Report of the 'Jagruti' project on mental health

Introduction:

Mental health is important at every stage of life from childhood, adolescence as well as adulthood. It has an influence on our social, emotional, physical and cognitive health. Unfortunately, many people do not obtain the necessary care due to ignorance and the stigma connected with mental health.

Climate change is very important factor which impacts the mental health of the individuals' severely. Day by day it is becoming a growing threat to mental health. Intense floods, droughts, extreme heat waves lead to anxiety and helplessness, the poor and marginalised are at the risk and have less resources to save themselves.

Some people are unaware that treatment is available and some people ignore/hesitate to approach psychiatrists/psychologists due to fear and/or stigma attached to it. Secondly, the mental health professionals are very less in number. Hence the need for action on mental health is urgent and it is high time that we generate Mental Health resources from the community itself. On this backdrop, present project was taken up by Development Support Team in collaboration with Vidula Psychological Consultancy Services from July 2023 to March 2024.

The objectives of the project were as follows:

- To train women from the community to generate resources in the form of Mental Health Volunteers
- To understand the severity of psychological symptoms, distress and disorders
- To train Mental Health Volunteers to empower and equip them with practical techniques to screen and prevent mental illnesses
- To find out the number of persons with mental health problems from the area allotted to each Mental Health Volunteer.
- To increase the sensitivity and awareness about mental health across the community through community leaders and community based organisations in the area.

Part 1: Jagruti workers and their training

Areas selected:

Two areas on the outskirts of Pune city viz. **Dapodi and Ramtekdi** were taken up for this project.

Selection of Jagruti workers:

A sensitisation workshop was held on 11th July 2023 for the old Community Workers of DST and prospective candidates for the above said project. On the same day, the candidates were interviewed, selected and then sensitised about the need and importance of the mental health project**.** They were also briefed about the mental health and its prevention. From the beginning of the project, it was decided that these community level workers will be recognised as 'Jagruti' workers.

Profile of Jagruti workers:

Initially 10 Jagruti workers were selected from each area, after few training programmes 3-4 Jagruti workers could not continue training due to various reasons like severe illness, lack of permission from family members etc. We had to recruit new workers from both the areas again. In all 15 workers (7 from Ramtekdi and 8 from Dapodi area) continued till the end of the project. Their brief profile is as follows:

1. **Marital status**
   All of them were married except only one.

2. **Age group**: The age ranged from 23 to 58 years.

Age (in years)	<30	<40	<50	50+	Total
No. of workers	4	2	6	3	15

3. **Education**:

Educational level	10^{th} std.	12^{th} std.	Graduation	Total
No. of workers	4	7	4	15

4. **Occupation and experience**:

Occupation	ASHA worker	Aanganwadi workers	NGO	Mahila dakshata Samiti	Other	Total
No. of workers	9	1	2	1	2	15

Out of 15 Jagruti workers, 4 were already working as ASHA workers for last 3-4 years and 5 of them joined during the project period. The ASHA workers are well versed with the community and also exposed to various trainings hence it was thought that they will be able to work effectively as Jagruti workers.

Trainings conducted:

As per plan, it was decided that the training programmes for Jagruti workers from both the areas will be held at the central place. After 2-3 training programmes it was noticed that the workers from Ramtekdi were not very keen to come on time and also not attending training for whole day. Hence the trainings were organised separately for Ramtekdi and Dapodi and they were conducted in Samaj Mandirs located in respective area.

- Three trainings were conducted jointly at S.M. Joshi hall, Navi Peth
- Nine trainings were conducted for Jagruti workers from Dapodi
- Six trainings were conducted for Jagruti workers from Ramtekdi

Topics covered during training (Manual of Jagruti project is attached as Appendix A):

- Introduction
- Mental health sensitisation
- Self awareness
- Revision session
- Stress management
- Mental health sensitisation-children
- Mental health sensitisation- adult
- Revision session
- Mental health survey briefing
- Suicide prevention
- Psychological first aid, troubleshooting
- Consolidation of learning

All the above sessions were very participatory, informative and interactive. The sessions were conducted by the mental health experts from Vidula Psychological Consultancy Services. DST shouldered the responsibility of overall coordination and logistics of all the training programmes.

Vidula Psychlogical Consultancy Services also conducted pre and post training assessment of Jagruti workers (report is attached as Appendix B)

Part 2: Family Survey

To fulfil the objective of finding out the number of persons with mental health problems from the area allotted to each Jagruti worker a family survey was carried out. The data was collected with the help of predesigned family survey sheet. After completion of all the trainings sessions on mental health, the Jagruti workers were briefed about the family survey**.** A target of 150 households per month was given to each worker. Family survey was started from 1st Nov. 2023 in Dapodi area and from 1st Dec.2023 in Ramtekdi area.

Survey **Details**
(Nov. 2023 to mid Feb 2024)

Demographic profile of the population

- Total population covered: 20211
- Dapodi—12955 (M-6431; F-6524)
- Ramtekdi-7256 (M-3637; F-3619)

Data analysis

Table 1: Type of family

Type of family	**Nuclear**	**Joint**	**Extended**	Total
Dapodi	2308	770	150	3228
Ramtekdi	1488	329	57	1874

Total	3796 (74.5%)	1099 (21.4%)	207 (4.1%)	5102

The number of families covered included 3228 from Dapodi area and 1874 from Ramtekdi area. As expected, the number of nuclear families was higher (74.5%) than the joint and extended families.

Table 2: Head of the family

Head of family	**Male**			**Female**			**Total**
Type of family	Nuclear	Joint	Extended	Nuclear	Joint	Extended	
Dapodi	1919	581	96	389	189	54	3228
Ramtekdi	1251	195	32	237	134	25	1874
Total	3170 (62.2%)	776 (15.3%)	128 (2.5%)	626 (12.3%)	323 (6.3%)	79 (1.4%)	5102

80% families had men as head of the family whereas 20% families had women as head of the family.

Table 3: Age group and Occupation:

Age group	**Type of occupation**					**Total**
	Employed/ Working	**Small business**	**Technical work ***	**Big Business/contractor**	**Other ****	
15-19 yrs.	105	15	8	-	24	**152**
20-24 yrs.	855	60	23	3	57	**998**
25-29 yrs.	990	120	42	8	61	**1221**
30-34 yrs.	1034	153	48	4	51	**1290**
35-39 yrs.	904	196	32	7	47	**1186**
40-44 yrs.	764	172	36	5	54	**1031**
45-49 yrs.	667	168	22	5	41	**903**
50-54 yrs.	495	151	22	3	71	**742**
55-59 yrs.	298	97	9	4	69	**477**
60+ yrs.	221	121	4	-	13	**359**
Total	**6333 (75.9%)**	**1253 (14.9%)**	**246 (2.9%)**	**39 (0.5%)**	**488 (5.8%)**	**8359**

Technical work: electrician, plumber, welder etc.*

*Other**: work for nursing bureau, home maids, casual labourer etc.*

8359 (53.6% of the population >15 years) were busy in some or the other occupation. About 76% amongst occupied population were employed /engaged in some kind of job. Only 32 persons from the

age group 20 to 49 reported themselves as unemployed. Out of 6333 employed persons, 1861(29.4%) females were working women.

Table 4: Age group and Educational status:

Age group	Educational status						Total
	Illiterate/ No formal education	**Primary (1st -4th std.)**	**Secondary (5th -9th std.)**	**10th -12th std.**	**Under graduation/ graduation**	**Post - graduation**	
5-9 yrs.	-	1461	-	-	-	**-**	**1461**
10-14 yrs.	-	478	951	-	-	**-**	**1425**
15-19 yrs.	5	8	788	882	150	**-**	**1833**
20-24 yrs.	13	30	535	763	510	61	**1912**
25-29 yrs.	33	52	752	752	348	59	**1996**
30-34 yrs.	46	93	941	586	224	42	**1932**
35-39 yrs.	73	115	905	439	174	26	**1732**
40-44 yrs.	100	165	795	278	82	19	**1439**
45-49 yrs.	167	220	698	229	61	6	**1381**
50-54 yrs.	236	182	527	111	33	6	**1095**
55-59 yrs.	210	136	320	55	22	4	**747**
60+ yrs.	685	267	428	70	20	3	**1473**
Total	**1568**	**3203**	**7640**	**4165**	**1624**	**226**	**18426**

1624 (about 8.8%) individuals were either in the process of completing graduation or completed graduation. Few of them had completed post graduation.

Table 5: Age group and Addiction:

Age group	Type of addiction				Total
	Tobacco, gutkha cigarette, etc.	Alcohol	> One addiction	Other *	
15-19 yrs.	15	1	4	6	**26**
20-24 yrs.	81	11	18	5	**115**
25-29 yrs.	212	64	43	9	**328**
30-34 yrs.	268	132	51	12	**463**
35-39 yrs.	310	88	65	14	**477**
40-44 yrs.	305	114	59	5	**483**
45-49 yrs.	330	98	66	11	**505**
50-54 yrs.	275	82	69	4	**430**
55-59 yrs.	176	51	49	7	**283**
60+ yrs.	340	56	83	9	**488**
Total	**2312 (64.3%)**	**697 (19.4%)**	**507 (14.1%)**	**82 (2.2%)**	**3598 (100)**

*Other *: Consumption of Ganja, drugs and online/offline gambling.*

3598 (23.1% of the population >15 years) were persons found with some kind of addiction. Out of all the addictions, the percentage of use of tobacco in the form of smoking (cigarette, Bidi) and smokeless

(Mishri, gutkha, panmasala etc.) tobacco was 64.3%. It is much higher than the figures given in NFHS (2019-20=25.5%) and Global Adult Tobacco Survey (2016-17=26.6%) for >15 years in Maharashtra.

Alcohol addiction is more common in men than women (4%). Only 4-5 cases of mobile addiction were noted in younger age group of 5-14 years.

Duration of addiction

Duration of consumption	**Type of addiction**				**Total**
	Tobacco, Gutkha cigarette, etc.	Alcohol	> One addiction	Other *	
<3 years	83	21	10	12	126 (3.5%)
3-5 years	672	170	84	39	965 (26.8%)
5-10 years	956	370	163	12	1501 (41.8%)
>10 years	601	136	250	19	1006 (27.9)
Total	2312	697	507	82	3598

Duration of the consumption/addiction ranges from <3 years to >10 years. Percentage of the duration >5 years is very high i.e.69.7%. It is a well known fact that the tobacco use is associated with higher mortality in adults, to encourage them to quit tobacco is the need of the hour.

Table 6: Age and Mental illnesses:

6a. Symptoms of mental illness in younger age group:

Age group	**Symptoms of Mental illness**				
	Scholastic backwardness	Hyper active	Lack of concentration	Irrelevant speech	Total
0-4 yrs.	1	1	-	**-**	**2**
5-9 yrs.	17	3	2	**-**	**22**
10-14 yrs.	17	1	1	1	**20**
Total	35	5	3	1	**44**

0.9% (from the population-- 4623 in the age gr.0-14 years) children were found with some kind of mental illness symptoms.

6 b. Symptoms in older age group:

Age group	**Symptoms of mental illness**						**Total**
	Low mood	Frequent crying	Irritation	Tension	>one symptom	Other*	
15-19 yrs.	7	1	2	1	2	15	**28**
20-24 yrs.	16	3	7	3	1	2	**32**
25-29 yrs.	25	6	16	15	6	5	**73**
30-34 yrs.	31	3	19	20	3	4	**80**

35-39 yrs.	39	4	11	15	8	4	**81**
40-44 yrs.	31	3	16	12	2	4	**68**
45-49 yrs.	37	4	14	18	5	8	**86**
50-54 yrs.	31	3	11	10	5	7	**67**
55-59 yrs.	22	-	6	6	2	3	**39**
60+ yrs.	32	2	11	15	19	19	**98**
Total	**271 41.6%**	**29 4.4%**	**113 17.4%**	**115 17.7%**	**53 8.1%**	**71 10.8%**	**652 (4.2%)**

4.2% (out of population in the age group >15 years) persons were found with some symptom of mental illness**.** Among the symptoms of mental illness 'low mood' was much more common than other symptoms**.** As per World Health Organisation statistics 1 in every 5 individuals suffers from some form of mental health illness symptoms. In comparison with this WHO data the number of the individuals with symptoms in the present project is less or under reported.

T**able 7: Addiction and Symptoms of mental illness**

Addiction	**Symptoms of mental illness in (15-60+)**						**Total**
	Low mood	Frequent crying	Irritation	Tension	>one symptom	Other*	
Tobacco, gutka, cigarette	101	10	34	59	7	28	**239**
Alcohol	45	2	14	21	4	6	**92**
>one addiction	3	-	1	1	3	-	**8**
Other**	2	-	6	-	1	4	**13**
Total	**151 43.0%**	**12 3.4%**	**55 15.6%**	**81 23.1**	**15 4.2%**	**38 10.7%**	**352**

*Other *: Lack of concentration, to hurt self or others etc.*

*Other **: Consumption of Ganja, drugs, soil etc. and online/offline gambling also.*

The symptoms like 'low mood' and 'tension' were very common and found in about 66% individuals having some kind of addiction.

Highlights from the data:

- Number of nuclear families were higher (74.5%) than the joint and extended families.
- In 20% families head of the household was a woman
- 8359 (53.6% of the population >15 years) were busy in some or the other occupation
- 1624 (about 8.8%) individuals were either in the process of completing graduation or completed graduation. Few of them had completed post graduation also.
- 3598 (23.1% of the population >15 years) were persons found with some kind of addiction. The addiction of tobacco in different forms was very common.
- Percentage of the duration of consumption of alcohol >5 years is very high i.e.69.7%.

- ❖ 4.2% (out of population in the age group >15 years) persons were found with some symptom of mental illness**.**
- ❖ The symptoms like 'low mood' and 'tension' were very common and found in about 66% individuals having some kind of addiction.

Part 3. Community awareness programme:

Talking openly about mental health can reduce the misconceptions and stigma and can also encourage those who are suffering to seek help and find a support. Keeping these things in mind and for better mental health knowledge, four awareness generation programmes (two in Dapodi and two in Ramtekdi) were organised for the community in both the areas. It was followed by discussion on individual problems with the Psychologist present for the session. The response in Dapodi was very encouraging, the programme was well attended by women and they also came forward to discuss individual problems with the Psychologist. In Ramtekdi the response was not as per expectation.

Dapodi-

Attendance of women in the community for the first programme-43 and for second programme-42

Ramtekdi- Attendance of women in the community for the first programme-24 and for second programme -38 (these women were present for only 20 minutes)

Learning from the project:

- Need of more motivation and understanding of mental health problems for Jagruti workers
- The training should be organised back to back or with lesser time gap.
- There is a need to conduct some more awareness generation programmes for community, continuity in such programmes is very important

Future plans

- The families having a person with mental health symptoms were in need of guidance for treatment of patient. Periodic visits by the team are necessary to interact with such families.
- To appoint a psychologist who will render services for local community and provide them guidance whenever needed
- Few responsible persons from one hamlet were very much concerned or worried about the increasing alcohol addiction in young generation. They wish to have community awareness programmes in this regard.

Problems encountered during implementation of the project:

Part 1: Training:

- Overall coordination of training programmes was a big task as the workers were not very keen to keep dates and time also
- Changes in venue- the venue in Ramtekdi had to be changed three times
- The workers left after 2-3 or 4 training sessions, attrition of workers was more

- Lack of seriousness, motivation among Ramtekdi workers

Part 2: Family survey

a. Problems faced by DST

- Due to lack of manpower, close supervision and monitoring was not possible.
- The workers ignored the repeated instructions given to them to fill up the survey sheets accurately
- The reasons mentioned above hampered the quality of the data.
- Hand writing of 3-4 workers was not clear

b. **Shared by Jagruti workers:**

- The women were trying to hide the information about addiction particularly in younger boys and husband
- Some families refused to give information

Part 3: Community awareness programme

- The Jagruti workers from Ramtekdi were not very keen and serious to organise these programmes. Their efforts to organise awareness programmes were not up to the mark. Hence response from women/community was discouraging. The venue chosen for the programme was not proper.
- The response from Dapodi was very encouraging. The Jagruti workers suggested DST to conduct awareness programmes more frequently.

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Appendix –A-Manual
Appendix—B- Report of Vidula Psychological Consultancy Services