

Paadhai
October 2007

Proposal for

Mental heAlth Support in Thiruchendur (MAST)

Prepared by **Ramesh Santhanam** with inputs from professionals
involved in the study



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India – Switzerland – France – USA – Australia

Version 0.9 Draft sent for review within core group on

Version 1.0 Changes in budgets in Section VIII



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I. Overview

Paadhai got associated with FAME a few months ago. This was to support the annual costs on some of the high risk children. The global network of Paadhai responded quickly to this call and around 22 children were sponsored. The Swiss and French Paadhai meeting that followed this discussed the possibility and intent of supporting similar mental health needs in the DALIT villages where Paadhai is actively involved. It was decided to evaluate the needs and create a proposal.

A group of specialists were taken to Thiruchendur and around 50 children were examined by the professionals. There is an urgent need to support them and Paadhai along with Anawim is well equipped to do this.

This proposal covers the immediate mental health needs observed and plans on a few programs to support/assist directly and indirectly all those who are affected by these. The efforts would be put in over a long term and would be in steps.



II. Evaluation of needs

There was an evaluation visit to the Thiruchedur region by professionals to assess the quantum of support and to create this proposal. Here is a summary of this visit, as a brief report

REPORT ON EVALUATION TRIP TO ASSESS MENTAL HEALTH NEEDS IN THE VILLAGES AROUND THIRUCHENDUR

Date: 18th, 19th and 20th AUGUST 2007

NGOs involved: F.A.M.E. India, PADHAI, and ANAWIM

Professionals who were involved in this evaluation:

Dr Raghuram, Psychiatrist

Mr. Ramesh Santhanam trustee from Padhai

Mrs. Geetha Chandrasekharan, Physiotherapist from F.A.M.E. India

Mr. Jaganath Physiotherapist from F.A.M.E. India.

Key Objectives: To evaluate children with multiple disabilities and plan programs that would benefit the children and their families.

What was accomplished: 50 children were evaluated in 3 days. It was a diverse population ranging from post polio residual paralysis to children with multiple disabilities. Age group ranged from 2 years to 25 years. Breakup of children seen on the onsite evaluation days:

On 18.08.07 -18 individuals were evaluated

On 19.08.07- 15

On 20.08.07- 17

Where would they fit in?: Based on the evaluation done by the team, these children would fit in to one of the following categories for support/treatment.

6 children would need EI programme

14 children would qualify for head start school

11 children would qualify for respite program

12 children would fit into Pre Vocational Unit and

7 would could get into vocational category



It was heartening to observe the effort put in by the team from Anawim in identifying children with multiple disabilities. Most of the children that were evaluated had

- > Cerebral Palsy Seizure disorders,
- > Speech and language delay,
- > Poor academic skills (need to specify which ones....reading, writing, counting, drawing etc)
- > Mental retardation/Microcephaly/Down's syndrome
- > Dependency in activities of daily living like feeding, bathing, grooming, dressing, undressing, bottom washing, etc.

It was alarming to see that there were so many who needed attention in that region with no realization that many could be trained or helped to live a better life. Paadhai and Anawim can play a major role in helping them.



III. Immediate Requirements

Here are a list of immediate requirements as observed by professionals who conducted the evaluation.

Respite care: Mother's of individuals with severe disabilities are unable to go to work and hence it would be useful to start respite care units where children can be left with caretakers for a period of 3 to 5 hours. This would help mothers continue with their part time employment. It is important to note that these mothers are also bread winners.

Adaptive equipments: Many of these children need equipments ranging from simple ones to more specialized ones - urine cans, special chairs, wheel chairs, etc.

Pre-vocational training: There are some children who can handle simple, basic activities and can be trained to do repetitive jobs. If pre-vocational training is imparted they should be able involve in meaningful day to day activities.

Caregiver training: Today most of these children, with disabilities, are not trained on day to day activities like use of toilets and self-cleansing. They can be trained to take care of themselves to a great extent. Select people including some of the mothers can be trained to act as 'care givers' who can in turn train the children, over time.

In the long run, conduct training program for Qualified Special Educators and Therapists who can later on take the responsibility of running respite care units.

Individuals who have been identified with PPRP (post polio residual paralysis) can be absorbed into the Vocational units (Soap making, craft unit, Tailoring unit, Printing etc) they can undergo training and help children /adults with special needs.



IV. Roles of NGOs

MAST would be accomplished by efforts of three NGOs. The roles of each of these are as listed hereunder.

Anawim

Identification of children and adults with special needs
Carrying out programs as per prescription and requirement
Participate in training programs

Paadhai

Network with Fame-India, Bangalore and Anawim, Thiruchendur
Provide financial assistance for setting up and running of respite centers
Organize programs for training and onsite consultation
Assist in conducting training programs.

F.A.M.E. India

Provide technical support in evaluating children/ adults with special needs
Planning out programs for children and adults with special needs
Conduct training program for care takers (this could be done at Anawim or Fame)

The aim is to employ women from the DALIT communities in that region and train them to handle the planned initiatives. It is also planned to employ some of the physically challenged girls as 'caregivers'. This way, we can ensure that they get employed as well.



V. Planned Programs

Following are the details of the programs planned for Paadhai-Anawim Mental Health Care in DALIT villages around Thiruchendur.

Respite program: 11 children

Set up two respite centers to run out of existing Anawim (not necessarily Paadhai) education/ tuition centers. Each of these should have One caretaker, One Ayah and may be two parents involved in it. The exact centers to be decided based on concentration of these children. Their travel to and from these centers on a regular basis to be managed by parents/family.

Pre Vocational Unit: 12 children

These are trainable children – for simple tasks. Involve them in existing vocations. Suggested activities are .. Paper covers/bags, Tailoring/embroidery, Palm leaf products and Soap making.

Two coordinators dedicated for this. Existing Infrastructure to be used. Anawim to confirm whether this is OK.

EI program: 6 children

Train parents on handling and training these children. Monthly camps using some NGO from Tiruleveli (Ramesh to talk to Dr Raguram). Visit by a team of trainers from FAME, Bangalore once in 2 or 3 months. All camps done at Anawim Center – costs to cover transport and food for these children/parents during such visits.

Head start school: 14 children

These are children that are a bit slow (a grade or two below normal). Give them special coaching in existing children's centers. They can or might already be going to normal schools. May be, start an hour early for them to give special attention at existing Children's centers. Educate these teachers to handle them more effectively. The visiting FAME team can help here.

Vocational Program: 7 children

They are children with physical disability like polio. They can be used very effectively on existing production center facilities. If production center does not have enough work, we can try to get some work for these people (which can increase to higher levels and support other able bodied as well, in course of time).

These children can also be employed to handle the handicapped children in all the above mentioned work. They can be paid salaries, trained and used for implementing all mental health support needs in that region.



VI. Schedule

With existing education centers, a number of trained teachers in to handle supplementary centers in that region, our network of contacts with background in working with mentally challenged and Paadhai's intent to support this cause, we should be able to handle the planned programs with consummate ease.

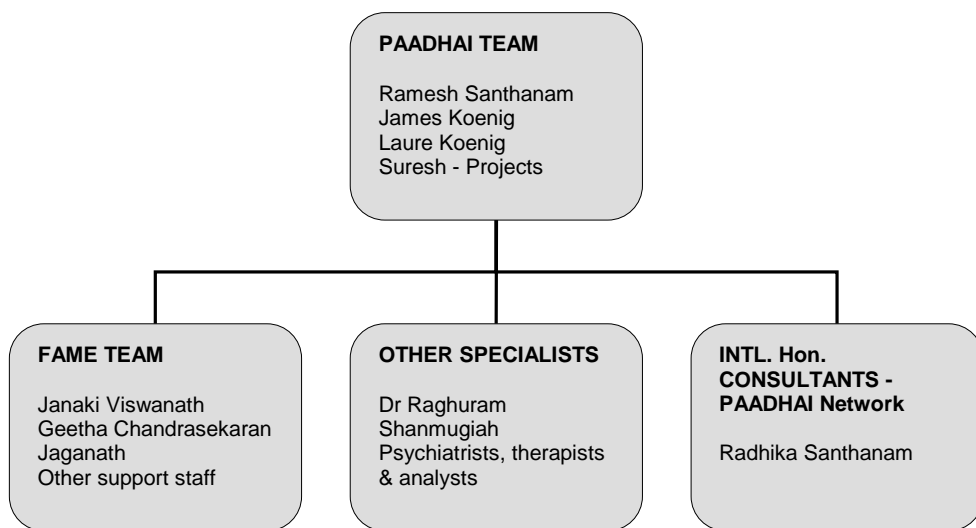
Here is a tentative schedule:

	Description of Work	Start and End Dates
Step One	A consulting team – Fame and others, from Bangalore to visit Thituchendur. The would initiate MAST – select girls who can be trained as long term care givers or act as local resources to handle various requirements of this initiative	Mid-November; at Thiruchendur; for 3 to 4 days Already commissioned
Step Two	A few selected girls to visit Bangalore to get trained at Fame	November – December; for 2 weeks at Banagalore
Step Three	Monthly visit by consultants	One day in a month; by psychiatrists and physio therapists from Thirunelveli
Step Four	Initiation of the First respite center at one of the existing education center	December – on going
Step Five	Selected parents to visit Fame for training	One or two weeks – January 2008
Step Six	Evaluate special equipment needs and equip them with these	By March 2008
Step Seven	Assessment of progress to fine tune implementation – by Dr. Raghuram and Ramesh	Every quarter



VII. Key Personnel

There would be a number of agencies and people involved in making this happen. Here are the key personnel who will be responsible for completion of the project, as well as other personnel involved in the project.



Anawim will play a coordination role and would be involved in the implementation levels. The interactions would be with Sekhar, Shanthi and other existing teachers.

The intent is to hire a group of physically handicapped women, train them to handle the mentally handicapped children and employ them as care givers. This way, we can offer employment to DALIT women and get them to help their community.

FAME would involve actively in training onsite and during the visits of select people to their center in Bangalore. Dr. Raghuram and his network of doctors would assist in voluntary visits. Periodic assessment visits by him and Ramesh Santhanam should ensure smooth implementation.



VIII. Budget

The proposed costs and budget of the complete project are listed in the following table. These are fair estimates and have considered all the programs for a period of three years. Each of the initiatives can be taken up in phases, based on urgency/need and availability of funds.

Budget for MH needs in DALIT villages

Oct-07

Description	Fixed Expenses (One Time)	Monthly Expenses	Annual Expenses	Budgets for Three Years
I. Respite Center				
Costs for a center - including one care taker, two ayahs and misc running costs	2,000.00	250.00	3,000.00	11,000.00
<i>Budget for Three Centers</i>	2,000.00	750.00	9,000.00	29,000.00
II. Pre Vocational Unit				
Costs for a center - including one care taker, one ayahs and misc running costs	1,500.00	225.00	2,700.00	9,600.00
<i>Budget for Three Centers</i>	1,500.00	675.00	8,100.00	25,800.00
III. Early Intervention programs				
Costs for monthly team vists, Quarterly visits by FAME and misc running costs	0.00	1,250.00	15,000.00	45,000.00
IV. Head Start programs				
One extra teacher in an education center along with running costs		75.00	900.00	2,700.00
<i>Budget for Three Centers</i>	0.00	225.00	2,700.00	8,100.00
V. Vocational Unit				
One trainer for one vocation at existing Anawim production center associated running costs	750.00	250.00	3,000.00	9,750.00
<i>Budget for Two vocations</i>	1,500.00	500.00	6,000.00	19,500.00
VI. Medicine and Equipment support				
Basic support with medicine and equipment for all Units	2,500.00	750.00	9,000.00	29,500.00
TOTAL BUDGET	7,500.00	4,150.00	49,800.00	156,900.00



IX. Concluding Remarks

The focus of Paadhai has been in education and training of DALIT children and women. We are also involved in long term initiatives like environment. Mental Health has been a new addition this year and it was decided by Paadhai team to help the DALIT villages in their Mental Health needs.

The evaluation trip shows that there is a BIG need and it is immediate. We are well poised to address this need. Paadhai and its associated NGOs should take this up and ensure that the DALIT communities in that region have better care in the coming years.

MAST makes sense from many angles

- **EXTENDED HELP IN THE SAME REGION:** Natural extension to Paadhai's on going initiatives. We have been working with DALIT villages on supplementary education. With this, we would extend our support for the same villages in the area of 'Mental Health'. This would give a sense of completeness to Paadhai's help to these villages (Children-Women-Health)
- **EXISTING CENTERS BETTER USED:** Paadhai's existing education centers are being used only in the evening by children (and minimally by the women's self help groups during the day). They can double-up and act as Respite Care Centers during the day. All that is needed is to add some caregivers and ayahs.
- **TECHNICALLY SELF-SUFFICIENT:** We have basic comfort and meaningful association with FAME and specialists – all are ready to participate long term – who have good background and capacity to address all the mental health needs. A few professionals have offered their service on a honorary basis. Their visits w
- **PRODUCTION CENTER PUT TO USE:** Anawim has an existing production center that is not fully put to use. This can be used for all pre-vocational and vocational training. With limited infrastructure costs, these programs can be started and run.
- **EMPOWER HANDICAPPED GIRLS:** The physically handicapped girls who had attended the evaluation camp were fairly sharp and are quite capable of acting as basic 'care givers'. By training and using them on this project, we would be offering them employment which otherwise is difficult (being handicapped DALIT women, their job opportunities are menial and limited). Employing as many of these women would be one of the major value addition to the service that we offer to the DALIT community.
- **FUNDS SHOULD NOT BE PROBLEM:** Interest in participation for Mental Health needs have come from various quarters. After Paadhai Switzerland and France showed interest, Paadhai USA and a lot of individuals from India have expressed their eagerness to participate in this. We are looking at around CHF 40,000 (Euro 25,000 or USD 32,000) per year to support the entire region and Paadhai network should be able to raise this.



X. Appendix - A

List of Children assessed during the trip in August and their ailments

#	Name	Age	Sex	Diagnosis	Village	Program
1	MichaelRaj	1.5yrs	Male	Erb's palsy	Kovainallur	Early Intervention
2	Mohammed	2 yrs	Male	Cp with functional diplegia	Kulasekarapattinam	Early Intervention
3	Remo	2yrs	male	drop attacks with Dev delay	Sayapuram	Early Intervention
4	Priyadharshini	2yrs	Female	Dev Delay	Senthilveedi	Early Intervention
5	Maheshvaran	2.5yrs	male	Cp with functional diplegia	Gannthipuram	Early Intervention
6	Dinesh	3 yrs	Male	PMD,	Perumalpuram	Early Intervention
7	Malathy	4 yrs	Female	PMD,SP and Lang Delay	Thoppur	Early Intervention
8	Muthuprakash	4yrs	Male	Micro with MR	Manappadu	Early Intervention
9	Shivaram	7yrs	Male	Down's syndrome	Rathnapuri	Head Start schooling
10	Shivakumar	7yrs	M	speech and hearing	Thoppur	Head Start schooling
11	Suresh	7yrs	Male	Down's syndrome with behav problems	Melalathur	Head Start schooling
12	Manisha	9yrs	Female	Mild MR,Post Enc,	Kalankuttiruppu	Head Start schooling
13	Bharathi	10 yrs	Female	Sp and hearing problem	Kovainallur	Head Start schooling
14	Malathy	10 yrs	Female	Sp and hearing problem	Kovainallur	Head Start schooling
15	Balamurugan	10yrs	Male	Speech delay with conduct disturbances	Manappadu	Head Start schooling
16	Nageshvari	11 yrs	Female	CP with RT HP	Kovainallur	Head Start schooling
17	Muthukumar	11 yrs	Male	Seizure disorder with Mild MR with HP	Thoppur	Head Start schooling
18	Sukumar	11yrs	Male	Post Menin Sequelae,Hydro,CPS	Thaivilai	Head Start schooling
19	Ramalaxmi	11yrs	Female	Down's syndrome	Mangalakurichi	Head Start schooling
20	Kavitha	12yrs	Female	Micro with MR with Speech and Lang Delay	Melalathur	Head Start schooling
21	Manickaselvan	13 yrs	Male	PPRP	Mariamman koil veedhi	Head Start schooling
22	Pavanraj	13yrs	Male	MR(Mild to Moderate)RT Hemiplegia	Adaikalapuram	Head Start schooling
23	Mutharasan	15yrs	male	Micro with MR	Sivakalai	Pre voc training
24	Balamurugan	20 yrs	Male	Mental Retardation	Valathoor	Pre voc training
25	Ester	23yrs	female	Functional Diplegia with MR	Sayapuram	Pre voc training/Seltered Unit
26	Ratish	13 yrs	Male	MR(Mild to Moderate)	Veerapandiappattinam	Pre Vocational
27	Vignesh	13yrs	Male	Mild MR with speech and language delay	Alagapuri	Pre Vocational
28	Suganthi	13 yrs	Female	Micro with Severe MR	Pallipadu	Prevoc/Sheltered Unit
29	Ilavarasan	12 yrs	M	PMS,Speech disorder	Thoppur	PV,Ass in Mother's shop
30	Muthuvel	25 yrs	M	PES,with Micro	Ganeshapuram	PV,Ass line
31	Marikumar	13 yrs	male	CP with M R and Quadruperasis	Athoor	PV/shelter unit
32	Nandhini	14yrs	Female	CP with MR	Kulakanthattu	PV/shelter unit
33	Isakki Raja	16yrs	Male	Down's syndrome	Arumuganeri	PV/shelter unit
34	Muthulaxmi	3yrs	Female	Severe Psychomotor retardation	Nalumavadi	Respite Care
35	Muthu silambarasi	8 yrs	female	Microwith severe PMR	Manappadu	Respite Care
36	Sudha	8 yrs	Female	Hydrocephaly withMR	Mangalavadi	Respite Care
37	Muthu Anusuya	8 yrs	Female	Micro with Severe MR with Visu problems	Adaikalapuram	Respite care
38	Saravanaperumal	8yrs	Male	CP,Severe MR,with Microcephalyr	Nalumavadi	Respite care
39	Hemamalini	14 yrs	Female	Severe MR	Sundarapuram	Respite Care



40Isac Raj	14 yrs	Male	CP,Severe MR,sp and lang delay,fix defor	Udankudi	Respite Care
41Satyajagan	17 yrs	Male	PMS,SevereMR,	Thoppur	Respite Care
42High Court Rani	19 yrs	Female	Severe MR with speech and lang delay	Muthyapuram	Respite Care
43Muthuraj	20yrs	Male	Severe MR with Microcephaly	Sivakalai	Respite Care
44Lingammal	18yrs	Female	Post Polio Residual paralysis	Mariyamman koil veedhi	Voc /Rehab trainee
45Vinayagi	19 yrs	Female	Post Polio Residual paralysis	Thoppur	Voc /Rehab trainee
46Senthila	18 yrs	Female	Post Polio Residual paralysis	Melalathur	Voc/Rehab trainee
47Savithri	18yrs	female	Post Polio Residual paralysis	Thoppur	Voc/Rehab trainee
48Jeyabharathi	19 yrs	Female	Post Polio Residual paralysis	Thoppur	Voc/Rehab trainee
49Pushpalatha	18yrs	Female	Seizure disorder with Mild MR	Arunachalapuram	Vocational unit
50Muthumari	21 yrs	Female	PPRP		Vocational unit

Note: Eight out of these fifty children are from Thoppur, where Paadhai already has an education center. This makes it easy to initiate the first respite center there and then locate suitable locations for future respite centers.



Appendix – B

Specialists observations

These points came through email or oral interactions with specialists in the fields of mental health and community development.

In choosing consultants, especially if they are going to be funded, ensure they are rehabilitation specialists. These doctors and therapists will have a range of ideas on equipment and appliances used in rehab including networking with companies who may contribute in one way or other.

It would be useful to do a simple pre and post evaluation of this. For example, to give a needs checklist to parents (of these 50 children) and after three months of activities to do a post evaluation checklist. Primarily this would enable Paadhai and Anavim to track whether needs on the ground are being met or whether the activities happening seem unrelated to what parents or teachers really need. This is important because the assessments according to this report, have been done by people who are not local therapists and are not interacting with the children in their everyday life. Such assessments sometimes project needs and goals for the child very differently to the actual needs and goals of the child and parents. It is critical that goals and needs 'perceived' by parents match the ones 'projected' by therapy teams. Evaluation feedback will prove that.



XI. Appendix – C

Evaluation Camp – It was touching to see the sufferings of these children and their family members – mostly women who manage the household with all its financial and such health burdens.



Dr Raghuram, well known psychiatrist from Bangalore at the evaluation camp in Thiruchendur

