# Promote- Support-Participate!

## SHIFA- A COMMUNITY BASED MENTAL HEALTH PROGRAM, MODEL!

**Introduction**

The Shifa Mental Health and Disability Project, run under the Community Health and Development Department of Herbertpur Christian Hospital. This program has been in place for over a decade. The Shifa Mental Health Project was launched in April 2012 in the Sadholi Kadim development Block of Saharanpur (Uttar Pradesh). It is currently operated in targeted panchayats in remote, rural, and hard-to-reach areas of Block Muzaffarabad. The project's sub-centre office is currently located in Village and Post Jasmour, Development Block Muzaffarabad, Tehsil Behat, Saharanpur, Uttar Pradesh.

The Shifa Mental Health and Disability Project is a community-based program. This program is run under the name "Shifa" Project. Shifa is an Urdu word meaning "comfort" or "healing."

The main question that arose initially was – why do we need to invest in the field of mental health?

In the present context, this question may not be as relevant for many because the current situation related to mental health has changed a lot compared to the last 15 years.

However, if we look back in the early days of "Shifa Mental Health" in the year 2012, we find that the state of mental health at the global and national level was not only quite different but also the situation was quite serious.

The Records from those times show that:

- Mental health remained an invisible problem on the global and national stage and was relegated to the lowest rung of the government health policies in developing countries.
- Depression, behavioral problems and suicide rates have been and still are a serious problem in both developed and underdeveloped countries.
- Drug dependence and substance abuse have affected individuals and families on a large scale and continue to be widespread currently.
- Also, in 2012, the World Health Organization had said in one of its reports that mental health illness and neuro-somatic problems will increase the health burden by 15 percent by 2020, which has come true after Covid.

In comparison to aforementioned records, the Shifa project also identified the similar problems or needs related community mental health, which were as follows:

- Mental health awareness in the community was very low.
- Problems such as poverty, unemployment, domestic violence, drug addiction, low unemployment rates, and discrimination.
- Increased suicide cases in hospital emergency departments.
- Lack of access to specialized mental health services.

- Reliance on traditional treatments and practices such as home remedies, witchcraft, etc.
- Geographical conditions also significantly exacerbated the situation, such as border areas, hilly areas, mixed communities, remote rural areas, migratory populations, dependence on agricultural labor, traditions of social and religious customs, and casteism.
- The area's inclination and trust in Lehman Hospital for healthcare services.
- Lehman Hospital's Community Health Program has extensive experience addressing contemporary issues and long-standing involvement in the field.

**Project Objective/ Goal:**

The main objective of SHIFA Mental Health Project, is to promote Universal mental Health prevention, promotion, community-care and rehabilitation and to reach the aim of mental health well-being and empowerment by connecting individuals and families affected by mental illness to local opportunities, resources and services.

In the initial days, the project faced the challenge of how to implement the program in a manner that would promote community empowerment, inclusion, capacity building of local resources and family/community-based care, and to maximise the involvement of available talents, so as to not only give the program sustainability but also develop a unique community model that could be replicated in other low and middle-income areas.

Over the past 13 years, with numerous research-based studies conducted periodically, the SHIFA project undergone various stages of change. These studies, combined with mutual learning and workshops by psychiatrists, psychologists, counsellors, social workers, and experts from partner organizations, have provided a simple and robust framework for the Shifa program.

Over the past decade, the project has implemented a number of evidence-based strategies and activities.

**I. Universal Prevention and Promotion - Community Mobilization**

**a.** Various activities are conducted under Universal prevention and promotion campaigns that promote community awareness-like wall painting, pamphlets distribution, nuked Natak. Along with this, Mohalla meetings are held in which flip book tool is used to create awareness based on mental health symptoms. and thematic education groups are conducted to raise community awareness about socio-cultural and environmental determinants of mental health.

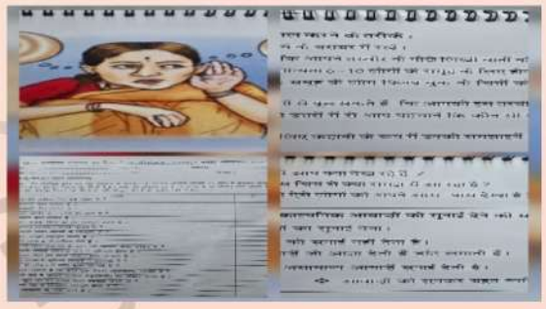
**b. Jeevan Sanchar course to develop emotional resilience skills under the Behaviour Change Programme for holistic development of youth –** For long 08yrs, the first edition of "Jeevan-Sanchar" resilience syllabus has been implemented in a community group-setting among youths and adults of age group between 14 to 21. The course run on weekly basis, benefitting around 3360 young people as per the SHIFA's record. Today, these youth have gained better knowledge and skills in emotional resilience, such as how to control their emotions, how to develop self-esteem, how to solve everyday problems without conflict, and how to have a broader perspective on gender issues. In year 2024, the 2nd edition of "Jeevan-Sanchar" manual got revised and modified through the process of social action and research and took one year to finalise it.

The objective was to incorporate the new and emerging issues, to make manual relevant and to accommodate it with the revised Indian Education Policy of Holistic Development of Child's education. Currently, the manual is being facilitated on weekly basis with the class of 11th standard of 02- Schools namely, Janta Inter College, Behet and Jai Kisan Shakumbhari Devi Inter College, Fatehpur Kalan. This 2nd edition of "Jeevan Sanchar" is planned to be disseminate on 15th October 2025 in one of the Hotel in Saharanpur district (UP). Dissemination will be done in the presence of experts who contributed in the development of this manual along with officials of the Education, Health and Development Department, School Principals, Teachers, Students, and Officials of government and non-governmental organizations. In the future, efforts will be made to implement it in other interested institutions as well.

**c. Parvarish (Parenting) Program -supporting Parents to become a role model for their children -** For the past few years, the project has also been running the Parenting Program. The Parenting curriculum, after undergoing contextualisation process got adopted by our federal health organisation (EHA) from UNICEF. The program focuses on fostering a better relationship between parents and children helping them to achieve goal of longer health and wellbeing! The curricula contain 14- topics that helps participants to develop the foundational truth around the importance of inter and intra relationship (as spouses and being parents with their kids). The syllabus is designed to be conducted on weekly basis with maximum of 10-12 couple and pairing it with one-elder child. Over the years, the project has run several parenting groups, benefitting total of 330-families. Families have developed understanding and gained skill around the key areas of spending quality time together as a spouse and family, praising each other instead finding fault, understood the importance of developing household goals as part of future dreams and hopes, couples have gained skill to resolve conflict peacefully, a. learned to make household budget with acquiring the skill of maintaining household savings.

**I. Screening and treatment of Mental illness**

**a. Mohalla Meeting (Neighbourhood meeting):** The "flip" book tool is used to conduct such meetings. It helps in creating awareness in the community as well as identifying people with mental health problems. This tool is picture-based, depicting various illnesses. Through discussions with the help of written questions, individuals with mental health problems are identified and the SRQ-20 form is completed while consenting on a

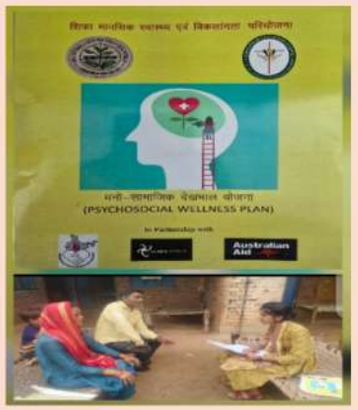


one-to-one basis. After analysing the form and history taking, the individuals whose scores are above the prescribed cut-off number and if required treatment are referred to SHIFA fortnight mental health camps and DMHP. However, the individuals with common mental problems such as depression, anxiety, sleep problems, fear (phobia) or unexplained pain, suicidal thoughts, negative thoughts, lack of self-confidence, self-blame, etc. are given home-based psycho-social care and support. With the help of Wellness Care-Plan Tool, the individuals with common mental problems are assisted and followed-up on interval basis for up to a 06- visits. This is been done by local grass-roots volunteers as part of **"Task-Shifting role performance"** to make the psycho-social care a realized modality for an affected individual and the families.

**b. Mental Health Fortnight Camp:** This program is run twice in a month by "SHIFA" project to fill the psychiatric medication gap in the target area. Additionally, the identified patients are also being referred to the District Mental Health Program Camp (CHCs, PHCs, District Hospital). The psychiatric fortnight camp helps patients in making diagnosis of the illness and helped them to be connected with regular psychiatric treatment. It also provides counselling and mental health education with the support of clinical psychologist assisting the camp. The intervention is important as it keeps the patients on regular medication and brings comfort, making significant difference in their overall well-being. At the same time, it also builds families trust and confidence in imparting care at the household level. Currently, as per the records of Fortnight mental health camp till August 2025, total-1186 patients have been registered. The segregate data shows that total-554 (male-264, female-290) are of common mental disorder patients, Total-246 (male-120, female-126) are of severe mental disorder patients, Total-174 (male-93, female-81) are of epileptic (seizure) affected patients, and total- 27 (male-14, female-13) are of Intellectually disabled while total 186-patients falls under General category of health problem.

The project is proud to present these figures as total 365 mentally ill patients are now currently stable in their psychiatric condition. However, due to various factors, some patients have been relapsed but ultimately, have been re-engaged back in to the treatment plan.

**c. Psycho-social care through home visit by use of Wellness-Care plan Tool:** At the project targeted community area, this, task-shifting role is carried out by trained local lay leaders under the supervision of project staff. To achieve this effectively, SHIFA Project uses the Wellness-Care Plan tool, which consists of six initial visits to the mental health patient over an interval of 15-days period, as required based on their severity of the condition. Mental Health literacy, medication adherence and managing medication side effects, patient inclusion in daily activities, enablers and barrier in the context of home environment, suicide prevention, appreciation of care-giver efforts, and relaxation exercises are some of the key areas of Psycho-social care and support performed during patients' home visit and follow-up. By doing so, it ensures individuals and families to be stable in their mental health problem and attain degree of quality of life within existing resources and capabilities.




**d. Special initiatives for Primary Care-Givers:** Under this initiative, combined interface meetings are held periodically for care-givers. This is a time where care-givers share their knowledge, joys, happiness, struggles, and experiences with each other. The initiative helps primary care giver to release their stress and burden and to foster good mental health which is therapeutic in nature.

**III. Capacity building programs:** Regular training and excursion programs are organized from time to time for community stakeholders like mental health volunteers, community-based organizations, ASHA, Anganwadi, local practitioners, religious leaders, Panchayati Raj members, groups of persons with disabilities and other support groups in the community.

**IV. Formation and Empowerment of Community based organization:** Under this, in order to support the accessibility of rights, entitlement and other government schemes and services of various stakeholders in the community, the people are mobilized for the formation of Special Groups. It is a significant achievement for the project that it has established an organization of persons with disabilities, registered under the Societies Registration Act since 2018. It operates as a DPO (Disabled People's Organization) and is called "Ghosla Divyang Sewa Samiti." This organization connects individuals with disabilities with the government schemes and services and helps them to access their rights and entitlement.

The committee has also started its own micro livelihood business to financially strengthen its organization. Till date, as per their records, it has benefitted over 200 eligible beneficiaries. The organization also works with care-giver groups, people with lived-experience, support groups, and Disabled people's groups to promote Community Inclusion and empowerment.

**V. Networking, Collaboration and Partnership:** Since its beginning, this has been an important objective of the project, which involves developing active and intentional coordination with various agencies such as DMHP, Medical Department, Social Welfare Department, Education Department, Schools, Local-Practitioners, PRI's and other Government and Non-Government organizations to ensure everyone's role in the program that led to Community Development and Empowerment

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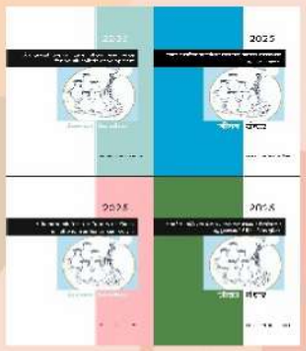
**VI. Consolidation, Testing, Development, dissemination and Adoption of Information, Education and Communication (IEC) material:** Based on community needs, by the SHIFA Project, from time to time, various teaching, learning and informative materials such as Resilience building teaching curriculums, pamphlets, flip-books, thematic based teaching Flash-cards, video-Audio content, etc., have been created, published, and distributed.




The SHIFA project is still in the process of continuous improvement and evolution!

Further information can be obtained from:-
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