

## PEOPLE'S PARTICIPATION IN MENTAL HEALTH PLANNING- THE KERALA INITIATIVE

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### ABSTRACT

*Kerala state branch of IPS sought suggestions from the public regarding the state policy on mental health. The letters received from the people were analysed and most suggestions were found to be useful. Suggestions made by the people and the psychiatrists were similar in content. This observation highlights the usefulness of 'user-provider collaboration' in mental health planning. Both 'user' as well as the 'providers' need to be consulted in order to establish user-friendly mental health services.*

*Key words: Mental Health Plan, People*

National Mental Health Programme (GOI-1982) described strategies for improving mental health care in our country. Though some progress was made (GOI-1989, Srinivasa Murthy 1989) the enthusiasm seems to be on the wane (Agarwal 1991). Suitable initiatives are needed at the state level for making further progress. There should be a state policy on mental health and action programmes should be based on this declared policy. Following persistent efforts by the state branch of IPS, the Kerala Government agreed to formulate a mental health policy for the state and made a declaration to this effect on the floor of the legislature assembly in Feb. 1998. Following this, Indian Psychiatric Society (IPS), Kerala State branch initiated a process of consultations (Praveenlal et al., 1998). This paper describes people's participation in the process of consultations initiated by the IPS.

### MATERIAL AND METHOD

A three member sub-committee was appointed by the IPS for the formulation of a

proposal to the government. Through a public appeal published in all leading periodicals in "the letter to the editor" column the readers were requested to send in their suggestions regarding mental health policy to the sub-committee. A similar appeal was made through all leading Malayalam dailies.

All the letters received by the sub committee were read by two members of the sub committee (KSS, KP) and the contents were recorded. Letters received from the patients and caregivers were separately categorised and counted. All the letters containing suggestions were listed one by one. The contents of the letters were analysed to find out the relevance of the suggestions to the process of policy development and the frequency of similar suggestions.

### RESULTS

The subcommittee received 48 letters during the 4 month period following the public appeal. 41 respondents gave only their names. There were 2 anonymous letters and one was in the name of

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an organisation. Two letters were written by group of individuals consisting of 3 and 6 members in each group. Some respondents acknowledged that they were either patients or caregivers, but many letters did not contain such information. With the available information we could come to certain conclusion about the respondent's status (Table I) majority of respondents identified themselves as caregivers (29%) and patients (21%).

**TABLE-I**

### PEOPLE WHO RESPONDED

Former patients	10(21%)
Caregivers	14(29%)
Public	2
Health Professionals	1
Organisations	1
Status not clear	20(42%)
<b>Total</b>	<b>48</b>

**TABLE-2  
TEN MOST FREQUENT SUGGESTIONS MADE  
BY THE PEOPLE**

Suggestions	No. of letters
1. More emphasis on Mental Health Education Programmes.	14
2. More facilities to be established for long term care of mentally ill	9
3. Free/subsidised treatment facilities to be provided	9
4. Poor patients and families to be given financial assistance	8
5. Encourage more research in the field of Mental health	8
6. Establish facilities for looking after patients with no social support.	6
7. Better facilities to be provided in the mental Hospitals	6
8. Steps to be taken to improve the mental health care facilities in the state	6
9. Patients may be given job reservation or preferential consideration in employment.	5
10. Behaviour of Health professional towards psychiatric patients needs improvement	4

Thirty eight letters were from Kerala and three were written by Keralites living outside the state (one each from Madhya Pradesh, Kuwait and Muscat). Seven letters did not contain any such information. Nine letters did not contain any suggestions regarding mental health policy. Of the 39 letters which contained suggestions, the number of suggestions varied from 1 to 12. In all, the letters contained 163 suggestions which were then classified based on its content. We could list 98 of them under 20 different headings. Sixty five other suggestions were judged to be either non specific or not directly connected with the formulation of the mental health policy. Suggestions were then arranged in the order of frequency. Ten most frequent suggestions received are given in Table II. The need for efforts aimed at increasing public awareness about mental health related issues was the most frequent suggestion made by the respondents. The remaining 10 suggestions made by the people are listed in Table III in the order of frequency.

**TABLE-3  
OTHER SUGGESTIONS MADE  
BY THE PEOPLE**

Suggestions	No. of letters
1. Encourage formation of groups or organisations of family members of patients	3
2. Take steps to include Mental Health component to the school health programme.	3
3. Include mental health principles in the general health topics in the school syllabus.	3
4. Take steps to improve psychiatry training during MBBS course.	3
5. Non pharmacological treatment methods should be given more importance	3
6. Work of Non Governmental Organisations should be actively encouraged	2
7. Improve Mental Health care facilities at the Medical College Hospitals and District Hospitals	2
8. Alternative systems of Medicines should be given due importance	2
9. Establish separate care facilities for mentally ill women	1
10. Stringent action should be initiated against quackery	1

## **DISCUSSION**

The IPS initiative in formulating a proposal to the state government regarding the mental health policy received appreciation from the media and the public. The public meeting held on May 10th 1998 to mark the beginning of the process of consultations was well attended and received wide media coverage. However the response to the request for written suggestions was rather modest. It is possible that the "letter to the Editor" section of the periodicals do not enjoy the wide readership. The appeal made by us could be considered as too general in nature. We could have added a set of open ended questions at the end to generate more interest and better response. Placing prominent advertisements in news papers would have helped, but this was not feasible because of the costs involved. The stigma associated with mental illness itself could have played a significant role in limiting the number of response. Some of the family members who wrote to us had expressed their apprehension that their letters might get published. Assurance of confidentiality at the time of making the appeal, could have allayed such fears and improved the response rate. Padmavathy & Amalraj (1994) received 201 letters during a 24 month period following the telecast of a Tele-film and publication of an article about the mental health project undertaken by schizophrenia Research Foundation (SCARF) at Chennai, in 1992. Though our response rate of 48 letters during 4 months period was almost the same, these two situations are not comparable. We have sought suggestions from the public specifically for the formulation of a state policy on mental health, which is a demanding task and requires a different kind of motivation to respond.

At least 3 letters were the result of group discussions. In fact, one respondent had held discussions with fifteen individuals who happened to be relatives of mentally ill patients. About 50% of respondents acknowledged themselves as caregivers or patients and many others who did not state this explicitly appeared to be caregivers or family members too. Active participation of

caregivers and family members makes it clear that they do have definite suggestions and are willing to collaborate with professionals. The most important finding of this exercise is the striking similarity between the suggestions made by the people and the psychiatrists. Obviously the "users" and "providers" of mental health services share common concerns and are very much aware of the needs as well as the possibilities. Both the "users" and "Providers" must be consulted in a democratic manner before the formulation of a state mental health policy. This is the most important first step in the development of any health policy.

Many respondents wanted better use of media and government machinery to educate people about the causes and treatment of mental disorders. Educating the family members about the disease had been identified as an area which requires immediate attention. Respondents have perceived social stigma as a major factor which leads to inadequate or delayed treatment of various psychiatric disorders. Dissemination of knowledge through health education is suggested as a strategy to counter this. Chandrasekar (1984 & 1987) had highlighted the potential use of print media for imparting health education. Publication of mental health education material in popular press is a very effective method, provided enough care is exercised to give all necessary information and guidelines regarding a particular disorder in simple language. This will lead to increased public awareness about mental health and better utilisation of existing services. More efforts to make use of print and mass media for mental health education by professionals is definitely needed.

Another important suggestion was about the establishment of long term care facilities for patients. Most respondents who demanded this, had relatives affected by mental illness. There is definite need to have more centres to provide rehabilitation and housing for patients who need inpatient care for long periods. The facilities for such care is grossly inadequate in the state, and is obviously causing burden for many families. The policy of reducing the number of long stay patients

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in the state run mental hospitals had been mentioned as a contributing factor.

The third set of suggestions, seek social welfare benefits and preferential consideration in employment for mentally ill patients. Financial difficulties, lead to non compliance with treatment. Financial support is important in sustaining care for patients who suffer from chronic and recurrent psychotic conditions and the state need to have a policy on this. A number of respondents had highlighted the importance of research in the field of mental health. People are not satisfied with the current level of knowledge about mental illnesses. They expect that knowledge gained through research will translate into more effective treatment and better out come. Acceptance of research as a tool for acquiring knowledge reflects the scientific temper and well informed status of the respondents. A better informed user will always be a better partner in our efforts to establish and sustain user-friendly mental health services.

An important suggestion made by four respondents, demand our immediate attention. This is about the need to improve the behaviour of professionals towards patients. We must take note of the public perception that the conduct of health professionals fall short of social expectations. This problem must be there in all branches of medicine, but the society expects a much better response from us. This definitely calls for introspection and efforts in the right direction.

Yet another unexpected comment was regarding the perceived inability of MBBS graduates to diagnose and manage common psychiatric problems. This might be reflection of a popular perception that MBBS course do not equip a doctor to handle psychiatric problems. The respondents have made specific suggestions to improve the situation by teaching more psychiatry during MBBS course. IPS had been demanding the same for a number of years now. At least now, the Medical council of India(MCI) can act on this suggestion. The policy makers should now take up the matter with the MCI.

Many targets are fixed in the "Health for All in the 21th century (HFA)" by WHO (Visschedijk & Simeant 1998). Target 7- states that "By 2005,

all member states will have operational mechanisms for developing, implementing and monitoring policies that are consistent with HFA policy." To develop policies, countries need to have strong policy making capacity, ensuring that health policies incorporate the values of HFA. Through a democratic process, we need to ascertain the suggestions of the people and the mental health professionals in the state. To reform the mental health care in India, we must ensure that health care reforms are people centered. 'Collaboration between mental health professionals and the people may be considered as the basic minimum requirement for establishing and maintaining user-friendly mental health services (Shaji et al., 1999). Peoples participation in the formulation mental health policy in Kerala has proved that this "User-Provider Collaboration" is a feasible and desirable model for the development of state mental health policy.

### REFERENCES

**Agarwal, A.K.(1991)** Mental Health Programme: Need for Redemption-*Indian Journal of Psychiatry*, 33(2),85-86.

**GOI(1982)** National Mental Health Programme for India. Ministry of Health and family Welfare, Nirman Bhavan, New Delhi.

**GOI(1982)** National Mental Health Programme for India- Progress Report (1982-1988). Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi.

**Chandrasekar,C.R. (1984)** What do people ask about sex?, *Indian Journal of Psychological Medicine*,7,73-76

**Chandrasekar,C.R.(1987)** Public Response to Mental Health Education through popular press, *Indian Journal of Psychological Medicine*,10,31-33.

**Padmavathy & Amalraj (1994)** A study of Postal Enquiries following Media Based Mental

Health Education Programmes, *Indian Journal of Behavioural Sciences*, 4(2) 114-117.

**Praveenlal, K., Shaji, K.S., Mohandas E.M. (1998)** Mental Health Policy for Kerala state- A Proposal from IPS Kerala State Branch (10th October 1998), *IPS Kerala*

**Shaji, K.S., Praveenlal, K., Arun Kishore, N.R., Mohan Das, E. (1999)** "Mental Health Policy-

the kerala initiative", *Bulletin of the world Health Organization*, 77(8) 706.

**Srinivasa Murthy, R. (1989)** National Mental Health Programme in India (1982-1989)- Mid-Point Appraisal, *Indian Journal of Psychiatry*, 31(4), 267-270.

**Visschedijk, J. & Simeant, S. (1998)** Target for health for all in the 21st Century *World Health Statistics Quarterly*, 51, 51-67.

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