Growing need for psychosocial support in urban areas

India is undergoing a rapid health transformation, characterized by a growing frequency of noncommunicable diseases (NCDs), which currently outnumber communicable diseases. NCDs are an imminent threat to public health and sustainable development. These NCDs include cardiovascular disease, cancer, chronic respiratory diseases, diabetes, and others. While these epidemiological shifts occur throughout the country, their uniqueness within urban areas makes them distinct and complex.

NCD treatment often necessitates adherence to treatment and lifestyle management to improve the overall health outcome. Besides, urban areas often have a diversified population with various healthcare requirements. Patients in these settings frequently experience isolation, a lack of knowledge, and insufficient emotional support during their medical journeys. Hence, in today’s urbanized world, the demand for holistic healthcare goes beyond clinical therapy.

In an effort to control and manage NCDs, the Government of India has launched various initiatives, such as the National Program for Prevention and Control of Non-Communicable Diseases (NP-NCD) and the National Multi-sectoral Action Plan for the Prevention and Control of Common NCDs (2017–2022), for increased health promotion, population-based screening for case detection, better management of NCDs, strengthening health systems and promoting collaboration with the private sector. Additionally, there has been a focus on ‘whole-of-society’ response to effectively combat NCDs, stressing the need for collaboration among various stakeholders, including the government, civil society, individuals living with NCDs, youth, private sector, donors, and media. This also includes the formation and strengthening of patient support groups in states such as Chhattisgarh and Tamil Nadu. The disease-based peer support groups have shown considerable improvement in disease management and treatment compliance among NCD patients.

Therefore, a patient support group can serve as an important platform for bridging these gaps. It can provide a forum for people and healthcare professionals to interact, exchange experiences, and cooperate to improve overall healthcare outcomes. The group may talk about a variety of the challenges they confront in managing NCDs and benefit from one another’s experiences. Thus, with support of the community, NCDs can be better controlled, and adherence to treatment for major NCDs, including hypertension and diabetes, can be implemented effectively.

Patient support groups—Establishing engagement platforms for better health outcomes for NCDs

The project Samagra, a USAID-funded, PSI-led project implemented by PATH, intends to offer technical support for establishing and strengthening community engagement platforms for decentralized planning.
catalyzing demand, and concerted community mobilization and participation. In this direction, patient support groups are being constituted in urban primary healthcare facilities for knowledge sharing on NCDs, diagnosis, management, and treatment, providing psychosocial support to patients, and adherence to treatment regimes.

**Figure 1: Samagra’s objectives of patient support group**

1. **KNOWLEDGE SHARING**
   To provide accurate information about NCDs, their prevention, management, and available resources. Additionally, promote healthy lifestyle choices and self-care practices to better manage NCDs.

2. **PSYCHOSOCIAL SUPPORT**
   To offer psychosocial support and create a safe and empathetic space for patients to share their experiences, fears, and emotions, reducing isolation and anxiety.

3. **DRUG ADHERENCE**
   To increase compliance to treatment by improving medication adherence and follow-up for common NCDs, especially Hypertension and Diabetes.

**Implementation strategy**

Samagra is spearheading this initiative with a comprehensive implementation strategy aimed at maximizing its impact and reach. The strategy encompasses the following key elements:

**Collaborative engagement:** PATH is providing technical assistance in close collaboration and coordination with the state National Health Mission (NHM) and other relevant stakeholders. Regular consultative and review meetings are held to ensure alignment and effective execution of the support groups for NCDs. Continuous updates are shared to keep all stakeholders informed about the progress and achievements of the initiative. The engagement extends to collaborating with urban health authorities, Urban Local Bodies (ULBs), and other stakeholders to advocate for and promote the initiative.

**Support group sessions:** The initiative involves conducting support group sessions at both facility and outreach levels. These sessions are inclusive, welcoming community members regardless of the known status of any pre-existing health condition.

**Orientation of health facility teams:** PATH orients the health facility team members to clarify roles, responsibilities, and objectives related to patient support groups. This helps demystify their roles and ensures alignment with the initiative’s goals.

**Community mobilization:** PATH orients the Mahila Arogya Samitis (MAS), Accredited Social Health Activists (ASHA), and other facility-level healthcare providers for mobilization of community members to participate in PSGs.

**Development of educational IEC materials:** PATH is developing tailored Information, Education, and Communication (IEC) materials for NCD patients. These materials, comprising instructional brochures, informational pamphlets, and NCD cards, aim to enhance patient understanding of their condition and the importance of proactive management. By empowering patients with knowledge, they are better equipped to self-care and adhere to their medication schedules effectively.
Establishing linkages for diagnosis and treatment: Efforts are made to establish linkages for confirmatory diagnosis and prompt initiation of treatment. This ensures that patients receive timely care and support, thereby mitigating the impact of NCDs on their health and well-being.

Evaluation and assessment: As the support group sessions are conducted at two levels (facility and outreach), this allows for the evaluation of their effectiveness. This assessment includes evaluating quality, participant retention, drop-out rates, and establishing potential linkages with existing community structures.

Expected outputs
Through this initiative, Samagra intends to achieve the following outputs:

- Improved psychosocial well-being among patients.
- Enhanced knowledge and health literacy within the community.
- Improved health-seeking behavior with better treatment compliance.
- Effective blood pressure and blood sugar control for NCD patients.

The process of patient group session at Indore, Madhya Pradesh
The first patient support group was set up in Indore, Madhya Pradesh. A total of seven meetings have been conducted till date, and about 140 patients with NCDs have been engaged through this initiative.

The participants were grouped based on disease cohorts, particularly hypertension and diabetes, and a separate group for patients with co-morbidities. Each group had around 20 participants and included 2-3 facilitators such as a Medical Officer/ASHA/MAS member/Medical Officer.

The monthly patient support group sessions run for one to two hours. Each session began with an introduction to let participants get to know one another before moving on to specific health activities workshops. Participants are then invited to relate their daily experiences with the condition, followed by an open discussion. Following the discussion, a health checkup of all patients is undertaken.

Figure 2: Glimpses from the Indore patient support group session

Stress reliving activity being conducted during one of the PSG meetings

WhatsApp based group being created for better coordination and timely support/response

Follow up check ups being conducted
Experience so far

• Increasing participation of community and healthcare team: These sessions have witnessed active participation from the NCD patients, community members, and primary healthcare teams, showcasing the need and relevance of community care programs in urban settings also.

• Enhanced awareness and empowerment: Through participation in the support group sessions, attendees gained valuable insights into NCDs and their implications. Before these sessions, many were unaware of dietary factors contributing to elevated blood sugar levels and the lifestyle adjustments beneficial in managing conditions like diabetes and hypertension. These interactive sessions facilitated a deeper understanding of the diseases, their potential complications, and practical strategies for effective management, empowering participants to take proactive steps toward their health and well-being.

• Increased adherence to treatment: During one of the sessions, as a part of the implementation strategy all the participants were screened, and it was found that almost 70% of them had high blood pressure and blood sugar levels. The participants on probing stated that the majority of them periodically skip their daily dosage, and a small number of them only take their medicine when their blood pressure or sugar levels rise. Participants stated that the patient support group meetings helped reinforced the need for adherence to the treatment regimen and maintain a healthy lifestyle.

• Identification of new cases: New cases of high blood pressure and high blood sugar levels identified during these meetings, are referred to the nearest urban Ayushman Arogya Mandir for appropriate treatment. These instances strengthen the effort even more to identify and treat NCDs at an early stage.

The support groups for NCDs play a crucial role in addressing the challenges faced by patients in managing their conditions. Through this initiative, PATH aims to drive meaningful change in the management and control of NCDs, ultimately improving health outcomes and quality of life for affected individuals.