

Learnings and Experiences from Mental Health Programme in Attappady Taluk, Kerala

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BACKGROUND

- We work in **Attappady taluk** since **2004** through various health education & livelihood initiatives.
- We run a **45-bedded hospital** serving the whole taluk. Every year, the hospital treats ~36k patients, providing free healthcare services to tribal patients
- Since 2004, we saw many OPD cases with severe **mental disorders (SMDs)** like **schizophrenia & bipolar disorder** mostly untreated.
- Most of those who availed treatment discontinued it over time due to issues like **poor access of Mental Health services, high treatment cost, & stigma.**

BASELINE SITUATION

- Large proportion SMD patients **never availed any treatment** & those who did discontinued. Less than **20% never linked to treatment**
- Nearest government hospital** for psychiatric services was **150 km away.**
- Limited reach & coverage of District Mental Health Program.
- Stigma & limited awareness among communities.



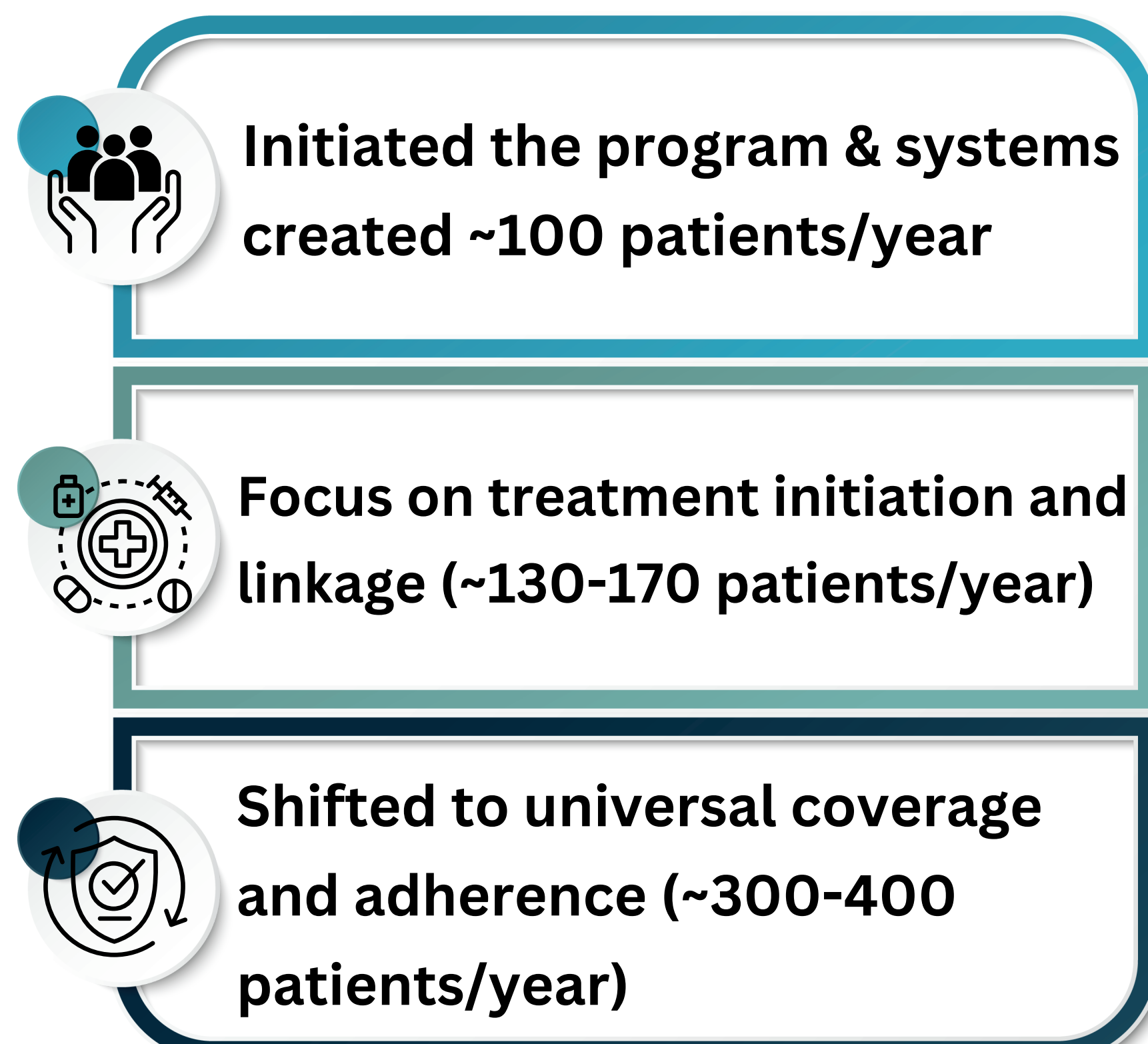
- 180 tribal villages in Attappadytaluk, Palakkad district, Kerala
- Tribal communities: Irula, Muduga and Kurumba



APPROACH

Psychiatric social workers responsible for **400 patients** across **180 hamlets** & **100 volunteers** for **100 villages**

- Awareness generation** by psychiatric social workers.
- Identification** through village visits
- Psychiatric social workers **screening and counselling.**
- Encourage the **patients to visit the hospital** for further psychiatric consultation.
- Quarterly **home visits for adherence follow-up** & psychosocial support.
- >400 patients under follow-up / year



CONTEXT-SPECIFIC INTERVENTIONS



General practitioners & nurses are trained in basic psychiatric protocols for primary care including treatment & counselling



Tagging each patient with a community volunteer

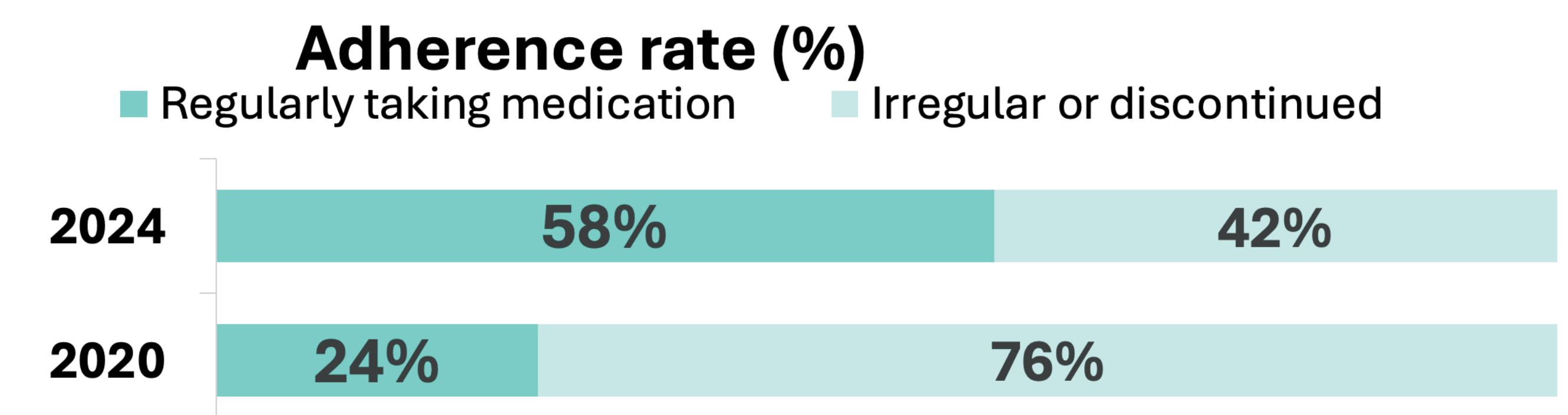
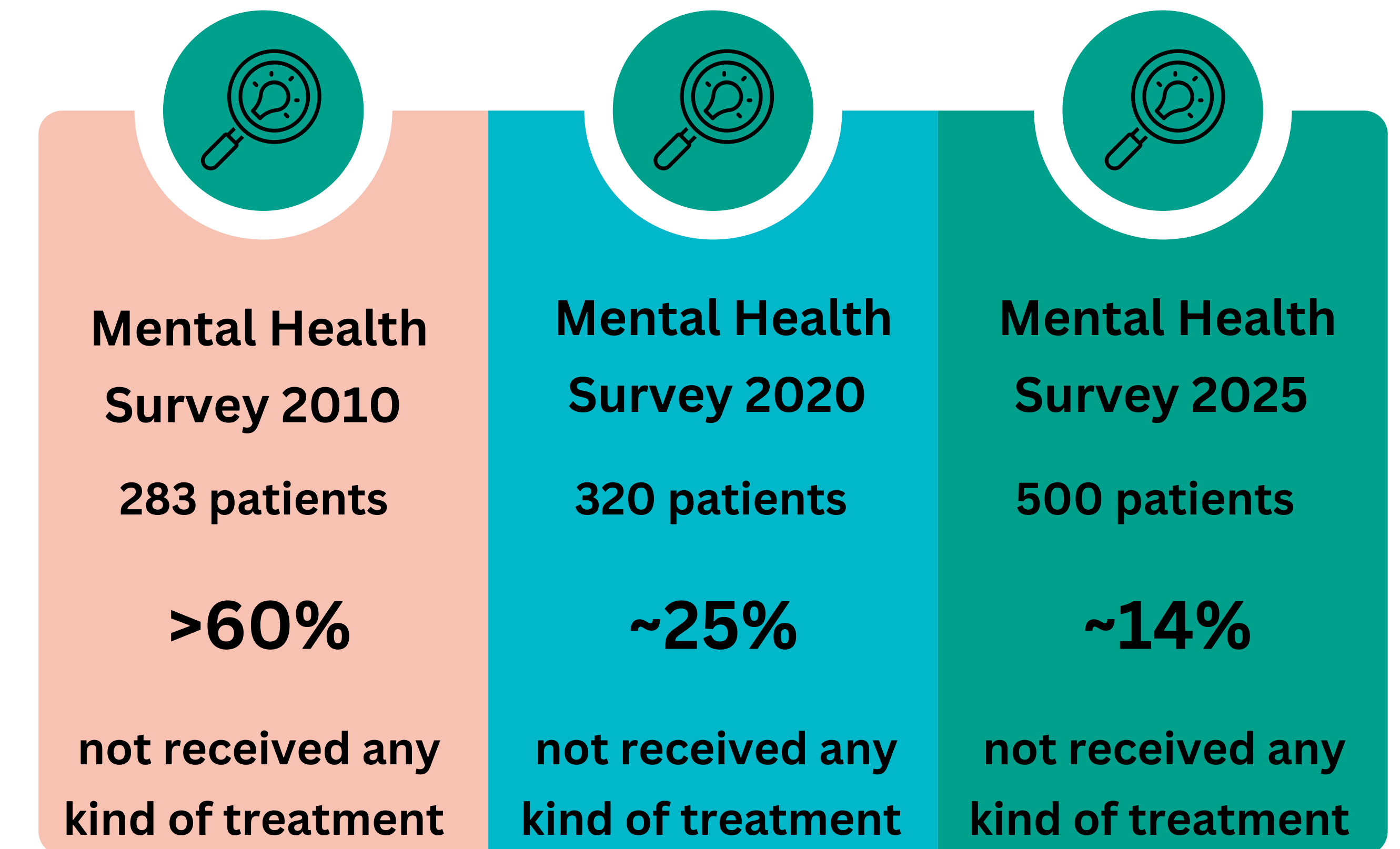


Psychiatric medicines, which are generally expensive, **provided at free-of-cost**



Strong tribal social & family bonds enable effective **community-based care & reintegration.**

KEY HIGHLIGHTS



REFLECTIONS & WAY FORWARD



Significant improvement in treatment initiation



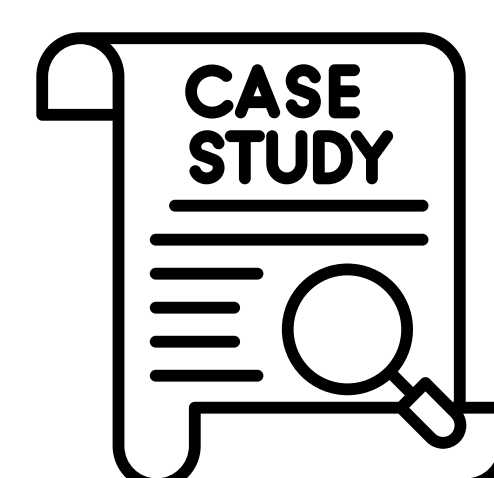
Continuous adherence has led to recovery of patients, thereby re-assuring to the community



Symptom-free patients reduce stigma, raise awareness, & aid early identification.



Plan to deepen the community work and expand in newer geographies



A 40-year tribal woman with SMD was showing violent behavior. Her symptoms worsened after husband's death and past treatment discontinuation. She was enrolled in the Programme in 2019. SVMM team linked the lady to psychiatric care and conducted regular follow-up. We also worked with the family members to ensure treatment continuation. With support of family members and volunteers, she is now symptom free for several months and back to normal life.



Psychiatric clinic



Home Visit



Awareness session



Home visits by social workers

