

Mental Health Initiatives



KHPT's approach and experiences

Introduction

The 2017 National Mental Health Survey notes that around 197.3 million individuals had a mental disorder in India. The COVID-19 pandemic has further exacerbated this situation, with emerging research showing that the COVID-19 pandemic has resulted in a sharp rise in mental health concerns, making it imperative to address this as a public health priority. Further, social determinants (i.e., the conditions in which people are born, grow, live, work and the wider influences on everyday life) have found to have larger effects on health and mental health, than healthcare or lifestyle factors. Such factors include life contexts such as that of poverty, violence, political or economic instability or stress, poor environments or health conditions, limited access to information, knowledge, education, and so on. Unaddressed, everyday psychosocial stressors affect their developmental opportunities, mobility, agency and result in deteriorating mental health, and may result in escalation to clinical disorders. Social determinants of health and mental health thereby increase the risks associated with mental health for specific vulnerable populations, including socio-economically vulnerable populations, women and girls, stigmatized populations such as persons affected with HIV or TB, migrant or mining populations, persons living in unstable geographical contexts and so.

The World Health Organization (WHO) defines mental health as more than the absence of mental disorders, and as a state of well-being in which an individual realises his or her abilities, can cope with the normal stresses of life, can work productively and can contribute to his or her community. The WHO's definition of mental health acknowledges the need to move beyond our excessive emphasis on mental illness, and to pay attention to the continuum of which, mental health and mental illness fall at the two ends. Depending on the internal and external conditions affecting individuals at any given time, they may lie at any point on the continuum and shift position as their situation improves or deteriorates. Thus, an approach to addressing mental health requires a broader strategy, that just does not focus exclusively on bio-medical or clinical aspects, but can also be community-centric, educational and rehabilitative (see Figure 1).

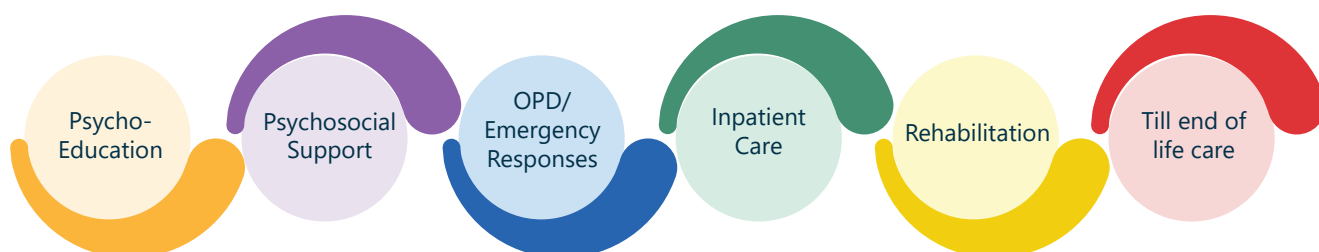


Figure 1 Spectrum of Required Mental Health Services

While there are many initiatives that have been taken to address mental health in the country, such as the National Mental Health program, integration of mental healthcare within primary healthcare under Ayushman Bharat, introduction of Telemanas helpline, introduction of a School Mental Health program and the Rashtriya Swasthya Kishor Karykram for adolescents, vulnerable communities and populations remain unreached, as a result of:

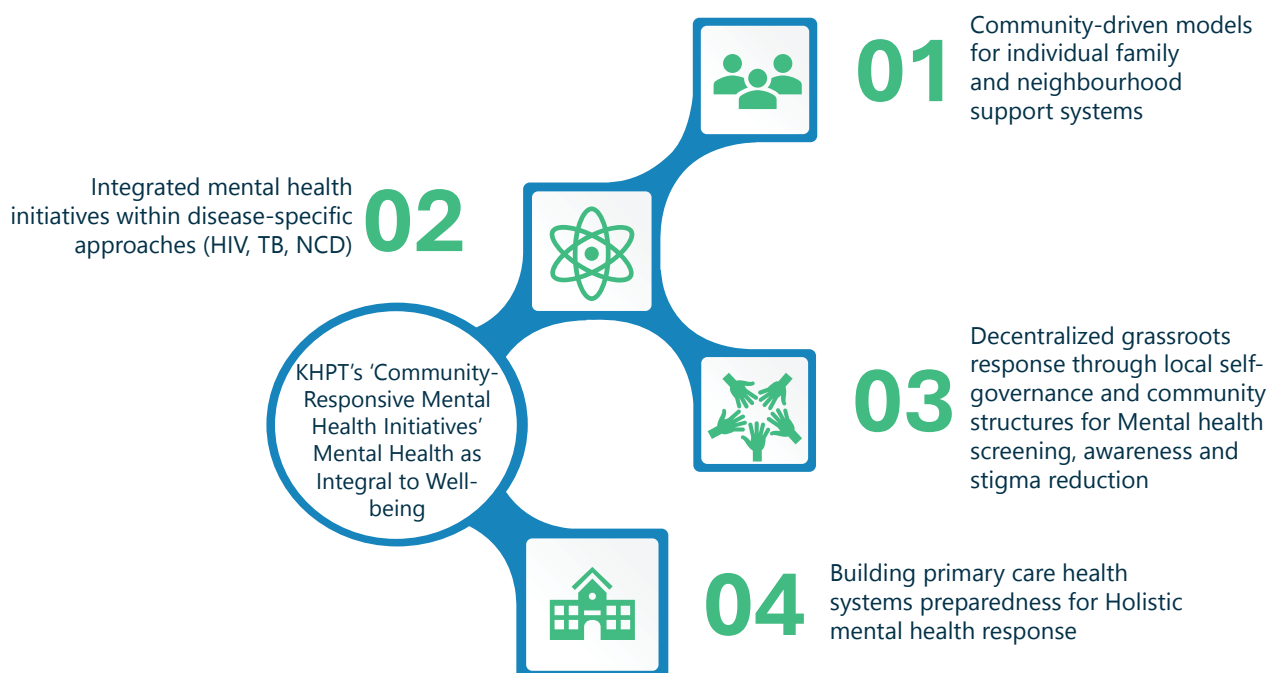
01	Shortage of trained personnel, and budgets (< 1% of the health budget spent on mental health)
02	Lack of non-clinical psychosocial support system for common mental disorders and illnesses, (identified as a key limitation of the District Mental Health Program)
03	Lack of attention to specific vulnerable groups such as geriatric, child, and adolescent populations and
04	Limited reach of mental health services in periurban and urban areas through DMHP
05	Understanding of mental health issues is still limited to severe mental illness, which is also seen in the Mental Health Act (2017)

Understanding these limitations in existing mental health provisions, and with a view to the vulnerable communities that we work with, KHPT has adopted certain strategies to address mental health as part of its overall programming.

KHPT's Approach to Mental Health

KHPT's approach to critical public health concerns has to adopt community-centred, evidence-based program designs, that empower vulnerable communities to achieve equitable health outcomes and a better quality of life. In addition, programs are designed for scale-up, in close partnership with government.

Understanding mental health to be a key component of health, KHPT has embedded components of psychosocial support, empowerment and well-being into its various public health interventions. Interventions are designed to improve socio-emotional skills, build resilience and psychosocial support structures within the community.



Below, we present the different initiatives undertaken to address mental health and well-being of communities

Mental Health and Well-being Initiatives



01

Building socio-emotional and self-efficacy skills for vulnerable populations in the HIV/AIDs context

Female Sex Workers (FSWs) with Low social status and poor self-esteem generally felt that they were incapable of bringing about any change in the existing situation and lacked the confidence to overcome their marginalization. KHPT developed a three-way series of capacity building exercise, with the first step focused on building power within (self-esteem and critical thinking building) in over 1.4 lakh sex workers. This module focused on engaging women in reflection and critical thinking so they can internalize various messages related to self-worth, self-confidence and self-respect. Through discussions and practice in voicing opinions they were equipped with skills so that they can join together to take up various tasks and responsibilities, to demand rights, access services and ultimately reduce their vulnerability.

Life Skills Education for Rural Adolescent Girls

Building on the concept of building 'power within' marginalized communities to enhance their self-esteem and agency; 'power with' significant others in the community for collective bargaining and peer support; and 'power over', to gain the advocacy skills to negotiate or their rights and entitlements, a life skills-based education program was developed for rural adolescent girls. The program, called 'Sphoorthi', focuses on building self-awareness, communication and leadership, and team work related knowledges and skills amongst adolescent girls, in order to help them overcome the gendered barriers to their health and wellbeing. It uses a peer-to-peer learning approach to transfer these skills and knowledges to other girls in the community. Further, it also builds parent-daughter relationships to improve the psychosocial support systems for girls. Close to one lakh girls across seven districts of the Kalyana Karnataka region have received training and trained as 'role models' for their peers.



02



03

Barefoot Counsellor Model

The Barefoot Counsellor (BFC) concept evolved as a result of empowered Sphoorthi girls who started providing informal support to their peers during the COVID-19 pandemic. Since the girls were familiar with problems adolescents face at home and school and many of them had overcome similar challenges, they were easily able to connect with their peers and young women. Interested girls were therefore provided with formal training in counselling skills, to fill the gap between available services for adolescent girls to address the stigma of mental health, provide psychosocial support to peers, and identify cases for escalation. Trained adolescent girls as Barefoot Counsellors, undertake simple awareness sessions on mental health in schools, colleges, and in the community; provide in-person or telephonic counselling to adolescent girls and young women for common psychosocial issues such as exam and school related issues, gender-based violence, interpersonal relations, adolescent sexuality and attraction related issues; sexual and reproductive health related concerns. They further identify and connect adolescent girls and young women to relevant mental health services, such as the Sahita Careline, District Mental Health Programme, and Rashtriya Swasthya Kishor Karyam counsellors.

TB Buddy-to Improve Treatment Adherence in the context of TB

It is a caregiver, community member or TB Champion assigned or nominated by the person with TB as a buddy to provide holistic support during each stage of the treatment. The solution helps PwTB to find absolute, undoubted support within and outside their homes on medical and non-medical issues such as emotional support while keeping TB a secret. The TB buddy was created with the aim of increasing psychosocial support for Persons with TB (PwTB), reducing stigma associated with the disease and improving motivation to seek treatment.



04



05

Sahita Careline

An tele-counselling initiative started during the COVID-19 pandemic, which initially started as an outbound service for counselling COVID infected and affected persons. Four counselling centres were established in Bangalore, Mysore, Dharwad and Kalburgi, with 10-12 trained counsellors per centre. The counselling service was later converted into a helpline for public who could give missed calls and receive counselling services from trained counsellors, in the context of mental health challenges they faced in relation to specific health concerns (e.g., TB, Diabetes, Hypertension), violence, other common mental health issues such as anxiety, stress, low mood, etc. Persons seeking support were first screened to assess for mental health disorders, and were further connected to district mental health teams, or public health facilities in case of severe mental disorders.

Community Support groups for persons living with TB (PwTB)

KHPT developed the concept of Community Support Groups in person-friendly facilities, in alignment with India's National Strategic Plan (NSP) for Tuberculosis Elimination (2017-2025), which emphasizes the importance of support mechanisms for holistic approaches to care for PwTB. The approach is designed to Provide PwTB a safe space to interact with healthcare providers outside the consultation room, make public health facilities person friendly and also allow PwTBs and their caregivers to speak about their treatment journeys, listen and provide psycho-social support to each other in the form of peer sharing and peer support to ease the stress, anxiety and hopelessness associated with TB diseases and treatment side effects.



06

Sharing Circles

Sharing circles is a safe and supportive space designed for frontline health workers such as ASHAs and ANMs, who often face fatigue, stress, and even violence in the course of their work with communities. Using visual emotion cards as prompts, the circles bring health workers together in small groups to reflect, share experiences, and speak about feelings like resilience, fear, or hope. This process helps them unburden, build peer connection, and draw strength from one another. More than a clinical intervention, Sharing Circles is a workplace mental health initiative that nurtures self-esteem, fosters collective support, and strengthens the emotional well-being of those who serve on the frontlines of public health.



07



Grama Arogya

Grama Arogya is a decentralised grassroots response through local self-governance and community structures for Mental health screening, awareness, stigma reduction, and facilitate early detection in rural Karnataka. Gram Panchayats collaborates closely with SHGs, VHSNCs, PHCs, and Gram Sabhas, and organise extensive health screening camps and mental health awareness programs across 5,957 panchayats in 31 districts of Karnataka. These comprehensive camps screened for height, weight, BMI, diabetes, hypertension, anaemia, verbal TB, and mental health awareness. During the camps, community members were linked with the Sahita Careline for tele-counselling and District Mental Health Programme for further care. The program reached marginalised vulnerable populations, including women, adolescents, the elderly, and MGNREGA workers. Grama Arogya not only brought mental health services closer to communities but also empowered local organisations to lead efforts in reducing stigma, providing community support, and facilitating early identification of mental health issues through implementing a decentralized and integrated approach.

08

Peer Support Groups for Persons with NCDs

KHPT has initiated the Peer Support Groups (PSGs) for people living with diabetes, hypertension, and other non-communicable diseases (NCDs), integrating mental health support in line with national priorities for holistic care. These groups create safe, person-friendly spaces within communities and health facility settings where individuals share their experiences, discuss treatment challenges, and encourage one another. The approach promotes psychosocial support, builds stress management skills, and strengthens resilience, reducing stigma and improving treatment adherence. PSGs also identify depression and anxiety early and refer individuals for further care. During the process, KHPT builds the capacity of PSGs on key aspects of NCD prevention and management, including understanding diabetes and hypertension, the importance of regular screening and follow-up, lifestyle modification (diet, physical activity, sleep hygiene), managing treatment adherence, preventing and managing complications (cardiac, renal, eye, and neuropathic), mental health and stress management, tobacco and alcohol cessation, and the role of family and community support in NCD care. PSGs provide information and empower members while functioning as a community-based safety net, promoting healthier lifestyles, stronger community bonds, and improved mental and physical well-being among persons with NCDs.



09



Psychosocial well-being from Preconception period to pregnancy

Anxiety, depression, and stress during pregnancy are risk factors for adverse outcomes for mothers and make the pregnancy journey difficult. Anxiety in pregnancy is associated with shorter gestation and has adverse implications for fetal neurodevelopment and child outcomes. Depressive symptoms in mothers during pregnancy are associated with poor self-care and poor adherence to the advice by doctors and FLWs, thus leading to adverse pregnancy/postnatal and birth outcomes. Most common is the lower birth weight infants with consequences for further infant development. Maintaining the psychosocial wellbeing in mothers during pregnancy will improve the cognitive function of the offspring. During Postnatal period, the wellbeing will enable the mother to provide positive parenting, responsive caregiving and early stimulation. The envisaged component/ strategy, the holistic wellbeing of mother during pregnancy and postnatal period will be taken care off in order to ensure safe pregnancy & delivery and thus healthy and optimally developed child. Through our projects on Early Childhood development, we have also included the men as part of Eligible couples and then as fathers to contribute to the psychosocial well being of the mother through building the focus of the frontline workers on the same.

10

Counselling trainings for NTEP staff of Karnataka

In 2018, around 800 odd staff were trained in counselling and communication skills to encourage adherence to TB medications. The training concentrated also on certain priority groups that required additional support like people living alone/ old age/ diabetes/ HIV/ alcohol use. KHPT was the technical partner developing the content and conducting the trainings through a ToT of Block health Education officers and roll out for staff including TBHV/ STS/STLS/ PPM coordinators while the State TB department was responsible for the logistics and budgets of the trainings.



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