



EKALAVYA

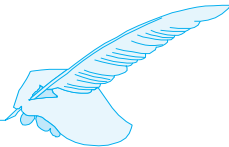
NEWSLETTER

SCHIZOPHRENIA AWARENESS ASSOCIATION (SAA), PUNE, INDIA

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Editorial



Tenth October is observed as the World Mental Health Day. Seminars, workshops, screening movies, free checks-up, exhibitions, release of books etc. would dot the entire globe this day. Compared to the enormous needs of the mentally challenged the world over, would great concern shown on just one of the three-hundred-sixtyfive days be enough? Annual observance of the day serves a limited purpose of becoming aware of how much more is yet to be done for mental health.

Then, of what avail is such tokenism? Let us see. One of the most disturbing news of last year was that several inmates of the Erwadi mental asylum in Tamil Nadu were doubly damned. Many of them died as they were inescapably chained when the asylum was reduced to ashes in a major fire. More shocking was the recent video clipping of a private news channel, showing mentally ill at this very asylum shackled yet again! This despite the Supreme Court's strictures after the last year's tragedy. Are we insensitive and contemptuous of human life and dignity? Or, is it a mindless act of over-worked, underpaid, uncared - for and frustrated asylum workers, headed by an equally helpless management? Whatever be the cause, sooner this blot ends the better for this small segment of our own brethren.

In this issue we focus major attention on concerns relating to the shubharthis : their cares & predicaments, expectations & opportunities or just lack of them. Reacting to an article in a magazine, a parent of a shubharthi asked, "Is threat to a patient's life the

only criteria to divert so much attention, funds and facilities to cancer and AIDS? Why not even half that care and concern shown for the life-long needs of the mentally ill? They suffer during their treatment, during the stabilising phase and even after near-recovery. Isn't that an interminable 'living death' penalty?" There are no easy answers to such bold questions. They stir one's conscience. Better they also shake one to action. Yes, action is what will ultimately matter to the well-being of the mentally challenged and their care-givers.

Howsoever little our efforts may be, we at SAA-Ekalavya rededicate ourselves to this cause with greater enthusiasm and energy on the special occasion of the World Mental Health Day.



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My internal peace is more important than my anger.

SALVAGING A LIFE WITH SELF-HELP

Our promise is to focus attention on one of the four very important sections of the mental health scenario : the family, the shubharthi, the professional and the community, as shown in SAA's logo. Accordingly, this time the spotlight shifts centre-stage on to the shubharthis.

Time, talent and dedication of the other three sections are deservingly directed towards the shubharthis. Yet, there is no success as supremely satisfying as the one achieved by shubharthis through their own initiatives and self-help. So here is the gist of what successful shubharthis say about their victorious march towards recovery :

1. When I find within myself some disturbing changes (examples listed separately in a box) I share them with my close relatives/friends/family doctor and seek their help to find relief. Not confiding them and indefinitely undergoing the suffering would be harmful for my well-being.
2. If I am advised to see professional, say a counsellor, psychologist, neurologist or psychiatrist, I seek an appointment without wasting time. I know earlier the diagnosis, earlier the commencement of treatment and relief.
3. I openly discuss with the professional and gather correct and adequate information about my ailment, it's treatability, medication, side-effects, chances of and time required for recovery & rehabilitation.
4. I accept doctor's diagnosis without any shame or blame just as I would have done had it been diabetes or hypertension. If I have any reservation I seek the guidance of a professional. Sooner I accept the diagnosis the greater are my chances of recovery through prompt treatment & rehabilitation.
5. Once under the treatment of experts, I cooperate wholly in following the regimen recommended by them as I know it is in my own interest and for my benefit.
6. Should I experience any disturbing side-effects of medication, about which I was not warned before hand, I promptly share the symptoms with my parents and the doctor. In any case I will not stop or change the medication on my own without the expert opinion of my doctor. Otherwise it could be even more harmful for my well-being.
7. When faced with complex problems of adjustments I simply seek the help of a professional counsellor. I am sure with this help I can cope better with the changes I have to make in my education, career and my personal life.
8. Maybe with the assistance of the professional, very soon I seek and locate a good self-help support (SHS) group to just complement the professional's efforts. Like many others I too like to benefit from participating in an SHS group.
9. As I have been taking prompt and positive measures, I definitely am optimistic about restoration of my mental health and normal life, under the changed circumstances.
10. To sustain my optimism I seek and be in the company of friends with positive attitude and cheerful outlook. This, I am told, only hastens the recovery process. It also provides well-deserved relief to my stressed-out parents.
11. I know optimism is healthy and realism is helpful. Hence, I constantly bear in mind the wisdom of forbearance : I must have immense patience, especially during the phase when progress may seem very slow and temptation great to either stop everything or try something new.
12. As recommended, I control my food intake and keep a close watch on my weight. This ensures avoidance of any health complications.
13. I need just adequate sleep - neither more nor less - suited for my level of physical activity. I know sleep is not the solution for boredom.
14. I take regular physical exercise, based on my present fitness needs, as assessed by my doctor or my yoga instructor.
15. I practise cleanliness and personal hygiene and groom myself in a presentable way. It takes care not only of my physical well-being but also of my self-image and self-esteem.
16. The skills I acquired in encouraging environment of the SHS group enable me to express my emotions such as anger, fear, anxiety etc. with control and culture. However, I always remain alert to their tendency to arise and intensify.
17. Pursuing good old hobby is worthwhile diversion. Earlier if I had none, I cultivate them now, based on my present interests, and get thoroughly absorbed in them.
18. I am very selective while reading books/magazines or watching movies & TV programmes. Only those which make me feel good and happy interest me.
19. Only soothing and relaxing music has a place in my life now. I keep myself away from the loud and excitable variety.
20. I do have goals and targets but they are more realistic and attainable. In this I do seek the opinion and guidance of my well-wishers and the

Nervous symptoms are distressing but not dangerous.

counsellor. I review and revise them as I progress. Goals keep me on course, like a rudder.

21. I surrender myself to God, the Almighty's wisdom about what is in my best interest. I have full faith in Him and constantly seek His grace while continuing to do my duties.
22. Ultimately, I believe in myself and my own ability to bounce back to an empowered life. I humbly dedicate some of my time to alleviate the suffering of my fellow shubharthis by extending a helping hand. This, I consider, is the crowning glory of the concept of self-help and support.

An open invitation : If any shubharthi seeks any clarification or desires to comment on any of the above convictions, please do write or talk to us. Maybe, the response also comes from amongst shubharthis themselves.

DISTURBING CHANGES TO WATCH FOR

- Desire to avoid people or even eye contact with them
- Inappropriate laughter or crying
- Neglecting personal health and hygiene
- Continual feeling of hopelessness
- Sudden or gradual decline in career or academic performance
- Sudden and uncontrolled hostility
- Experiencing alternate phases of hyper-activity and lethargy
- Recurring desire to punish oneself or end one's life
- Overall deteriorating relationships
- Uncontrollable tendency to blame or abuse others
- Living in euphoria or having grandiose ideas
- Losing sense of reality & sense of proportion
- Frequently resorting to physical violence
- Emotional indifference
- Excessive fatigue and desire to sleep
- Expressing thoughts & emotions without any control
- Constant sense of frustration
- Frequent bouts of deep depression
- Hyper-sensitiveness to others' behaviour
- Lack of concentration even for a short time
- Inability to bear loss of loved objects/persons
- Harboring constant suspicion
- Hearing sounds, seeing things others don't
- Becoming very indecisive or frequently changing decisions
- Outright refusal of any suggestion or help.

Tea Garden

I grow in gardens
Lush and green,
Which you may not have
Around miles seen.

And, when it rains on
Slopes and plains,
The water around me
Quickly drains.

And, when I sprout,
I am plucked out
By men and women,
Lean and stout.

They're dressed in colours
Gay and bright,
And altogether it's a
Picturesque sight !

- Saroj Acharya

Awaiting Companion

Forlorn, tired eyes unknowingly moisten
While my heart peaks and plunges,
Yearning for that unhurried w-a-l-k together.
"Some day mercy would descend on you,"
Is what keeps my heart beating.

- Manisha Deshpande

(English rendering by Mr. Gurudatt Kundapurkar of Manisha's original Marathi poem)

SAA-EKALAVYA MEMBERSHIP

Schizophrenia Awareness Association is an NGO founded for the cause of creating a proper awareness of mental illness, including removal of associated misconceptions.

Besides, Ekalavya self-help support Group is also formed to provide a friendly forum to shubharthis to meet like-minded persons and share their experiences without any fear of being judged or criticised. For the shubharthis the weekly meeting takes place at the Apte Prashala, Apte Road, Deccan Gymkhana, every Saturday from 4.30 to 6.30 p.m.

On the 2nd and 4th Saturday the care-givers of shubharthis meet at the same venue and time. This promotes fellowship through informal sharing of information on mental health, medicinal side-effects experienced, coping with problems faced, need of concessions required in fares, taxes etc. for the treatment and rehab of shubharthis, etc. Lectures / workshops of experts for the care-givers are also arranged.

An annual (April to March) membership fee of SAA is only Rs. 100/- which entitles you to receive four quarterly issues of Ekalavya Newsletter. To defray cost of hall rental etc. of the weekly meetings, a purely voluntary subscription of Rs. 25/- per month, per shubharthi or care-giver, is accepted with gratitude.



Every act of self-control leads to self-respect.

WHERE THERE IS WILL ...

This month a shubharthi and a care-giver parent, share their first-hand experience. For obvious reason, names have been changed.

a) In those days with regular medication I was on the path of recovery. No one would suspect I had been a shubharthi unless I had the need to disclose the fact. Owing to my inability and lack of confidence to strike conversations I would avoid even known persons. Yes, this earned me the label of 'unsociable.'

Gradually things changed from the time I joined the Ekalavya self-help support group's weekly meetings. To begin with there was hesitation even to interact amongst the group members. The turning point actually came when Neelimatai, our facilitator, took greater interest in our problem of being self-conscious and of our hesitation to converse with others. She gave us some useful tips and encouraged us to use them.

Over a few months, I rather started enjoying interacting with different persons. I looked forward to meeting and talking to people though I did not impose myself on them. Suddenly it dawned upon me that informal sharing experiences in a non-judgemental atmosphere of Ekalavya group had boosted my confidence. I was able to connect and cooperate with others. It indeed was like tasting the gentle sweetness of freedom I once enjoyed before the episodes of my disturbing symptoms. - Suman

b) Every second and fourth Saturday of the month, care-giver parents meet informally. Exchange of information on medication, side-effects of medicines, rehabilitation concerns etc. of shubharthis generally keep the parents group engaged.

Once at the meeting venue I found that Manoj's father was aloof and quite worried. Our chat led to Manoj's behaviour at home and his refusal to continue with medication. I responded by saying that this was quite a tricky and difficult task faced by all parents and it would be prudent to be patient with Manoj. My son, Sushant, intervened just then. He suggested to Manoj's father that he would like to visit their house and talk to his son. With some hesitation I agreed to my son's suggestion.

Then as planned I and Sushant visited Manoj's house. After initial discussion with his parents about a few topics of common interest, Sushant sought to meet Manoj. Part of their conversation we could hear outside was :

"What else can I do other than watching TV? I don't feel like doing anything because I know I can't. I feel frightened, confused and sad."

'Well, Manoj, you can do quite a few things though they seem a bit difficult for persons like us. You

can overcome this frustration by taking medicine regularly.'

"How do you say this?"

'That's what I myself did and continue to do so. Don't we take medicine from our doctor when we have bodily ailments like cold, cough etc.? Similarly, mental illness is also treatable.'

"So?"

'Look, Manoj, I have been through this and I know it first-hand. Taking medicines as per doctor's recommendation brought down my suffering considerably. I also joined the Ekalavya self-help support group. Besides, I am attending the Chaitanya day-care centre. There I have made some friends. I also learnt quite a few skills, including drawing and painting.'

"Tell me, what all these things have done for your?"

'You just have to experience it to really understand how good I feel after that. I am interestingly engaged. Now I have friends who understand me. When I get back home in the evening I am without much stress, unlike before.'

"I am a bit confused. So, tell me, what do you think I should do?"

'First of all, Manoj, see your doctor and start taking medicine as he says. We will see what needs to be done thereafter. I am with you, you can count on me.'

A week later Manoj's father was delighted to ring up and confirm that his son has begun taking medicines regularly. There is always a first step on the path of recovery. Is this not fellowship nurtured by the self-help support group activity? - Appa



CARE-GIVER, HUMOUR & HEAL THYSELF

During a recent group discussion an active office-bearer of one popular mental health centre admitted that as a professional care-giver he was under constant tension. This undoubtedly is a career hazard. However, if signals of fatigue of the body and mind are repeatedly ignored it could lead to hypertension, hyperacidity, migraine, ulcers, asthma, insomnia, eczema etc.

Which means, do whatever you can but do find time and space for relaxation and diversion. When you are back home or at your quarters, just switch off the cares of your work-place. Did you say that it is easier said than done? Of course, it is, but at the same time, detachment is also a learnable skill.

Besides, at work also appropriately snatch a few moments to add cheer into your own or someone

Have the courage to make a mistake.

else's life. Try and watch your own oddities. Now, muster courage to laugh at yourself - the highest form of humour. When everyone, including your-self, has a hearty laugh, see how lighter you feel. That simply is bouncing back with energy for the tasks ahead of you.

We at SAA-Ekalavya, off and on, indulge in jesting and bantering to get ourselves relieved and recharged. For instance, once we had a lengthy and tiresome group discussion on the weighty topic of stigma. Just while dispersing, one of us, who is a professional teacher, suggested we carry a few case papers and come prepared for the next discussion. In a lightning response another volunteer quipped, "I was hoping against hope that 'Sir' will not give us 'home-work' today!" Similarly, on another occasion, one of us was standing precariously on a rickety table and struggling to pin up some posters at an exhibition venue. The volunteer tending the table assured the struggler, "Don't worry, for your efforts you will be awarded a first-class diploma in acupuncture!" This spirit lingers on.

A little sprinkling of fun and frolic adds to one's efficiency and protects one from fatigue and boredom of tough tasks. So, dear care-giver (whether professional or personal), self renewal is what you very much owe yourself. So, pick up a few from an array of de-stressing activities* and hone up your skills. Then experience the magic yourself and, of course, inspire others also through the columns of this quarterly. You would then have doubly served the cause of mental hygiene and health. You will not only be cheerful yourself but also be able to add sparkle into others' life. (*Listen to soothing music or sing your heart out through a bhajan, watch or read comedies, knit, paint or draw, do yogasanas, go for a walk or trek, cycle, swim, attend a discourse, meditation, NLP, massage or acupressure session.)



A CARE - GIVER RESPONDS

For the sake of care-giver parents of the mentally ill (MI) a series of talks by Dr. Shirisha Sathe, Pune's reputed clinical psychologist and counsellor, was organised at Pune. They were arranged by SAA-Ekalavya SHS Group, between 10th August and 23rd November 2002.

"The informative talks by Dr. Shirisha Sathe were very useful to the numerous care-giver parents of the MI. As a care-giver I too found the sessions interesting as they were interactive and down-to-earth. Thanks to

SAA for organising this programme for the benefit of care-givers who themselves are aggrieved persons.

Over a period of time care-givers do collect a lot of information about schizophrenia, its treatment & duration, medication, chances of recurrence & recovery, rehabilitation etc. As the sources could be varied, their information includes some misconceptions too. So, her talks helped clear quite a few doubts and misconceptions.

Apart from providing insights into this disorder, Dr. Sathe's focus on the role and responsibilities of care-givers was highly relevant and beneficial. Making generous use of live examples, coupled with answering specific queries of the care-givers, added practical value to these talks.

Medicines, required to be used in MI treatment, can really test the patience and pockets of care-giver families. So, the topic of medication had evoked considerable interest. Dr. Nitin Dalaya, a practising psychiatrist, who was specially invited one evening, competently fielded some of the toughest questions from the care-givers. However, they went back home more than convinced of the necessity of paying greater care to this very vital aspect of MI treatment.

Dr. Sathe made special efforts to emphasise two aspects touching the lives of care-givers. One : care-givers could themselves experience frustration as the disorder demands a 'long-haul' treatment. They may be tempted to change and try out alternatives, which in reality, further delay the stabilisation process. Two : they must also not neglect their own health and life so as to be really effective as care-givers. 'The four wheels of faith & cheer, poise & perseverance would ensure a smooth ride on the path of recovery,' was the wise suggestion of Dr. Sathe.

On the last day it was gratifying to hear the parents say that they gained a lot from attending her sessions. They admitted change in their own attitude towards their wards, leading to more tolerant and congenial atmosphere at home. They are now able to cope better with a MI person in the family. I can only nod in total approval of this. Moreover, we look forward to such programmes/workshops for care-givers in future also.

Though the talks are said to have been based on the book, "Living & Working With Schizophrenia" by J.J. Jefferies & Others, Dr. Shirisha Sathe had provided an Indian angle and a personal touch to the whole series on account of her vast experience in this field.

- Raghunath Acharya



Feelings are not facts.

DID YOU KNOW THAT

- Under Sec. 80DD, expenses on treatment and rehabilitation of a mentally ill (MI) person, up to Rs. 40,000 p.a., can be deducted from one's taxable income
- One can claim deduction from one's income of investments in LIC or UTI, exclusively for the maintenance of an MI person after his/her parents are no longer alive
- MI children of government employees, covered by the family pension scheme, are also eligible for its benefits?
- For more information or clarification, please speak to **Mr. Raghunath Acharya on 539 78 09**



MENTAL HEALTH LANDMARKS

DR. LOW'S PIONEERING SELF-HELP CONCEPT

Shaping a vision :

Thousands all the over the world pay tributes to Dr. Abraham Low, the well-known American neuropsychiatrist who established Recovery Inc. on 7th November 1937. This is because those who suffer mental and nervous symptoms regain and maintain their mental health, using the Recovery self-help method. From 1952 onwards, however, a more structured and refined method was introduced by Dr. Low himself. The avowed mission statement adopted by the Recovery's Board of Directors is : To make available a self-help method to reduce suffering and improve mental health through weekly group meetings.

Pioneer's pangs :

This new system of Dr. Low was based on years of experience and his experimentation in treating various mentally ill patients. However, as it happens with most pioneers, his bold self-help initiative was not approved by majority of the contemporary medical fraternity. Their apprehensions then were on account of the prevalent conservative concepts like : mental illness is life-long; the patient has to be hospitalised now and then; owing to his persistent symptoms the patient can hardly be expected to get back to his routine life; etc.

Group therapy evolution :

In those days acute mental health problems landed a patient into hospitals. Electric shock treatment was more relied upon than ineffective medication then available. It was in such a gloomy scenario Dr. Low had sown seeds of a daring experiment in self-help support system.

To begin with Dr. Low had one-to-one sessions with his patients. He then went on to addressing them in small groups after the individual sittings. On these occasions he read some of his writings. He also talked to them on how they could cope with their symptoms of panic, anxiety and depression with the help of spottings. Spottings are recallable statements of Dr. Low whose profound meaning helps in coping with disturbing symptoms when they arise from trivialities of everyday life. Besides medical treatment by the professionals, patients felt, with a little will and effort they could control their disturbing symptoms.

The acid test :

One day Dr. Low could not be present for such a meeting. But to his pleasant surprise, the patients on their own went ahead with the meeting, sharing and discussing exactly the way Dr. Low had shown them. Here, he thought, was proof that these patients could be motivated and guided in will-training and self-help.

Gains of group nurturing :

It is evident that the success of this whole system is built upon its pragmatic and structured approach, rather than lofty ideals, of self-help and support on the path of recovery. For example

- Discipline, so very necessary for results, is at the very foundation of conducting the group meetings.
- These occasions provide an opportunity to meet and mingle with like-minded persons in a non-judgemental environment.
- The feeling of fellowship is enhanced by discovering that what is shared by one is also experienced by the others.
- There is mighty satisfaction of being understood by other group members.
- Here is one place on this entire planet where one gets endorsement for whatever little effort one puts in.

Averageness to excellence :

Recovery Inc. fully believes in the capability of its rehabilitated members taking charge of their own life. This is borne out by the fact that responsibility right from an assistant group leader of the weekly meetings upto the highest positions in Recovery Inc.'s Board is always managed by former patients. Therefore, Recovery Inc. founded by Dr. Low is a living example of his vision, that of restoring a healthy and dignified life of, for and by former mental patients, without fear of stigma or dependence.

Thus, Dr. Abraham Low stands tall amongst the world's great and friendly mental health professionals as he has significantly contributed to a self-reliant and hopeful journey of mental patients towards recovery.



Helplessness is not hopelessness.

WHAT IS MEANT BY

Endorse for the effort, not for the outcome

Yes, I am a person with nervous symptoms. So, what? After all, my condition, which is under control, is fate-appointed and not self-appointed. That is, I or my family is not the cause for it. I realise I have to cope with my disturbing physical symptoms and emotional discomfort. This means, I have to learn to cope, I have to make efforts to control my thoughts, emotions and muscles.

The efforts I need to make are not just once a while. I have to make them every time, without exception. Making the efforts always means I am committed to my chosen path of self-help. Well, I may not succeed every time. Who does? After all, I am an average person who sometimes makes mistakes. Haven't they said, to err is human?

To cope with my disturbing physical symptoms and emotional discomfort, which may arise any time, anywhere, I have to use Dr. Low's spottings (given at the end of each page). I know that, like any other skill such as swimming, cycling etc. spotting skill can also be cultivated and mastered. The more I practise the more proficient I become. And the more proficient I am, the better I can cope with day-to-day situations in my life.

Constancy of my efforts represents my determination. Therefore I am not too concerned with the results. Making efforts is more important. Results will follow. However, I need to endorse myself, recognise myself just for my persistent efforts. Self-appreciation is for my commitment to efforts and not necessarily for the outcome.

Who knows first and foremost of my efforts other than myself? So, let me be the first to endorse for my efforts. I certainly deserve a pat on my back for every effort I make. That in turn motivates my further progress on this path of recovery.



MOOD, A TREATABLE HANDICAP

Most people in the world are moody. Their feelings of elation or sadness are understandable reactions to daily events and not affect their lives greatly. Feelings of depression and joy are universal.

Depression is an emotional state marked by great sadness, in which life seems dark and it's challenges overwhelming. Around seventeen percent of all adults in the world may experience an episode of severe depression

at some point in their lives. Women are at least twice as likely as men to experience episodes of depression. These rates hold steady across the various socio-economic classes.

To assess if one is depressed, the latest diagnostic system requires five of the following symptoms to be present for at least two weeks :

+ Sad, depressed mood + Loss of pleasure and interest in usual activities + Difficulties in sleeping (insomnia) + Poor appetite and weight loss or increased appetite and weight gain + Loss of energy, great fatigue + Negative self-concept, feelings of worthlessness and guilt + Difficulty in concentration + Recurrent thoughts of death or suicide.

These above criteria should not be considered as very rigid since the final consideration lies in the hand of an experienced clinician.

In bio-chemical terminology, low levels of neurotransmitters cause depression. From a psychological point of view, depression is explained as result of negative ways in which people view themselves, their world and their future. In everyday life we tend to make errors in our thinking. We often draw conclusions in absence of sufficient evidence or any evidence at all. For example, a person feels totally rejected when his/her lover makes a simple criticism.

We infer without considering the context in which an event is occurring. For example, a student feels worthless on failing eventhough the examination was very difficult and he was one of the many students who failed.

We tend to over-generalise on the basis of a single event. For example, a daughter feels her mother is too dominant because she is not allowed to go for a party.

We falsely magnify or minimise evaluations of our performance. e. g. A buyer feels cheated because he paid Rs.10/- more for his shopping (magnification). A woman believes herself worthless inspite of succession of praiseworthy achievements (minimization).

We hold irrational beliefs like 'I should be loved and accepted by everyone at all times' or 'I must be successful to be happy.' As such errors in thinking are believed to be among the causes of depression.

Depression can be prevented and treated by several types of treatments including psychotherapy. For example, Cognitive Behaviour Therapy and biological methods like drugs, etc.

We must constantly be alert and sensitive to detect this handicap of modern stress-ridden society which is preventing us from achieving our full potential.

We must abstain from identifying a depressed person as a 'sick' person but as an individual who is suffering from a 'sickness' like any other illnesses requiring treatment.

Nishreen Poonawala
Interne Clinical Psychologist



Every act of self-control leads to self-respect.

SAA AND IT'S ACTIVITIES

Prof. Anil Vartak, our Secretary, was interviewed by AIR-Pune's representative about the various aspects of schizophrenia, the state of mental health in the city and about the work being done by SAA-Ekalavya SHS Group. It was broadcast in March 02 under the Marathi programme 'Parichay'. From the following Saturday onwards many persons expectantly turned up at the Apte Prashala for more information on now they could avail of the services of the SHS Group.

The article entitled, 'Deepastambh' in the daily Sakal dated 22.7.02 written by their correspondent Sameer Godse, was the outcome of discussions he had with our Ekalavya SHS Group members. The impact of the informative article could be gauged from more than one hundred phone calls received from affected care-givers and shubhar this located at different places in Maharashtra.

Prof. Anil Vartak, one of the representative from India, participated in the international convention organised by the World Fellowship for Schizophrenia & Allied Disorders (WFSAD) at Kyoto, Japan from 9th to 11th October 2002. His presentation 'Overcoming Stigma' as part of the conference theme, "Power of the Family Movement - Catalyst for Change," was very well received by the global audience.

SAA-Ekalavya released it's handout, 'Frequently Asked Questions About our Self-Help Support Group' on the occasion of the World Mental Health Day, 10th October 2002. We participated in the exhibition-cum-seminar, inaugurated by Sakal's MD, Mrs. Vijaya Patil

and organised by Pune's Chaitanya Mental Health Care Centre. Inquisitive visitors to our stall ranged from lay persons & psychology students to shubharthis & psychiatrists. Fifteen NGOs took part in this event held at the SP College.

For educating and empowering care-givers, a series of interactive talks of Dr. Shirisha Sathe, Pune's well-known clinical psychologist & counsellor, was organised by about sixty care-givers at each of the sessions. We are watching with interest how the care-givers' enthusiasm shapes the future.



YOUR COMMENTS MOST WELCOME

Now that you have read two issues of Eklavya Newsletter. You should have some thoughts to share with us. Therefore, please rush your comments and suggestions as we value your feedback.

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