



KOSHISH

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Why not mental illness but psychosocial disability

Matrika Devkota, Chairperson, KOSHISH

The word mental illness itself stigmatized, taken as a disease which is not curable. All the feeling is feeling of human being no more craziness exists. We every human being are living in sorrows, pain, joys, it is natural things. It is natural sometimes; we are in low mode and up mode. But in human life sometimes mental distress can be very low mode for long time as well as for in up mode. During these times, we may need professional supports. But, it is not in that it is a disease that incurable. But, there are superstitions, myths and discriminatory practice, customs and laws which is lead to bad emotional distress to psychosocial wellbeing of person who was tagged as mental illness, thus according to Convention on the Rights of Person with Disabilities has mainstreaming of psychosocial disability into momentum of cross disability.

"VAW is a leading cause of Mental Health Problem"



Ms. Sheikh Chandtara
Chairperson of National Women Commission

In which issue the National Women Commission is working for?

National Women Commission (NWC) is working for women's right from its beginning. It is focused on solving the women's issues. In this context, NWC is thoroughly revising on all existing policies and regulations of Nepal while some are not clearly addressing the women's issues. So, NWC is advocating for the amendment on those policies and regulations to make it gender friendly. At the sametime we are regularly monitoring on the issues related to Violence Against Women (VAW) and role play with Government for necessary intervention. And we are also monitoring whether all women related international conventions ratified by Government of Nepal are implementing or not.

"I considered my mental illness as same as other illness that helped me to develop my confidence level."

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Modeling CASH Program

Saroj K.C., Programme Coordinator, KOSHISH

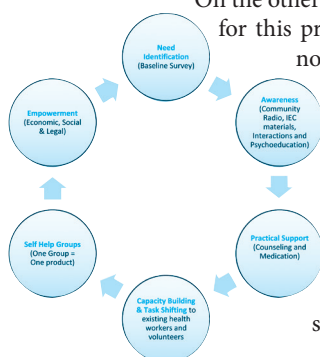
KOSHISH has developed Community Based Self Help (CASH) Program basically focused on supporting persons with mental health problems in an approach to make them able to help themselves by themselves. The prime idea is to make them independent for self development. This program intends to empower people with mental health problem socially, economically, legally and politically.

This program intends to form self help groups of persons with mental disorder and their collective effort towards self development. The program is based on the guidelines of WHO CBR Matrix and is in line with UNCRPD specially focusing on Article 8 (Awareness Raising), Article 13 (Access to Justice), Article 19 (Living independently and being included in the community), Article 25 (Right to Health), Article 26 (Habilitation and Rehabilitation) and Article 27 (Work and Employment).

In the context of Nepal, it is assumed that mental disorder is not manageable. So, awareness campaigning is one of the major component in this program. This will help in breaking the silence and people coming out seeking mental health services. Simultaneously, the family and community will be sensitized about the issue. The community radio program is developed and broadcasted on network of community radios in Nepal.

On the other hand people do not seek clinical support for this problem. Even clinical service provider is not adequately available. This program emphasizes on 'Task Shifting' and aims to strengthen capacity of existing health workers about mental health. Also, this program aims in preparing community counselors by providing basic counseling skills training to existing female community health volunteers and female school teachers for school based counseling.

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Success Story Of Bimala



Bimala (name changed) is living with her family and community. She is now recovering. She is able to do her personal care and do some household chores.

Bimala was living in the streets of Sindhupalchowk district, eastern part of capital city Kathmandu for 12 years. She was rescued by KOSHISH.

She had an arranged marriage. She faced internal problems in her marriage. So, she eloped with another married man. Unfortunately, she was not well treated in her second husband's family too. She had to face many problems/barriers which probably tend to suffer from mental health problem.

There are lots of women like Bimala who are the victims of domestic violence. Second marriage for women is not well accepted in the society that creates conflict among the members of family and the society.

Due to this, she was neglected by her family and the society. Neither her husband's family well treated her nor her mother's family accepted. Due to the stress, she got into mental illness and as a result she had to leave community and accept the streets. She stayed in streets for 12 long years as a psychotic mental patient. She roamed in the street, ate what was thrown in the roads. As time went on, some local people realized she needs to be rescued. So, some locals informed KOSHISH about her.

KOSHISH rescued her in October 2011 from the site and brought into Transit Home. In the beginning, she escaped from the center for twice. She jumped from the gate and ran away. She ran like a horse. Finally she was able to adjust to live in the Transit Home and achieved more usual life.

On 14th February 2013, KOSHISH send to her home as she is recovered from the illness. She is successfully reintegrated in her family and now she is happy to live with her father, mother and brother. On the way to her home, people from the place where she had been rescued got surprised to see her in usual condition.

KOSHISH is creating a model to prove that mental health problem is manageable. She is the one who suffered from illness due to the stress and violence and ultimately got succeed to manage her illness. There are thousands of women who are on the streets due to mental illness. So, KOSHISH is sensitizing and grabbing attention of the government and other stakeholders towards mental health and illness. ❖

Why the number of incidents related to VAW increasing day by day?

Actually, I am a witness of all these things happening around my society since I have developed my conscience. At that time women were uneducated and unaware, so that they were silent and tolerating all type of violence against them. But today's context is different. The women in our country are more or less sensitized. They are now aware that any form of violence should not be tolerable. At the same, media influence and media accessibility is strong. As the media presence is everywhere, when any incident occur it will easily get media coverage. So that it seems that the number of these violence are growing rapidly. Besides violence against women, we are facing impunity, abduction, human right violation; everything is in chaotic condition as the state is in transition period.

How do you interlink VAW and Mental Health Problem?

In our society, women are more vulnerable. They experience depression due to their exposure to gender based violence or say domestic violence. As a result, when they develop mental health problem they are even neglected by their families. They don't get timely treatment and it becomes worse. Subsequently, these women are neglected by societies and as consequences either they are forced to leave their community and start living in the streets or commit suicide. Even in urban areas women are abused by their seniors while at the working place and they develop frustration. This leads them to mental illness. Violence against women is one of the root cause of their mental illness.

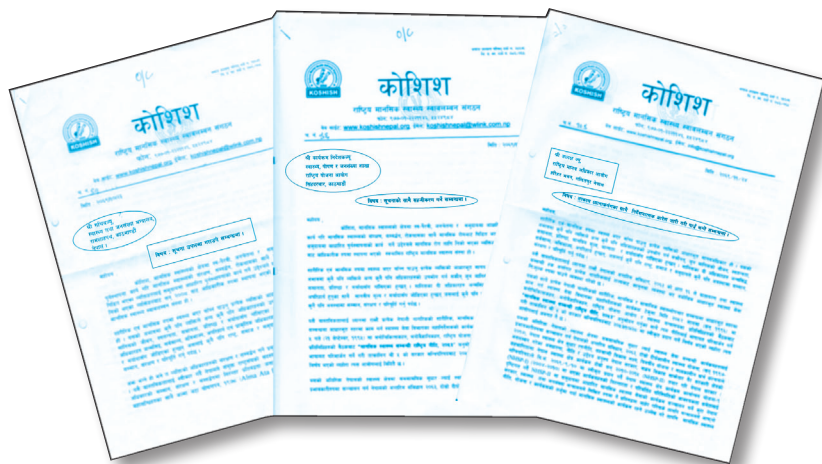
So, what NWC is doing for Women's mental health?

If I say honestly, NWC has done nothing on this issue. This issue was not in our priority before. But now, we realized that mental illness is a big burden and women with mental health problem are more vulnerable. So we are collaborating with KOSHISH to do something on this issue. NWC and KOSHISH jointly conducted two round meeting with key stakeholders to collect ideas and strategies on way forward with a objective to formulate action plan for protection and intervention of women and girls with mental and psychosocial problems.

In one forum you confessed that you are mental ill survivor, would you share something?

When I was studying I developed depression and later the condition became worse. But I was lucky that I got full support from my family for my treatment. I took medicines and received electric shock (ECT) as well. Later I recovered from my illness and back to my usual life, though my family were not convinced. They were worried and had a doubt that I wasn't completely recovered, I could not study well, I could not remember things, no one would marry me, etc. etc. However, I continued my study and completed bachelor's degree then after got married as well. But the thing was not so easy; the perception of our society is not supportive towards person with mental illness. I am from the same society and faced the same problem. They put tag on me but I never cared what people say about me. I considered my mental illness as same as other illness that helped me to develop my confidence level. Even now sometimes I feel depressed. I go to visit counselor and use medicine to feel better. It's a normal process as someone has headache & stomach ache, they also visit doctor and use medicine. Now, I am healthy and I can do all my task. ❖

Efforts Of Koshish



KOSHISH submitted three different advocacy letters to Ministry of Health & Population (MoHP), National Planning Commission and National Human Rights Commission (NHRC).

The letter to MoHP is to request for providing information on: the progress on execution of work plan related to Mental Health as mentioned in NHSP-II; how MoHP is planning in Mental Health Sector for next fiscal year and how they are going to implement in effective way; what is the future plan for the prevention, promotion, protection and perfection of mental health sector and how they are preparing for this.

The letter to National Planning Commission is to get information on what are the plans and programs they are going to develop in Mental Health Sector for next fiscal year and how KOSHISH could facilitate them on planning process.

The letter to NHRC is to request to grab Government attention on the issues such as; implement National Mental Health Policy (NMHP)-1996 and update & upgrade NMHP according to multidisciplinary (clinical, psychological & social) approach; integrate mental health into primary health care; establish mental health division which is ensured by NMHP-1996 under Ministry of Health/Health Department; develop basic standard to classify the level of counselor.

Grabbing Attention to Government of Nepal

Bullet points of the letter submitted by KOSHISH to Office of Prime Minister and Council of Ministers, Gender Empowerment Coordination Unit;

Those women who have severe and profound mental illness 'caused by violence should get priorities & facilities in One-stop Crisis Management Centre (OCMC) operating in 8 districts. And 10% of budget should be allocated for person with mental health problem from the budget of District Development Committee that comes for women, children and person with disability.

National and local monitoring system should be developed for quality maintain of the services provided by OCMC.

Regional Health Division and District Health Office/Public Health Office should coordinate with local organizations to identify the women and children with severe and profound mental health problem.

If Women & Children due to their mental illness are locked up, chained and abandoned, Government should ensure their treatment, protection, social security, justice, empowerment, and their reintegration in the family and community.

There should be the provision of monitoring and supervision to improve the quality of psychosocial counseling training and should be a mechanism to evaluate certificates that is provided after the completion of each training. ❖



KOSHISH organized 'Leadership and Advocacy Training for Aspiring Self Advocates' on 20th-21st February and 20th-21st March, 2013 at KOSHISH Office. As this training is divided into four phases, two of them were conducted. The first training provided general orientation, rapport building and the contextual things to the participants where as the second one provided public speaking skills. Third phase is of Leadership Training and in the fourth phase, the participants will receive Advocacy Training with the perspectives of Self Advocacy. The overall purpose of this training is to prepare Self Advocates in the sector of mental health.



The meeting jointly organized by National Women Commission (NWC) and KOSHISH with key stakeholders to collect ideas and strategies on way forward for the protection and intervention by the state, immediate treatment and family reintegration of women and girls with mental and psychosocial problems on 3rd March 2013.

KOSHISH SERVICES

Transit Home Service :

OPD on every Monday & Thursday after 2.00 pm at KOSHISH-Transit Home, Bagdol, Lalitpur

Peer Support Activities & Counseling :

Every Tuesday (except last Tuesday of English Calendar) on 11:00 am at KOSHISH Office, Thasikel, Lalitpur

Peer Support Formal Group Meeting :

Last Tuesday of English Calendar on 11:00 am at KOSHISH Office, Thasikel, Lalitpur

Bhaktapur OPD Service :

Every 3rd Tuesday of Nepali month from 2:00 - 4:00 pm at Bhaktapur Hospital, Bhaktapur.

Holistic Services On Transit Home...



Ms. Leela Khanal is a Psychologist (M.A. in clinical psychology) and trained in Community Based Rehabilitation. She has been working in mental health sector for three years. She is working in KOSHISH as a Program Officer to implement community based mental health program as well as to provide mental health services and psychosocial support to persons with mental illness.

Why KOSHISH has Transit Home? What's the purpose of Transit Home?

KOSHISH realized that persons with mental illness are more vulnerable and needed a safe environment of residential care and support. So, KOSHISH have 'House of Hope' and called it Transit Home because it is for short term emergency relief and care while we emphasizes on community based rehabilitation. The main purpose of Transit Home is to provide holistic service which includes clinical, psychotherapies, counseling and social support to the person with mental health problem.

Who get services at Transit Home?

Mostly we emphasize on severe cases like psychotic cases. Person who are abandoned, vulnerable, locked up, chained, living in the streets due to their mental illness, we rescue those person who are in serious need of care and bring them to our Transit Home for the treatment. The Transit Home especially focuses on providing services to Girls and Women with mental health problem because they are not supported by their family, more vulnerable and abused while on the street. Sometimes we also consider clients who are referred by their family or local organizations as well.

How do you find your clients? Or how do people know about this service?

In most of the cases we receive phone calls from individuals when they find such people at same locality and we go there for observation. Sometimes we get referral from local organizations and sometimes if there is a news published in newspaper we do collaborate with local journalist and rescue them. In some cases family or relatives come to the office to seek services. People know us through the different media and through oral publicity.

How many clients can be adjusted or treated at once and how many days they can stay in this Transit Home?

We have a maximum capacity of 15 clients who can get treatment at once. At the same time we are running OPD services on every Monday & Thursday for outpatient. The days how long they can be stay in safe home depends on their mental health conditions. Mostly they can recover within one to three months. But there are some cases who are taking less or more days to recover than that we are expected.

What do you find from your experience that what are the reasons behind mental illness?

We have many evidences and based in these evidences, the most clients suffered mental illness through family conflict. They had to face violence in their home and while couldn't tolerate, they left home ending up living on the street. And in some cases, again they were abused on the street and developed mental illness.

This program also aims to orient traditional healers or spiritual leaders about mental disorder and motivate to provide therapeutic and social support with their own skills. These community health workers and volunteers will be the persons for early identification and provide basic mental health care inside the community.

In Nepalese society, it is also assumed that a person with mental/psychosocial disability is incapable of doing anything for livelihood. Persons with mental/psychosocial disability are deprived of employment opportunities. They have to rely on their family members who take them as a burden. This also creates a matter for discriminating persons with mental disorder. So, this program aims on making those people independent. By the end of the program tenure, self help groups will be formed in each program areas who will be turned as the mental health focal groups in that area. Skill development training will be provided to them so that each groups generates income by producing local product and selling it in the local market. The program activity will be carried forward by the self help groups who will be operating to increase awareness about mental health, knowledge sharing to other persons, provide peer support. ❖

Since, there are many forms of mental illness, which one is the most common among your clients and what could be the reason?

Most of them are diagnosed with schizophrenia which is severe condition of mental illness. This is a psychotic case characterized by loss of contact with reality, typically including delusions and hallucinations. And we have some cases like affective disorder but not in so common. There is no any particular reason and it is not necessary to have same reason to suffer from this illness, but we can say that the most common factor behind this is domestic violence. ❖

NEWS VARIATION

18 वर्षदेखि खोरमा

उन्नाइस वर्षपछि खोरबाट घरमा प्रवेश

This is the news published in two different newspaper in two different times at two different condition of the same person. The first news was published in Kantipur Daily in 15th August 2012 with a headline '18 years on Trap' and the second news was published in Annapurna Post in 21st March 2013 with a headline 'Moving on Home after 19 years of Prison'.

KOSHISH rescued Maya (name changed) from where she was locked as a prisoner for 18 years on 22nd August 2012. She was diagnosed with schizophrenia. She received regular counseling and medical treatment at Transit Home. When she recovered from her illness, Koshish team reintegrated her family at Okhaldhunga on 20th March 2013. She is now living with her husband and sons.