

# KOSHISH

E - Newsletter

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## Message from the Chairperson



Dear Partners and friends,

The social values, norms do not support mental/psychosocial problems. It is treated as the sin of previous life. Persons with mental/psychosocial problems have social barriers that hinder them living a normal life in the society.

The disability classification of Nepal 2006 has included mental disability. However, persons with mental/psychosocial problems are deprived from getting support from society and state.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was ratified by Nepal on December 27, 2009 which states 'Persons with disabilities include those who have long – term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'

This ensures that mental/psychosocial impairment as disability and persons with mental/psychosocial disability have equal rights and can effectively participate in the society. We, the persons with psychosocial disability should be equally recognized.

## Partnership of MOWCSW and KOSHISH continues for Inclusion of Psychosocial Disability

KOSHISH along with the partnership of Ministry of Women, Children and Social Welfare organized Interaction Program on Inclusion of Psychosocial Disability into Disability Momentum. This program was conducted at June 24, 2012 in Hotel Annapurna, Durbar Marg, Kathmandu.

KOSHISH invited authorities and representatives from Disabled People's Organizations (DPOs) working in different disability sector including National Disabled Women Association, Kathmandu Blind Association, Kathmandu

Association of Deaf, Society of Intellectual Disability, Down Syndrome Society etc. Altogether 67 organizations were invited for program participation.

The interaction program commenced with the paper presentation by Matrika Devkota, Chairperson of KOSHISH. He addressed mental / psychosocial disability in line with United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Devkota further mentioned Article 3, 12, 19, 23, 29 of UNCRPD relating with Persons living with mental / psychosocial disabilities. The Nepalese government has ratified United Nations Convention on the Rights of Person with Disability-2006 (UNCRPD-2006) and including Optional Protocol on 27<sup>th</sup> December 2009 and it was approved by UN on 6<sup>th</sup> May 2010. Article 1 of UNCRPD states **'Persons with disabilities include those who have long – term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'**



Notably, Article 3 of UNCRPD ensures inherent dignity of persons living with disabilities including the freedom to make one's own choices and independence without any form of discrimination on the basis of gender and opportunities. Persons with disabilities should be accepted as the human diversity and should be participated and included in community activities.



Article 12 deals about equal recognition before the law. UNCRPD assures the rights to enjoy legal capacity equally. But in case of Nepal, the PLPDs are discriminated before law. They are not being able to get proper access to their rights. The law should be equal but any of the case dismisses if it's the case of psychosocial disability. The Persons living with mental / Psychosocial Disability (PLPDs) cannot be taken as the witness or the evidence in any case. The voices of PLPDs are taken as false statement because it is perceived that those people doesn't have conscious mind.

After the paper presentation, the floor was open for interaction. The participants shared their valuable experiences and ideas regarding the inclusion of mental disability.

## Expressions of Participants during Interaction

### **Dr. Chatra Amatya, President, Chahari Nepal for Mental Health**

'Everyone is suffering from neurosis state. We fought for mainstreaming physical disabled, now it's time to do something for psychosocial disability.'

### **Rama Dhakal, General Secretary, National Disabled Women Association**

'Just like assertive devices is used for physically disabled, medicines is the assertive devices for mental disabled. So, government should provide this. Let's make a DPOs organization committee; We are ready to collaborate for inclusion of psychosocial disability.'

### **Gobinda Acharya, National Federation of Disabled – Nepal (NFDN)**

'It's important to identify the reason of illness rather than blaming a person with any illness. The condition is whoever is taking medicines; they themselves have discrimination attitudes towards persons with mental / psychosocial disability because of existing stigma.'

### **Teknath Neupane, Anath Apang Udhar Samaj Nepal**

'Mental / Psychosocial Disability is the common problem. So, establishment of Counseling Center is a serious need. It's necessary to improve policy.'

### **Mukunda Dahal, Secretary, NFDN**

'Psychosocial Disability should be included in the disability momentum. We feel sad to say that there's no representative from psychosocial disability in NFDN. We are ready for this movement of psychosocial disability inclusion.'



### **Surya Bahadur Shrestha, Under Secretary, Ministry of Women, Children and Social Welfare**

'Community based Rehabilitation has been implementing in 75 districts. Mental / Psychosocial Disability is not just the issue of KOSHISH, it's the issue of everyone. There's a urgent need to address the issue of psychosocial and intellectual disability by the state.'

### **Outputs of the Program**

As shared during interaction, The participants are sensitized regarding the issue of psychosocial disability. They recommended incorporating psychosocial disability into disability. They recommended

to create a common forum of disability where psychosocial disability should take into due consideration. The participants argued psychosocial disability as the cross cutting issue. It may happen to any other persons with disabilities due to the stress and any other factors. The Secretary of National Federation of Disabled- Nepal admitted of not including persons representing psychosocial disability in their executive members. He further committed to be involved into the disability momentum where psychosocial disability is included and integrated.

The Representative of MOWCSW, Mr. Surya Bahadur Shrestha admitted there's no enough budget and support for psychosocial disability. Though, this year, MOWCSW is planning to provide some budget for KOSHISH to run Transit Home that provides mental health services.

### Peer group Formed in Byasi, Bhaktapur

Peer Group has been formed in Byasi, Bhaktapur which is eastern side of Kathmandu. In its initial phase, this group consists of 14 members who are living with different mental disorders like anxiety disorder, bipolar mood disorders, depression etc.

This Peer Group will get medicine and social support from KOSHISH. The Senior Psychiatrist Dr. Pradip Man Shrestha attended the first OPD Visit on June 9, 2012. He visits every month on last Saturday.

KOSHISH will provide psychosocial counseling to each client individually and in a group. KOSHISH provides peer support as well.

### Conclusion

Surya Bahadur Shrestha on his concluding speech said this interaction program was able to sensitize the DPOs and persons with disabilities and working in disability sector.

He further mentioned this program will direct towards the inclusion of mental / psychosocial disability into disability momentum.

The participants of this program from different disability sector welcomed to collaborate and integrate psychosocial disability into disability momentum.

Altogether 63 persons participated representing different government, non government and international non government organizations. The program was concluded along with Hi – Tea for the participants. KOSHISH acknowledged the participation of the Disabled Person's Organizations, persons with disabilities and persons working on the sector of disability.

### Active Self Help Group in Benighat

A Self Help Group (SHG) of Person with mental/psychosocial problems named **Kriyashil SHG** was formed on 4<sup>th</sup> August, 2011 with 8 members at Benighat VDC of Dhading district west of Kathmandu.

This group was formed after the interaction program which was held in Benighat on July 9, 2011. The level of awareness has increased after the interaction program. People have become motivated in seeking treatment for mental health problem. This group is conducting awareness generating activities. This stands to support their

members with mental/psychosocial problems.



A discussion was held among the KOSHISH and Kriyashil SHG. The term 'Kriyashil' means being active. The 17 members of the Kriyashil SHG received mushroom production training on 20<sup>th</sup> January 2012.

After receiving training, they started mushroom production on small scale and sell the product in the local market. Besides they are planning to establish cooperative and produce mushroom in large scale.

### **KOSHISH provides Mushroom Production Training for Peer Groups**

KOSHISH organized 3 days mushroom production training (4<sup>th</sup> June to 6<sup>th</sup> June 2012) for mental health peer groups. The training was held in Katunje Community Learning Center, Bhaktapur.

The participants of the training were Sahara Peer Group of Bhaktapur and Asha Peer Group. The peer groups of Kathmandu and Lalitpur has been merged as Asha Peer Group.

The motivated and trained Peer Group are in the process for self entrepreneurship conducting mushroom business.

### **Suman's Story**

**Suman Pariyar**, a 26-years boy, was diagnosed with schizophrenia four years ago. Suman is the eldest of four brothers and sisters resident of Benighat VDC, Dhading. The family members work as migrant farm workers.

Suman entered a period of bizarre behavior when his wife left him. He was avoidant towards the basic tasks of daily living. His family and friends heard him whispering in an agitated voice, even though there was no one nearby. His parents visited traditional healers for treatment.

With the team of KOSHISH, his parents brought to Highway Community Hospital, Dhading at December 2011. After receiving medical treatment and counseling, Suman has improved. He is getting emotional and financial support from his family. He had trouble memorizing to take medications so it was managed by his mother.

He has started working in nearby shop as salesman. His motivation and work performance have increased significantly.

Suman is taking his medicine on a daily basis and has follow ups at Highway Community Hospital.

Now, he is a valued contributor to the family income who has found self-confidence and self-respect. He is able to manage his medical expenses and others.