

GROUP AWARENESS SESSIONS





Child K, 10 years old male who has low academic performance, speech is slurry, problem in comprehension and other areas of life. In the past history he has delayed milestones and suspected of mental retardation which will be addressed in next session.

FOLLOW UP CASES - Ms. L, 10 years old female child reported of tension like headache, low mood, loss of interest in pleasurable activities, crying spells and abdominal pain. Her friend also stated that she doesn't get along well how she used and even doesn't play how she used to a month before. The child also stated of decreased attention and concentration and low self confidence. Her family consists of 7 people including 2 parents and 5 children. She is suspected of sexual abuse and when asked about it she remained speechless as it was the very first session.



The child stated that she visited hospital along with the father. Since the last visit the child doesn't go out and remains in the house during most of the time of the day. The father stated that since she is growing up now it is better for her to stay inside the house. The child feels safe inside and she feels happy playing inside her house with her siblings.

Supportive therapy was provided to the child and family psycho education was given to the father.

Mrs. S, 28 years old female shifted 5 years back and is married since last 2 years. She is pregnant and is in her third trimester. She reported the reason for the migration was that all of the extended and immediate family members were already here in India. She reported symptoms like excessive worry, low mood, crying spells and pessimistic thoughts in regard to the future. The precipitating factor is that she is unable to go for ultra sound scan as she is not having the essential identity documents required for the scan. This often leads to the worsening of the symptoms.

NOTE- Immediate help was provided so that her scan could be done.

PRESENT MENTAL STATUS- She with the help of NGO underwent her scan and presently she is asymptomatic without any complaints of headache, excessive worry and other depressive symptoms. When her other diagnostic reports were checked, her low HB and other deficiencies were explained to her and how her diet can help her in healthy functioning of both mother and the child.



Group awareness

Group was addressed with the awareness of the mental disorders and problems faced by the migrants. The signs and the symptoms of the disorders were given as the part of the awareness program.



Patient K, 37 years old who migrated to India 6 years back. His children were studying in a private school before pandemic. When he faced financial instability he wanted to shift his children to the government school for the time being his work is settled. The private school gave them transfer certificate with wrong spelling thus the government school is not allowing admission to the child.

The father is worried about the child and her education. In next visit the process for the changing of the name will be done for betterment of the mental health of the father.

Pt. D, 34 years old female who is 8 months pregnant reported of tension like headache, low mood, and excessive worry and is always preoccupied with the thoughts of delivery process. In the past history she reported of 4 miscarriages during her third trimester. She was provided with the supportive therapy and the guidance of diet and healthy habits were given.

A report was given to her about her psychological symptoms for her gynecologist. Family therapy was also provided.



Mr. B, 18 years old male who recently finished his schooling with biology stream. He is a medical aspirant and wishes to join MBBS program. Career guidance was provided to him.

CHILDREN GROUP ACTIVITY

Mindfulness activities were done for the maintenance of attention and concentration.



CHILDREN MINDFULNESS ACTIVITY



GROUP SESSION FOR AWARENESS AND IDENTIFICATION



INDIVIDUAL FOLLOW UP CASE FOR THERAPY

Patient D, 35 years old female who reported of low mood, increased fatigability, loss of interest in pleasurable activities, excessive worry, palpitations, frequent crying spells, decreased sleep and appetite. She stated these symptoms worsen on the day when there is excessive work load or when her daughter reports of physical and mental ailment.

PRESENT MENTAL STATUS- No symptoms are reported presently. She stated the ventilation during the therapy has really helped her. All her thoughts are positive and she is very optimistic in her life which earlier she wasn't. Her main concern was her daughters constant headache which is also resolved that gives her a positive approach towards life.

Her daughter is Patient V, 18 years old female who also reported of tension like headache, low mood, decreased attention and concentration, loss of interest in socio academic



life. The mother displaces all her anger and frustration upon her daughter by showing physical aggression. The daughter stated that when mother shows aggression her symptoms worsens. Thus,



there is a shared precipitating factor for both mother and her daughter. Family management and psycho- education was imparted.

PRESENT MENTAL STATUS- She has improved her headache with psychotherapeutic and meditation sessions. The psycho education has really helped her. She recently received a bicycle and she perceives things in a more optimistic manner.

Her follow up session was taken and relapse management was being done.

Patient B, 10 years old female short heighted with lower intellectual level, difficulty in speaking, comprehension, rationale thinking and other areas of life. She is suspected for mild mental retardation. Testing is planned for next session along with family oriented case history as she was found in school.



VISIT (ANGANWA AND YASH AMAN HOSPITAL)

Patient D, 21 years old female suffering from depression with symptoms like low mood, loss of interest in pleasurable activities, increased fatigability, pessimistic thoughts in regard to the future, death wish since last 5 months due to the past traumatic incidents of her academic life. Her senior secondary mark sheet was not provided by the state government as she was migrated from Pakistan and the documentation work was not finished.

Her father migrated to India only for her education and that was left in between due to the documentation problem. Her father also developed symptoms like low mood, increased fatigability, loss of interest in pleasurable activities, pessimism and guilt feelings. This case was taken and psycho education was provided to the family.

She is academically very intelligent with prior experience in a gynecology department in Pakistan for four years as assistant in Diagnostic lab. Problem solving therapy was provided wherein all her documents were checked. In a nearby multi-specialty hospital, Priyadarshini Rajawat and Dr. Akshay Kumar Solanki discussed about the patient. Dr. Akshay Solanki has been very generous to extend our patient's experience at his hospital and prevent the patients mental health by providing her stipend based internship.

The patient, her father, Priyadarshini Solanki intern and Priyadarshini Rajawat visited hospital for final discussion. She will be starting her internship from tomorrow in Yash Aman hospital. She looks forward to join Nursing or MBBS course and fulfill her dream for which they migrate



SCHOOL VISIT -1

UJAS and CHI team Priyadarshini (Mental health team representative), Priyadarshini Solanki (Psychology intern), Khusbhoo (Psychology intern) and Manisha (Health team representative) visited Anganwa, Jodhpur for group activity on increasing attention and concentration for students.



SCHOOL VISIT -2

UJAS and CHI team Priyadarshini (Mental health team representative), Priyadarshini Solanki, Khusbhoo and Manisha (Health team representative) visited Anganwa, Jodhpur for group and individual session at school. Group mindfulness techniques were used for students. Generalized common problem faced by teachers was the irregularity of students for classes. This was addressed on group level through reinforcement techniques.

Individual student's case was followed up

Child V, 14 years old female reported of tension like headache, excessive worries about minor matters, palpitations and decreased attention and concentration.

Activity scheduling of cognitive behavior therapy and JPMR as relaxation techniques were taught to her, which she continued for 20 days and her symptoms have improved and presently she is in her remission phase of symptoms.



The group was addressed with psycho-education of various mental health disorder and the persons who reported of similar symptoms were taken for individual session.

Mrs. D, 36 years old female and Mrs. S 38 year's old female shifted to India around a decade back. They stated they are well adjusted in the environment here. They reported of euthymic mood, social and occupational life if intact and no other symptoms across any spectrum were identified. Both the ladies have pucca houses, their children are studying and ladies along with their husband's works at daily wage laborers. The life in India is well settled now. They recalled the times when they were shifted 11 years back and it took 2-3 years for them to settle and adjust properly. They reported of crying spells, low mood which persisted for the initial period.

Mrs. DB, 26 years old female shifted 8 years back and is married since last 5 years. She reported the reason for the migration was that all of the extended and immediate family members were already here in India. She was excited when she moved and her marital life is pretty good as the husband is supportive and thus, no conflict or ailment was found out.

Mrs. K, 40 years old female shifted 3 years back along with her husband and her kids. The reason for her migration was the unhealthy environment in Pakistan. She reported of daily life problems caused by the migration, she has external locus of control which helps her in coping as she reported that the migration is general problem and rather than problems she focuses on the solution to it. This motivational approach is a byproduct of happy married life. Her approach to the problem solving is problem and solution focused rather than emotional focused. She has 7 children which includes 5 daughters. She is very hopeful about her future and she has very cordial relationship with all her family members.

VISIT III- (ANGANWA)

Narrative analysis technique was used for verbatims of refugees wherein the projection of mental ailment could be identified as mentioned in the first phase of our pilot project.

The common theme shared by the most the participants during the group session are

1. Immigrant grief
2. Loss of cultural norms and social support system
3. Somatic symptoms were mentioned by most of the participants caused by non adjustment to the environment
4. Pessimistic thoughts about future and children
5. Ventilation was done at group level about the difficulties faced at Pakistan

THERAPEUTIC INTERVENTION (ACCEPTANCE AND COMMITMENT THERAPY)

1. Regressive comparison when done with the life at Pakistan and Life in India, they stated rationale and problem focused effective choice of shifting rather than emotion focused which shows effective coping strategy at group level.
2. High social support was reflective during session, they also mentioned about empathetic relationship among the migrants which helps them for ventilation.

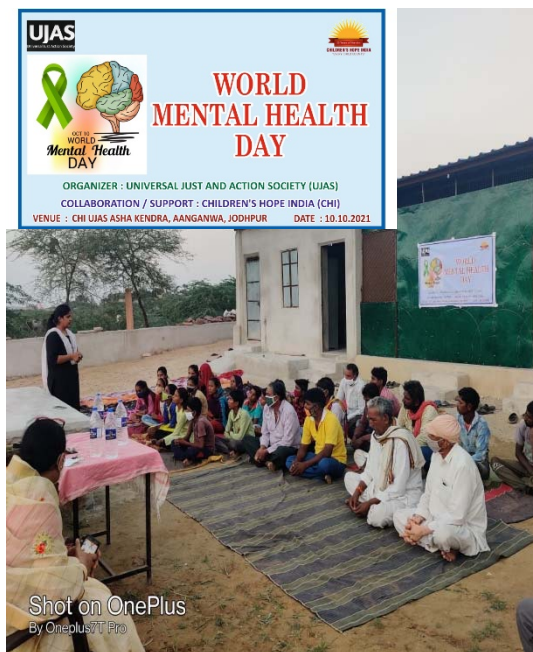
INDIVIDUAL IDENTIFIED CASE

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MENTAL HEALTH DAY

Today, on dated 10th October 2021, UJAS team celebrated world mental health day at CHI-UJAS Asha Kendra, Anganwa (at new rental space), Jodhpur. School children performed different activities including, Yoga, dances, songs etc. Mental Health Expert Priyadarshniji interacted with children and oriented them on mental health. After school focused activities a community session on mental health awareness was also delivered to a mix groups of men, women and children comprised on 27 members. Briefing on mental health project was shared and the event also served as project launching ceremony. Ms Pushpa Jangid member board of governors UJAS, Mr. Bharar Karnani trainer of Asha Kendra teachers and UJAS team also participated in the programme. Programme started on 5pm and concluded on 7:30pm





CHOKA AND GANGANA

50% of the strength in these school is that of the migrant children

Team also interacted with children in classrooms/playground, teachers and principals in light of the mental project. Team briefly introduced the salient features of project and consulted children and teachers about updating project activities and methodologies if needed in light of contextual needs of schools. During consultations team agreed with principals and teachers to seek permission, of undertaking project activities into these government schools, from higher authorities that is already initiated and will soon be shared with respective schools. Based on the findings of such introductory field visits, team will soon formulate the detailed project implimentation actions/activities plan and share with CHI at possible earliest. In meantime field activities, as already chalked out in project proposal, will be conducted accordingly and subsequently to be shared with CHI.

