

**REPORT ON ACTIVITIES OF PROJECT "SHIFA": THE COMMUNITY MENTAL HEALTH PROJECT AT  
PADHAR HOSPITAL (Feb to May 2017):**

Dear colleagues, financial supporters and well-wishers of the CMH project, Padhar

It gives me great pleasure to write this quarterly report for February to May 2017. Once again, let me take this opportunity to thank each and every one of you – whether doctors/staff at Padhar hospital, or donors, or well-wishers from India and around the world – for the wonderful support we have been receiving, be it in the form of prayers, encouragement or finances.

In the previous monthly and half-yearly reports, we had elaborated in detail about the structure of the project and its various activities. In case anyone reading this month's report for the first time would like more details of these, we can mail a copy of those previous reports to you for your information.

These past three months have been mainly focused on building up strategies to continue the work of Project Shifa without me being here at Padhar full-time. As mentioned in our previous report, I will be joining the Distance Education department at Christian Medical College Vellore, to help design and organize distance education mental health courses for primary care doctors, nurses and lay health workers. As part of the new job, I will get official time to come periodically to Padhar to run and supervise Project Shifa, and we hope to keep it going and possibly expand it and make it a contact centre for some of these courses, particularly for the lay health workers.

From 24<sup>th</sup> to 28<sup>th</sup> April, we conducted a series of follow up camps daily and covered the entire target area within a week, providing medications to all the patients who are on long-term follow up in the field. We have stopped treatment for those whose courses were over, or those who chose not to continue. As of now, we have 116 patients with various severe mental disorder, epilepsy and developmental disorders on long-term follow up in the field. This was a major achievement for the team, as it proved that it was logistically possible to cover the entire area in a short period of time successfully. The plan is that I will visit approximately once in 3 months for a short period, during which we will have a series of follow up camps like this covering the entire target area and providing medications and brief contact sessions. In the intervening period, the field workers will continue to follow up all the patients on long-term medications at their homes once in 2 weeks as they are currently doing. Their activities will be monitored and coordinated by Mr. Bappa Mukherjee, who will remain in touch with me in case of any major issues. If we are able to carry it on like this smoothly, we can even consider expansion to some new areas as well in the future.

We were, unfortunately, unable to get a junior doctor or nurse on board the team. However, I am fully confident that the field workers and Mr. Bappa can continue the follow up work smoothly during the periods between my visits. Nevertheless, if in future there are plans to expand the target area and recruit new patients, we would need a junior doctor or nurse from Padhar Hospital to be at least partly involved.

We completed our book on the Shifa model of rural mental health care in March, and it is now available for free download (along with all screening and outcome evaluation tools) by anyone interested (on Project Shifa's page on the website of Mental Health Innovation Network). This has already generated some interest, and we are happy about this. The editor of the Indian Journal of Social Psychiatry has asked us to write up a short review of the book for publication. In addition, we were also approached by an editor of 'Healthcare executive' magazine for Project Shifa to be featured in an upcoming issue. We also received requests from others to use aspects of the model including the tools, which we were

happy to share. We hope this book and the tools will benefit others in starting similar programs in resource-poor settings.

As mentioned in the previous report, Project Shifa's work among tribal communities has been recognized by the Indian Psychiatric Society (IPS), and the president of IPS has asked me to be co-chair of the Tribal Psychiatry section of the society. As part of this, the IPS will be organizing meetings and CMEs at an all-India level with a focus on tribal mental health needs, and it is an opportunity for Project Shifa and Padhar Hospital to push for better service-provision in tribal and rural areas throughout the country. We hope that our experience in Project Shifa, and these future distance education courses in mental health, might help contribute towards this much neglected sector of health care. We thank God for all these opportunities, and hope that we will be able to do our small part in this regard.

We will continue to produce quarterly reports on the progress of Project Shifa, which I will write after concluding my regular visits approximately every three months as of now.

#### **Scope of the project:**

Padhar Hospital is a rural Lutheran multi-specialty mission hospital located in Betul District of Madhya Pradesh, roughly equidistant from Bhopal and Nagpur. Project "Shifa" is a Community Mental Health (CMH) project at Padhar Hospital, and is designed to screen, identify and facilitate treatment and community re-integration of patients with mental illnesses and epilepsy in a specified target area of 75 poverty-stricken villages within a radius of less than 30 km around Padhar Hospital. It is currently running on a limited budget financed entirely by personal donations from well-wishers. The project activities include building awareness of mental health issues and epilepsy in the target community, door-to-door screening by field workers using a specially designed screening tool, outreach clinics by the team including the consultant psychiatrist in selected village settings, provision of free medications on site for patients with severe mental illnesses and epilepsy, referral of patients with less severe mental health issues to Padhar hospital for more pharmacological and/or psychotherapeutic interventions or consultations with other departments, fostering community re-integration of patients and their families in the field, facilitating practical community-based research to improve service provision, and a mechanism to follow up patients receiving medications in the field on a regular basis.

#### **Team members:**

The project team currently consists of the following members (all of whom are hospital employees or students and none of whom exclusively work for this project alone):

- 1) One consultant psychiatrist (Dr. Johann Ebenezer)
- 2) One coordinator (Mr. Bappa Mukherjee organizes field staff coordination)
- 3) Ten field workers
- 4) Nursing Students posted in the department of psychiatry (on rotation). Apart from this, elective students from India and abroad (whenever they are present)

#### **Current interventions and activities of the project:**

##### **1) Outreach visits**

We had a series of daily outreach visits from 24<sup>th</sup> to 28<sup>th</sup> April, and covered the entire target

area. After excluding those whose medication courses are complete or who have opted out of treatment, we now have 116 patients on long-term follow up in the field. Field workers will continue to follow each of them up in their homes every two weeks till my next visit, during which we will again do a series of outreach camps in a week.

#### 2) Weekly meeting on Saturday

The team will continue these regular meetings, and I will be in touch with them through telephone or video-conferencing at regular intervals.

#### 3) Building awareness in the community of mental health issues

The field workers continue to build awareness, both by new screening and while doing follow up work. The outreach visits themselves are also an opportunity for awareness building.

#### 4) Education

This month, apart from our regular nursing students, we had two elective medical students from the United Kingdom. All elective students and guests are given an orientation to the project work as well as the subject of psychiatry in general, besides on-site clinical teaching.

#### 5) Research and Correspondence

a) Our primary research interest continues to be related to our screening tool - ***the Padhar Community Mental Health Screening Instrument (PaCoMSI)***. It is continuing to yield a wide variety of psychiatric and neurological disorders, and continues to be showing a high sensitivity for picking up cases in the community.

b) ***Outcome evaluation tool:*** As seen in our most recent half-yearly report from Feb 2016, our simple outcome evaluation tool (designed so that it can be easily filled even by a non-mental health professional from available field records) is able to generate very useful outcome evaluation data that can easily be interpreted to suggest the strengths and weaknesses of the project in the domains of symptom reduction, compliance, functional improvement and community re-integration. We target to perform another outcome evaluation for the next half-yearly report.

c) ***Post-encephalitic neuropsychiatric syndromes:*** We are continuing to work along with our microbiologist at Padhar and Dr. Stephen Mathew (another microbiologist) on a descriptive paper regarding the considerable number of post-encephalitic neuropsychiatric syndromes we are encountering.

d) ***Correspondence:*** We continue to maintain our contacts established over the past few months. We continue to look forward to further encouragement and suggestions for improvement from experts in psychiatry, neurology and community health from both India and abroad. Some of the institutes we have been regularly corresponding with in the past include

the **Psychiatry, Neurology and Distance Education** departments at **Christian Medical College Vellore**, the **Neurology and Community Medicine** departments at **Christian Medical Colleges Ludhiana**, the **Psychiatry** department at **Dr SMCSI Medical College Karakonam**, the **Public Health** department at **NIMHANS (National Institute of Mental Health and Neurosciences, Bangalore)**, the **MAANASI** project based at **Bangalore**, the **Centre for International Health** at **Ludwig Maximilian University, Munich, Germany** and **CHGN (Community Health Global Network)**, a non-profit organization based primarily in the United Kingdom and Kenya.

Some of the newer contacts include the **Indian Council of Medical Research (ICMR)** and its subdivision the **National Institute for Research in Environmental Health** (at Bhopal), the **National Health Mission** (headquartered at Delhi), the **London Institute of Hygiene and Tropical Medicine**, the **psychiatry department at Dartmouth university in the United States**, the **Maudsley Institute of Psychiatry, Psychology and neurosciences at London**, the **World Mental Health Federation**, the **World Association for Social psychiatry**, the **World Psychiatric Association**, the **Indian Psychiatric Society**, the **Indian Association of Social Psychiatry**, the department of Mental health and substance abuse at the **World Health Organization (WHO)**, the psychiatry department at the office of the **United Nations High Commissioner for Refugees (UNHCR)**, **Medic Mobile**, **Harriet Benson Memorial (HBM) Hospital at Lalitpur**, the **EHA (Emmanuel Hospital Association)** and a number of renowned non-profit organizations in India involved in community mental health work (including **the Banyan** in Tamil Nadu, **MEHAC** in Kerala and the **Bapu trust** primarily in West Bengal).

#### 6) Group Therapy

We have, over the past months and years, completed Group Therapy sessions with psycho-educational focus for patients and family who are on long-term follow up in the field in all clusters of the target area. Most of our current non-pharmacological strategies are focused on continuing our focus on supporting families to encourage rehabilitation of patients in agricultural or domestic tasks, a strategy that has helped ensure that 80% of our patients with severe mental disorders and epilepsy have improved their level of functioning and community re-integration.

#### **Current numbers and data:**

As per the latest National Mental Health Survey, just released last month, the expected prevalence of severe mental disorders (such as schizophrenia, other psychoses, bipolar disorder etc) is 0.8%, and the prevalence of common mental disorders (such as depression, anxiety, other neurotic illnesses etc) is as high as 10%. Considering our local target population of about 35,000 people, we could expect about 250-300 patients with severe mental disorders, and perhaps around 3,000 people with common mental disorders. If all our patients with severe mental disorders and developmental disorders are considered, we have 221 patients that might fall in the severe category. This is thus fairly reflective of expected prevalence, and shows that our strategies for screening the severe population are fairly effective. For common mental disorders, it is quite another story – our registered patients with these disorders is

barely 10% of what could be arguably expected based on the National Mental Health Survey. Many reasons could be there for this. It is possible that our tool is more sensitive in picking up severe disorders compared to common ones, or that our overall strategies have benefitted severe disorders more. It is also possible that many of those with depression and anxiety screened in by the field workers are not coming for the evaluation camps, and thus do not get registered. These patients are generally less impaired and better functioning and may not see themselves as “sick” and thus may not see themselves as requiring treatment unless their symptoms are very disabling.

As of now, **528 patients are currently registered**, and have been evaluated under Project Shifa in the field. **About 200 of these patients have received medications in the field. Currently, after excluding those whose courses are completed or who refused further treatment, 116 are on long-term follow up in the field.** A good number of the others have been referred to the Psychiatry OPD at Padhar, and have received psychotherapy or medications in the hospital over the past 3 years.

**The current break-up of major diagnoses among patients so far registered under the project is as follows:**

|                                                                              |     |
|------------------------------------------------------------------------------|-----|
| Schizophrenia & other psychotic disorders                                    | 110 |
| Bipolar Disorder                                                             | 13  |
| Depressive disorders (Major Depression, Dysthymia, Recurrent Depression etc) | 70  |
| Anxiety & other neurotic spectrum disorders                                  | 82  |
| Alcohol use disorders                                                        | 28  |
| Mental Retardation                                                           | 116 |
| Autism/ Autistic spectrum disorders                                          | 6   |
| ADHD                                                                         | 5   |
| Epilepsy                                                                     | 78  |
| Headache syndromes (including Migraines, Tension headaches etc)              | 82  |
| Other neurological disorders (including strokes, Parkinson's etc)            | 11  |

**Summary: Challenges and Future plans:**

We are happy that we have been able to re-structure Project Shifa so that we can continue to provide the same level of service even without me being present full-time from this month onwards. The big challenge of the next 3 or 4 months is to ensure that the system continues as planned. We hope to show that it is possible to run effective mental health services in resource-poor environments even without the presence of a full-time mental health professional: this would be a great extension of what we have started so far, and will hopefully make the model easier to generalize to other settings

Once again, thank you all for your prayers, support and encouragement. We hope that, God willing, our project will continue to make a positive impact on the lives of people in these 75 poverty-stricken villages.

Thank you  
 Dr. Johann Ebenezer,  
 Psychiatrist, Padhar Hospital.