

ROTARY'S MENTAL HEALTH CARE FOR INDIA, LITHUANIA AND KENYA

(continued from page 8)

Social workers hold women's educational and personal therapy groups, enable empowerment through job placements, and diffuse conflicts among family members. The team also adopted culturally relevant educational methods such as street-plays to address stigma related to mental illness.

The partnerships of the MAANASI clinic are now developing a cloud-based database to help organize data, assess outcomes and evaluate progress by employing evaluation tools used worldwide in quantifying symptoms and ascertaining progress. The database will be the first of its kind in village settings, used and supported by women who are local residents, and coordinated by the use of hand-held tablets by the CHWs. This task is not without its hardships, such as difficult internet access in remote areas. The goal is to develop and sustain a model that can be deployed through Rotary-driven partnerships worldwide in LMICs.

One innovative out-of-the-box solution such as the MAANASI program, combines the efforts of philanthropists, medical personnel, and local leaders to identify and tap resources, and volunteer their efforts to implement care using female residents of the villages. Over two decades it has been noted that these trained and supported CHWs are able to successfully identify needs and help treat clients, since the dire need is to assist depressed women in the world. The program also addressed treatment of male clients with alcohol abuse, and children with epilepsy and neurological difficulties.

Viable partnerships across continents are not easy to create and establish.

However, the Rotary International World and St. John's Medical College have demonstrated that volunteer efforts, vision, and sustained support can accomplish more than what individuals, institutions or governments are able to, in rendering mental healthcare to the neediest.

In summary, I have now provided a vehicle for mental health care with PDG Jay's support and with others, particularly with the help of Rotarians, using a low cost integrated model in 3 countries: **India** for a population reach of over 2 million, 211 villages for 22 years; **Lithuania** for the whole country for a population reach of 2.79 million with a phenomenal input from Rotarians and PDGs especially Vygintas Grinis for the last 3 years (2 visits with travel countrywide) and now in **Kenya** in Bungoma County with a population reach of 1.67 million, to be supported by a Global Grant application in progress.

I have been invited to help in several countries but it takes time to set up, support and finance the model.

The key factors that make it a success are: hands on work by Rotarians in the recipient country, input and linkage with academic centers to conduct research, teach, mentor and collect data on outcomes, publish papers citing the contributions of Rotary, and the training and continued supervision of local village women or community health workers to sustain care.

We also provide vocational training, empower women to become economically independent through becoming seamstresses (established tailoring center), donating cows to each worker (Kenya), helping with education and literacy, and so on.

We have built restrooms, provided transportation, cross-trained caseworkers in other common medical disorders, educated and re-educated villagers in cooperatives and village schoolrooms. We have sponsored and taught visitors from abroad to our centers. We have provided nutritious meals for workers. We have promoted immunization and prevention in all villages.

We have established and run a Rotarian Action Group for Mental Health Initiatives that a Canadian Rotarian and I started. He passed away but Bonnie Black, a PDG from New York, is now the Chair. We have 30+ countries involved and we train and disseminate information to Rotarians from other countries,

We have also talked to the Fellowship of Rotarian Doctors (400 of us from 50 countries) to explain how to do this elsewhere.

There are many subprojects within these projects. My hope is that if we form a Doctors and Medical Professional Fellowship here in District 7620, we can train younger Rotarians to carry on the work. It has worked in India and now Kenya; my mentee nurse is now independently going to Kenya to update them.

Finally, we are developing a cloud-based database in India to be used by low and middle income countries with identified social determinants of care delivery and compliance that we as Rotarians plan to donate to all LMICs. It costs us about \$78,000 annually for the entire effort.

For more information, please contact Dr. Geetha Jayaram, District Governor 2021-22, districtgovernor2122@gmail.com.