

Barefoot Counselors: Psycho-Social Support at the Grassroots

Background:

Formalized mental health care was introduced in Sri Lanka by the British as far back as 1839 and enacted through the 'lunacy ordinance' and initiated a traditional model of isolation and treatment in asylums. Traditionally and to date it is the 'very ill' who could not be managed at home were treated in institutional establishments. With new legislation the approach to mental health advanced beyond the treatment of psychotic patients to those with mild to moderate symptoms. Since the year 2008 mental health in Sri Lanka includes substance abuse, suicide and poisoning related psycho-social issues. Government mental health interventions continue to have a medical approach which addresses mainly people with major mental health problems through prescriptive medicines and primarily deals with patient and caregiver. Though there are few family meetings and family based interventions most often these are based in hospital setting and it has been observed that patient and family are not very comfortable about a home visit by a professional/worker with Mental Health tag because of social stigma. **The World Health Organization recommends that mental health services should transition from being hospital or institutional based to community based services.** 'Barefoot counselors' were introduced in 2011 to **fifteen villages of Batticaloa district** by the Young Men's Christian Association, Batticaloa. The term '**barefoot counselors**' is in reference to **village based trained counselors** who address psycho-social needs of community members at the grassroots. The barefoot counselors' initiative is a model piloted in Batticaloa district by two project implementation partners of CBM (Christoffel BlindenMission) Sri Lanka – namely Young Men's Christian Association (YMCA) and Professional Psychological Counseling Center (PPCC).

Research Problem:

How effective is the barefoot counselors' model as a community based psycho-social program? Specifically, does the barefoot counselors model compliment the government mental health program?

Objective:

It is observed that current mental health programs are confined to hospitals and the service is predominantly available in urban settings. The objective of this study is to investigate into the mechanism of the community based and community driven **barefoot counselors** psycho-social support initiative and to document evidence of it's effectiveness as a grassroots mechanism to deliver mental health care services.

Research Methodology:

The methodology of the study apply a qualitative process with the application of research methods – focus group discussions, interviews and case study documentation. Purposive sampling will be applied to select respondents for focus groups, interviewees and case studies.

Key Findings:

The barefoot counselors' model compliments the government's community mental health strategy that commenced since about nineteen eighties in line with growing trends and practices in mental health care. Dr Gadamban describes it 'as an **innovative mode** though initially extended family members and other important persons had practiced this many years traditionally. Now with the increased number of nuclear families and eroding traditions **these counselors can be an effective alternative** as they work to address and support psychosocial issues. They will also hold a protective role as family dysfunctions can be a major stress and at times cause for developing mental illness'.

“I was an active volunteer in the village as a member of the VCRMC (Village Child Rights Monitoring Committee). And so my application for the position of *Barefoot Counselor* was endorsed by the Grama Sevaka (village administrations officer) and CRPO (Child Rights and Protection Officer). I together with the thirty four other Barefoot Counselors received training from the YMCA on a range of topics such as *introduction to Counseling, Understanding Emotion and Behavior, Self-awareness, Basic skills in counseling, Reporting, Practical Ethics, and Referral in Counseling*. Through my engagement as a *Barefoot Counselor*, I have been able to assist countless individuals to receive psycho-social healing and refer individuals for clinical assistance where needed. I treat each person's issue with utmost confidence and while I pride in my ability to heal human suffering' – K. Jeyarani, Barefoot Counselor, Kothiyapulai GN Division.

The barefoot counselors of YMCA work in close collaboration with the government staff at the divisional secretariats as the **human resource capacity** in government cannot meet the rising demand for psychosocial support and mental health care. Being from the villages themselves it has been observed that the barefoot counselors' continuation in this service is **demonstrated to be sustainable** with time.

Conclusion:

The study will illustrate the effectiveness of the Barefoot Counselor's initiative as a grassroots based psychosocial support intervention. As psychosocial health carry a social stigma and 'patients' are reluctant to take the initiative to seek help the barefoot counselors are proven to be effective in addressing this with subtle and strategic steps at the grassroots. Further it is witnessed that the periodic training given to the village based counselors re-enforce the capacity to address varying degrees of psychosocial issues. The initiative is found to compliment the government mental health program and especially step in to fill a human resource vacuum.