



Letter to Editor

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Women's mental health campaign in East Sikkim

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Mental illnesses affect women and man equally but differently with some mental illness more common in women^[1,2]. Anxiety, depression, eating disorders, deliberate self harm, and other neurotic disorders are more prevalent among women owing to different roles and responsibilities in Society^[2,3]. One in five women suffers with mental health problems in a lifetime. Women's vulnerability to mental health problems are heightened during pregnancy and immediate postpartum period with 60 to 80 percent of mothers feels "baby blues." About 1 in 10 mothers may experience more serious post-partum depression brought about by hormonal changes^[4].

Pregnant women may also suffer from anxiety disorders, such as panic disorder, obsessive-compulsive disorder, and eating disorders. While it is rare for women to experience first-onset psychoses during pregnancy, relapse rates are high for women previously diagnosed with some form of psychosis^[5]. Mental health status of couples and their environment during pregnancy also determines and shape the brain (mental) development of growing fetus. Further, couples are most receptive to health related suggestion and advise during pregnancy. Antenatal and postnatal Check up packages consists primarily of brief counseling regarding immunization, regular check up, nutrition, and motivation for institutional delivery. It is important for all new and expecting parents to take care of their emotional health during pregnancy and early parenthood^[6]. Therefore, it is imperative that mental health component is included in Reproductive and child health Care (RCH) to achieve an objective of healthy mother with healthy newborn. In-addition, promotion of mental health and prevention of mental health problems should begin while inside the womb.

In 2013, the National Rural Health Mission, Sikkim included mental health, substance abuse, tobacco addiction and domestic violence in ASHA (Accredited Social Health Activist) module and sensitized all the 666 ASHAs in the State. ASHAs received booster session on mental health and substance abuse implemented by District Mental Health Program (DMHP) in 2014 and 2015. The outcome of initial training encourages DMHP team to plan for special program targeting women population.

Women's Mental Health Campaign was initiated as Pilot Project under DMHP Sikkim in East District in 2015 with an objective to promote mental health education, positive parenting skills, awareness on harmful effects of tobacco, alcohol and substance abuse, early signs and symptoms of mental health problems and awareness on child personality development. The East District ASHAs was imparted one day training on these issues and motivated to provide counseling on preventive mental health to eligible couples during pregnancy, nursing mothers and reproductive age groups females. The ASHA was supported with Rs 700 each and directed to conduct women's mental health program in collaboration with Anganwadi workers in their respective ICDS Centers in a phase manner w.e.f. Aug 2015 to Mar 2016. The East District ASHAs conducted 173 women's mental health campaign under the guidance and support of Primary health care (PHC) and Peripheral Health Subcentres (PHSC) in ICDS centers in East Sikkim.

After the initial training of ASHA and involvement of ASHA in Mental health camps, there was an appreciable change in knowledge, attitudes and beliefs regarding mental health and mental illness among ASHA. Following positive outcomes were evident:

- ASHA have started bringing mentally ill clients (both pregnant women and general population) to PHC and District Hospital.
- ASHA makes direct appointment with psychiatrists for mentally ill patients before referring to district hospital (DH).
- ASHA are also connecting patients with alcoholism and drug addiction to available mental health services.

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- ASHA accompanying dients to DH for first assessment at DH and regular follow up.
- ASHA capacity to talk on mental health is satisfactory and also conducting women's mental health programs in ICDS centers.
- ASHA providing brief counseling to dients to motivate patients and families to seek help for mental health problems.

It can be concluded that Accredited Social Health Activists & Anganwadi Workers are an important work force because of following attributes:

1. Awareness of the locality because of being the local resident
2. Ease of communication and establishing the rapport
3. Possibility of a trusting relation with the dients and the family members
4. Acceptability of local workers by the local population
5. Awareness of the usual barriers like local myths
6. Existing experience of working with the local population.

The Grass-root level workers have been instrumental in the delivery of RCH services especially in rural areas. Therefore, ASHA attributes makes them very effective for the promotion of mental health in the community. Further, ASHA can play a pivotal role in destigmatization of mental health problems, and fighting discrimination, ignorance, lack of knowledge, correcting local prevalent beliefs and myths, and motivating families and patients to seek early help for mental illness.

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