



KOSHISH

The voice of people with mental distress/psychosocial disability

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Ability within Disability

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General Secretary, KOSHISH

As I am a person with psychosocial disability, I got the opportunity to participate in the Women's Initiative on Leadership and Disability (WILD) program organized by Mobility International USA (MIUSA). It is an educational and leadership training program established in 1981 to improve the lives of people with disabilities around the world.

The program was held in Oregon, America from 3rd to 25th August 2013. It was exciting to participate in the program as all the participants were persons with disabilities. Every day the program had a different schedule with interactive activities. I enjoyed each and every activity and had great fun. At the same time, I learned many things that I can apply practically in my life.

The most important thing I learned there is that people with disability can do any activity and can enjoy every activity as much as others do. The only thing needed is to create an accessible environment to make it possible. There were practical activities like an assault course, rafting, camping, swimming, cycling, singing, dancing, and fashion shows where people with disabilities, including blindness and deafness, actively participated and enjoyed the program.

After this program, it is easy for me to understand more clearly that disability is not because of you, it's because of your environment and surroundings. You are able to participate in each & every activity in your society and community but there are some social barriers (stigma, discrimination) and environmental barriers (inaccessibility). You need to fight against those barriers, so that you can show your ability within your disability. ●



Upendra Adhikari, Joint Secretary of Ministry of Women, Children and Social Welfare (MoWCSW) expressing his views on interaction program jointly organized by MoWCSW and KOSHISH.

Gender & Disability

Saluja Moktan

Programme Officer-Gender, KOSHISH

Gender refers to the established roles that are assigned to women and men in society. Disability relates to the barriers created in society, and faced by a person having physical or psychosocial problems. Therefore, gender and disability are socially constructed notions. In Nepal, the roles given to men and women are unequal and women are treated as subordinate. Women are discriminated against legally, socio-economically and politically. In the same way, disability whether physical or psychosocial is also discriminated against e.g. by segregating people with these disabilities. Hence a barrier is created by society that creates hurdles, stigmatization, discrimination and marginalization for people with disabilities.

According to the National Population and Housing Census 2011, there are about 513,321 people with disabilities in Nepal of whom 6 percent have mental or psychosocial disability. There is greater chance of having disability as a woman due to different forms of violence in Nepal. Furthermore, people with disabilities are more likely to be discriminated against and exploited. Women with disabilities are disadvantaged twice as per the provision in the Muluki Ain (Chapter 17, on marriage, No.9), a man can take another wife if his wife has disability but this does not apply for a woman if her husband turns out to be physically or mentally disabled. To reduce discrimination and injustice against women and people with disability, there needs to be change in social perceptions and values in the traditional mindset. In addition there needs to be amendment of laws that promote unhelpful practices and effective implementation of new laws.

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Woman with child

RESCUED



Maya with her six months old daughter at Transit Home

Thirty-five-year-old Maya KC, was admitted to the hospital after she was found pregnant and suffering from mental illness in the street 13 months ago. She gave birth to her daughter in the hospital on January 18 but was living there as her family members could not be traced.

According to hospital management they had provided accommodation and food for Maya and her child in the hospital. Maya was yet to recover from her mental health problems as the hospital didn't have a specialist. They handed over both mother and child to KOSHISH for mother's treatment and rehabilitation on July 28th 2013.

KOSHISH team brought them to KOSHISH's transit home, where she is getting proper treatment and good care for her child. KOSHISH has provided services to more than 100 clients who had mental health problems since its establishment. Many of those who even didn't know their name when they were admitted have been successfully reintegrated into their family after KOSHISH found their home and family.

Now, Maya is receiving medication and getting various therapies. KOSHISH's transit home team guessed she might have returned from foreign employment as sometimes she speaks in English and Hindi with them.

Similarly, KOSHISH team rescued a 21-year lady Sarika (named changed), from Nawalparasi district (Western Region of Nepal) on 22nd August 2013 from Damauli (District Headquarter of Tanahun-Western Development Region).

Sarika's mother left home after some problems in the family. After she left, Sarika gradually started to develop symptoms of mental illness. For 2-3 years she was roaming around without having proper food and clothing. Her condition was deteriorating day by day, so when the KOSHISH team was informed they went there to help her.

Reintegrated after Recovery

Amala (name changed) hails from Butwal, located to the West of Kathmandu. She had a history of mental illness for more than 18 years. Her family took her to doctor many times and they tried all sorts of methods of treatment. Nothing helped and she started to wander away from her home. While seeing her deteriorating condition, family members fortunately got to know about KOSHISH. They brought her to KOSHISH's transit home for her treatment on 3rd October 2012.

At that time, her condition was wretched; she was not aware of anything and was completely withdrawn from reality. She was diagnosed with schizophrenia. KOSHISH provided accommodation in their transit home while she was given bio-psychosocial treatment that includes clinical, psychological and social support. This helped to manage her problem.

When she recovered she was so excited to see her family members and quite anxious to go home. KOSHISH team reintegrated her in the family on 1st August 2013. Amala now is happily living with her family.

Since June 2013, KOSHISH has reintegrated fourteen persons after their recovery. Of those KOSHISH team were directly involved in two cases to facilitate reintegration into their family whereas others were more readily received by their family. ●



Amala ready to go home after recovery

KOSHISH SERVICES

Transit Home Service :

OPD on every Monday & Thursday after 2.00 pm at KOSHISH Transit Home, Bagdol, Lalitpur

Peer Support Activities & Counseling :

Every Tuesday (except last Tuesday of English Calendar) on 11:00 am at KOSHISH Office, Thasikhel, Lalitpur

Peer Support Formal Group Meeting :

Last Tuesday of English Calendar on 11:00 am at KOSHISH Office, Thasikhel, Lalitpur

Bhaktapur OPD Service :

Every 3rd Tuesday of Nepali month from 2:00-4:00 pm at Bhaktapur Hospital, Bhaktapur.

EFFORTS OF KOSHISH

Advocacy Letters Submitted

A mid-term discussion of the Universal Periodic Report was held by National Human Rights Commission in which KOSHISH submitted recommendations for the prevention of mental health and promotion of the right of people with mental health problems to live with dignity.

KOSHISH has submitted an advocacy letter at the Ministry of Health and Population for the need to establishing local as well as national level mechanisms for the protection and promotion of Mental Health.

KOSHISH suggested some recommendations that are in line with Convention on the Rights of Persons with Disabilities (CRPD) for the upcoming Disability Bill at Nepal Law Commission.

For the upcoming constitution election, KOSHISH has been advocating with political parties to include the Mental Health sector in their election manifesto. So, it submitted advocacy letters to most of the political parties including Nepali Congress, CPN UML, UCPN Maoist, Madhesi Jana Adhikar Forum, Nepal Majdoor Kisan Party, Tarai-Madhesh Loktantrik Party, etc.

Case File to NHRC

KOSHISH requested the National Human Rights Commission to initiate a special committee comprised of Human Rights Activists, Social Workers, Doctors, Psycho-Social Workers etc. to address the issues of Nanda Prasad Adhikari and his wife who were being forcefully kept in a mental hospital without proper medical check-up or confirmation of having mental health problem.

Nanda Prasad Adhikari and his wife were forced to stay in the mental hospital when they appealed for justice for their son Krishna Prasad Adhikari who was killed during the period of civil war (2061 B.S).

Seeing the situation, KOSHISH along with Mental Health Network-Nepal came to the conclusion that forcefully admitting the Adhikari couple at mental hospital without endorsement of having mental illness was wrong. A press conference was held in which the following points were discussed:

- Keeping people forcefully under medication without proper check up at mental hospital should be prohibited. Those who have been kept in such way at the hospital should be sent back in a dignified way.
- The affected people should be examined in a systematic way to be sure if he/she is suffering from mental illness or not.
- Provisions should be made for better implementation of the existing policies, laws and conventions so that such incidents will not be repeated in the future.

KOSHISH, Mental Health Network- Nepal, National Human Rights Commission, Civil Societies and other organizations raised up support for justice for the Adhikari couple. Finally on 2070/08/04 B.S., it was clarified that Adhikari couple did not have any mental health problem and they were discharged from the mental hospital.

Internalizing the Issue

The interaction program on “Women and Children having severe psychosocial problem due to violence: Protection and Rehabilitation” was jointly organized by Ministry of Women, Children and Social Welfare (MOWCSW) and KOSHISH on 20 August, 2013. The program was chaired by Mr. Upendra Prasad Adhikary, Joint Secretary of MoWCSW.

It was a half-day program organized with the objectives of discussing and sharing ideas for the protection and rehabilitation of women and children having severe psychosocial problem due to violence in Nepal. The participants were from government agencies, international donor agencies and national non government organizations working in the sector of gender based violence and disability issues.

Mr. Matrika Devkota, Chairperson of KOSHISH presented on the condition of women and children having severe psychosocial problem, legal discrimination and different forms of violence against them. The program started with a video aiming to internalize the issue among participants. The program also focused on the challenges occurring in the process of protecting the rights and rehabilitating the person with psychosocial problem in their community and family. ●

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Nepal has other laws including the Protection and Welfare of the Disabled Persons Act, 2039 (1982) and the Convention on the Rights of Persons with Disability (CRPD) which was ratified 7th May, 2010. Now, it is obligatory and important to implement this convention in the context of our country in order to protect and promote the human rights and fundamental freedoms, such as the right to health and education, the right to live and be involved in community, of those families affected by gender based violence and people with disability. It is recognized in the article 6 of CRPD that women and girls with disabilities are even more vulnerable to being exploited and victimized with different forms of violence, abuse and neglect, therefore the state needs to take effective measures on their behalf.

More significantly, it is necessary to raise awareness about national and international laws and conventions such as the CRPD and to bring information about them into discussions for policy making on issues of gender and disability. We do this in the hope that the needs and rights of women and girls with disability will be addressed in the Nepal constitution in line with international guidelines. We long to see women and girls living their lives without discrimination and exploitation due to disability. ●

Community Based Program



KOSHISH National Mental Health Self Help Organization conducted a one day micro enterprise orientation program for its Self Help Group members of Bhaktapur and Dhading on 29th and 31st August respectively. This training is one of the key activities of the CBM supported project named 'Mainstreaming Psychosocial Disability in Nepal'. This project has targeted 3 VDCs of Dhading and Katunje VDC and Bhaktapur municipality of Bhaktapur district for community based mental health programs.

One day entrepreneurship training was provided with the objective of empowering Persons with Psychosocial Disability (PWPDs) and their family members in generating and strengthening their means of livelihood. Income from PWPDs not only enables them to earn money for their medicine but equally it changes the attitude of the community towards them which ultimately support them in coming out of their mental health problems. ●

NEWSPAPER CUTTING



This is the news story published in 'Rajdhani' national daily newspaper with a headline 'Mother doesn't know identity of her children's father' dated 29 August, 2013. This news story discusses the issue of children born as a result of the sexual abuse of women on the street with mental health/psychosocial problems and makes reference to children living in KOSHISH's transit home.

OCMC Visit

KOSHISH team visited Hospital based One-Stop Crisis Management Centers (OCMC) located in three districts Sunsari, Baglung and Kathmandu (Paropkar Maternity Hospital) in Eastern, Western and Central regions of Nepal respectively.

The visit was done to analytically review the operations along with implementation processes. The objective of this visit was to give feedback for further enhancement particularly in making it appropriate and inclusive with regard to women and girls with mental distress/psychosocial disabilities. As well as finding out the things to be improved, there was consideration of lesson learning and best practices.

The team conducted the intensive field visits by adopting effective tools and techniques as well as ensuring proper coordination and cooperation with local community, concerned staffs/representatives and central level government and civil society organizations, local societal leaders and other concerned stakeholders.



One Stop Crisis Management Center visit at Sunsari

Some findings of the visits are as follows;

- Around 270 victims of gender based violence including 10 men have been treated in the visited districts. Out of 270, 78 victims are 3 to 14 years of age and others are 19 to 45.
- Awareness raising program about the services, provisions and prevention of violence on OCMC needs to be conducted.
- Record keeping systems of victims needs to be improved.
- Holistic treatment services and refresher training on psychosocial counseling for the staff is needed.
- Coordination and cooperation with NGOs need to be more effective.
- The OCMC operational manual needs revision to make it more inclusive and effective.
- Staff needs specific job descriptions. Supervision and monitoring mechanisms are weak. There are not enough spaces to admit victims and they are not getting all the treatment free of cost. ●