

Community Mental Health in Rural Jharkhand: Insights from Adivasi-Led Support and Collective Action

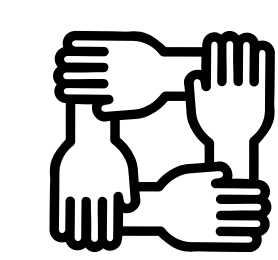
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BACKGROUND

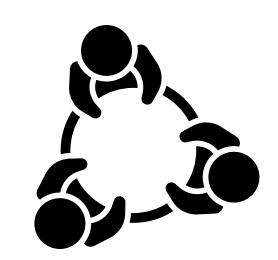
"Partnering with Adivasi communities in West Singhbhum district of Jharkhand, Ekjut is developing an initiative led by Adivasi Facilitators to alleviate distress, promote well being & bridge the mental health care gap." (सुखू-दुखू बैठकी और सुखू-दुखू साथी)



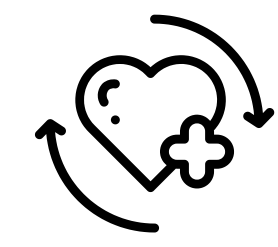
METHODOLOGY



Design and implement community-led strategies to tackle the social factors leads to common mental health issues.



Facilitate open, participatory discussions within communities to raise awareness about mental health and well being, its prevention, and its importance.



Provide community-based treatment and rehabilitation for individuals experiencing common and severe mental illness.

INTERVENTION STRATEGY

Participatory Learning and Action (PLA) meetings with different community groups to raise awareness, prevent mental health issues.



Community Based Rehabilitation - through entitlement linkages and sustainable livelihood program, Leadership, sports, environment, education and life skills for young people.

Capacity Building of Facilitators on Mental Health First Aid, screening, Home Visit and Doorstep Counselling and related service delivery and pragmatic referrals.

Community and group based **psycho-social therapy intervention for young people** and adults with common and severe mental illness through support groups and social contact programme.

Screening common mental illness through validated tools in Ho Language and Diagnosis and treatment through a community based Tele-Psychiatry Clinic with Central Institute of Psychiatry, Ranchi



The participatory, empowering process is 'circular', where the community groups become planners and implementers, they identify problems, find feasible solutions, implement strategies and evaluate together.

KEY HIGHLIGHTS



Participatory Learning & Action meetings reducing distress in 214 Villages covering 2 lakh population.



Currently supports **612 persons with severe mental illness(SMI)** such as **Schizophrenia, Bipolar disorders and Epilepsy**. Service users with SMI from 198 villages participate in monthly Support Group Meetings (सुखू-दुखू बैठकी)



87% treatment adherence (Medical records, continuing beyond 6 months). Established the validity of screening tools for common mental disorders among young people in 'Ho' Language.



FMES -IJME Ethics Award 2022-23 by Forum for Medical Ethics Society (FMES), Indian Journal of Medical Ethics (IJME) & Banyan Academy of Leadership in **Mental Health (BALM)** for **contribution to ethical practices** and improving access to mental health care for marginalised communities.

CONCLUSION

Through a **comprehensive and intersectoral approach** our mental health interventions are addressing social determinants of mental health, bridging the care gap and establishing the feasibility of work with young people on managing common mental disorders. While **availing rights & access to welfare services with livelihood promotion and reducing stigma and social ostracizationn** are integral components of recovery and rehabilitation program.

