖ Males consists of 29,036
- ❖ females 28,964 of the population.
- ❖ The average literacy rate is 52%, less than the national average of 59.5%.

- ❖ Male literacy rate is 63%
- ❖ females 41%.

Awareness levels: the awareness levels on the issues of mental illness or mental health problems were just know about mental health but very few (only10%) of the people were know about mental illness in both villages.

METHODOLOGY

KAP survey:

The requisite data information was gathered on the basis of KAP questionnaire designed for individual households, community as whole and schools through interview, interaction and focus group discussion.

The process adopted was as under:

- **Household level KAP related with mental illness:** Selection of respondents through random sampling of 35% of households from all the operational villages (30% as general community members and 5% as special group belonging to PRI representatives, Anganwadi workers, ANM, lead representative member from any other organization, any government servant) and gathered data/information as per the specific questionnaire through observation and semi-structured interviews.
- **School level KAP related with mental illness:** Formation of group of teachers and students as respondent in every school from a total of 6 schools and gathered data as per the specific questionnaire through observation and semi-structured interviews.
- **Community level KAP related with mental illness:** Gathered data /information on the basis of specific questionnaire through Focus Group Discussion and community mappings from all the 8 villages.

Findings:

The desired field level data related with mental illness was gathered for all the 2 areas, Bobbili and cheepurupalli those were selected for project implementation. The questionnaire forms were finalised and sent by PHFI.

Total 38 questions were posed in the questionnaire and as per that almost 80% of the people are not much aware on the mental illness and retardation and they know the symptoms of the mental health but did not identify what is illness and what is retardation.

- ❖ 20% of the people are replied that the mental health people were behaves in violently.
- ❖ 80% of the people are expressed that there is relation to alcoholism and mental health.
- ❖ 10% of the people feel that no treatment for mental health problems.
- ❖ Only 30% of the people are felt that mental health problems incur due to metarnal marriages and nearest blood relationships.
- ❖ 80% of the people feels that if any person consults the psychiatrist then he has got some problem of mental health.
- ❖ 90% of the people expressed that mental health people could not recover from their health problem.
- ❖ 80% of the people responded that if any person behaves abnormally then either gets advise from village elder or refer to hospital.
- ❖ 90% of the people responds that the mental health problems are mainly due to hereditary.
- ❖ Most of the people feels that the mental health problem is permanent one not cures

Care givers responses:

Care givers also suffering with clinical treatment as they have no information about their services available nearest to them.

- ❖ Most of the people do get information through street plays and telivison channels, very few people responds to get the information through specialists of psychiatrist.

- ❖ Most of the people expresses that the mental health patients do need rehabilitation centres as they need the care givers and at present no one sparing for another and for treatment.
- ❖ They feel that the problem should be identified in the early stage.
- ❖ Every one feels that in the society there is no recognition or positive sympathy among the mental health patients.
- ❖ Almost all expressed that as care giver they faces the stigma in the society.
- ❖ Very few people know about the legislations about the mental health people and most of the persons know about the welfare scheme of pension only and disable certificates which will be useful for transportation.

FOLLOW UP ON MENTAL HEALTH CAMP

SAMIDA conducted two mental health camps, at Bobbili and Cheepurupalli villages. It was initiated to bring the awareness on mental health issues and conducted mass media coverage about the mental health issues and need to aware and avail the health services. Due to our intervention the people attitude was just changed and now only people are whispering about mental illness and what they have to do?

After completion of the two camps we got huge response from two villages and especially from cheepurupalli as they need the information about where they can get the appropriate health services and other information. Though we are getting directly the phone calls as it was not reaching the answers to the victims from our side as we were busy/engaged in the meetings etc could not attend to the phone calls of the people from villages. To arrest this problem we have deputed one professional social worker who involved in the entire process of the mental health camp from both villages and enabling the people to get clarification to their queries.

After this process we got huge response from Cheepurupalli village and new mental illness cases were identified (actually in the camps we identified mostly MR cases due to lack of clarity on this even to NGO staff and later gave brief orientation to all the staff and social workers) and they are compelling to refer to Visakhapatnam as they need the proper services. We have contacted the superintendent explained about the situation and sought support to avoid the problems to the villagers in the hospital and he suggested that all the villagers from our community (those are coming through SAMIDA) can endorse one letter

with SAMIDA stamp to recognise by the hospital staff and superintendent can expedite and do the services to the beneficiaries immediately and give good response to get confidence among the victims and care givers. This process was completed and initially 5 persons were identified and fixed the date to go to Visakhapatnam on 30th of this month.

Before that we have also negotiated with one counsellor and she will conduct pre - counsel about the treatment and referral services too.

With this process we hope the people response can increase and also think about the mental health illness if it goes on perpetually slowly the stigma can be reduced and care giver services and other ancillary services to the victims can be increased. However it is need to get the clinical services and free medicines at least weekly once available by qualified doctor to the people to increase the awareness.

Conclusion: After completion of the pilot awareness campaign in both areas it was understood that there is lack of awareness on Mental Health and the people are suffering lack of clinical services available to them with in local area. The resources are not reaching to the people and the information centres were also not available to provide the same. People are seeking clinical services made available to them at least weekly once or in any other mode with in their limit. Hence it is need to continue the program at least for two years to reduce the stigma and also services made available to them. People are expecting to have at least weekly once a medical officer can visit and examine the patients would be benefit for them. The govt. Depts. Like MDO and also MPP willing to adhere for continuation of the project. The PHC is willing to provide the infrastructure to conduct at least one day or two days visit of concerned medical officer visit.

Hence all the people are seeking to continue this project for at least another two years instead of stopping with only pilot project as the people are really need of the services.

*Report prepared by
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Executive Director*

Annexures:

BAW data list for both Bobbili and Cheepurupalli camps

Exit interviews of both camps

Press clippings of the camps of both areas