Interprofessional community immersion in Santiniketan, India

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An introduction to student’s work

The interprofessional module of Community Immersion in Santiniketan [1] brings together bachelor’s degree students in medicine, nursing and social sciences from Lausanne and Angers with students in social work from Visva Bharati University of Santiniketan. The topic chosen by the students this year was mental health. Before the fieldwork, Daniel Widmer and Patrick Ouvrard had the opportunity to present and discuss this project, which was conducted in several Santal Tribal Areas of West Bengal, at the 15th WONCA World Rural Health Conference 2018 in Delhi [2]. After discussion with colleagues and contacts during other presentations on common topics at the congress, we identified seven important points relevant to our project:

1. An emphasis on community health care.
2. A need to consider the shortages of care.
3. Two approaches to community health: top-down or bottom-up.
4. The importance given to mental health in primary health care.
5. The importance of social workers acting together with healthcare professionals.
6. Some interest in / hope for new technologies for remote areas.
7. The importance of informal consultations (outside the strict context of office consultation).

During the WRHC Congress, several presentations gave good examples of how mental health and mental illness can be approached, by either a bottom-up or a top-down approach, for example:

- Lucia Calvo Dominguez (Spain – Community involvement in policy making through social theater techniques) underlined that public health measures were implemented top down, without knowledge of what people in the community wanted. Using the model of the theatre of the oppressed (Augusto Boal, inspired by Paulo Freire, Pedagogy of the oppressed), it is possible to allow the community to participate in determining the solution provided.
- Dr J.Ebenezer (Dept. of Distance Education, Vellore) presented a project conducted in Madhya Pradesh [3] on mental health in rural communities, in which a questionnaire to screen mental diseases, based on Western medicine classifications, was used. For our work in Santiniketan, we discussed both approaches. As we had the opportunity to collaborate with anthropologists, our students used a bottom-up method to investigate the point of view of Santal population, although for us, the question of how to bring together both approaches for community health programmes remains open.

References