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Research report

Play it street smart: A street play on creating awareness about mental illness

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Abstract. *India has a vast, diverse socio-cultural background and is a multi-lingual society. The literacy levels in general, and particularly in mental health literacy, have been found wanting, especially in rural India. The aim of this project was to enhance knowledge about mental illness in a rural population. We targeted a rural population near Bangalore, India to enhance knowledge about mental illness. We devised a script for a street play that would enhance knowledge, and shift attitudes and beliefs about mental illness. After identification of the villages in the catchment area, a professional theatre group conducted pilot shows and the script was modified in its design and content. Schizophrenia was the chosen illness. In a manner familiar to them, the theatre group who specialized in street plays staged them in various villages in the chosen catchment area. We received a positive response from the village folk that turned out in large numbers. We were able to co-ordinate, devise and conduct street plays on mental illness in a rural set-up in Bangalore, in a feasible manner, which was keeping in consonance with the local socio-cultural background.*

Keywords: Street play, theatre, media, schizophrenia, mental health literacy, stigma

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INTRODUCTION The latest UNESCO report released in January 2014 shows that India has the highest rates of adult illiteracy in the world at 287 million, contributing to 37% of the global number of illiterate people. Census estimates in India suggest that in rural India the general literacy levels are lower than in urban areas by a significant margin (Ministry of Home Affairs, 2011). More specifically, mental health literacy levels are far lower in rural areas.

Burden of mental illness in India

With the given scarcity of trained psychiatrists in India (about 3,000 for 65 million needing mental health care), there is an enormous burden on sufferers, caregivers, mental health care providers, and policy makers (Gururaj *et al*, 2005). In order to address this treatment gap, India's National Mental Health Program (NMHP) has revised its plan to cover all districts in the country through decentralization and integration of mental health services with the existing primary care system (Ministry of Health and Family Welfare, n.d.). However, barriers to accessing mental health care have slowed down the process of mental health service delivery in India, and other low-income and middle-income countries as well (Gater *et al*, 1991; James *et al*, 2002; Saraceno *et al*, 2007). The findings from the few studies on such barriers in developing countries suggest modest use of services, costs, proximity of treatment centers, doubts about efficacy of care, stigma, and beliefs in traditional healers (Gater *et al*, 1991; James *et al*, 2002). The researchers conducting these studies and other researchers in India (Patel & Varghese, 2005; Murthy, 2005; Loganathan & Murthy, 2008; 2011) suggest that efforts to integrate

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mental health services with primary care need to be simultaneously accompanied by increasing awareness, educating the public and decreasing stigma associated with mental illness in order to facilitate accessibility to available services. As an evaluative process of the NMHP, awareness programs conducted, were evaluated in 2009. It was evident that a more rigorous and effective means of communication was required for enhancing awareness among the community (Indian Council of Medical Research [ICMR], 2009).

Need for robust mental health literacy

The ICMR study on mental illness awareness reported that the districts in which the District Mental Health Program (DMHP) was not covered had an overall awareness of 74.7%, whereas for psychoses, the awareness was just 19.6%. NMHP awareness programs (ICMR, 2009) used mass communication approaches rather than a targeted approach. The latter approach has been found more effective and cost-effective and is recommended for use in developing countries, whereas the former approach of mass communication is disadvantageous and expensive (Slater, 1996; Francis *et al*, 2002; Kreuter & Wray, 2003). In addition, audience segmentation and targeted approach to segments is recommended for mental health literacy in India (Loganathan & Kreuter, 2014). This approach is a well established best practice in health communication. Our plan is to target the rural community as there is evidence that they have poor awareness and prominent stigmatizing and discriminatory attitudes. We also propose to target the community members as people/family who may know someone with a mental illness. In this way we plan to addresses the significant gaps in not only improving awareness but also to do it in a manner that is appropriate, effective and cost-effective.

Why use theatre?

Unlike HIV/AIDS, mental illness has not acquired the desired attention as far as creating awareness is concerned. Additionally, the conventional methods of using pamphlets, posters or electronic media may have limited effect on the rural population due to their low literacy levels. People with low literacy can be given health-related information by watching and listening, rather than by reading alone. Theatre, especially folk theatre, street theatre, or forum theatre are popular means of conveying educational information in such rural communities. They have been utilized for promoting health awareness for various other public health issues such as tuberculosis, HIV/AIDS, polio, diarrheal diseases and also malaria (People's Health Movement, 2000; Sharma, 2002; Glik *et al*, 2002; Panford *et al*, 2001). Puppetry and street theatre was substantially used to promote awareness about HIV/AIDS in South Africa (Network, 1989; Skinner *et al*, 1991). Forum theatre was used in Mali and in rural and urban Quebec to successfully impart education and increase awareness about women's health, severe mental disorders and AIDS (Seguin & Rancourt, 1996). In Australia, forum theatre was used among immigrant Indian women to understand barriers for help-seeking on domestic violence (Colucci *et al*, 2013). Theatre was useful in spreading awareness and sensitizing community members about tse tse fly control in Uganda (Okoth *et al*, 1998). A similar approach using folk theatre (*Kalajatha*) to improve awareness about bio-environmental control of malaria was successfully tried in a rural village in the state of Karnataka (Ghosh *et al*, 2006).

Theatre and its application in mental health

Theatre as an educational tool is used:

- as a creative method of public education
- to challenges stereotypes, stigma and misconceptions
- to personalize issues for audiences due to its "live" nature
- as a feel of "direct contact" that film and other education forms lack
- is often followed by discussion of issues, and
- most importantly, in the context of the study proposal it can be an effective approach to educate illiterate people through listening and watching.

Many interventions using theatre may have been tried to improve awareness, but they have not been evaluated. In fact many movies on mental health issues have been successfully made to not only

educate the audience but to also entertain. With regards to using theatre to create mental health-related awareness , here are two interesting examples of interventions that were evaluated. 'Fear and Shame' was a theatrical play staged to target the Macedonian community living in Australia. After several performances at three different venues, the community members were reported more likely to exhibit positive attitudes towards people with mental illness and their families, and were reported more likely to seek help from the health services for a mental illness (Blignault *et al*, 2010). Another study by Faigin and Stein (2008) compared a live and a video-taped theatrical performance about stigmatization of mental illness to a third group (control) that received neither. The live performance group showed the greatest reduction in stigmatizing attitudes and increase in their behavioral intentions. This group also showed greater emotional responses than the video performance group. Both groups exhibited significantly greater reduction in stigma than the control group.

Interventions to promote awareness in India have been on the rise. For example, the Schizophrenia Research Foundation (SCARF, India) has been conducting awareness programs about schizophrenia and mental illness through use of audio-visual aids (www.scarf.org). SCARF also organizes The Frame of Mind film festival every two years, in order to expand the potential for films to improve public awareness about diverse facets of mental health and illness. Many other initiatives exist promoting awareness in India, but they have not been evaluated. Our intervention is a street play; in this paper we describe our efforts to contribute to a greater understanding of mental health/illness in the cultural context of the rural population. We targeted people from rural families who may know someone with mental illness or wanted to know more about mental illnesses. On conducting a preliminary inquiry it was gathered that street plays were conducted at the villages by the forest department authorities on creating awareness to preventing forest fires (as the study site bordered nearby a forest area). So the vote of using street plays for our project was almost unanimous.

THE SETTING The play was conducted in Anekal taluk of the Bangalore Rural district. The catchment area in Anekal taluk consisted of about 90 villages. Some of these villages were very backward and under-developed, and were chosen based on the income (those below poverty line) and help-seeking behaviors. Notably, two of the six villages chosen, bordered the forest area of Bannerughatta, close to the Bannerughatta National Park.

Figure 1 The forest checkpost at the entry point to the villages. Signboards warn about the threat from wildlife. The forest area covers either sides of the lone road that lead to the villages.

Figure 2 A view of the wide open Bannerughatta forest area in and around the villages.

Figure 3 Farming was the main occupation of the village folk. 'Ragi' was the main crop that was cultivated here

Figure 4 The lone bus stop at the village is deserted. Just two buses ply everyday from the village to the nearest town

Preparation for the street play

The street play was conducted by a professional group of artists experienced in conducting street plays. A professional theatre group, Kannada, that had a rich understanding of the cultural diversity and who could perform in the desired language, was chosen for the intervention. A brief description of the scheme and a case summary describing the illness was provided to them. Case history of a person with schizophrenia as a prototype illness was chosen, as it is one of the most devastating major mental illnesses that is stigmatized the most. The case history helped in building the main character and the story around it. One of the authors (SL) interacted with a writer from the theatre group and contributed to preparing the script. Messages that needed to be conveyed to the audience broadly included signs and symptoms of schizophrenia, the treatable nature of schizophrenia, consequences of stigmatization and discrimination, positive attitudes towards people with schizophrenia and their families, and common myths and misconceptions about the illness. Adequate time required for the script writing and practice for the final performance were provided. SL constantly interacted with the theatre group and provided inputs to the making of the play to facilitate exact conceptual information that needed to be conveyed to the audience and to rectify and provide expert/ specialist advice. Once the theatre group indicated their readiness to perform, a demonstration of the play on stage was undertaken with a select audience comprising of mental health professionals, psychiatric nurses, typical audience members who would likely watch the play and other project staff, and other types of audience, such as families of people with schizophrenia and people with schizophrenia. The inputs from the select audience was taken and carefully considered for modification and conveyed to the theatre group. Sufficient time was provided to make changes.

Information and messages that were perceived by the participants as appealing, simple to comprehend, scientifically convincing, interesting, personally and culturally appropriate, unobjectionable and informative in helping participants and users understand and meet the objectives were adhered to as much as possible during the creative process of the script and its production. The theatre group had experience of adapting their performances to the local culture of the population. Delivering culturally appropriate information was an important step in our message-creating process . The director was introduced to and explained about the target population beforehand to understand their socio-linguistic background. Ethical clearance for the proposed intervention was obtained from the National Institute of Mental Health and Neurosciences (NIMHANS) ethical committee.

Braving risks

The fact that these villages bordered the forest area itself was a risk. We were warned on several occasions about wild elephants that attacked and –sometimes- killed humans. We were asked to avoid the evening hours for our own safety, but that was the time when all the villagers would return from work and would be available for our initial appraisal of their knowledge about mental illness. Therefore, this section of the village was hard to reach and had minimal access to health care.

Figure 5 Enthusiastic children with the crew members

Figure 6 The poster that was used to advertise the play at the villages

The beckoning

Theatre as an educational tool is not new in India. Several variations exist in the way it is performed. 'Kalajaatha' is a type of street play where drama troupes travel from village to village in a group singing songs and simultaneously delivering the content or intended message. They may stop at some villages when more people are gathered.

In our case, after reaching the chosen village, the crew members travelled on foot into the village beating their drums and sound instruments to attract and remind people about the play. In about half an hour the crowd gathered at the designated place.

Figure 7 and 8 Pictures of our crew proceeding on foot into the village, beating drums and calling out

Figure 9 and 10 At every village the children were an enthusiastic bunch who followed as though we were pied piper. They were responsible for bringing all the elders in their family to attend the show

The chronicle

The street play starts with a folk song by the entire crew (**Figure 11**). Two of them begin the play with a narrative of what to expect in the play. They introduce the play by talking of concepts of health in general, then proceed to the concept of mental health (**Figure 12**). Two examples of how mental health can affect our health in general are presented before the story begins.

Figure 13 The story begins with Ramanna who is in a romantic mood expressed through a small song. He is however dejected after he learns that his prospective lover is engaged to another man

Figure 14 He is shocked by this and over a period his world begins to change. He is then seen to behave abnormally gradually over the next few days. He is seen to have hallucinations,seen talking to himself and is preoccupied. This is witnessed by a friend

Figure 15 At another time he is seen to get unduly suspicious that a friend who broke the news of his lovers' engagement is involved with the break in his relationship. At this stage his behavior is suggestive of being delusional.

Figure 16 Meanwhile his parents are informed about the change in his behavior by his friend and are not surprised by this as his mother had observed some changes at home also. Now they are forced to take some action to control his behavior.

Discussions about where to take him are occurring – one friend suggests a faith healer.
But the family does not believe that their son needs psychiatric help and lash out at Raghu, a friend who suggests they meet a psychiatrist.

Figure 17 Instead they head to a soothsayer who lures them and extracts money to perform a ritual. Despite these efforts the symptoms continue to persist and Ramanna continues to remain aloof and disorganized

Figure 18 The symptoms of the illness (schizophrenia) depicted here are expressed to the audience throughout the play. For example, even when the main character is not involved in the scene, he sits in the background depicting symptoms.

Figure 19 Ramanna goes around the village harping about his marriage when his sister's marriage proposals are being considered at his home. Hearing his desire to get married the village folk advise him about ongoing plans for his sister's marriage

Figure 20 Meanwhile the prospective bride with his family has arrived to Ramanna's home where his sister's marriage is almost being finalized

Figure 21 At this crucial moment Ramanna enters his home, disheveled, disorganized and starts to talk out loudly to himself about his marriage. He disturbs the ongoing proceedings in his home and has to be calmed down.

Figure 22 But the bride and their family are unhappy and enquire his whereabouts. When they get to know he is the brother of the prospective bridegroom; they leave the place in a hurry saying they will get back later. This is a huge disappointment for the family and they all blame Ramanna for spoiling what was a good alliance.

Figure 23 The family is devastated and relies on an earlier suggestion by a villager to visit the faith healer who has come to their village from a neighboring village.

Figure 24 The family discusses the financial aspects as they are poor and cannot afford the faith healer's exorbitant charges. So they decide to sell off their land for Ramanna's cure. By then the family has lost a lot of money and are indebted too. They proceed to the faith healer anyway.

Figure 25 The faith healer welcomes the family. After some introductions, the ritual of exorcising or expelling the evil spirit begins and the scene takes on a frenzy

Figure 26 The faith healer performs the ritual in front of the family who are holding Ramanna. After the ritual is over the faith healer claims to have cured Ramanna as he lies down asleep. He asks them to take him home and promises that he will be alright soon

Figure 27 and 28 The family helps Ramanna to return home. They help him back home hoping that after all the efforts, sacrifices and loans they have taken, Ramanna will be better.

Figure 29 After a few days of the ritual, the family is still disappointed as they find that Ramanna is still symptomatic and feels God has not been kind to them. He is aloof, withdrawn from ongoing conversation, preoccupied, self-absorbed and in a disheveled state

Figure 30 Raghu, a friend and well-wisher of the family suggests to the family gently and carefully that it is good to have faith in God, but they should not leave all responsibilities to God and consider medical treatments too. Raghu finally convinces the family and Ramanna is taken to a hospital

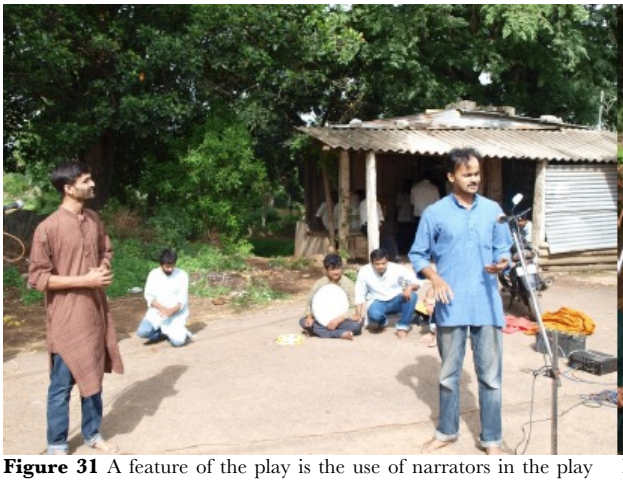

Figure 31 A feature of the play is the use of narrators in the play who frequently appear in between the story to clarify symptoms, when and where to seek treatment, clarify doubts regarding accessing care and informing the audience that health workers and nurses in the village could also be approached

Figure 32 Ramanna recovers from his illness after several months of treatment and is seen talking to his friend who is astonished

Figure 33 Ramanna's appearance is different from his earlier appearances and is seen here talking to his friend in a calm and respectful manner. Ramanna shares news about securing a job and his sister's marriage being re-confirmed

Figure 34 Ramanna describes to his friend how he is on medication and how well he is feeling after taking treatment. He is seen here busting commonly held myths with the other members of the crew

The bottom line

One of the key aspects of the storyline dealt with the fact that the family of the afflicted individual reaches out to faith healers despite suggestions by well-wishers to visit a mental health professional. In this story, the visit to the faith healer is ineffective and in the bargain the family incurs huge losses and debts. This is a common situation experienced by many families in similar situations in India. The faith healer is one of the most frequented sources of assistance to families in pathways to care. Acknowledging this fact, we did nothing that opposed or antagonized faith healing as a practice, as we know that it is still useful for many other common maladies in the day-to-day life of the rural folk. At this crucial juncture, consulting a mental health professional and allopathic care was proposed as an option that the family resorted to ultimately. This was shown in a positive light and was successful in the treatment of the condition (schizophrenia in this scenario).

The experience

The experience of conducting street plays in the villages was exhilarating. The crew members were an enthusiastic bunch who enjoyed performing in these conditions despite the fact that mental/health illness was an alien subject to them. The play involved great co-ordination and timing to suit the local population. The authors too travelled on foot into the villages with the crew and with the drums beating; we were inviting and reminding them about the play. There were instances where we used our car headlights at dusk as one of the villages had no street lights, a bus had to halt on one of the

streets and the passengers of the bus watched till we were done; we travelled through a dense forest risking our lives before we made it to a couple of villages without any encounters with the wildlife; the children were the ambassadors to call in the adults from their homes and it was possible and feasible to be associated with the people of the village and gain their attention.

CONCLUSION This paper demonstrates the feasibility of conducting an intervention that uses street play to promote awareness about mental illness. This initiative has taken into consideration the socio-cultural and linguistic background of the participants and delivered the message in a manner that was culturally relevant to the audience. This venture targeted the rural/semi-rural population in one of the most deprived parts of the hamlet that borders the forest areas.

We chose schizophrenia as the affliction in question as it is one of the most stigmatized of all illnesses and people with schizophrenia suffer from some of the worst human rights violations. This endeavor indicates that there is a possibility that street plays are a useful channel through which information and awareness about any other mental illnesses or mental health aspects can be conveyed. We recommend evaluation of this intervention using randomized trial designs and also explore its feasibility in various parts of the country in various forms. The only obstacle in using street plays is that professionally trained artists who can perform street plays may not be available in every community; nevertheless there are various local theatre groups in a handful of villages across the country. The advantage of using local troops is that they are familiar with the socio-cultural and lexical milieu and may stand a better stance to equate with the people. These options need to be explored in every nook and corner of the country and primary health care personnel need to utilize these resources as a potential means of awareness-building in these remote parts of the country. The costs incurred by this study and street plays in general, require need evaluation for its cost-effectiveness in various settings.

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