

## **Role of NGOs and Voluntary Societies in Mental Healthcare in West Bengal: A Critical Appraisal**

Anup Kumar Das (Jadavpur University)

anupdas2072@hotmail.com

Susmita Chakraborty (Maharaja Manindra Chandra College)

susmita3chakraborty@gmail.com

### **Introduction**

Like many other states in India, West Bengal is a state where mental stress and mental disorders are becoming common phenomena for both urban and rural population, due to societal conflicts, changing lifestyle, changing relationships, peer pressure and other reasons. On the other hand, the government-supported mental health care system is inaccessible or unavailable to many of the mental health patients and care seekers, due to lack of adequate resources and ineffective mobilization of existing resources. Sometimes, government-supported mental hospitals and mental health centres in West Bengal are over-crowded, and cannot deliver satisfying results in treatment of mental disorders and mental diseases. In terms of patient doctor ratio, patient counsellor ratio, and availability of indoor beds per thousand patients in government-supported mental hospitals and health centres across West Bengal, these indicators are much less than that of other areas of health care system. The existing government-supported mental healthcare system can produce dismissal situation in long-term, if it is not properly planned and proportionately allocated within a few years.

Some non-government organizations and voluntary societies have wakened up to bridge the demand and supply of mental healthcare system in West Bengal. The quality of mental health care system in West Bengal has also improved significantly with the proliferation of initiatives by the voluntary societies and non-government organizations. Some societies have engaged themselves in awareness campaigns on different mental health related issues, like, examination-related stress, mental stress, mental disorders, suicide, dementia, Alzheimer disease, Schizophrenia disease, etc. whereas some other societies have engaged themselves in care giving. Some care giving NGOs and societies are running outdoor clinics, day-care centres and indoor clinics at the grassroots level with the public-private participation model. Training programmes for the caregivers are also being organized by the NGOs and voluntary societies to help the mental health patients and their kith and kin.

The mental health counselling of younger generations who are vulnerable to collapse due to peer pressure, unattainable career goals, and so on, could only be started modestly by the initiatives of voluntary agencies and NGOs, with the participation of mental health professionals, counsellors, social workers, care givers, as well as parents and teachers. This is another grey area, which needs proper planning and resource mobilization. The government initiatives in this area are very minimal; instead, many non-government initiatives are coming up to prevent this persistent threat to the younger generations.

World Health Organization (WHO) in its Mental Health Policy and Service Guidance Package - Organization of Services for Mental Health module declares "Mental health care should be provided through general health services and community settings. Large and centralized psychiatric institutions need to be replaced by other more appropriate

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mental health services” [1]. Many voluntary mental healthcare organizations across the state of West Bengal follow this motto of WHO. They also follow a sustainable model, involving local communities in mental healthcare and rehabilitation. Present paper explores the innovative approaches by these nongovernmental organizations, nature of involvement of the community and extension of mental healthcare systems to the un-reached people.

## **Methodology of Study**

This study has been carried out using various methods of data collection, such as personal observations, field visits, interviewing the stakeholders, and personal memoirs. Data were also collected from the websites, annual reports, information brochures, directories, state-of-the art reports, etc. Then data were analyzed using spreadsheet software.

## **Mental Health Indicators in West Bengal**

In India, it is estimation that about 5% of population suffers from various psychological disorders, such as depression, neurotic disorders, stress related disorders and adjustment disorders. About 1 percent of population suffers from serious mental disorders such as psychotic disorders and 0.5% of the population may be in need of active treatment of a serious mental disorders. As per WHO guidelines, union Government has initiated efforts to diagnose the mental ill patients at the early stage and treat them through general healthcare delivery system. The union government of India supplements the efforts of the state governments in promoting mental healthcare in the states through the National Mental Health Programme. The District Mental Health Programme under the National Mental Health Programme launched in 1996-97 on a pilot basis. In order to provide increased access and better quality of mental healthcare, the National Mental Health Programme during the 10th five year plan envisages the expansion of District Mental Health Programme to cover 100 districts in the country, strengthening about 37 government mental health institutes and psychiatric departments of 75 medical colleges, undertaking IEC (Information Education and Communication), research and training activities. So far, 94 districts have been covered under the District Mental Health Programme, psychiatric wing of 9 medical colleges and one mental health institute have been upgraded. Out of a total outlay for Central Sectoral Health Programmes during the 10th five year plan, about 1.5% has been allocated towards National Mental Health Programme [3]. Bankura District implemented first District Mental Health Programme in West Bengal. Almost all district hospitals of West Bengal have psychiatric wings to provide the mental healthcare.

**Table 1** and **Figure 1** depict the share of specialized hospitals in the state of West Bengal. It shows that mental hospitals cover about 9.17% of total specialized hospitals which may be considered as adequate as compared to other specialized areas of healthcare. Table 1 and Figure 2 depict the share of inpatient beds for specific diseases in hospitals in West Bengal. It shows that indoor beds for mental healthcare cover about 15.93% (including reserve beds in a mental hospital Ranchi) of total number of specialized beds which is adequate as compared to other specialized areas of healthcare [4]. Table 2 depicts the distribution of hospitalization cases by major causes in government-funded district hospitals in West Bengal, where patients with diarrhoeal diseases ranked first with 19.31 percent. The patients with mental and behavioural

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disorders ranked fifteenth with 2.4 percent and patients with maternal hypertension ranked twentieth with 1.32 percent [4]. The treatment for mental and behavioural disorders in inpatient departments across the government hospital is very marginal as compared to the affected people. This gap is supplemented by the private mental hospitals, mental healthcare centres run by voluntary societies and NGOs, although statistics on the non-government initiatives in mental healthcare are not readily available, systematically collected and disseminated.

On the other hand the Table 3 and Figure 3 show that the sharp increasing of population served per bed in West Bengal, due to almost static nature of number of beds in any healthcare system and exponential growth of population. Table 4 depicts that the population served per doctor and per nurse has slide decreasing trend which indicates access to health professionals has slide increasing trend due to the strengthening of capacities of medical colleges and nursing schools, and other reasons.

The government supported specialized mental health hospitals in West Bengal having inpatient care facilities are:

Calcutta Pavlov Hospital, Kolkata

Lumbini Park Mental Hospital, Kolkata

Institute of Psychiatry, Kolkata

Mental Hospital, Behrampore

Institute for Mental Care, Purulia

Mankundu Mental Hospital

Central Institute of Psychiatry, Ranchi (with reserve beds for patients from West Bengal) [2].

Government hospitals in districts and medical colleges also have mental healthcare wings for the treatment of mental and behavioural disorders, although lacking modern facilities, proper rehabilitation schemes, and most of the times overcrowded. Many times the supporting staff of these hospitals are not sensitized enough to provide efficient services to the care seekers [2].

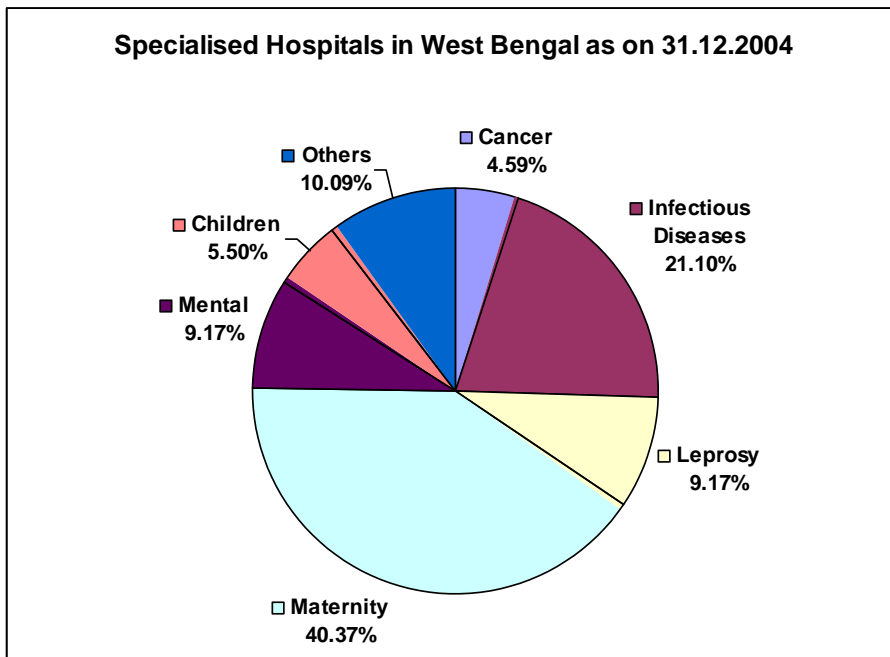


Figure 1: Share of Specialized Hospitals in West Bengal

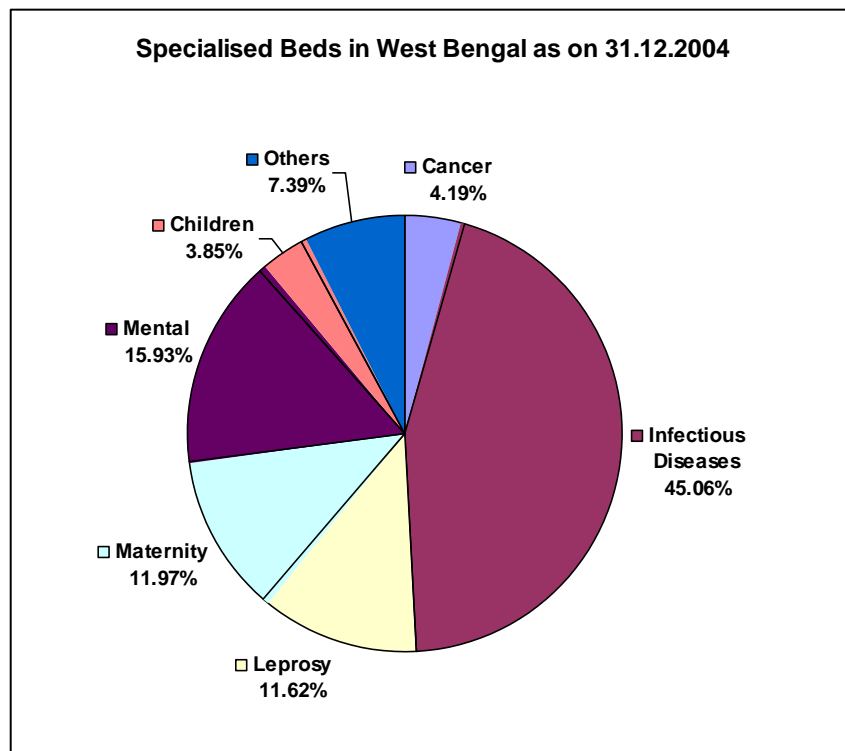


Figure 2: Share of Beds for Specific Diseases in West Bengal

**Table 1: Share of Beds and Specialized Hospitals in West Bengal**

Type of Disease	No. of Specialized Beds	No. of Specialized Hospitals*
<b>Mental and Behavioural Disorders</b>	<b>2013</b>	<b>10</b>
Cancer	529	5
Infectious Diseases	5693	23
Leprosy	1468	10
Maternity	1512	44
Children	486	6
Others	934	11
Total	12635	109

\*Hospitals include State, Central, Local Body and Voluntary Organisations

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**Table 2: Distribution of Hospitalized Cases by Major Causes in District Hospitals in West Bengal**

Rank	Type of Disease	Percentage
1	Diarrhoeal diseases	19.31
2	Cerebro Vascular / Cardio Vascular diseases	11.13
3	Respiratory Infections	7.1
4	Poisoning	5.21
5	Chronic Obstructive Pulmonary Disease	5.05
6	Obstructive Labour	4.75
7	Road Traffic Accident	4.14
8	Malignant Neoplasm	3.8
9	Haemorrhage (Maternal)	3.56
10	Abortions	3.38
11	Diabetes Mellitus	3.03
12	Injuries due to Falls and Fire	2.94
13	Anaemia	2.81
14	Asthma	2.5
<b>15</b>	<b>Mental and Behavioural Disorders</b>	<b>2.4</b>
16	Tuberculosis	2.25
17	Cataract	1.88
18	Peptic Ulcer	1.81
19	Eclampsia	1.57
<b>20</b>	<b>Hypertension (Maternal)</b>	<b>1.32</b>
21	Meningitis	1.16
22	Others	8.9
	Total	100

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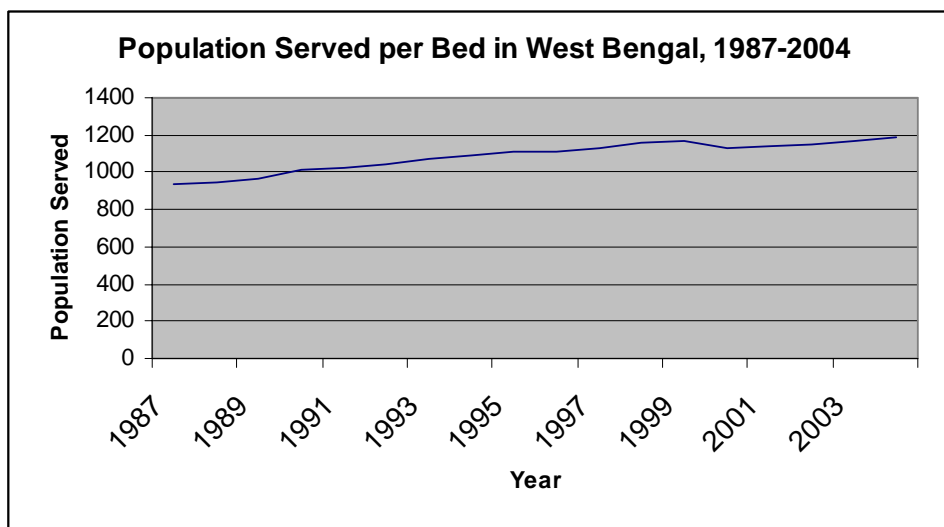


Figure 3: Population Served per Bed in West Bengal

Table 3: Population Served per Bed in West Bengal, 1987-2004

Year	Pop. served per bed*	Year	Pop. served per bed*
1987	936	1996	1112
1988	950	1997	1126
1989	964	1998	1154
1990	1011	1999	1173
1991	1022	2000	1130
1992	1047	2001	1136
1993	1069	2002	1146
1994	1092	2003	1166
1995	1107	2004	1186

\*Figure computed on the basis of Hospital beds under management of State Government, Central Government, Local Bodies and Public Undertakings.

**Table 4: Population Served per Doctor and per Nurse in West Bengal, 1981-2003**

<b>Y e a r</b>	<b>Population Served</b>	
	<b>Per Doctor</b>	<b>Per Nurse</b>
<b>1981</b>	2236	2613
<b>1982</b>	2215	2434
<b>1983</b>	2162	2277
<b>1984</b>	2126	2206
<b>1985</b>	2097	2175
<b>1986</b>	2085	2086
<b>1987</b>	2058	2001
<b>1988</b>	2109	1899
<b>1989</b>	2100	1878
<b>1990</b>	2191	1948
<b>1991</b>	2158	1871
<b>1992</b>	2166	1870
<b>1993</b>	2156	1868
<b>1994</b>	2163	1848
<b>1995</b>	2160	1818
<b>1996</b>	2212	1850
<b>1997</b>	2167	1905
<b>1998</b>	2181	1894
<b>1999</b>	2088	1648
<b>2000</b>	2060	1771
<b>2001</b>	2041	1751
<b>2002</b>	2033	1725
<b>2003</b>	2011	1718

Initiatives by Voluntary Societies and NGOs in West Bengal – Some Cases

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In recent years a growing number of voluntary societies and nongovernmental organizations have begun to develop innovative programmes for mental healthcare. In West Bengal a number of specialized NGOs and voluntary societies were formed by the dedicated people from diverse background, ranging from renowned psychiatrists, psychologists, social workers, cured mental health patients, caregivers and kin of care seekers. They also observed that government initiatives do not have holistic approach to deal with care seekers or having a social inclusion mechanism. The common NGOs in West Bengal involve in running community mental healthcare systems, rehabilitation, the empowerment of persons with severe mental retardation, awareness raising and so on. The ten voluntary societies and NGOs in West Bengal profiled below work in different areas of mental healthcare, integrate research, training and service delivery, and collaborate actively with other sectors of health and social welfare systems.

**a) MANAS - An Experience in Community Psychiatry**

MANAS is the most unique initiative among all mental healthcare NGOs in West Bengal, which has completed its 25 years of existence. It does not believe in big funds and institutionalization of mental healthcare, rather in a participative kind of environment where patients are not to be treated in isolation from so-called the sane people. Families of patients and patients themselves will actively participate along with the medical/paramedical personnel and other volunteers in the treatment process. This 'in-community' idea has been experimented in some rare cases in other countries and has been considered by most as the more effective and humane way of dealing with patients.

Initially founded by family members and friends of mentally-disturbed patients, this organization still carries the idea of active participation of family members. Members include people from different spheres of life including psychiatrists, psychologists, psychiatric social workers, etc.

Till date, this organization did not receive any fund from any national or international agency – be it governmental or non-governmental, rather it depended on the small personal donations given by members and well-wishers. The main idea behind it is that MANAS considers more important than money is the involvement, integrity and the commitment of a person(s) towards the cause of MANAS. MANAS survives and flourishes only by this involvedness otherwise the whole mission would be meaningless.

MANAS tries to coordinate the different families towards building up of a long-term residence for the chronically ill mental patients. To fulfill this need, MANAS bought 14 bighas of land at Madanpur (near Teghari) in Nadia district. Outdoor clinics are being operated there for the last 12 years or so.

Since its inception, MANAS conducts one psychiatry outdoor clinic at a school in Park Circus, Kolkata where apart from this outdoor, a recreation club for patients, families, volunteers and friends run simultaneously. It gives a sense of openness to the treatment process and wipe out some of the social taboo and inhibitions associated with mental illness from the heads of patients and others.

MANAS organizes an annual picnic on its land at Teghari, Nadia where ponds, cultivated lands (belonging to MANAS and cultivated by patients and other members) and a canteen run by a chronically ill patients lend a flavour of community psychiatry. Dr. Amal Som is the living legend behind the creation of MANAS and this organization is run by a group of committed professionals and social workers.

## **b) Mon Foundation: A Social Outreach Initiative**

Mon Foundation is an organization having zeal of dedicated mental healthcare professionals and social workers. This organization is working for the last 14 years in mental health and related areas. Though it is constituted of many other active volunteers from several other fields, the uniqueness of it is that it is mainly run by mental health professionals and has a concentration of psychiatrists, psychologists, social workers, and information scientists. Through different programmes – some running for a long period – it has attained a broad user-base of school children, college students, teachers, parents, community people, panchayat members, local political leaders, child labours, etc. This vast catchments area has become possible due to the varieties of programmes taken by Mon Foundation. There is no ad-hoc-ism in the programmes – these are systematically planned, manned appropriately, executed thoroughly in a close participatory basis with the recipients and which is very vital – followed up persistently.

Mon Foundation also works for the benefits and rehabilitation of differently-abled persons. A team of mental health professionals are working with the objective of conducting training, research and promotional activities to bring about awareness on mental health and other related areas concerning children. It has resource base about six psychiatrists, four counsellors, one psychiatric social worker and one information scientist. It has a full-fledged office with several computers and office staff and several other members from different legs of the society.

Mon Foundation also involves with school mental health programme in association with Child Relief and You (CRY). For the last 9 years, Foundation is giving life skills training to the school children of four districts in West Bengal (Kolkata, Purulia, Purba Midnapur, and South 24 Parganas) and in one district in Orissa (Boudh district). A number of teachers of nearby schools and CRY-supported organizations have been trained in identification and intervention of psychological and psychosocial problems among students. A research study is being conducted till date on 1500 students to assess the prevalence of psychological and psychosocial problems among children.

Mon Foundation maintains two core groups to implement different mental health related programmes. A teachers' Core Group has formed to develop life-skill modules, publish the Mon Newsletter and to develop the advocacy policy on student mental health issues. Students' Core Group with 10-16 members has also built up to involve students in this crucial issue which culminated in their writing up a booklet on 'how to study?'

Mon Foundation organizes seminars and training workshops time to time to share its experiences, disseminate research findings, and awareness raising. An annual seminar is arranged with eminent persons from different fields as speakers to intensify the cross-discipline information flow. Small lecture sessions are also arranged on alternate Wednesdays (the usual meeting day of members and/or like-minded in the Mon office) on topics bearing relevance with the mental health action scenario. Mon Foundation also lends this platform to the students and interns of mental healthcare. Every year students of J.D. Birla Institute of Home Science (affiliated to Jadavpur University, Kolkata), and MSW students of Vidyasagar University undergo training in Mon Foundation. Mon organized training on mental health issues for the state resource persons and about 2100 primary teachers from four districts jointly with West Bengal Board of Primary Education. Mon also provided training to the doctors participating in the 'Adolescent Mental Health Program' conducted jointly with World Health Organization (WHO), Government of India's Department of Maternal and Child Health and All India Institute of Hygiene and Public Health.

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As books on mental health issues are rarely available, Mon tried to cover this gap by publishing nine booklets on mental illness, depression, trust, schizophrenia, students' mental health, problem of the adolescents, etc. Last three of them are already exhausted proving the need of this type of awareness raising books in simple, jargon-free language. Foundation also collaborated with 'Save the Children Fund, U.K.' in bringing out a life skills training manual for the National Child Labour Project (NCLP) schools. Mon also organizes free medical camps in the nearby localities time to time.

**c) ANJALI: An Integrating Initiative**

Established in 2000, ANJALI dedicatedly works to bridge the gap between government's inability to workout the goals, ideals and frameworks in the mental healthcare sector. ANJALI prefers to call itself a human rights organization in the mental healthcare sector that uses government infrastructure (mental hospitals along with its doctors and other facilities) and inputs its own guidelines, counsellors, therapists, etc. to rehabilitate the long-term staying cured patients of the government hospitals. It has not formed its own home in the view that the government itself has the responsibility and the necessary infrastructure to ensure a balanced mental healthcare in the state. ANJALI wishes to work as an advocacy group who will provide the necessary guidelines, frameworks and models to the government, and will sensitize government. It also organizes human rights sensitization program, and mental health awareness programme for common people. It is run by a trust. Its activities are supported by Dorabjee Tata Trust, Action Aid India, and Ratan Tata Trust. ANJALI does not have psychiatrists as it uses the doctor-base of the hospitals it currently works. The resource base of ANJALI consists of four psychologists/counsellors, four psychiatric social workers, three vocational trainers and twenty two therapists.

ANJALI uses novel therapeutic techniques, some of which are unique and innovative. Green Therapy is a unique kind of therapy which uses gardening work to nurture a creative zeal that really involves the participating patients and this pro-nature activity provides an opportunity to the in-house patients to enjoy some outdoor activity and inhale some fresh air which is a rarity in their state-hospital-owned life. Other therapies include Audio-Author therapy, Music therapy, etc.

The vocational trainers equip the patients with different skills, such as, block printing, incense-stick making, and sewing which will give them some sort of occupation along with greater coordination of motor and brain functions – at least ANJALI thinks and believes so. The money earned from these products is used for some finer things which these patients require but not usually get since their families rarely (if any) visit them. This is one burning problem for all state-run government hospitals that have inpatient facility and in this crucial sector ANJALI tries to lend its helping hand and tries to humanize the mental health scenario in West Bengal (and India) in terms of increased understanding, awareness, care and treatment.

ANJALI is now working with all patients in three mental hospitals: Lumbini Park Mental Hospital, Calcutta Pavlov Hospital (both in Kolkata) and Behrampore Mental Hospital in Murshidabad district of West Bengal. In the last 5 years of their existence, they have integrated more than hundred patients with their proper place in society. This deserves tremendous applaud since the question of integration of the long-staying cured mental patients with their families is a burning issue that got media and human rights attention time and again but till date little could have done by the government sector since rules and act can do little in this territory where only generation of awareness, nurturing of love and relationship within the families and creation of self-reliance and some capability within the patients will be of considerable use.

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ANJALI undertakes following activities for the mental health patients:

- i) Life skills training: It trains the patients to be capable of doing their day-to-day activities independently. This lessens their helplessness and need of taking help from others.
- ii) Creative therapy: Songs, plays and other such things are performed to or by them so as to hone their imaginative and creative faculties.
- iii) Recreation & relaxation therapy: Provided with games, cultural functions, picnics and other such activity which give them some enjoyable leisure moments.
- iv) Occupational therapy: Patients are trained in different occupations so that they can earn little some things and this makes them feel less of a burden to the family/society.
- v) Economic empowerment: It organizes marketing outlets of the products created by them and money thus earned is used for betterment of societal goals of ANJALI. It also tries to seek out suitable placements for reintegrated patients.
- vi) Organizing shelter: Old age homes, short stay homes are arranged for the recovered patients who have nowhere to go back to.
- vii) Family counselling & follow up: There are patients who have no family to return to. This may be for different reasons: unwillingness on the part of families to take back because of social taboos or fear of instability, economic hardships debarring the family to take up added burden, just plain callousness, etc. ANJALI takes a positive step in solving probable conflicts and confusion by creating an atmosphere of mutual trust and dependence. Follow ups are done regularly to monitor the reintegration process and to decrease the chance of relapse.
- viii) Cognitive therapy: To nurture the intellectual capabilities, ANJALI helps them to learn some basic accounting, language & other skills that lessens their dependence on others in day to day life.
- ix) 'Lattu' or the Youth advocacy leadership: Youths can be the best torchbearers for rights sensitization in the field of mental health which is the most important issue for ANJALI. Without a steady flow of young activists dedicating their quality time for ANJALI's causes – the pace of the mental health movement could not be sustained. Hence ANJALI has this program intended for the general youth – creating their awareness, leadership-capability with respect to the work to be done in the mental health sector.

ANJALI believes in supplementing, not substituting, the state-run mental healthcare system. It uses the government infrastructure which makes the whole thing low-cost and ANJALI in return organizes therapies, group activities and other programs. This is a unique symbiotic relationship that may lead the way to many such beneficial joint ventures.

#### **d) Forum for Mental Health Movement: An Umbrella Organization**

Established in December 1992 as an umbrella organization of mental healthcare organizations in West Bengal, Forum for Mental Health Movement became a common platform for mental healthcare activists, care seekers and care givers. This forum consists of representatives of 30 plus member organizations. Its mission is to:

coordinate amongst mental healthcare organizations;

provide resource base;

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encourage information and resource sharing within the group;  
organize regular monthly meets among Forum-members;  
organize seminars/workshop/conferences/ training programmes;  
organize academic discussions;  
celebrate World Mental Health Week;  
undertake outstation consultancies;  
undertake advocacy and referral services; and  
get as many similar organizations under the umbrella as possible.

Being a pressure group, the main areas of this Forum are initiation, advocacy, campaigning, networking, information education and communication (IEC) of new ideas through publications; monitoring and evaluating of government policies and existing environment; and, exchanging of ideas and solutions.

**e) ANTARA - A Whole Village (Antaragram) for the Mentally Affected**

Established in 1971, ANTARA (<http://www.antaraonline.org>) is one of the oldest NGOs to work in the field of mental healthcare in West Bengal. This is still very active and vibrating in a ten acre campus in the suburban areas of Kolkata. Antara Society was founded to embalm the anxious, worried, depressed and war-torn West Bengal people and East Bengal refugees. Destitute people are served free of cost here while other patients give highly subsidized, nominal charges. It is particularly focused in the fields of mental illness, drug addiction and alcoholism. ANTARA runs psychiatric outdoor clinic, chemical dependency clinic, child guidance clinic, general medical clinic and tuberculosis clinic throughout the week. Average number of mental patients treated per week is about 1400. Number of beds available in the inpatient department is about 200 including 36 for drug addicts & alcoholism. ANTARA also has day care facility for the recovering mental patients. Its Counselling and Guidance Clinic is available to cater to the demands of the depressed persons, alcoholic and other patients.

ANTARA provides shelter, care, treatment and rehabilitation to the destitute & very poor persons suffering from mental disorders, including drug addiction & alcoholism. It has 36 beds each for male and female patients and also a group home for the mentally impaired. It organizes annual 'Mental Health Fair' in which awareness stalls, displays and demonstrations by different sister organizations and like-minded people, sale of ANTARA products (made by patients) and other usual fair-like phenomenon included. Surprisingly, it has become an attraction by neighbouring people as well as a place for the like-minded organizations to showcase their ideas, products and activities. This fair also offers a platform for intermingling and experience-sharing thereby strengthening the common bond and enforcing the motivation of the mental health activists.

ANTARA runs Work Therapy Projects, Antara Infotech Vocational Training Centre, and a number of training programmes on psychiatric social work, psychiatric nursing, orientation courses for professional and lay people, mental health programmes for school going children, and computer training courses for patients. These courses are recognized by Jadavpur University and they bridge the gap for a much felt need of the dearth of trained mental health workers.

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ANTARA has a range of community facilities such as recreation centres, library, reading room, community mess, and residential quarters for the staff to provide the mentally afflicted a better cultural and intellectual atmosphere to live in.

ANTARA has developed a full-fledged comprehensive programme and infrastructure for the treatment of all types of psychiatric disorders and substance abuse. ANTARA serves a number of care seekers from south and other parts of West Bengal, other Indian States and also from Bangladesh. In addition to our services for psychiatric illness and substance abuse, it provides general medical facilities too.

Every service from ANTARA is centred at Antaragram, which is located at a village in the district of South 24 Parganas. Antaragram includes five inpatient wards, consisting two wards (one each for men and women) for persons suffering from acute psychiatric disorder; two wards (one each for men and women) for rehabilitation; and a ward for men with substance addiction to receive treatment & subsequent rehabilitation. It also has outreach outpatient departments in Kolkata City and distant villages for the convenience of the public.

The ANTARA Community comprises of staff, trainees, recovering inmates and the families of residential staff is the uniqueness of Antaragram. Apart from giving the patients a homely atmosphere, the Community Members ensure 24-hours care to inmates. The Community shares common mess, observes National Days and festivals. Annual sports, cultural competitions, get-togethers, picnics, etc. are organized periodically. Along with outpatient and inpatient treatment facilities, ANTARA has developed a well equipped Occupational Therapy System at Antaragram.

For the last few years, ANTARA is providing outpatient treatment facilities for children with special needs in its Antara Child Guidance Clinic (ACGC). ACGC consists of psychiatrists, clinical psychologists, psychiatric social workers, and special educators. Clinical Profiles of children covered includes (i) children with depression, stress reactions, conversion reaction, psychosis, conduct and behavioural problems; (ii) children with scholastic backwardness, learning disabilities, attention deficit hyperactive disorder (ADHD); (iii) children with mental retardation along with behavioural problems, autism, and other development disorders. ACGC follows a comprehensive treatment process. In this process, the intake officer (a psychiatric social worker) decides whether the child needs admitted treatment. Then other professionals in the team do a detailed work up. After the psychiatric and physical examinations, a detailed management plan is chalked out. Then referrals are made for required assessments, such as, psychological, intelligence quotient (IQ) and emotional quotient (EQ). Various therapies like Behaviour Therapy, Cognitive Therapy, Supportive Therapy, Skill Training, Social Skill Training, etc. are taken up by the concerned therapists and trainers. ACGC imparts training to the parents, if necessary, since they take up the same task at home. ACGC also conducts family meeting every month to develop a self-help group of parents.

In addition to the services in the mental healthcare area, ANTARA promotes general health services in the local village communities through special programmes, such as nutritional supplements, growth monitoring and health education to the mothers and children of the nearby communities. It is supported by the Catholic Relief Services, India. About 300 families in the nearby community get the advantage of this service. This service has got two aspects named Safe Motherhood and Child Survival.

ANTARA is also associated with a School Programme that extends its activities to students in schools and colleges in neighbouring four districts of West Bengal, namely Kolkata, Howrah, North and South 24 Parganas Districts. This school programme is

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mainly to impart awareness about mental health, mental illness, dangers of substance addiction, and also to uproot many of the wrong concepts about mentally ill persons.

**f) ARDSI Kolkata – Caring the People with Alzheimer’s and Other Dementia-Related Diseases**

Established in September 1999, Alzheimer’s and Related Disorders Society of India, Kolkata Chapter (ARDSI Kolkata) [www.ardsikolkata.org] disseminates information about the disease and care giving tips to the victims of the disease and to their family members. Used to be associated with old age only, these group of diseases are now catching up the young also as early as 40s. About 3.2 million are affected in India and will increase with the increasing longevity of human race. We should give a serious thought on the very few organisations like this which are dealing with this non-glamorous but much-needed area. ARDSI Kolkata consists of caregivers as well as psychiatrists, neurologists, psychologists, social workers and other volunteers. It tries to support caregivers by providing advice and information. It organizes public awareness campaigns and provides day and respite care services. The light behind the scene of ARDSI Kolkata is an 80 plus young lady Mrs. Choudhury, the mother of a patient who founded this Chapter. If someone is caring for someone with dementia there are many ways the ARDSI Kolkata can help. Counselling family on caring for dementia person is one of its main activities. Knowing where to turn to for support or how best to approach medical services for a diagnosis or ongoing help can be confusing and difficult. ARDSI Kolkata offers help with these services. It also arranges a carers’ support group meeting once a month. This meeting give carers a chance to meet other people in similar situations to share thoughts, feelings, and experiences. The meetings are relaxed and informal. It provides quality dementia care training for professionals interested in providing dementia care for any settings and helps families deal with day to day care giving by supporting homecare needs. ARDSI Kolkata plans to extend its future activities in the following areas: newsletter printing, establish help-lines, support respite care, run a day care.

**g) Anadaniketan – A Home Away From Home**

In 1988, National and state awards winner for the welfare of the disabled persons Dr. Haramohan Sinha founded this organization in a village (Khjurdihi, near Katwa) in the Bardhaman district. Its facilities include: home for the mentally ill persons, special school for mentally retarded, outdoor clinic, library, cancer detection and management centre, ambulance service, guest house, vocational training centre, hostel for boys and girls, RCI recognised training courses on special education, community workers' training programme, continuing rehabilitation education programme, etc.

**h) Paripurnata - A Half-Way Home**

Paripurnata is a short stay home for women who have been committed to the hospital for mental illness, Pavlov Institute. The women are nurtured by Paripurnata, which provides them with life-livelihood skills and helps to rehabilitate them back into their families /communities. Paripurnata maintains a three year supervision of the women rehabilitated. Paripurnata is also working with communities to reduce to need for mentally ill persons to be institutionalized. The aim is to create an early detection mechanism that will work as a preventive against mental illness. Its motto is to return a person in his/her wholeness of human being while returning him/her to her original background. It started with 6 women residents in the first year, increasing to 12 in the 3rd year. The stay will be for 9 months, after that a financial assistance will be provided

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to the families to lessen their economic burden. Paripurnata team consists of psychiatrists, psycho-therapists, counsellors, social workers, house mothers, volunteers, even the cook and the gardener. It runs by a governing body and a working committee consisting of high level persons from the top rank of the social strata to advice and monitor.

**i) Sailendranath Guha Thakurata Institute (Sangati)**

Sailendranath Guha Thakurata Institute (Sangati) is a society, engaged in social, educational research and vocational studies. Its target clientele is mentally retarded children. Its facilities include: day care centre, educational & vocational training facility; counselling, psychological assessment and parental training. Sangati conducts research, provides occupational therapy and physiotherapy. Sangati also provides vocational training on computer applications, art & craft, entrepreneurship development, and talent development.

**j) Pavlov Institute**

Pavlov Institute, Kolkata [[www.pavlovinstitute.co.in](http://www.pavlovinstitute.co.in), [www.gipspace.com](http://www.gipspace.com)] is working in the area of mental health and allied subjects for more than fifty years following the scientific principles of the great Russian physiologist I. P. Pavlov, under the guidance of Dr. Dhirendranath Ganguly, an eminent person in Indian Psychiatry. The motto of Pavlov Institute is to provide comprehensive, professionally faultless and socially just psychiatry services. The present facilities of the Institute include: (i) a regular psychiatric clinic at the heart of the city of Kolkata. Qualified psychiatrists and psychologist are available there seven days a week for general counselling, psychotherapy, parent's guidance clinic, family therapy, career guidance, couple therapy, family counselling, etc; (ii) research project and rehabilitation programme in substance-abuse disorder, community psychiatry and correctional psychiatry; (iii) a branch clinic named Sangbed at Sodepur, in the North 24 Parganas district of West Bengal. Five qualified neuro-psychiatrists attend this thriving clinic on various days offering psychotherapy, counselling and psychometric services. The institute publishes a Bengali magazine Manabmon and a journal Psyche and Society. Pavlov Institute has three goals before it. Firstly, to develop a properly equipped research network geared towards conducting an in-depth study of the integration of psychosomatic nature of human illness. Secondly, the centres, while fully utilizing the benefits of modern medico-technical progress, will try its best to unburden the patients of those unnecessary trapping-both diagnostic and therapeutic, which have become the trademark of conventional treatment. Thirdly, to inculcate in doctors and paramedics a spirit of dedicated service to the suffering humanity, particularly those who have very little to fall upon. Pavlov Institute is going to establish an integrated hospital complex having state-of-the-art indoor and outdoor facilities. The institute plans to introduce certified training courses on counselling, psychiatric nursing and continued medical education in psychiatry; and rehabilitation and parents-guidance centres.

Other than above-mentioned voluntary societies and non-governmental organizations, there are many other initiatives at the grassroots level in rural and urban West Bengal working towards supplementing the huge gap of demand and supply in mental healthcare. We must mention names of some other initiatives in West Bengal, such as Antar Darshan, Antarik, Baulmon Society, Institute for Motivation and Self Employment (IMSE), Diksha, Sachetana, Sanglap: counselling unit, SEVAK, Purbasha, Institute of Psychological and Educational Research (IPER), Manovikas Kendra Rehabilitation and Research Institute for the Handicapped (MRIH), Indian Association of Private Psychiatry,

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National Institute of Behavioural Sciences (NIBS), Turning Point, Society for Mental Health Care, Dulal Smriti Samsad, Paripurnata: Hope for Wholeness, Dana, Indian Psychiatric Society, Dishari: City Health and Welfare Association, Shubho Uttaran, Sahamarmi, Samikshani, Setu. These organizations are working either in a specific area of mental healthcare such as suicide, or for a specific group of people, such as mentally challenged persons.

## **Conclusion**

The mental health movement in West Bengal has gained momentum after the establishment of a network of voluntary societies and non-governmental organizations across the state. The dedication and non-profit making nature of these initiatives also help in penetrating into the minds of educated people. These initiatives also deal with socially sensitive issues, such as, handling of persons with severe mental retardation, involvement of community in rehabilitation of cured mental patients, mental stress due to peer pressure, and so on. Most of the organizations generate their funds from the society itself, rather seeking support from the external donor agencies or government. This helps in their long-term sustainability and enhancing their morale. The government healthcare systems need to be fine-tuned in line of the initiatives of NGOs, so that existing infrastructure can be utilized optimally with involving the stakeholders.

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