



# EKALAVYA

## NEWSLETTER

### SCHIZOPHRENIA AWARENESS ASSOCIATION (SAA), PUNE

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## Editorial



### Self-Disclosure

As a shubharthi (person in recovery) marches on the path of progress, he takes some bold decisions from time to time. 'Bold' because there is an element of risk in taking decisions like self-disclosure, that is, openly acknowledging one's mental health problem. The shubharthi may be ready for consequences of reaction from the society, owing to its deep-rooted stigma. Willfully he may anticipate and develop even an immunity to stigma. However, as an individual does not live in isolation, self-disclosure is most likely to affect close relatives, friends, colleagues etc. But, they may not be ready for it as yet even though their fears of embarrassment or hurt may not be realistic. So, would it be advisable to talk things over and take the concerned into confidence before going public? After all, will the shubharthi not need unshakeable support of this inner circle when majority of the community is likely to respond with disbelief, suspicion or indifference rather than with empathy?

Post self-disclosure, the shubharthi will also have to be prepared to be tolerant towards the tardy pace in people's attitudinal change. Yet he will find others, who may form only a minority, coming forth with greater cooperation and esteem for his struggle and success. The sensitive and sensible ones among them will, in

fact, continue to wholly accept the shubharthi as their equal. And, a few, may deservedly consider such a shubharthi as more than their equal! This is more likely to be so as the shubharthi, during the course of his life, would not have sought any special concession or consideration, would not have tried to capitalize on his disability. Self-esteem, rather than debilitating self-pity, would have been his sustained source of strength.

Did you say self-disclosure is risky? Just name one area of life which is wholly free of risks! In fact those shubharthis who muster the courage will simply find peace descend on their life. The burden of guarding and hiding the agony, being vigilant all the time, will be over at long last. An off-shoot of this new-found freedom is the spiritual urge of the shubharthi to look beyond his little world, go and extend a helping hand to numerous others who are still trudging on the path of mental well-being. We, at SAA-Ekalavya, heartily salute all such unsung heroes on the World Mental Health Day!

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## Where There's Will...

My daughter has been suffering from schizophrenia since 1988. She passed through various stages of this mental disorder. Her problem is mainly of hearing voices that tease her. Fortunately the duration and frequency of this is also declining.

It is understood quite well that medicines alone are not sufficient and some psychotherapy is essential as part of the treatment.

She had initially attended some Ekalavya meetings when shubharthis used to discuss their problems and share experiences without knowing the Recovery method. But then she was uncomfortable on hearing problems of other shubharthis and was scared that she too may suffer like them. She stopped attending those meetings and no amount of persuasion was of any use.

Therefore her progress on the path of recovery had almost come to a halt. What was the way out? Something had to be done to make headway. Since SAA Ekalavya group had started using Dr.Low's Recovery method I wanted my daughter also to attend and participate in it. But she continued to refuse. Just at this time I also came to know that some good books had arrived in SAA library. To start with I decided to study some of them and make myself familiar with the Recovery method. And then I suggested to her that we discuss the subject at home to which she readily agreed.

While doing this I decided to take care of the following two aspects: (a) Mood of the shubharthi as it is no use trying to take up something important when she is not receptive. I had to choose proper time for this. (b) Find ways to keep her interest alive in the subject.

Some books dealt with the subject very elaborately and comprehensively. So I had to weed out certain details (e.g. history of schizophrenia, many other statistical details). So I selected only those topics which would keep her interest in tact. I discussed with her the case studies from those books and compared them with similar situations experienced by her. We also discussed how in each

case Dr.Low's principles were applicable. She was convinced when I emphasized that she should also cultivate the habit of using Recovery tools for her benefit and relief whenever she started feeling uneasy.

It is heartening to know from her that she has been able to cope with her hallucinations with the help of spottings like, 'Feelings are not facts,' 'I have no control over external environment but only on my response to it,' and 'My internal peace is my supreme goal.'

Maybe, it is a small step on a long journey but for which she needs endorsement. And, perhaps, me too!

- A persistent shubhankar

□

## Sibling's Sharing



"Close the doors, shut the windows. They are coming to kill me." This was what my sister Reshma said on her first attack that I witnessed. I was very puzzled on what she was saying. I thought that a cat had tried coming into our house.

She ran into the hall panicking and screaming. I followed her but didn't know what to do. My father came to the hall, where my sister and I were present. Father just held her and made her sit down. Reshma said that she was hearing voices. I was just blank and didn't know what to do; so I just held her hand. Days passed and I felt very insecure. Parents started neglecting me and I suffered even more. Then we met a psychologist and I opened up to her about my problems as much as I could. I asked her a lot of questions. She told me that my sister was going through a mental illness called schizophrenia. I was shocked and asked her many questions about schizophrenia.

I never used to get good marks at exams because I never used to study. I always used to be

*Recovery stands for realism, plain common sense and an unspoiled way of viewing life.*



quiet. Maybe most of you would feel the same way as I did. I felt like running away from home. What is more, everyone used to treat me like I was an alien. But one day, when I was 13 years' old, I could understand my sister's problem. I sat down and asked myself "If I, all the time, feel lonely then how will I be able to help my family?"

Since I am the youngest I was thinking that when I grew up I will have to take care of my parents and my sister. So I will have to be responsible. I decided to be a psychologist and work very hard. In fact, I have started putting in a lot of effort at studies. I said, 'Even if you want to be someone else in your life, you will have to stop thinking that everyone is pushing you aside. And the most important of all, accept the fact that your sibling has schizophrenia. I can understand that it is very difficult to do this. It will take you a lot of time to accept it. But once you accept it then most of your tension will be over.'

On the one hand, my secret feeling was pity for my sister. I was trying to study her closely and wondered why my sister has to go through a lot of inconvenience because of this illness. I used to feel that she is not like me, or my other two siblings or anyone else we know. So I decided to accept her illness and was relieved of my silent suffering. On the other hand, I too had teenage problems. I still do have but, I can cope with them. Today, I am very happy to have such a wonderful sister. If you meet her you will see that she has something refreshingly new about her. I thank God and my parents for gifting me best siblings in the world !

- Karishma



### Recovery Funda

The fundamental principle of Recovery is that symptoms can be conquered by means of simple and innocent procedures initiated by the patients, i.e. through self-help.

*Courtesy : Dr. Low's book, Mental Health Through Will Training*

### Promise



Holding hand, walking together;  
When and why, we became stranger;  
I am not aware, my dear,  
When and why you left my finger.

Thought, you are nearby around,  
Enjoying your youth, roaming around;  
When I paused to look for you  
Far away you were sitting,  
Absorbed in some abstract thinking.

Looking helpless, your face going faceless  
Waning, fading your selfness;  
Thickening around you thorny bushes,  
Thorny fence creating barriers,  
Isolating you from near and dear;  
Your cry for help vanishing in the air,  
My responses not reaching you there.

Now I have decided for certain,  
Whatever may come in the way,  
Thorns may prick and bleed my hands,  
I shall uproot the fence  
And throw it away.

Just promise me,  
Promise me, my dear,  
You will not leave me  
And drift anywhere;  
Supporting, helping each other,  
We shall live together,  
Together forever.

- Avinash Joshi



*The best means of reducing an idea of danger to it's absurdity is to act against it.*



## At First, Things Improve In Bits

Depression, intense fears, emotional ups and downs, loss of confidence, delusions, hallucinations, and racing or chaotic thoughts – these are part of what we experience in mental illness. When the symptoms are active, they may cause a break in a person's job or studies. With medication, counseling and self-help group support, one can start improving and regaining one's former healthier state. But then, one tends to take stock of years wasted, and one acutely perceives that friends and siblings have moved on and settled in careers or in married life. Rightfully one wishes to work hard, even overtime, to rapidly catch up to build a career of one's own.

So, a person starts planning a daily routine, maybe trying to engage in an educational course, or thinking about employment. Beginning to work in this direction, one soon realises that she or he is unable to cope. Lack of concentration is a big problem and difficulties in maintaining cordial relationships is another. After initially persisting, it soon is clear that most of one's attempts are failures. One is unable to study as much as needed, there is constant restlessness and fidgeting, one's grasping power is weak, and so on. One cannot experience relaxed interaction with others. In these all-too-repetitive situations, one may get engulfed in depression again, and succumb to the attitude that trying anything is of no use.

If this happens, a life that was shaping up may again take a downhill path. Why does it happen? One's wish to catch up is quite reasonable. Yet one must recall that the habit of consistent work has been lost time, nor has one been socializing. It is not the person's fault that for past few years s/he was inactive – symptoms of mental illness were the reason. While a person is not to be blamed, the loss of work habit and skill of socializing is *a fact*. Any personal or interpersonal skill deteriorates if not used. One may notice it in one's own case.

It is wrong to expect to have control over skills that have deteriorated. One may have to learn them again, the way a child learns. A child looks, imitates, makes mistakes and learns new things. First it crawls, then stands up and finally walks. Its babbling gradually

becomes coherent, and then the child learns to talk with people, then in groups. In a limited sense, one may look towards enjoying a childhood that has come back. One can avoid the frustrations by adopting an attitude that reflects in the following thoughts:

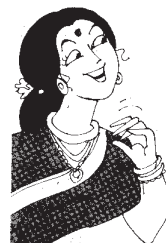
- \* *If I try hard but can't perform, inaction is better than trying and repeatedly failing – it is better to give up than beating the air.*
- \* *I can lessen my feeling of dejection by reminding myself that I will retrieve my deteriorated skills only bit by bit.*
- \* *Simple efforts I make in the right direction are more important than expecting myself to know and do everything at once.*

With this patience, one can again build faith in one's own efforts and regain enthusiasm about tasks. Initially things improve only bit by bit, but later things speed up. Eventually, one's response to the challenge of hard work is as good as that of ordinary people. In fact, one's perseverance during the period of recovery and the faith in oneself that results from it endows one with skills and qualities that are hard to come by otherwise.

- Anil Vartak



## Life



Enjoy your life as much as possible.

Without a life it's impossible.

Don't waste it,  
Make use of it.

It's given to you,  
And only a few.

Whether you're poor or rich,  
Life shouldn't be thrown in a ditch.  
You're special, whatever you are born.  
So live your life to the full.

- Karishma



*Once you have accomplished a conquest over a nervous symptom, your victory is astounding.*

## From Chaos To Hope



The narration below is facts, which almost devastated a family, which refused to be destroyed.

A bright and healthy young student is pursuing academic career of his choice. The family is fond of him and narrates with pride the young student's achievements. Gold medals in school known for its academic reputation, rich contributions to school's sport activity, enrolment to institution of choice for junior college and electronic engineering course.

And suddenly there are negative developments, which family is not in a position to comprehend. Half-way through the degree course, the young man complains of adverse effects of pollution in daily travel, pressures of studies and fatigue. He writes a few papers in the examination, becomes very rude and demanding on the family members. His daily routine life has no schedule. Family members run around to comply with his whims. After some time, one of the siblings, feels that the young man is pampered and family ought to be tough with him. The elderly members of the family run to soothsayers and seers, so that the Evil is evicted from the young man. Numerous medical practitioners are consulted, but none comes forward with a correct diagnosis. The wrong diagnosis results even in a surgical treatment by an ENT surgeon!

The young man is terribly upset and blames his parents for his sufferings. His school and college

friends, who earlier accepted him, as their natural leader, are now far ahead of him. He continues to lag behind in studies, and now complains that his so-students and teachers cannot withstand his brilliance and have ganged up against him. His behaviour has more violent spells. The siblings and relatives consider his behaviour as planned efforts to avoid hard work.

A few silver linings then creep in. The neighbors sympathise and join the family efforts. The young man joins usual courses in software development, vehicle driving and public speaking. The family pays the fees although it knows that it is a waste. Swimming, however, is the only past-time he enjoys.

The family again changes the psychiatrist, after sticking with every one for at least two years. This one clicks partially. There is a very nominal improvement in behaviour, but the mood swings and rude behaviour continue. The young man reaches last lap of the engineering course. But he gives up. He insists on a job with status and money. He wants to be a manager and not a humble assistant. The side effects of medicines result in affecting his physical personality. With persuasion from the doctor, he accepts a small job. He faces severe problems of being a part of the office team.

He has to call on clients for serving and sorting out operational problems. He finds it very difficult to handle clients' problems and a few clients do not even accept him. At the end of year, he does not get any increment in salary (which is Rs.75 per day). He is upset, puts up vehemently his request for the increase in recognition of his work. The repeated requests are turned down. He returns home very upset and violent. It was decided that he discontinues with the job. The doctor is again changed and he prescribes different medicine and rest for six months.

Further, this doctor also advises a lighter assignment. So with goodwill of family, joins a firm as an apprentice and after six months is paid Rs.50 per day. He has problems with peons. He faces problems with other colleagues, who laugh at him.

He consults a counsellor and the same suits him. He becomes upset very frequently and abuses family for deficiency in upbringing. The

*Knowledge teaches you what to do but practice tells you how to do it.*

counsellor continues to console and guide him. The employer complains that my son is always sleepy. We change doctor once more and go for ayurvedic treatment. Alternatively he will have been compelled to leave the service.

The new medical practitioner changes the medication. My ailing son takes a vacation for two months. Then resumes duty but only visits office for three hours, but does not work. Counseling continues, medication is revised, from time to time. Finally medication is stabilized.

Gradually the patient feels that family has cared for him. He very gradually understands that the work environment is slowly improving. But the counselor leaves Mumbai. After trying a few counselors, at last he feels at home with one counselor.

The patient so far has completed five eventful years. With absenteeism now and then he works as office assistant. He feels that he has heavy workload, which is not a reality. There are occasional frictions at office and home.

The desire in him to improve continues. Reading of newspapers is there though occasional. The turmoil levels are less than earlier. The confidence levels are still low.

Family attempts to find ways to increase his skills.

Our battered family has benefitted by attending family support group meetings during last five years. The siblings too have revised their attitude. The sister and brother-in-law have become very sympathetic; the elder brother's negative feelings are gradually changing.

As a family we have to think ahead as to who will be the person to take care of our son after his parents expire or to provide for his accommodation in a long-stay home. The present efforts are to empower him to be as much self-reliant as possible even after his parents are no longer there to support him.

Our family members feel very much drained emotionally and economically but they refuse to be defeated. We realize the journey towards our son's normalcy is jerky and so has affected us all. But

the will to reach the destination is becoming stronger with hope and encouragement offered by the support group members.

- Prabodh  
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**6<sup>TH</sup> Biennial International  
Conference  
Hosted By WFSAD & ASHAA At  
Chennai  
2<sup>ND</sup> To 4<sup>TH</sup> November 2004**

**Theme :**  
**Power of the Family Movement –  
Sharing the Knowledge**



**A - Training College for Community Leaders**

This was a one day training on 1<sup>st</sup> November 2004 consisting of three sessions of two hours each.

1. Self help support group formation & management
  2. Rehabilitation through income generation
  3. Advocacy for the rights of affected families.
- a) The 1<sup>st</sup> subject was taken up by Anil Vartak and Gurudatt by way of group exercises pertaining to the three stages of evolution of a support group, i.e. the formation, sustenance and growth. Fifty participants were regrouped into five teams to do these exercises, followed by feedback from each team leader and comments from Anil and Gurudatt.

The sessions, as per feedback of the participants, were very interactive, interesting and educative. Even for the SAA facilitators it was a good learning and rewarding experience.

At the end of this session, to the delight of all, each participant was handed over a

*What is of importance is not the event but the attitude that you take to the event.*



(b) copy of the MENTAL HEALTH SUPPORT GROUP GUIDELINES at the hands of Jim Crowe, the retiring President of WFSAD. Presentation of the 2<sup>nd</sup> subject was shared by Mukul Goswami, his wife Anjana of Ashadeep, an NGO with multifarious activities from Guwahati, Assam and by Ratna Chibber, founder President of Ashaa, a well known rehab NGO from Chennai & co-host of this conference.

This team of facilitators too had formed three groups for carrying out exercises in topics connected with income generation activities for shubharthis. They had also shared their respective experiences from Assam & neighbouring areas and Chennai.

(c) The 3<sup>rd</sup> subject was facilitated by Nirmala Srinivasan, a very well known activist from Karnataka in the matter of rights and privileges of affected families and their wards.

As an exercise for the three groups, the case of Erawadi mental asylum tragedy of 2001 was given for evaluation of three courses of action as solution for prevention of such blunders in future. Interesting view points were presented by each of the group leaders.

Later, participants individually met and enquired in detail about SAA's experience in conducting self help support groups and even invited us to conduct training for their groups. Most of them were highly appreciative of the progress we had made in just six years, during which we have been able to build strong bonds amongst our group members. We are, however, not complacent as we are aware of areas for us to improve. The guidelines book was also highly commended both by professionals and shubhankars & shubharthis. Specific suggestions for inclusion in the next edition of the guidelines are promised by some of the recipients.

## **B) Conference proper**

Both the plenary and concurrent sessions held at different halls were open to everyone, including the professionals, shubhankars,

shubharthis, volunteers, lay persons, press etc.

These were held immediately after the inauguration by Dr.J. K. Trivedi, President of the Indian Psychiatric Society, an eminent psychiatrist from Lucknow, on 2<sup>nd</sup> November 2004 till the forenoon of 4<sup>th</sup> November 2004.

Professionals, shubhankars, shubharthis and volunteers totaling 300 from more than 45 countries, including India, participated in these sessions.

Maharashtra was represented by 42 participants from nine organizations from places such as Aurangabad, Mumbai, Nagpur, Parbhani, Pune and Thane. *The largest team (20), from any single organization from anywhere, was from SAA!* Active participation by our shubhankars, shubharthis and SAAtthis was almost envied by most other organizations !

More than 150 delegates made it a point to attend and ask questions after each of the presentations by SAA representatives, namely, SELF-ESTEEM, A CONSUMER'S PERSPECTIVE by Anil Vartak and COMPONENTS OF EFFECTIVE SUPPORT GROUPS by Gurudatt.

## **C) Miscellaneous**

*In addition, SAA posters stood out distinctly at the display hall and thus evinced keen interest of the visitors. One unmistakable impression that SAA reps carried here was, others have started looking up to SAA as support group & awareness programme leader. It is a humbling experience which brings along a lot more responsibilities on SAA in it's mental health care mission. We need to gear ourselves to live up to this expectation.*

Reps from Kenya, Uganda, Malayasia, Sri Lanka and nearer home, Baroda, Panjim , Thane & Mumbai, wished SAA support groups could help them in starting or strengthening such activity in their places.

Further, Board members of WFSAD and office bearers of NFMI and Mumbai-based NGOs have given feelers that SAA should take the lead in family movement, support group formation, training, enrolling members to NFMI, WFSAD and also creation of a Maharashtra state-level body of NGOs. These responsibilities are quite taxing in terms of resources, both manpower & funds, and if they are to be accepted, should be considered in a well-

*What is of importance is not the event but the attitude that you take to the event.*





planned, phased manner.

Despite best efforts, the video clippings of 'Antarnaad' could be screened after the closing ceremony on the 4<sup>th</sup> November 2004. Yet, about 100 participants, with their lunch in hand, watched, cheered and applauded in appreciation. Benefits of the Deccan Gym project could be explained to some individuals only on one-to-one basis.

No doubt, through individual interaction and participation in the sessions, the SAA team gained knowledge and new perspectives about mental disorders and their management. Walter Lippman had said WHEN EVERYONE THINKS ALIKE, NO ONE THINKS ! Because of different opinions from different persons, horizon of our knowledge was widened. At this venue there was also a discovery: though psychiatrists are one of the busiest professionals who appear indifferent, they also after all are " persons with psychiatric expertise", say, like we describe 'a person with schizophrenia' and not as a schizophrenic. Psychiatrists' humane side rightly got exposure here.

All in all, objective of the theme *POWER OF THE FAMILY MOVEMENT – SHARING THE KNOWLEDGE* has been fulfilled to a very large extent.

We cannot also overlook the tremendous fellowship generated even among the SAA family members themselves after having travelled, lived and mingled so well for about a week.

- Gurudatt Kundapurkar



### Pathway To Recovery – Live Examples

Here are real life examples shared in our SHSG. This structured format of sharing comprises an important part of the Recovery method devised by Dr. Abraham Low. The reward for the regular practitioners of this method, in over 600 groups around the world, is improved functionality in their life with peace of mind.

(A)

Last Monday in my office a colleague of mine started shouting at another junior recruit. I started working up thinking that I will also have to face similar fate.

My hands started trembling and throat went dry. I could not continue with my job in hand as fear had gripped me.

I immediately sought solace in Recovery spottings. I said to myself that fear of anticipation is worse than realization and that I may not be admonished at all. My feeling may not be a fact and that I should carry on with the work. I started becoming calm and I commanded my muscles to carry on with what I was doing.

Had I not known the Recovery self-help technique I would have perhaps intervened and told the colleague not to shout. Or, in panic I would have left the office without telling anyone.

For having made timely use of the Recovery method and coped with the situation, I complimented myself.

-Pushkar

(B)

I had to rush out for some work yesterday when I could not trace my wrist-watch despite lot of searching. I blamed myself that I was a messy person and did not keep things in the right place.

Delay in leaving my house increased my tension and I could feel the palpitation. I said the people waiting for me will blame me or go ahead without me joining them.

I realized I was getting worked up and then I coped using the spotting that my internal peace was of supreme importance, more importance than my irritation and self-blame. I said that I would move my muscles to keep the wrist-watch in the right place in future. And that would help me to break my old habit pattern.

I said how fortunate I was because I could use the Recovery method and cope with the disturbing situation. Without it I would have suffered by burden of guilt. I endorsed myself for my effort to cope with this event.

-Vaishali

(C)

That Wednesday morning I woke up with great body-ache and sore throat. I felt like not going to the hospital on duty but taking rest at home. But I was afraid that being new to the job they would raise objection to my absence and perhaps terminate my services.

*Humans have never be known to endorse themselves as they should.*





I became very anxious and nervous. Confusion increased as I could not make up my mind on what I should do. With fear trying to overwhelm me I was just able to know what was happening to me and the need to cope with the symptoms.

I told myself that fear and symptoms would worsen each other in a vicious cycle. Let me bear with the discomfort of body-ache and comfort of attending doctor's duty will come. I decided that by commanding my muscles I could manage to go to work and overcome my resistance to report for duty.

If I did not have training in use of the Recovery method, perhaps I would have stayed at home with the risk of losing my job. Helplessness was not the same as hopelessness. I felt happy and endorsed myself for my reporting to duty as required.

**-Milind**

**(D)**

Last Saturday when I was on my way to our weekly meeting, the elevator got stuck as electric supply suddenly went off and there was no backup power.

I got panicky because I didn't know how long it would take for the security staff to help us out. I realized I was getting worked up because my throat went dry, my heart started beating fast and I started sweating.

'Bear discomfort and comfort will come' came to my rescue. I excused rather than accused the builder who was responsible for providing the backup power. I moved my muscles to press the 'alarm' button and my speech muscles by calling for help.

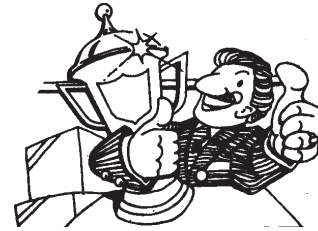
In a few moments the security staff arrived to help us out of the stranded elevator. Had I not known Recovery technique, I would have felt hopeless and cursed the builder for the lapse. I would have blamed myself for not starting early enough so that I could reach the meeting venue without being late. Out of fear I would have screamed for help.

For my having coped with this disturbing situation I endorsed myself then and there. My self-esteem also went up because I was able to assure others in the elevator that we are safe and the security staff would help us out.

**- Gurudatt**

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## Activities In Brief



### October 04

Dr.Jagannath Wani, founder president of SAA, was invitee as keynote speaker on the occasion of Indian Psychiatric Society's West Zone annual conference at Pune. On the same occasion Dr.Thara , President of SCARF, Chennai, released the book, DIVIDED MIND, published by SAA and edited by Dr.Ulhas Luktuke.

Forty countries were represented at the International Conference hosted by WFSAD and ASHA at Chennai. Dr.Radha Shankar, WFSAD Board Director, Chennai and her team had organized this event very well. For more details about SAA's participation etc. in this conference, please read the article appearing separately in this issue.

One SAathi and two shubhankars took part in the training on REBT- based Counseling organized by IPH, Thane at Pune. Fifty candidates benefited by this training consisting of role play, discussion, practical sessions by dramatizing situations

Dr. Jagannath Wani was awarded the International Peace Award by Calgary's YMCA Annual Awards function in Canada in recognition of his services in social work, including mental health care for over two decades.

### November 04

The Kesari-Maratha Group of Newspapers bestowed on SAA annual award for 'Vidnyan-Nishtha Prabodhan Paritoshik' for it's programmes on awareness of mental disorders. This is given in memory of Dr.R.V.Wardekar.

A day's picnic of SAA-Ekalavya family was organized to the Dome House of Halbes. Singing, dancing, feasting and games were enjoyed by all the 35 members.

### January 05

Mr.Anil Vartak, SAA Secretary, was invited

*Emotions function as a team with intellect as their manager.*



to make a presentation on 'Psychiatric Rehab – Consumer Perspective' co-hosted by WHO & NIMHANS, Bangalore. Mr. Halbe also participated as a shubhankar, representing SAA-Ekalavya.

The Sakal Group of Newspapers, Pune and Manke Hearing Aids sponsored the variety entertainment programme, ANTARNAD, presented by our shubharthis along with the Jagar Group artistes. The Balgandharv Ranga Mandir audience gave a thunderous ovation for their performance. Mr.Vidyadhar Bapat was the spirit behind this programme. Distribution of mementos to the Antarnad participants was done at the hands of Dr.Devendra Shirole in the presence of special invitees Mr Santosh Gokhale, Chairman-Deccan Gymkhana and Mr.Vijay Sabnis of Sakal.

### February 05

Muktangan Mitra presented Mr.Anil Vartak the 'Sangharsha Sanman Puraskar 2005' for his services in the field of mental health. Along with him Dr. Anand Karve was also awarded in recognition of his services for cultivation of scientific temper. Dr.Anand Nadkarni compered and interviewed the awardees.

The 2<sup>nd</sup> National Convention of Caregivers, hosted by IPH, Thane, had participants from 300 persons from all over India, including 35 from SAA. SAA's representatives provided a demo of Recovery method practised by our shubharthis. Variety entertainment programme was also provided by our shubharthis in the evening.

Bal Bhavan, Pune, had invited Mrs. Neelima

Bapat and Mrs. Smita Godse of SAA to talk on mental health care and SAA's activities. About 70 trainees of Bal Bhavan appreciated this presentation with concluding part by way of questions and answers.

### March 05

Rotary Club, Law College Road, Pune, was addressed by Mr. Anil Vartak and Mr.Gurudatt and shared their experience on mental health care and the difference family support could make to those diagnosed with mental disorders. Forty Rotarians were quite impressed with SAA's work in the field and showed interest in collaborative efforts.

A get-together organized of all awardees of the Maharashtra Times & Kesari Awards was represented by Mrs. Neelima Bapat and Mrs. Smita Godse for the movie DEVRAI from SAA.

Bapu Trust, Pune, had invited SAA for a demo and talk on the Recovery method, used by SAA's shubharthis. While 25 women delegates appreciated our self-help group activity, SAA's eight participants had the satisfaction of reaching out to prospective SG leaders from all over the country.

□

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