MASTER OF PUBLIC HEALTH

Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

By

Dr.Rachit Negi

Cohort-3
2015-17

Under the Guidance of

Dr. Monika Chaudhary

Associate Professor
IIHMR University

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr.Rachit Negi,** student of Master of Public Health Program offered by Institute of Health Management Research IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at Burans Project Office on the topic community mental health and social inclusion project from 06.02.2017 to 15.03.2017.

The Candidate has successfully carried out the study designated to him during practicum training and his approach to the study has been sincere, scientific and analytical.

This Practicum Training is in fulfillment of the course requirements.

I wish him success in all his future endeavors.

Sd-
Dr. Monika Chaudhary
Practicum Advisor

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project titled submitted by me, Rachit Negi with Enrollment No. **IIHMR-U/07/2015-2017/0010** under the supervision of Dr. Monika Chaudhary for award of **Master of Public Health** carried out during the period **06.02.2017 to 15.03.2017** embodies my original work and has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Rachit Negi
MPH Candidate 2015-17

ProjectBurans
working with communities for mental health in Uttarakhand
A PROJECT OF EMMANUEL HOSPITAL ASSOCIATION
CHARITABLE REGISTERED SOCIETY NO. 4546/1970-71 UNDER SOCIETY REGISTRATION ACT 1860

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Rachit Negi, student of Master of Public Health offered by Johns Hopkins University Bloomberg School of Public Health, Baltimore, USA in cooperation with IIHMR University, Jaipur India, has undergone practicum training at "Burans Project" from 6th February 2017 to 15th March 2017 on the community mental health and social inclusion project of our partnership Burans project. Dr. Negi has successfully completed Two Hundred (200) hours of practicum training in our organization. Dr. Rachit has demonstrated analytical skills, communication skills, community dimensions of practice skills and cultural competency working with us at Burans Project, Dehradun Uttarakhand.

The graduate student has successfully carried out the training and fulfilled the tasks designated to him during the practicum training and his work has exceeded satisfaction. This practicum training is in fulfilment of the course requirements towards the MPH program.

I wish him all success in all his future endeavours.

Yours sincerely

Dr Kaaren Mathias, Mobile – 7895 121 535

Director Project Burans, Emmanuel Hospital Association

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ACKNOWLEDGEMENT

The success of any task would be incomplete without the expression of appreciation of gratitude to the people who made it possible.Though words fall short to express the sincere gratitude towards everyone who helped directly or indirectly in my endeavor. It is a pleasant aspect that, I now have the opportunity to express my gratitude for all of them.

This is a humble attempt in this regard. I would like to render my sincere thanks to **Dr. Monika Chaudhary** for providing me with such unique learning experience. Her dynamic thinking, her broad and profound knowledge, her warm smile have given me constant encouragement to achieve the task allotted.

I convey my deep and sincere thanks to **Dr. Kaaren Mithaiz, Project Director at Burans Project, Dehradun** for firstly giving me the opportunity to do my Practicum work with her esteem organization.

Special thanks to the all the staff and community workers especially **Ms. Madhu Project Director OPEN and Dr. Rita Project Director** at SNEHA, **Ms. Kakul.S, Project Officer and Ms. Prerna Singh, Project Manager, Mr. Arun Sherring, Project officer** respectively for always being so cooperative and simply trusting me in successfully completing my project. Without their co-operation and warm attitude, this project would have been a distant dream. My chain of my gratitude would definitely be incomplete without thanking JHSPH & IIHMR for providing me the opportunity to do my practicum. I would like to convey my special thanks to all the faculty at IIHMR for their valuable guidance in the project as well as throughout the MPH course.

Proposed outline of the Practicum

Week 1 - Objective - to get overview of what work is done and style of meetings and interactions in community - spend 1 hours with Project Officers (PO) of each NGO for orientation and then to shadow Community Workers(CW) and PO in community

Output - 1-page summary report on observations/context to Dr. Kaaren on 18th Feb (email)

Week 2 - focus on assessing context in particular of alcohol/ substance abuse - in-depth interview and discussion (not recorded / not for replication) taking notes with 2-3 affected clients in OPEN and SNEHA.

Output - 2-3 page lit review on strategies and evidence base for community interventions on alcohol and substance abuse in LMIC and meeting/ discussion with Dr. Kaaren on what are key contextual factors in
Dehradun district - Date to be set closer to time.

Week 3 - Ongoing meetings with clients with stronger alcohol/ substance abuse needs - in particular supporting SNEHA young men's groups by attending and offering 30 min session for each group on strategies for addressing dependence - also visit 2-3 de-addiction center's to get their input and advice on effective strategies and program.

Output - Shares lesson plans with Dr. Kaaren and PO's.

Week 4 and 5 - A complete needs assessment of Alcohol Use Dependence (AUD) and substance abuse for OPEN/ SNEHA communities - if possible also running additional 30 min session with boys groups at SNEHA as per Ms. Kakul preference.

Output - 3-5 page report for Burans and all implementing partners on context, needs, and possible effective actions to address AUD and substance abuse in our community clients.

Final meeting with Dr. Kaaren to complete practicum and finalize practicum report

This practicum report is part of MPH course which the students have to do in the second year of MPH training. To do the fulfillment of the course I did my practicum at Burans Project in Dehradun city of Uttarakhand. Burans is working with four implementing partners in Uttarakhand to promote mental health throughout the state. I got an opportunity to work with two implementing partners SENHA and OPEN with Burans team. I started my work with them from 06.02.2017 to 15.03.2017. Burans and implementing partners have collaborated to carry out the research for the youth, identifying their psychosocial disability. Burans and SNEHA are working in one pocket of Dehradun, Govindgarh Urban slum area where they started youth inclusion project for the boys. For the rest of 3 pockets in Dehradun district youth inclusion is carried out for girls. OPEN and Burans are doing the youth inclusion project at Mehuwala pocket in Dehradun district. I have got the chance to work more with boys at Govindgarh pocket.

My observations for the week one at both the working sites.

Observations at SNEHA Burans Project

It was a pleasing experience of my orientation week at SNEHA from 13th February 2017 to 20th February 2017. Got a warm welcome and the orientation about the "Youth Inclusion Project" by Ms. Kakul.S and community workers (Vikas, Ms. Jyoti Khosla, Pooja Rani, and Vijeta Kataria).

On the first day I got to meet peer facilitators Arjun Singh and Gurdas Mann at the SNEHA office and then went to the community and met the youth of Govindgarh who are the part of this project.

The team environment is friendly and supportive. The fervor of Arjun and Gurdas to prepare and deliver lectures of Nayi Disha 2 modules for the evening classes is praiseworthy.

I have attended two evening sessions with the youth's (group 1 and 2) of the working site identified in the evening. The timings of the evening sessions are from 5 pm until 7 pm. One observation I have seen is that group members did not show up on time and recalling is required by the peer facilitators.

I have read the modules of Nayi Disha 2 which is prepared for youth inclusion project for boys at SNEHA Burans. Modules redesigned in the Hindi language is an admirable work by team Burans.

Observations at Burans Project – Mehuwala/ Pittuwala.

In the second part of my first week of orientation at Burans Project Mehuwala, I got a warm welcome from Mr. Arun and Community Workers (Ms. Anju, Ms. Kavita, Ms. Priya and Ms. Babita).

In the morning session before lunch on the first day (Thursday) I went to visit two patients. One is suffering from Bipolar disorder and another one is suffering from Depression. It was my first experience visiting the field. I accompanied Ms. Anju to the patient who was suffering from Bipolar disorder. She took the brief follow up with the patient regarding her medicines. Observing patient engagement by Ms. Anju is a good learning experience for me.

The second patient, we visited the same day is suffering from depression. She was also on medicines from past 3 years. She is taking medicines and in between discontinuing herself. Ms. Babita is following the patient and reassuring the patient for not leaving the medicine and coping up with the protocol prescribed by the doctor. Some pictures I will be sharing in the annexure. My learning experience at both the sites was very enriching. I got the feel of the door to door delivery

of services by the community health workers. When I had interacted with the family I gave them advises as a counselor to take the medical help or counseling services to make a difference in their lives. OPEN and Burans work in Mehuwala, Pittuwala pocket which is predominantly a Muslim population pocket. Firstly it was a little challenging for me to interact with the family but when I have introduced myself and seek some advice to them they were quite comfortable in sharing their issues freely with me.

In my second week of practicum at SNEHA-Burans, I had a detailed interview session with the affected person and their family. The main aim of my in-depth interview was to find the reasons behind the indulgence in alcohol and substance abuse. My set of questions to the affected person and their family was kind of open ended. One of the most important reasons of alcoholism and substance abuse which got into my mind after the detailed interview is the influence of peers and lack of awareness about the ill effects of it on the body. I got the meet the three groups which are formed by the SNEHA for evening sessions given to them. Evening sessions take place in the community from 4-6:30 pm on Monday and Tuesday. I have attended the group meetings taken by the peer facilitators and the PO. The objective of this meeting in the evening is about the youth engagement and to deliver life skills session to them. Ms. Kakul introduced me with the group and I helped the peer facilitators in designing the lesson plans and gave my inputs in the delivery of designed intervention. The real challenge to me was the language barrier as the group used to talk in Punjabi and I was not that well versed with Punjabi. I took some training sessions with the peer facilitators (Arjun and Gurdas) to make me well versed with Punjabi. After the sessions, the group members always emphasized me to give them training and help them learn Hindi as it's the first language in Uttarakhand. They shared that it was a challenge for them to understand in Hindi when they move out of the community for their respective work. The second challenge they have shared with me is that their inability to attend the evening sessions due to workload in the evening so there is a sense of absenteeism felt by the PO.

In the second week, I interviewed two affected youths (names can't be disclosed) and they shared with me the type of substance and their dependence on it. Both of them were completely dependent on Charas and tonner/ thinner used for painting the houses. When I asked about the availability of Charas and the tonner they said me it is easily available in the community and sometimes the peers help them to get it. The daily wages they earn, around 70% they spend to make these things available for them. To know more about the problem I had to probe to know their personal life and upbringing. They drop out from the schools as there was not a good support from family and willingness to earn to contribute in a family is high. Main reasons they told me to take up this habit of Charas and tonner in their lives is mainly due to the influence of the peers. They too shared with me that they are willing to come out of this problem but failing to do so. I gave the feedback of the interview to Ms. Kakul and later to Dr. Kaaren.

Running parallel to the community mental health project with implementing partner OPEN at Mehuwala I got a chance to visit the affected clients with the community workers. I took the interview of a lady who is married and have 2 children. She is severely affected by depression. I had a long conversation with her husband and caregiver in the family. She was not willing to take up the medicines prescribed to her by a psychiatrist. She needs follow-up with the doctor and her husband is busy with household chores and work. He is not able to follow up with the doctor due to which condition of her wife is deteriorating. Myself and community worker (Ms. Babita) have tried to convince her to take her follow-up visit to the doctor and took her to the hospital. My learning from this evidence is that following up with the mental health patients are very important. The touch of empathy is important towards the patient.

In the third week of practicum, I identified the youths in the group who have strong needs for the alcohol and substance abuse. Having an in-depth conversation with them I have made a small group of the three groups running in the evening for life skills development. There were six members in my group and we named the group "ugta suraj" – the rising sun. With the help of

Arjun (peer facilitator) I and Ms. Kakul took the afternoon session at Gurudwara of the community. Surprisingly the affected youth were willing to overcome this problem but failed to take the right approach.

We met the family members and caregivers of the youths in the Gurudwara. They have been called upon the invitation by our organization. We called Mr. Prakash who is heading a de-addiction center here in Dehradun with the name Nijaat. We motivated the youths and their families to send their children to the de-addiction center for 100 days minimum. Parents and even youths have lots of apprehensions regarding the affordability and the care is given to their children at the de-addiction center. Mr. Prakash had a discussion with the family and tried to clear the doubts of the caregivers. He invited them for a visit to the de-addiction center. Caregivers have shown only apprehensions about the affordability as they can't afford the expenses of the center. Mr. Prakash promised to help them the best he can. In the last week of February, we visited the center. Visiting the de-addiction center was a great learning experience for me, spending my half day with the drug dependent users and knowing their stories. Mr. Prakash gave the orientation session to the caregivers and the youths. In mid of March, I think 3-4 affected youths have been enrolled to join.

Mr. Prakash giving orientation session to youth’s and caregivers

Visit Nijaat – De-addiction Centre, Dehradun

In the last week of the practicum (4-5th week), I had a close and long interaction with the youth boys at SNEHA. After visiting the de-addiction center there were 4 cases of dropouts from the program. Motivating them was a big challenge for everyone. Showed them 2-3 downloaded

videos made on youth who are into these kinds of addictions and the strategies they have followed to move out of it. There were quite challenges among the community and their acceptance towards the program. Time constraint was the one issue as I have to submit my practicum and write a report so I will surely follow up with the PO and CW to know about the progress of the intervention they had planned at Govindgarh pocket of Dehradun.

In my last week at Burans project, I attended one training on sexual health by Helen Morgan, a trained nurse from New Zealand who is in India from last 3 years and giving training to nurses and CW to strengthen the primary health care. She collaborated herself with project burans 2 years back and make a visit to different pockets where the community mental health and social inclusion project is going on. She gave a full day training on sexual health and tried to remove some of the taboos which we have and it somewhere causes mental health concerns. Learning from her was an enriching experience as she has clubbed sexual health and mental health issues together.

I have attended one training by Mr. Prakash on substance abuse at SNEHA on 14.03.2017. All the community workers along with all the implementing partners with Project Burans came for this training. In his training, he emphasized on the reasons behind the youths into substance abuse and how to handle them ineffective way when a community intervention is planned by a health NGO. He did role-play with CW for Nukkad Natak and trained them if they encounter such issue when working in the community.

At the end of the practicum in my last week I had 1-2 meetings with Dr. Kaaren and discussed the strategies to scale up the program and what are the shortfalls of the program in terms of delivery and sustainability. I have shared the feedback of the youth boys and the patients whom I met under community mental health project with PO’s and Dr. Kaaren.

Key Learning from Practicum

Practicum was started on 06.02.2017 and continued till 15.03.2017. Practicum activities include observations made at Community Mental Health and Social Inclusion project tailored by Project Burans and it's implementing partners in Dehradun. Meeting the affected people/ clients in the working field area, counseling them with effective strategies has incorporated me with core competencies of Analytical/ Assessment, Communication and Community dimension of practical skills in Public Health Practice.

Further, I can agree with myself that because of this practicum my understanding of community related public health issues is improved a lot and also this experience enhanced my ability to function as a Public Health Professional.

Again I can connect myself in agreement with the fact that "the practicum experience" and "learning" through the practicum was relevant to my academic knowledge of MPH and fulfilled my expectations.


ProjectBurans
WORKING WITH OPEN
PROJECT OFFICE - RAIPUR
DEHRADUN DISTRICT

Patient home visit with CW