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Community Mental Health: A Participatory Model for Kerala

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ABSTRACT: **The prevalence of Mental illnesses in India is estimated at 10.5 %, and that of Kerala is 11.2 %. The treatment gap in mental health disorders in Kerala is 84.17 %. The stigma attached to mental health issues is very much prevalent in Kerala as well. The dangers posed by mental illnesses and the treatment gap are to be discussed. WHO has advocated the use of Community Mental Health systems as an immediate action plan, especially for developing countries? The proposed community mental health model envisages the use of community members including ASHA workers, anganwadi workers, school teachers etc. who will be given training in working with those in need of psychological help. The approach will serve the twin purpose of countering the mental health treatment gap and reducing the stigma attached to mental illnesses. The authors propose a community mental health model where awareness on mental illnesses and the availability of treatment will be provided and mechanism for early detection of common mental illnesses will be facilitated through training imparted to citizen volunteers, with a special focus on women, who are found to be more susceptible to common mental disorders, including depressive, neurotic and stress-related disorders.**

Keywords: Community mental health; participatory model; asha workers; psychological help

INTRODUCTION

India has one of the highest suicide rates in the world [1] and Kerala has consistently been among the top states in terms of suicide rate [2]. Suicides are closely related to various mental disorders including depression. Furthermore depression, which is a preventable common mental disorder, is the leading cause of disability worldwide. The slogan of World Health Day 2017 was "Depression – Let's Talk", underlying the importance of understanding and fighting mental disorders including depression. In India too, depression is one of the most common causes of disability even though it is highly preventable [3].

Kerala, which boasts of arguably the best healthcare system in the country, is dismally poor when it comes to the mental healthcare provisions. The prevalence of Mental illnesses in India is estimated at 10.5 %, and that of Kerala is 11.2 % [3]. Even though the state came up with a mental health policy in 2013, it does not have a mental health action plan as yet. The mental health infrastructure is also inadequate with very low numbers of healthcare professionals available than what is desirable [2]. This has caused a glaring treatment gap in the case of mental health issues. Stigma related to mental disorders is another inhibitory factor hampering the service delivery systems in mental health. To counter this stigma, specifically designed mental health literacy programmes have been advocated for Low and Middle Income Countries like India [4]

This paper is an attempt to propose a participatory model of community mental health intervention where community members will be empowered to provide necessary care to those suffering from common mental disorders and also act as volunteers in mental health literacy activities. The experience of Kerala in successfully implementing participatory planning programme is the basic motivation behind this design. The rationale for adopting a citizen education and community engagement also draws from the various recommendations from policy documents, right from WHO's World Health Report to the Kerala State Mental Health Policy [5], advocating the use of community participation in combating the mental health treatment gap.

CHALLENGES

Governmental systems are inadequate in providing enough services and resources to the public in dealing with various mental health challenges. India spends a very small portion of its annual budget towards mental health, usually around 0.16 percent only. The country has only three psychiatrists per million of the population, whereas other commonwealth nations have this ratio as high as 5.6. The mental health treatment gap in the country is estimated at around 70 % [6].Studies from India have reported that primary health care professionals are often inadequately trained and reluctant or unable to detect, diagnose or manage common mental disorders.

Kerala is a unique case in this context, warranting special attention. Even though the state is ahead of most other states in terms of general health indices, the treatment gap in mental health disorders in Kerala is 84.17 % [2]. The public sector has only 400 psychiatrists, 211 clinical psychologists, and 15 psychiatric social workers available for the population of 3.34 crores. This grave situation is even more pronounced with the unusually high suicide rates of the state and the alarmingly high alcohol consumption rate. The

stigma attached to mental health issues is very much prevalent in Kerala as well. Added to these is the danger posed by unqualified and untrained professionals, lowering the quality and dependability of services provided. This will in turn work against the good will of the profession itself. This scenario calls for immediate strategies to mitigate the effects of this mental health menace which threatens to destroy the very public health fabric of the state.

METHODS

Given the magnitude of the problem at hand and the remote possibilities of the official systems to come up with effective solutions in the near future, it is imperative that any possible intervention in this situation warrants active participation from the people. It has to be noted that WHO itself has advocated the use of Community Mental Health systems as an immediate action plan, especially for developing countries where the treatment gap is more [7]. As recognition of the importance of community-based strategies, the theme selected for World Mental Health Day 2016 was 'Psychological First Aid for all'.

In the proposed model, the services will be delivered through an army of trained 'citizen helpers' who will act as mental health care providers in the local community. A total number of 10,000 volunteers will be given the training. The number is arrived at as 10 times the number of clinical psychologists as seen in the best mental healthcare systems in the world [8]. The trainees will be mostly drawn from among the existing ASHA workers, Anganwadi workers, Kudumbashree activists etc. This is being done because of the liaison that they enjoy with members of local communities. The volunteers will serve to spread mental health literacy in the local community. More importantly, they will be able to provide first-level care for people suffering from Common Mental Disorders (CMD), which are prevalent in Kerala [2]. The volunteers will also act as the first contact point for those seeking assistance with the various psychological problems faced by them. However, the volunteers will neither act as counselors, nor will they diagnose mental disorders or prescribe medicines. The function of the volunteers will be limited to providing psychological first aid, and provide psychiatric care as directed by qualified professionals in the public healthcare system.

Mental health literacy is a crucial component in any successful mental healthcare system. Towards this goal, the volunteers will work in connection with various citizen groups including Self Help Groups (SHG), clubs, educational institutions etc. through which mental health literacy programmes will be implemented through classes, discussions, demonstrations etc. The volunteers will also be able to play a vital role in any mental health awareness programme being implemented by the government. Depression being a common preventable disorder in Kerala, and women being more susceptible to depression [2], a focus will be given to depression in particular and common mental disorders in general, in the literacy activities as well as in the training programme.

The training module will be developed in consultation with experts in the field. It will draw ideas from the successful community mental health programmes that are being implemented elsewhere both inside and outside the state. The specific situations of the state and the prevalence rates of various mental health disorders in the state will also inform the form and content of the training module. Hand books based on these contents will also be prepared and disseminated to the volunteers. The choice of community members, instead of specialists as care providers is anchored on two key points. One is the efficacy of community-based care system in the management of mental disorders which has been proven as effective as institutional care, in bridging the mental health treatment gap [9]. Second is the prospect of a community-based system in counteracting the stigma associated with mental disorders and their treatment, a serious issue that hampers the effective implementation of treatment systems [10].

The structure of the programme will have a multi-tier system. At the state level, there will be a central resource group which will oversee the working of the system for such period as is necessary to ensure the perpetuation of the system as an integral part of the health administration of the state. The functions of the state team will include overall supervision of the programme, periodic reviews and other administrative tasks. The second tier will be district-level resource groups which will function with necessary help and support from the district health administration and governance system. Following the district group, there will be block level resource groups to monitor the groups of volunteers related to each group. Each block-level group will be composed of 40 volunteers. There will be a total of 250 such block level groups. The volunteers will work in association with the Taluk hospitals where there are satisfactory psychiatric services in place. There are 79 Taluk hospitals in Kerala and hence each hospital will be serving around 250 volunteers. Gradually the Primary Health Centres (PHC) and Community Health Centres (CHC) will be strengthened in order to cater to those in need.

CONCLUSIONS

The challenges faced by Kerala in terms of mental health morbidity are manifold. Infrastructural short-

comings, lack of resource support, lack of awareness, perpetuating stigma are the main factors behind this dismal state. But there is a vast scope for improvement through people's participation, which has been a successful model in the development experience of Kerala. Through this paper, the authors have proposed a community mental health model where awareness on mental illnesses and availability of necessary care will be provided at community level, and a mechanism for early detection of common mental illnesses will be facilitated through training imparted to citizen volunteers, with a special focus on women, who are found to be more susceptible to common mental disorders, including depressive, neurotic and stress-related disorders. Mental health literacy activities as suggested by various bodies are also envisaged as an integral part of the programme.

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