



# 'Manassariyaam' counters to screen for depression: an IMHANS experience

Sir,

It is observed that the general public is reluctant to seek mental health services even when they develop severe psychological disturbances because of the stigma related to mental illnesses.[1] Though many awareness programmes are being conducted targeting stigma reduction, the attitude towards mental illness of public, including that of the well educated people are difficult to change.[2] In this context, as part of the World Mental Health Day (WMHD) observance on 10 October 2017, we, a multidisciplinary team [Clinical Psychologists (CP), Psychiatrists, Psychiatric Social Workers (PSW), Psychiatric nurses, and trainees from PSW and CP] at the Institute of Mental Health and Neuro Sciences (IMHANS), Calicut, Kerala, India planned to set up information counters at public places and to do screening for depression in these counters. Though there were apprehensions about the number of people who would actually turn up for screening, the team decided to set up counters in three crowded bus stations and in a busy railway station in Calicut city after obtaining necessary permissions from concerned authorities. We developed a very brief sociodemographic datasheet for the study and administered the Patient Health Questionnaire (PHQ - Malayalam version) to screen for depression.[3] Written informed consent was obtained before the assessments. The only inclusion criterion was that the participant should be above 18 years. We had advertised the programme through newspaper and FM radios on the day. We write this letter to brief our experience regarding the feasibility of setting up of such public counters for screening depression.

On WMHD, four counters were opened in the morning. The counters were named as 'Manassariyaam' counter (in Malayalam, manassariyam means to "know what is in the mind"). There was a table and three chairs in each counter. Privacy was ensured in the counter. People started approaching and asked about the programme. The instruction given to the participants was, "We have an information counter and a facility to screen for depression", and started distributing information and educational materials to the persons. A few came and took information leaflets and left. After a while, a few started asking about the screening and the benefit of doing the same. Some just enquired and left the counter. Within half an hour to one hour, in almost all the counters people started waiting in small queue for the screening. Disproving the apprehensions of the team, people started approaching and clarified their doubts regarding mental illness irrespective of age and gender. We had asked people for their feedback regarding setting up of this kind of counters. Majority of the participants (63%) said it was very useful and requested to extend the service for few more days. One counter was functional for two more days at the request from the public. Totally 304 persons were screened at these counters and 114 (37.5%) persons were referred for further evaluation to the

nearest government mental healthcare centres in their locality. We wonder what factors led to the mass participation of the public in such a programme. We assume that the acceptability of these counters is a gradual change in public's attitude towards mental illnesses and it is important for the professional fraternity to design innovative community oriented strategies to identify and treat mental illnesses. We strongly believe that these counters may be set up in different parts of the country to screen and to fight stigma related to mental illness.

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**G Ragesh<sup>1</sup>, Seema P Uthaman<sup>2</sup>, Abdul Salam<sup>3</sup>,  
Minu Williams<sup>4</sup>**

<sup>1</sup>Department of Psychiatric Social Work, Institute of Mental Health and Neuro Sciences (IMHANS), Calicut, Kerala, India, <sup>2</sup>Department of Psychiatric Social Work, Institute of Mental Health and Neuro Sciences (IMHANS), Calicut, Kerala, India, <sup>3</sup>Department of Clinical Psychology, Institute of Mental Health and Neuro Sciences (IMHANS), Calicut, Kerala, India, <sup>4</sup>Department of Psychiatric Nursing, Institute of Mental Health and Neuro Sciences (IMHANS), Calicut, Kerala, India

**Correspondence:** Ragesh G, PhD, Psychiatric Social Worker, Department of Psychiatric Social Work, Institute of Mental Health and Neuro Sciences (IMHANS), Calicut-673008, Kerala, India.  
rageshpsw@gmail.com

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