

DEVI AHILYA VISHWAVIDALAYA, INDORE

A REPORT on

**Field Visit to Yuva Udaan
(EDUCATIONAL AND SOCIAL WELFARE SOCIETY
INDORE)**



**SCHOOL OF SOCIAL SCIENCES
(DAVI AHILYA VISHWAVIDHYALAYA,
INDORE)**

Course - MBA Public Administration & Policy IST Sem.

Session- 2021-23

Subject Coordinator :

Dr. Jyoti Chouhan

Faculty of SOSS

DAVV, Indore

Submitted by:

Mr. Vinod Sirohi

Roll no.- 2123421

En. No.- DA1800943

ACKNOWLEDGEMENTS

I feel elated in expressing my deep sense of respect and gratitude to my respected Guide Dr. Jyoti Chouhan, whose kind academic contribution further guidance throughout the study has made it possible for me to complete this field visit report.

I am extending my sincere thanks to Dr. Jyoti Chouhan, coordinator, Public Administration for providing me support for accomplishing the report.

I am extending my sincere gratitude to Dr. Rekha Acharya, HOD, School of Social Science, DAVV for providing me support.

Vinod Sirohi

*MBA
Public Administration and policy 1st sem.*

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INTRODUCTION

Yuva Udaan is an educational and social welfare society founded under the public charitable trust registration act with the aim of achieving child care in society that respects their rights. Since its establishment in 2017 Yuva Udaan has been engaged in the rehabilitation and the empowerment of poor and deprived children in Indore, Dewas, Badwani, Harda and around, making efforts towards breaking the vicious cycle of the poverty and ensuring easy access to the basic rights, providing education, healthcare facilities and opportunity to the underprivileged people. Yuva Udaan is an organisation with 12 AA and 80g certificate.

Yuva Udaan was started on 17 February 2017 in association with Mr. Govind Jat and Mr. Kapil Chaudhary and their fine other members. Their aim is to work for the poor children who left their education for some reason. This NGO is working to provide free education to the children.

Yuva Udaan organisation has been working for the last four years in promoting organic farming and providing fair prices of produce to the farmer's in the market. Along with this by integrating many farmers of that area through Farmer Produce Organisation and with new technology, organic farming is also trying to fetch more profit at least cost.

Yuva Udaan is running Jan Jagran Abhiyan for the environment and the water management for the watershed programs, organized organic training tools to the marginal and the small farmers in the collaboration with NABARD and the capacity building program, along with this the organization is continuously working to provide education to children of poor farming class, sending the children who have dropped out of the school again and for their overall development. In this program, college students people doing government jobs and people from all the ways of different professions have been included and are trying to run the campaign in more than 15 districts of Madhya Pradesh.



Udaan
EDUCATIONAL AND SOCIAL SOCIETY
ALSO CO-OPERATIVE SOCIETY

FIELD WORK – TEACHING STUDENTS

Education plays a vital role in person's development. This was the first day of my field work and all volunteers have to teach the children. Firstly we were introduced to the area Bheel Paltan, where we roam around to understand the area better it was a slum area with illiterate or less educated people. Then we were introduced to the children. We went door to door to call children for the classes as they were yet to come. Mentors asked me to take two–three children and teach them, the information of those two students are listed below-

Name- Riya singer Age- 11 yrs Class- 3rd

Name- Sushmita Age – 12yrs Drop out

Subjects that I taught to both are – Maths and English

I taught those English and maths. Riya was a bright student she knew so much already while Sushmita was a student who needed my attention since she was a drop out, she didn't know much. I taught them for around 2 hours and it was an enriching experience. I learnt how to tackle children and teach them with patience.

LEARN BY FUN

Let us all come together in these little dreams. Together we all became the flight of their spirits. Today, the team of Yuva Udan took 60 children of Bheel Paltan Colony of Indore, Musakhedi to TI next mall. Many of these little children saw this world for the first time today. Children learned various experiences like walking on moving stairs, fire or emergency exit, lift operation, and the message of clean Indore was also given by the team. We have been teaching and counselling these poor children for the last 4 years, under which the team teaches them through different activities through, learn by fun.



WITH THE DANCING COP OF INDORE - SINGH SIR

e met and interact with Mr. Ranjeet Singh (dancing cop) and Singh Kachhwaha, they both are working as traffic police in Indore. s about the importance of traffic rules and how we can save om the traffic related problems. We were advised to go with them signals and make people understand about the importance of traffic

NG EXPERIENCE

nderful experience while working with the volunteers of Yuva Udaan ell as for the children. I always heard that it feels great to help others thers safe and we loved to provide a contribution to them.

challenging part for me was to manage the kids assigned to me for and teaching them. It was very difficult to let them make sure that freely talking to us telling their real problems and to make them with us without any hesitation that are supposed to go around and get will learn how to manage different data simultaneously with the given ne.

CLUSION REMARKS

shell the field visit has been an excellent and rewarding experience for an conclude that on the field I not only learnt from the volunteers there re are some things I get to learnt from the students as well. It was a very tive experience and I will put my best efforts to give back to society not netary terms but I will educate them that will lead the society towards n.

MEETING WITH THE DANCING COP OF INDORE –

RANJEET SINGH SIR

This day we met and interact with Mr. Ranjeet Singh (dancing cop) and Mr. Sumit Singh Kachhwaha, they both are working as traffic police in Indore. They told us about the importance of traffic rules and how we can save ourselves from the traffic related problems. We were advised to go with them and stand at signals and make people understand about the importance of traffic rules.

LEARNING EXPERIENCE

I had a wonderful experience while working with the volunteers of Yuva Udaan NGO as well as for the children. I always heard that it feels great to help others and keep others safe and we loved to provide a contribution to them.

The most challenging part for me was to manage the kids assigned to me for educating and teaching them. It was very difficult to let them make sure that they can freely talk to us telling their real problems and to make them involved with us without any hesitation that are supposed to go around and get your kids will learn how to manage different data simultaneously with the given time frame.

CONCLUSION REMARKS

In a nutshell the field visit has been an excellent and rewarding experience for me. I can conclude that on the field I not only learnt from the volunteers there but there are some things I get to learn from the students as well. It was a very productive experience and I will put my best efforts to give back to society not in monetary terms but I will educate them that will lead the society towards growth.





School of Social Sciences

DAVV

Masters of Arts in Clinical Psychology

Internship Report

NAME: Rajas Mahesh

Roll No: 2020821

Submitted to: Dr Lavina Singh.

**Field Supervisor: Ms. Prarthana Sharma (MSC
Counselling Psychology)**

Prarthana Sharma is the Co-Director and Head of Strategic Operations at Aatma Prakash Mental Health Foundation. She is a visiting counsellor at TISS Mumbai, SVE Indore hub. She is Practicing counselling psychology since past 5 years.

THANK YOU RAJAS

We are sure words will fall short when we have to express gratitude to a treasure AP has found in you. You are a warm and loving person.

You have been instrumental in the growth of AP. Your contributions are many and so are your friends in the community. Your hard work, commitment to work and people around, along with your welcoming personality has had a significant impact on us. We are amazed to observe your observation skills.

You'll continue to be a part of us. You represent the true spirit of a volunteer.

Aatma Prakash Welcomes You 
Thank you for choosing us!

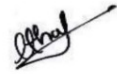
AWARD OF COMPLETION

This is to certify that
RAJAS MAHESH

has successfully completed the Internship Program at Aatma Prakash Mental Health Foundation. The duration of the program was from 24th November, 2020 till 18th February, 2021.



Ms. Dimple Bharwani
HR Associate Aatma Prakash



Ms. Prarthana Sharma
Founder and Psychologist Aatma Prakash

ACKNOWLEDGEMENT

With grateful heart I would like to remember the people who have not only helped me during the Tenure of my internship but also who have made me a better person and a better Psychologist (Budding).

I am thankful to Ms. Prarthana Sharma (MSC Counselling Psychology) and founder of Aatmaprakash foundation . As well as fellows at Aatmaprakash Dimple Bharvani , Jinee Jain for their constant guidance and support. I am grateful to them for their constant support and providing me valuable guidance at all stages, their advice, constructive suggestions and continuous encouragement.

I hope that I can build upon the experience and knowledge that I have gained and make a valuable

contribution towards this industry and bring a change in coming years.

Thank you all my professors in SOSS department for their direction and support.



We, As a community focus on 3 major aspects:

1. Raising mental health awareness.
2. Training youth and aspiring psychologist.
3. Make accessible emotion labs for youth (13-18years) to receive effective support and care.

Aatma Prakash is a community of Keen and aspiring psychologists that understands that mental illness is highly stigmatized and it is our responsibility to humanize mental health. We provide mental well-being and support to youth in India and we strongly feel that it is need of an hour to normalize the concept of mental health as it would enable us to prosper and will change many lives.

Task Name		Task Assigned By	
Day	PPT on Role of Parenting in Education	XYZ	HOURS
1	Read about AAtmaprakash, research.	Jinee,prarthana maam	4
2	Attended Abhivyakti session	Prarthana maam	4
3	Promoted poster of 101 psy.	Jinee,prarthana maam	4
4	Had call wit Aastha, Info of previous session	Prarthana maam	4
5	Designed topic and post on canva	Tanishka	4
6	Created content and posts on canva	Tanishka	4
7	Attended Abhivyakti session		4
8	Created content and posts on canva	AAdrita, Tanishka	4
9	Created posts for instagram	Tanishka	4
10	Created content and posts on canva	Tanishka, Bhavya	4
11	Co - facilitated mind ki care session	Tanishka, jinee	4
12	Made notes of the session and module	Tanishka, Jinee	4
13	Made module for Abhivyakti session	Tanishka, Jinee	4
14	Made module for Abhivyakti session	Tanishka, Jinee	4
15	Had a call and also finalize Module	Jinee	4
16	Made pictionaries for Abhivyakti session	Jinnee	4
17	Made module in marathi with pictionaries	Jinee, Tanishka	4
18	co - facilitated Abhivyakti session 3 had a call	Jinee, prarthana maam	4
19	Made modue for Nasha mukt bharat	Prarthana maam, jinee	4
20	finalized module	Jinee	4
21	attended mindshala, had meeting.	Aastha	4
22	added final touch on collectorate session	Jinee,prarthana maam	4
23	Printed posters for ession at collectorate	Prarthana maam, jinee	4
24	Made report on the session at collectorate	Prarthana maam, jinee	4
25	made the module for abhivyakti session	Jinee, Tanishka	4

26	made the module for abhivyakti session	Jinee, Tanishka	4
27	made the module for abhivyakti session	Jinee, Tanishka	4
28	went to Nashik with prarthana maam		4
29	went to Nashik with prarthana maam		4
30	went to Nashik with prarthana maam		4
31	made excel sheet of hope leaders		4
32	made excel sheet of hope leaders		4
33	Mailed hope leaders and called them regarding feedback	Jinee, prarthana maam	5
34	attended session with tanishka fo safe spaces	Tanishka	5
35	attended session with tanishka fo safe spaces	Tanishka	5
36	Attended a session with Aastha, school students, had a meeting too	Aastha	5
37	Attended delhi conference	Tanishka	5
38	Attended delhi conference	Tanishka	5
39	Attended delhi conference	Tanishka	5
40	Attended delhi conference	Tanishka	5
41	Created module for safe spaces	Tanishka, jinee	5
42	Created module for safe spaces	Tanishka, jinee	5
43	Created module for safe spaces	Tanishka, jinee	5
44	Created module for safe spaces	Tanishka, jinee	5
45	Went to Dr reddy clinic with jinee, had a talk on safe spaces	Jinee, prarthana maam	5
46	had a check with hope leaders regarding certificate	Jinee	5
47	had a check with hope leaders regarding certificate		5
48	Created module with devyani for hope leaders	Devyani, Prarthana maam	5
49	Created module with devyani for hope leaders	Jinee , dimple	5
50	Created module with devyani for hope leaders	Dimple, Jinee	5
51	Made module for christ Volunteers	Jahnavi, Devyani	5
52	Made module for christ Volunteers	Jahnavi, Devyani	5
53	Made module for christ Volunteers	Jahnavi, Devyani	5
54	Made module for christ Volunteers	Jahnavi, Devyani	5
55	Made module for christ Volunteers	Jahnavi, Devyani	5
56	had a meeting with dimple and jinee for journal	prarthana maam	5
57	brainstorming for journal	Dimple, Jinee	5

58	brainstorming for journal	Dimple, Jinee	5
59	brainstorming for journal	Dimple, Jinee	5
60	Attended NCC session	Jinee, Prarthana maam, Dimple	5
61	Made a report on NCC session	Prarthana maam	5
62	Made a report on NCC session	Prarthana maam	5

CASE

1

MRS. X 32 years old female visited our office and complained of having distressed thoughts and irritation due to her condition that was troubling her. She was a mother of a child and was very much concerned about his health due to COVID-19 situation these days.

She felt irritated and was obsessed about cleanliness around and forced others to wash hands every now and then after each passing hour.

If anyone touched her or she came in contact with others then she immediately went to bath and forced them to do so as well. Due to this her family and she herself were in distress and were unable to focus on their day-to-day activity smoothly.

On further investigation it was found that she was suffering from Obsessive compulsive Disorder. OCD is a mental illness that causes repeated unwanted thoughts or obsessions or urge to do something over and over again.

So we decided to give her psychotherapy to make treatment affective and to make required changes in her day to day activities.

We educated her about the situation she was in and about COVID-19 also. Myths related to COVID-19 and cleanliness, everything explained to her through psychoeducation her about the situation.

We told her how OCD causes anxiety and thus unwanted behaviour.

At the end of the session she was asked about how frequent she does exercise and gets social to which she replied rarely.

So at the end of the session she was given a task to interact with family and friends and get involved in some physical activity and exercises to be followed as it would her boosting her mental and physical health.

CASE 2

MR R. Visited our clinic with his parents. He was in class 6 back then and was having problem with studies.

Firstly we talked to him and asked about his hobbies and school friends and asked about his school.

On which he replied that he had great bunch of friends who were very supportive and teachers were also supportive and they all were like a family to him.

Then we asked him to wait outside in other zone of office and he agreed. Then his parents were asked about the situation to which they said that He was a sporty and charming child full of love to offer.

But from 1 year his percentage went down and since then he was running Away from Maths particularly.

He refused to study maths and he was scared of getting low marks in maths. Then we understood that actually the fear was about studies and particularly maths.

His performance wen down suddenly and it was first time in his life that he failed in any subject. That thing he took very seriously and was worried about his performance.

No one forced him nor they made fun of him but he himself was concerned with failure as it was his first, Due to this his performance in every aspect went down.

We helped him to coup up with this phobia of maths and studies by firstly ensuring a mutual trust and we build a nice rapport, so he felt comfortable and was taking it positively.

We told him to focus on things that give him pleasure say sports he was good in cricket so we asked him to focus on playing cricket and told his parents to not force him to study and let him get rejuvenated.

For few days everything went normal and he was coming back to life. After few days in his next session his parents told that his lost charm is coming back and he plays happily. On talking to him he spoke about his friend and said that its been while now since he went to school and met them and now he started feeling a bit tensed about his studies and he himself told that he must get along before it is too late.

That boy went to school and met his friends and started concentrating on studies and sports simultaneously. In this case we psych educated him about failures and asked him about what he thinks how to deal with one to which he said ignore that failure.

We educated him about the same and through psychoeducation and CBT he understood that it is ok to fail and everyone goes through rough phase and he started accepting things and is now living a normal and sincere student life.

CASE 3

Ms. M came to visit our office she was aged 31, unmarried and was having disputes with people around her.

She was forcefully bought by her parents as they complained that she was not ready to visit any psychologist and was not doing job since last 5 years.

She had socially isolated herself and felt irritated at times when anyone tried to talk to her or asked her anything.

She told them not to talk to her unless she pitch first and if anyone interrupted while she was speaking then she became aggressive and felt irritated.

Showed compulsive behaviour, had lack of emotional response and family also complained that she had loss interest in all the activities that she enjoyed earlier and had incoherent speech.

As per my knowledge I thought she had depression as well as showed symptoms of schizophrenia which meant she would need medication so I asked her parents did they give her any kind of medicines to which they said no. so I referred this case to my senior.

CASE 4

Mr P a 10-year-old boy came to visit us with his mom. His father passed away recently due to COVID-19 and he was very close to his father.

His mother was also very close to her husband and both of them were missing him due to which they were unable to concentrate on their daily lives.

Through more and more sessions made nice rapport with both of them and I asked his mother about sports that he plays to which she said he and his father used to play cricket and he was involved in sporting activity and was excited about everything related to sport.

I suggested them to get him involved in sporting activities with friends. I asked his mom what are her hobbies to which she replied artwork.

I gave them homework to follow after the session. To child I told to beat others in sport and increase his efficiency in it to which he took the challenge very positively and was very competitive.

On the other hand, his mom was told to indulge in artwork activity and she slowly started indulging in portrait making drawing etc.

which gave her joy and the trauma of loss was taken care of. They were also indulging in dancing which made them happy and forget their grief for some time.

Art therapy and Dance therapy was something I always wanted to experience but through them I got chance to suggest this to them and I was overwhelmed with the response they gave and I could not be happier to see them involved in jolly activities like art work sports activity. Slowly and gradually, they were coming back to normal.

CASE 5

MR H a 54 year old male was brought to us by his elder brother. As the session went on I came to know that the patient is severely Alcoholic because of which the family as well as the patient himself was facing severe issues in day to day life activities and wanted to get out of this poor Addiction.

As I am a psychologist so I decided to tell them various contacts of Rehab centre and told them to consult In those Rehab Centers as the Alcohol addiction was severe and needed immediate rehab to get the patient back to normal, fit and healthy.

CASE 6

MS. B 14 year old student came to our clinic and was a very shy girl with immense knowledge as seemed while the conversation went on with her. She was Topper of her class and had various queries about whether to Choose Arts or not.

She was sure about choosing Arts but her parents were not much sure. So they brought her to us saying will Art be a good line for such a bright student who can easily become doctor or take science as a subject.

While talking further I observed that there was a conflict between child and parents over choosing a subject in 11. So I psychoeducated parents about The Arts field and told them various options that are available in Arts.

The fields related to it the career options related to it. The child wanted to become an artist and was brilliant in making sketches, artwork etc. After properly exposing the field of Arts to the parents and psychoeducation help

them to understand the concept of it and finally a gap between the child and the parent was filled.

They further took 2 more sessions for clearing their further doubts and they were satisfied at the end of it .

CASE 7.

MR R a 16 year old student came to visit us. The guy was preparing for UPSC exam and was ambitious to do something for the country.

He was here to basically find ways to improve his command on English. Due to his poor command on language he was unable to concentrate on his strengths and was feeling disgusted as he was unable to excel in it and others were nice in this aspect.

The boy wanted to improve his speaking and writing skills. So I told him to read English

newspaper on daily basis and then write one page of his understanding about any topic in english on a daily basis. And then get it checked by his teacher.

To which he hesitated and baffled but ultimately he understood that unless he doesn't read and write daily he won't be able to Frame words and sentences in it that would make it tough to speak English. So basics were asked to followed and strengthen .

The boy is doing quiet well and I am happy to share that not only that he has increased his English skills but also that helped him to be a more confident and jolly individual which is helping him in UPSC preparation.

CASE 8.

MR. M. A 27 year old man came with his friend to visit us. MR M was IT professional and he was working with animation and gaming industry.

His problem was that he was getting hallucinations visual, he was hearing sounds that were irritating, uncomfortable and haunting to him. Others very feeling stressed and bad due to this and they were not sure of what to do.

However his work life was not affected he was still the best in his business in creating animation and games.

As this case was more towards hallucinations that were visual and his problem being critical I referred him to my senior.

As far as I could observe it was his too much involvement with his profession I.E animation industry where he created unusual and different world of his own.

He was getting too much involved with that life in real.

LEARNINGS

I had lifetime of an experience while my Tenure as an intern at Aatmapraksh foundation. I learned many skills needed for becoming a counselor, psychologist and moreover I learned various techniques like CBT, Art therapy, dance therapy, sports therapy etc. Various life skills as well.

I learned etiquette of a psychologist too. The learnings were immense but to be honest what would stay with me forever is the way everyone was respected, taken care of and given sense of ownership and everything we did.

Few best learnings were that I observed that as a society we don't acknowledge nuances.

we tend to remember the statement but we forget the context.

What we experience is a completely different experience and experiencing experiences is a completely different experience altogether.



SCHOOL OF SOCIAL SCIENCES



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DEVI AHILYA VISHWAVIDYALAYA, INDORE

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Reference No.: 20210018

Date: 16/09/2021

To
Mr. Vinod Roz
Director
Happy Home (Rehabilitation & De-addiction Center)
Indore, M.P.

Subject: For Internship of minimum 45 Days

Dear Sir

School of Social Sciences, is a Pioneer Institute of Devi Ahilya Vishwavidyalaya (D.A.V.V., Indore). This institute provides various courses like **MSW, MBA Rural Development, MBA Public Administration, MA Political Science, Sociology and Clinical Psychology**. It has provision for Internship of minimum 45 days for the students as per requirement of the curriculum of the M.S.W. Hence forth, we look forward for your support and facilitation in your esteemed organization.

Student name –

1. **Palak Rajput, Course – MA Clinical Psychology (SEM II)**
2. **Tanya Nenani, Course-MA Clinical Psychology (SEM II)**

Thanks and Regards

Prof. Rekha Acharya
Head of the Department
School of Social Sciences
Devi Ahilya University,
Indore

Internship report



Submitted by:

Shreya Shukla

M.A. clinical psychology

3rd semester

Submitted to:

Dr. Lavina Singh

Professor

SOSS, DAVV

MENTAL HOSPITAL INDORE


(DEPARTMENT OF PSYCHIATRY)
M.G.M. MEDICAL COLLEGE INDORE


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Ph. 0731-2421134, Email-indorementalhospital@gmail.com

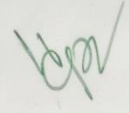


CERTIFICATE

This certificate is awarded to Sheeya Shukla
Student of M.A. Clinical Psychology School/College DAV Indore Mp
Underwent training in mental health from 5 Aug. 2021 to 5 Oct 2021


Dr. Vijay Niranjana
Training Incharge officer
Mental Hospital Indore


Dr. Pali Rastogi
Training Incharge officer
Mental Hospital Indore


Dr. V.S. Pal
Professor & Head
Department of Psychiatry,
Superintendent-Mental Hospital Indore

Acknowledgement

With grateful heart I would like to remember the persons who have helped me during the course of my internship program. I wish to place on record my words of gratitude to Dr. Lavina Singh, Professor, school of social science (soss), DAVV, Indore, (M.P) for her endeavours towards advancement of each student and for providing me with immense esteem the moral support and relentless motivation for pursuing this internship.

I would also like to thank Dr. V.S. Pal (Superintendent of mental hospital Indore), Dr. Vijay Niranjana (training in charge officer), Dr. Ujjwal Sardesai (senior consultant), Dr. Varchasvi Mudgal (senior resident), Dr. Priyash Jain (junior resident) of Mental hospital Indore for their guidance and support.

My wholehearted thanks and appreciation go out to all of fellow co-interns without guidance and support of these people, I couldn't have gained the kind of experience I did.

I hope that I can build the experience and knowledge that I have gained and make a valuable contribution towards this industry in coming future. I believe that this report will be a valuable asset not only for academic institution, but will also be useful for all those who are interested to learn about internship experiences in clinical psychology.

Sincerely,

Shreya Shukla

About Mental Hospital Indore



. **Mental Hospital Indore** is a hospital for patient care and academic pursuit in the area of Mental Health. The Lunatic Asylum was established in the pre independence period of nation by Holkars in 1917 and was renamed as Mental Hospital in the year 1965. It is 155 bedded hospitals. To humanize and improve quality of care this hospital came under Dept. of Psychiatry M.G.M. Medical College Indore (M.P.) in 1998.

The priority adopted at this hospital is service, training to the medical professionals and paramedics, rehabilitation and community-oriented services, manpower development and research.



Mental hospital during the Holkar's era

Current Scenario

Psychiatry unit is started in 1993 first time in this M.G.M Medical college. Psychiatry unit was transformed into department of psychiatry and started functioning as independent department from 16 January 2000. Currently the department is having its own separate building in Maharaja Yashwant Rao hospital Premises. Post-graduation in psychiatry (M.D.in psychiatry) was started in the year 2013. Currently at mental hospital Indore the infrastructure consists of –

- OPD Block
- IPD building
- Drug Treatment center
- Day care center
- Investigational wing
- Emergency services

The OPD - Average 200 patients attend OPD every day. Patients are seen by consultant psychiatrists and prescribed drugs that are given from the hospital for free.



The IPD – The hospital has a separate occupational rehabilitation unit by which they are uplifting patient life and in economic sense they also have psychiatric social workers by whom the patient integrating. The hospital is also providing Standard treatment and supportive care in emergency psychiatric and medical Conditions.



Day care Center (Built in 2017)



Teaching and training

Medical students and students of B.Sc. Nursing, general nursing, social work come for training every year, according to advances in learning and skill training.



Indoor facilities

We are ensuring quality assurance in care of indoor patients by providing clean surroundings, hygienic toilets, nutritious diet, recreational facilities and vocational training.



Drug Treatment Centre (DTC)

Dedicated Drug treatment center inaugurated by hon'ble Chief Minister and minister medical education on 11/12/2020. Total 130 patients till now admitted and de-addicted with help of this center. Drug Treatment Clinic for outpatients is also functional in our center as part of Drug De-addiction program of GOI.



Center of excellence

- December 2016 - mental hospital Indore was selected to be upgraded as center of excellence under national mental health program.
- Fund of 30.16 crore.
- Fund Ratio - 60:40 – Central: State

This Project will result in –

- Upgradation of infrastructure
- Upgradation of equipment
- Development of trained manpower (psychiatrist, psychologist, nurses, social workers)
- Promotion of research in mental health
- Project implementation is currently in progress.

By implementing center of excellence scheme there can be a further increase of –

- 4 MD seats in psychiatry
- 18 M.Phil seats in clinical Psychology
- 18 M.Phil seats in psychiatric social work
- 40 seats in psychiatric nursing diploma

Current issues to deal with –

- Ambulance
 - No functional ambulance currently available.
 - Mental hospital is 10 km away from MYH. In cases of emergency important time is lost in transporting the patient by other means.
 - Also, ambulance can help us in community outreach services, rehabilitation, mobile de-addiction services, etc.
- Vacant posts to be filled/outsourced
- Official Sanctioning of additional 32 beds, for drug treatment centre.

Objectives of the Internship

The objective of this training was to gain knowledge and skills in understanding, dealing and providing psychological help to the patients in order to curb the psychological issues they had. We learnt basics of counselling and its techniques, writing case histories, administering exposure therapy, guidance and provision of adequate interventions in order to help people maintain healthy lives inside the mental hospital.

During these 2 months I learnt the practical application of theoretical knowledge in areas of clinical disorders, basics of counselling and rehabilitation psychology.

Apart from the aforementioned, following things were gained through the internship-

- 1. Career Direction:** The internship helped me decide what direction I'd like to take my career by giving me a chance to obtain direct experience.

- 2. Increased Competence:** Gaining direct experience made me more competent as a student of psychology. Increasing competence by developing our skills, values and ideas is an essential part of a psychology internship. I developed competence in a variety of areas, such as increasing my experience with multiculturalism and diversity, developing my knowledge of ethical practices and learning to maintain professional relationships.

3. Formation of work habits: During the internship, I developed good work habits and begin to make transition from student to professional. As a psychology intern I was treated as a professional throughout my internship in the hospital, so I was expected to adhere to the same guidelines required for the other hospital staff. For example, I was expected to adhere to the working hours, to show up on time, complete my assigned tasks before leaving for the day, show accountability and responsibility and report to my direct supervisor (the Senior resident or my unit Jr).

4. Enhanced Marketability: The internship increases your marketability when it comes time to look for a job. An internship can set you apart from other candidates because it shows that you've gained valuable hands-on experience in a specific area of practice.

Daily Routine of an Intern

Daily routine of an Intern -

- The reporting time at the hospital was 9 AM and the working days were Monday to Saturday.
- On entering the hospital, we were supposed to report to our Senior resident or the junior resident of our unit and sign on the attendance register.
- Then we used to go to our assigned units which changes in every 20 days.
- the OPD timings were 9am-2pm. During the OPD time we used to take case histories of different patient with the first-year resident doctors and later we discuss the cases with our senior resident.
- After the OPD we usually go on rounds of IPD with our assigned units. Every unit has a particular day of the round. There was total 3 units and usually what happens is 1 unit goes on round and 1 unit has their unit day which means they have to stay and attend all the emergency cases and every patient that going to be admitted that particular day will be admitted under that particular unit (whose admission / unit day it is). So, if our unit has an admission day then we have to stay late and take detailed case history with our unit doctors.
- After the IPD rounds and lunch we usually have a class on different topics related to psychology and different mental disorders. After the classes we usually do tasks that was assigned to us by our JRs which usually consist of taking a detailed case history of an IPD patient, psycho-educating the patient's family, doing basic counselling of the patient and their families, applying basic psychological test on patient.
- A verbal daily report was given to the Senior resident or the Junior resident of our assigned units.
- The out time was usually 5pm – 6pm.
- Every week we work 4 days at mental hospital and 2 days at MY hospital. The timings on the MY hospital day were almost the same like we stay there from 9-2pm during the OPD time and after that we come back to the mental hospital for the classes and the work that was assigned to us.
- The two working days of MY hospital was different for everyone depending on the unit they are in and when their unit changes than there MY hospital working days also changes. For example – when I was in the 3rd unit my MY hospital days was Wednesday and Saturday and when my unit change to the 1st unit my MY hospital also changes to Monday and Friday.

Brief Weekly Report of the Internship

Week – 1

- Observe and assist seniors in history taking of the patients
- Familiarize oneself with procedures of the hospital administration
- Learn about depression, defence mechanism and phobias.
- Network with the hospital staff.

Week – 2

- Started taking case histories without the presence of any senior doctor.
- Build rapport with existing patients of our assigned units in the IPD
- Learn drug classification, cognitive distortions, the meat paradox and Milgram experiment.

Week – 3

- Observe the history taking/follow up sessions of complicated cases.
- Take simple cases of psychological distress and counselled them
- Learn about motivational theories, Sigmund Freud and his theories, Carl Jung, learning theories.

Week – 4

- Visit IPD wards along with Seniors doctors.
- Psycho educating the family members of the patients about their condition.
- Clearing the doubts of the patients and their family members.

- Learn about the basics of sleep hygiene, CBT, OCD, EMDR therapy.

Week – 5

- History taking of IPD patients and counselling them.
- Taking Follow up of cases with senior doctors which required intervention.
- Attending cases conferences
- Learn about different personality disorders.

Week – 6

- History taking of new patients
- Visit to IPD ward along with senior doctors
- Follow up of cases with senior doctors which required intervention
- Assisting senior doctors in psycho educating families of children with learning disability and low IQ score.

Week – 7

- History taking of new patients and reporting their case history to senior doctors
- Taking Follow up of cases with senior doctors which required intervention

- Visits to IPD wards along with senior doctors
- Assisted a co-intern in a high-risk patient in his follow up session.
- Learn about different mental disorder such as also mania, bipolar disorder and child mental disorders such as ADHD, Conduct disorder, OCD in children.
- Also learned about Relapse prevention therapy

Week – 8

- History taking of new patients and reporting about their case to the senior doctors before them looking at their case.
- Follow up of cases with the senior doctors which required intervention
- Attending the case conference about gender dysphoria.
- Learning about gender dysphoria and seeing the cases of people who wants to change their sex with the senior doctors.
- Learn about different scales of anxiety and depression like Hamilton anxiety rating scale, Beck's Depression Inventory and Bhatia battery test.

Brief Case Studies

Case – 1

Name of the patient – XYZ

Age – 17 years

Gender – male

Religion – Hindu

Education – student of BSc biology

Occupation – student

Marital status – single

Address – Indore city

Informant information – The informant is the patient's maternal grandfather with whom the patient was living since last 10 years. So, the informant is reliable.

Chief complaints –

- The informant says that patient is having episodes of increase in aggression, wandering behaviour, disturb sleep since last 1.5 months.
- The patient tells me about how there are so many thoughts racing in his mind and there is always something going in his mind.
- Sometimes he also behaves like tv show characters (Gods)
- There is also a feeling of grandiosity that he is best in everything and he knows everything.
- There are suicidal thoughts.

Family – there are total 5 members in his family including him. Father, mother, younger sister and grandfather (who is living with them since last 10 years after his wife's death)

Family environment – caring and supportive

Premorbid personality – introvert and shy

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history – none

Use of alcohol and any other substance by the patient or their family member - the patient doesn't take alcohol or any other substance but his father does take tobacco.

MSE - during the history taking session the patient seems a bit lost and can't sit still always touching something or playing with his bracelet. He is also cutting his grandfather sentences and when his grandfather is complaining about his recent aggressive behaviour than he will get irritated about this.

- **Orientation of place** – positive
- **Orientation of time** – positive
- **Orientation of people** – positive

The patient here is fully orientated about the place, time and people around him.

Memory

Immediate memory – positive (asked him to repeat the 3 words I said “ roti, kala ,mahal”)

Recent memory – positive (asked what he ate today)

Remote memory – positive (asked about his sister's birthday and his school)

General knowledge – positive

Judgement abilities – negative (asked him what he will do if his house went on fire? he said he will take out all the valuable items and his family members

Mathematical abilities – positive

Insight about the illness – 1/6

Diagnosis – manic disorder

Observation and intervention

The patient was responsive and cooperative during the session. Initially, he gave answers only which were about him but he opened himself up as the interview progressed. He was talking a lot about magic and gods and he wants learn magic and do many things. His grand father told me that watch these type of shows a lot. As it was his first visit to the hospital and first episode of mania so there were no pervious medications was going on.

Recommendations

I think CBT and maintaining a proper sleeping pattern can be very help in this case with proper medications.

Conclusion

Session achieved the purpose with which it was started

Case 2

Name of the patient – XYZ

Age – 36 years

Gender – male

Religion – Hindu

Education – 7th pass

Occupation – driver

Marital status – widower

Address – Mhow jail, Indore

Informant information – policeman, cellmate and the patient himself

Chief complaints –

- Sleep disturbance (the patient is not able sleep properly)
- Feeling of guilt that he was not able to his wife and kids.
- Presence of visual and auditory hallucinations of his wife since last 20 days (after his wife died)
- Flashbacks of the incident when his wife died by burning herself.
- Auditory and visual hallucinations of wife saying “ mujhe bachaya kyu nhi tumne?” and son saying “ mummy upar ro rahi hai jaldi aao.”
- Feeling of hopelessness.
- Heaviness in head.
- Feeling of anxiety whenever he thinks about his wife and kids.
- His cellmate said that whenever he thinks about that incident, he always tries to save his wife and kids, during this episode he will shout at everyone to open the door of the cell so he can save his family.

Family – He lived with his wife(dead) and two kids (son = 6 years old & daughter = 3 years old). Currently the kids are living with his sister and mother.

Family environment – According to the patient the family environment was really caring, supportive and loving.

Premorbid personality – cheerful

Relations with his wife and others – was really good but relationship with his in laws was not so good. according to the patient he had a conflict with his in laws 2-3 days before his wife suicide

Forensic history – none but at current he has a charge of attempted murder of his wife and because of this he is in prison. The police complaint against him was filed by his in laws. According to them he murdered their daughter but the patient says it was a suicide and he can't even think of hurting her.

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = none major issues according to the patient.

Use of alcohol and any other substance by the patient or their family member – yes, the patient is taking **Bidi** (12 bidi per day) **and alcohol** (occasionally) since last 20 years.

Last alcohol intake – 23rd June 2021

Mood – halka lag raha hai par sir bhari hai.

MSE - during the history taking session the patient seems a bit lost and not maintaining the eye contact. When I asked him how is he feeling? the patient started crying and said “bahut yaad aati hai uski, jab bhi dikhti hai bolti hai ki mujhe bachaya kyu nhi?”

- **General appearance and behaviour** - Patient's hands were handcuffed. He was unkempt & tidy.
- **Orientation of place** – positive
- **Orientation of time** – positive
- **Orientation of people** – positive

The patient here is fully orientated about the place, time and people around him.

Memory

Immediate memory – positive (asked him to repeat the 3 words I said “roti, kala, mahal”)

Recent memory – positive (asked what he ate today)

Remote memory – positive (asked about his children age, wedding date, and since how many days he is in prison)

General knowledge – positive

Judgement abilities – intact

Mathematical abilities – positive

Insight about the illness – 6/6

Diagnosis – PTSD (under evaluation)

Observation and intervention

The patient was responsive and cooperative during the session. The patient showed extreme sign of guilt of not being able to save his wife and kids. He even asked me to call his sister so he can talk to his kids but politely denied the request by saying that first I need to take permission from my seniors. The patient was not suicidal, was eating properly and but he is not sleeping properly, had no history of medical or psychiatric illness.

Recommendations

I think CBT, EMDR, Stress Inoculation Training and proper medication will be very helpful in this situation.

Conclusion

Session achieved the purpose with which it was started

Case 3

Name of the patient – XYZ

Age – 26 years

Gender – male

Religion – Hindu

Education – 12th pass

Occupation – farmer (not doing it now)

Marital status – single

Address – itarsi

Informant information – elder brother

Chief complaints –

- Decrease social interaction and increase in aggression
- Self-muttering, self-laugh, smiling and talking in alone.
- Not able to recognize his friends.
- Self-talk
- Violent behaviour (breaking things and hurting others when things don't go his way)
- Repetitive behaviour (excessive handwashing, he takes 15-20 mins to wash his hands and doesn't stop until the soap runs out or someone forcefully takes him out of the washroom. According to the patient if he doesn't wash his hands frequently than he doesn't feel good.
- He also repeats one word 3 times and keeps repeating things.

Total duration of illness – 8 years

Family – there are total 5 members in the patient's family including him. His father, 2 sisters and one brother.

Family environment – caring and supportive

Premorbid personality – cheerful

Relations with his family and others – According to the patient’s brother his relations with his family and others are not good as he becomes very aggressive and starts abusing others. Their neighbours don’t like him because he abuses them and throw stones at their house. The only person he likes to talk is him.

Forensic history – none

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = the patients has received Electroconvulsive therapy (ECT) and anti-psychotics in the past. He was once hospitalized too. But since last 6 months he is not taking his medications and the symptoms are back.

Use of alcohol and any other substance by the patient or their family member – yes, the patient is takes **cigarette** (1 packet per day) since last 12 years.

Mood – “aacha rahata hai”

MSE – The patient was unresponsive and uncooperative during the assessment. Initially, he was not responding to the questions when asked but he opened himself up a bit as the interview progressed. His answers were out of place. I was asking him something and he was responding to something else. The patient was laughing and smiling without any reason , at one moment he even walked out of the room while the session was going. His brother brought him back in the room.

General appearance and behaviour- He was unkempt & tidy. Poor hygiene

Attitude towards the examiner – not cooperative and smiling and laughing without any reason

- **Orientation of place** – negative
- **Orientation of time** – negative
- **Orientation of people** – positive

The patient here is not fully orientated about the time and place he is in.

Memory

Immediate memory – positive (asked him to repeat the 3 words I said “roti, kala, mahal”)

Recent memory – positive (asked what he ate today)

Remote memory – positive (asked about his family and past)

General knowledge – negative

Judgement abilities – impaired

Mathematical abilities – avg

Insight about the illness – 1/6

Diagnosis – Unspecified Psychosis + OCD

Admission type – supported

Observation and intervention

The patient was unresponsive and uncooperative during the session. He was not ready to talk even when he started taking a bit he was not responding properly. His behaviour was not appropriate during the session as he was smiling and laughing without any reason and he even walked out of the room during the session. There is no family history of any psychiatric illness. But he had the history of psychosis for which he received shock therapy, and medications but since last 6 months his medications has stopped and the symptoms are back. The total duration of his illness is 8 years.

Recommendations

I think first he should be given proper medications before starting any type of therapy.

Conclusion

Session achieved the purpose with which it was started

Case 4

Name of the patient – XYZ

Age – 60 years

Gender – female

Religion – Hindu

Education – nil

Occupation – home maker

Marital status – married

Address – Indore

Informant information – son

Chief complaints –

- Decrease and disturb sleep
- Doing big talks like she was a doctor at this hospital and she used work with the senior resident. She also works as Politian. She knows every big person of the state. **Delusion of grandiosity**
- Increase in aggressive behaviour
- She starts dancing around without any reason.
- Increase in motor activity
- Decrease in appetite.
- Presence of Auditory hallucinations.
- Many times, she ran away from home.

Onset = insidious (since last 25 years)

Current duration of the illness/ episode – 7-8 days

Family – there are total 5 members in the patient's family including her. Her husband, son, daughter in law and one grandson .

Family environment – caring and supportive

Premorbid personality – cheerful and well-functioning

Relations with his family and others – According to the patient's son her relations with her family and others are not good because of her aggressive behaviour.

Mensuration – stopped

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = the patients have a long history of bipolar disorder (25 years). Currently she is not taking any medications.

Use of alcohol and any other substance by the patient or their family member – No, the patient does not take any substance but her husband and son do consume alcohol and Tabaco.

Mood – “bahut aacha hai”

MSE – the patient was overly groomed and she was speaking fast, properly maintaining the eye contact during the session. She was really cooperative, responsive and frank during the interview. Her body posture was relaxed.

General appearance and behaviour- She was overly groomed

Speech – fast

Attitude towards the examiner – cooperative and frank

Orientation of place –positive

- **Orientation of time** –positive
- **Orientation of people** – positive

The patient here is fully orientated about the time, place and people she is around.

Memory

Immediate memory – positive (asked her to repeat the 3 words I said “roti, kala, mahal”)

Recent memory – positive (asked what she ate today)

Remote memory – positive (asked about her family and past)

General knowledge – avg

Judgement abilities – impaired

Mathematical abilities – avg

Insight about the illness – 3/6

Diagnosis – BPAD mania

Admission type – supported

Observation and intervention

The patient was responsive and cooperative during the session. She was speaking really fast and she was also overly groomed which was quite inappropriate to hospital setting. There is no family history of any psychiatric illness. But she had a long history of BPAD for which she received medications but currently she had stopped taking the meds and the symptoms are back. The total duration of her illness is 25 years.

Recommendations

I think first she should be given proper medications before starting any type of therapy. CBT would be the best option in this case. We should also psycho educate the family.

Conclusion

Session achieved the purpose with which it was started

Case 5

Name of the patient – XYZ

Age – 19 years

Gender – female

Religion – Muslim

Education – 8th pass

Occupation – home maker

Marital status – married but not living together since last 6 months

Address – Indore

Informant information – grandmother

Chief complaints –

- Headache (unilateral) since last 1 month. Blackness in front of eyes when the pain starts. Frequency of headache is 30 mins, pain level is moderate
- Increase in sleep
- Presence of Suicidal thoughts but there is not attempt
- Decrease social interaction
- Weight loss
- Decrease in food intake
- Irritative behaviour
- Sadness in mood (since last 6 months), decrease in self confidence

Family – the patient was married 1.5 years but she is currently not living with her husband. She is living with her parents, two brothers and their wives and her grandmother.

Family environment – caring and supportive

Premorbid personality – cheerful and well-functioning

Relations with his family and others – According to the patient's grandmother her relations with her family and others are okay not so bad. She doesn't like to get involve with people.

Mensuration – normal

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = none

Use of alcohol and any other substance by the patient or their family member – No, the patient does not take any substance but her husband and brother do consume alcohol and Tabaco.

Mood – “thik hai”

MSE – The patient looked sad and her facial expression was blank. she was responsive and cooperative during the interview session. She was not maintaining proper eye contact and her voice was softly audible. During the whole session she was playing with her bracelet and looking at me.

General appearance and behaviour- unkempt and tidy

Speech – low pitch

Attitude towards the examiner – cooperative

Orientation of place –positive

- **Orientation of time** –positive
- **Orientation of people** – positive

The patient here is fully orientated about the time, place and people she is around.

Memory

Immediate memory – positive (asked her to repeat the 3 words I said “roti, kala, mahal”)

Recent memory – positive (asked what she ate today)

Remote memory – positive (asked about her family and past)

General knowledge – avg

Judgement abilities – intact

Mathematical abilities – avg

Insight about the illness – 4/6

Diagnosis – F32 + headache

Observation and intervention

The patient was responsive and cooperative during the session. Initially, she gave answers only which were about her but she opened herself up as the interview progressed. She was speaking very softly. There is no family history of any psychiatric illness. During the interview her facial expression was blank and she was not looking at me. About her relationship with her husband, she told me that he uses abuse her physically and verbally so, she left him 6 months ago.

Recommendations

I think she should be given proper medications with CBT would be the best option in this case. We should also psycho educate the family. The combo of medication and therapy will work wonders on her.

Conclusion

Session achieved the purpose with which it was started

Learning Outcomes

Getting a chance to work at the mental hospital Indore was a privilege to me. The staff and everybody else were very cooperative, which helped me get used to the new environment quickly. In these 2 months of the internship, I gained a lifetime experience and learned and unlearned many things like –

- Learned how to build rapport while making the patient comfortable
- Asking the right kind of questions to elicit answer of sensitive questions which they might not answer if they're asked the same in a direct manner.
- Dos and don'ts while dealing with psychotic patients
- Learned how to work in a cooperative and a non-cooperative public work-place.
- Learned how to properly execute a semi-structured interview
- I got a chance to enhance my group dynamics and leadership skills
- I got a chance to get a better understanding about how hospital administration works.
- The experience also enriched my understanding of different cultures along with their different perpetuating factors.

Summary

I can honestly say that my time spent interning in Mental Hospital, Indore resulted in one of the best parts of my life. Not only did I gain practical skills of workings in psychology but I also had the opportunity to meet likeminded people and connect with them. The work culture in the hospital was always uplifting. Additionally, I felt like I was able to contribute to the hospital by taking around 100-200 interviews as a part of my internship and help people in need.

I was able to learn a lot from taking those history taking and counselling sessions by directly interacting with the patients. I learned how to take interviews which will not only help me in taking interviews in future but also help when I am required to give interviews. Along with interview taking, I learned how to properly build rapport in the first meeting, which has also helped me in my daily life. The case conferences by the senior doctors were really informative and helpful in better understanding the mental illness

Having worked for 2 months offered me vast exposure of practical learning in psychology. Thanks to the kind patients who told me their stories, now I have a better understanding of life in short.

Overall, my internship at Mental Hospital Indore has been a success. I was able to gain practical skills, work in a different environment, find my mentor, and an experience that will last a lifetime. I could not be more thankful.





BAHÁ'Í CHAIR FOR STUDIES IN DEVELOPMENT
DEVI AHILYA VISHWAVIDYALAYA

31 August 2021

To Whomsoever it May Concern

This is to certify that Mr. Divy Kaushal, resident of 696 Satya Sai Nagar, Indore, is carrying out his internship with the Bahá'í Chair for Studies in Development, Devi Ahilya Vishwavidyalaya, Indore. His period of internship began on 14 July 2021 and will continue for a duration of three months. During this period, his responsibilities will include to assist with the various educational and research-related activities carried out by the Chair and to carry out background research for various themes related to development on which the Bahá'í Chair organizes events. For any further queries in this regard, please contact Dr. Arash Fazli, Head, Bahá'í Chair for Studies in Development at arashfazli@bahaichairdavn.org.

Arash Fazli
Head,
Bahá'í Chair for Studies in Development
Devi Ahilya Vishwavidyalaya
Indore
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SCHOOL OF SOCIAL SCIENCES
UGC -Centre with Potential for Excellence in Social
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NAAC Accredited 'A+' Grade University

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E-mail: soss.davv@gmail.com, Website: <http://www.soss.dauniv.ac.in/>

Reference No.: 20210019

To
Dr. Rekha Arya
Sambhav Hai Clinic & Rehab Center
Indore, M.P.

Subject: For Internship of minimum 45 Days

Dear Madam

School of Social Sciences, is a Pioneer Institute of Devi Ahilya Vishwavidyalaya (D.A.V.V., Indore). This institute provides various courses like **MSW, MBA Rural Development, MBA Public Administration, MA Political Science, Sociology and Clinical Psychology**. It has provision for Internship of minimum 45 days for the students as per requirement of the curriculum of the M.A. Hence forth, we look forward for your support and facilitation in your esteemed organization.

Student name: Ms. Yashika Khandelwal
Course: MA Clinical Psychology, III Sem

Thanks and Regards

Forwarded
Acharya
14/9/21

Prof. Rekha Acharya
Head of the Department
School of Social Sciences
Devi Ahilya University, Indore



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E-mail : sovs.davy@gmail.com. Website: <http://www.sovs.davv.ac.in/>

To,

The Director,

Family Planning (F.P.A. India)
Indore

Subject: Field work/internship (Placement) for MSW/BSW students.

Sir/Madam,

MSW and BSW courses in Indore are being successfully run by School of Social Science DAVV, Indore. We place students of MSW/BSW for field work/Internship in various NGOs and companies. This placement helps the students to learn the practical aspects of this stream.

You are requested to kindly give permission to place our students in your esteemed organization for practical training. The names of the students are given

1. Manish Kumar
2. Rakshita Sharma
3. Mangendra Singh
4. Saiyam Jain
5. Sayushi
6. Sayushi Raina
7. Abhishek Shah
8. Archana Agarwal

9. Sneha Kalyane
10. Yashaavi Rathore
11. Vaishali Rathore
12. Vinita Solanki

Thanking you,

Sincerely yours,

Acharya
HOD 2/11/2022

SOSS, DAVV, Indore

Recd.
Pratibha Jais
08/01/22

ANCH MANAGER
F.P.A.I., INDORE BRANCH



SCHOOL OF SOCIAL SCIENCES
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Takshashila Campus, Khandwa Road, INDORE 452001(M.P.), Telephone (office) 0731-2362140
,0731-2362150 E-mail: sovs.davv@gmail.com, Website: <http://www.soss.dauniv.ac.in/>

Date: 11/08/2021

To,

The Director
One Stop Center, Sakhi
Indore

Subject: Regarding 45 Days Internship.

Dear Sir/Madam

School of Social Sciences is a Pioneer Institute of Devi Ahilya Vishwavidyalaya, Indore. This institute provides various courses like MSW, MBA RURAL DEVELOPMENT, MBA PUBLIC ADMINISTRATION, MA POLITICAL SCIENCE, SOCIOLOGY AND CLINICAL PSYCHOLOGY. It has provision for Internship of 45 days for the students as per requirement of the curriculum of the **MSW Session 2020-22**. Hence forth, we look forward for your support and facilitation in your esteemed organisation.

Student's name is as follows.

1. Aman Jain Msw
2. Manish Kumar
3. Mrigendra Singh
4. Rakshita Sharma
5. Saiyam Jain
6. Rahul Nagar
7. Harshita Yadav
8. Yashasvi Rathore

Thanks and Regards

Head

School of Social Sciences
Devi Ahilya University, Indore
0731-2362150

Forwarded
Devi Ahilya
11/8/21
School of Social Science
Devi Ahilya Vishwavidyalaya, Indore



Devi Ahilya Vishwavidyalaya, Indore
School of Social Science
Internship Organizations :Muskurahat Foundation
Vinita Sarathe
Roll no: 2020614
Internship Period: May-July 2021
Course: MA Sociology(Sem-3)
Academic Year: 2020-2022

Acknowledgement

I would like to first and foremost thank God, the almighty for begetting me and endowing me with the capacities to understand this world—however limited that may be. I express my immense gratitude to the university and the School of Social Science for enlightening me in the field of sociology and for offering this opportunity to consolidate my experience and learning from the internship into this report. Next, I would like to thank my family members to whom I am forever indebted for supporting me both financially and mentally as I pursue my education in Devi Ahilya Vishwavidyalaya, Indore. Their constant encouragement has been a motivational force in my academic pursuits. Finally, I also wish to extend my thanks to my course mates for their heartfelt accompaniment in this sociological inquiry. I appreciate their enthusiastic participation in class as well as the tips and comments they have given me during the completion of this repor

Certificate

muskurahat
foundation

CERTIFICATE OF COMPLETION

Presented To

Vinita Sarathe

for recognition of your performance in Fundraising Internship of about Two Month from **24th May 2021 to 7th July 2021**, for the children catered by Muskurahat Foundation.

AMOUNT RAISED: Rs 1,867/-



HIMANSHU GOENKA
President & Founder

8th July 2021

Date

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Introduction

India has a rich tradition of imparting knowledge. The 'gurukula' was a type of education system in ancient India with shishya (students) living with the guru in the same house. Nalanda was the oldest university-system of education in the world. Students from across the world were attracted to Indian knowledge systems. Many branches of knowledge system had its origin in India. Education was considered at a higher virtue in ancient India.

An internship offers the opportunity to understand the workplace environment and experience how work is carried out in that field.

Accordingly, the School of Social Science at Devi Ahilya Vishwavidyalaya, has included an internship for their post graduate programmes to expose the students to the scope of the field. This is also particularly helpful for the students as it allows them the opportunity to develop their communication skills and explore their field of interest to determine their career path post-graduation.

This report will chronicle the internship undertaken at the Mushkhalat foundation .We are smile soldiers. So you can be assured that there won't be a day at Muskurahat Foundation where we don't strive hard to bring a smile on all the faces we see. Most people have different stigmas around social work. We've heard everything from 'you need to be well-settled to do social work' to 'social work cannot be a full-time job'. But that's where they are wrong. We, at Muskurahat strive to break these stigmas because we truly believe that we must act now to save the world tomorrow. This is the kind of ideology we surround ourself with. This is what gave rise to one of 'India's Coolest Youth Organizations' working for a social change.

An internship offers the opportunity to understand the workplace environment and experience how work is carried out in that field.

Objectives of Internship

The program covers three key aspects of child development:

1. Social-Emotional Learning

2. Academic Support

3. Mental Well-being

Child development involves the biological, psychological and emotional changes that occur in human beings between birth and the conclusion of adolescence. Childhood is divided into 3 stages of life which include early childhood, middle childhood, and adolescence.

Early child development sets the foundation for lifelong learning, behavior, and health. The experiences children have in early childhood shape the brain and the child's capacity to learn, to get along with others, and to respond to daily stresses and challenges.

Overview

There is always going to be a sky to look at and a ground to stand but where we stand and how we see the sky is what matters. Irrespective of the fact that we all share the same sky and ground, breathe in the same air and receive the same sunlight, some remain trampled and crumpled upon while the others get to fly their dreams in the bright blue sky. Muskurahat, as the name suggests, aims to bring about a smile on each person who dreams and wishes to fly. We understand that, through years of trial and error, the society is biased and blinded by the social-economic system and consists of a set of unannounced undeclared set of laws that are expected to be followed but we also forget the fact that the society is no one but us and it becomes our rightful duty to break through these social norms and help others for a better future.

Here at Muskurahat, we hold opinion that every child irrespective of this biased system of education, has the basic right to quality education and deserves better opportunities to exploit his or her own potential

We believe that education is not embedded in thick books or closed in four walls but it is the overall development of a child to explore the talent and uniqueness that lies in him. We do not regard that there is a right age and time to bring about a change and welcome everyone who is ready to volunteer. We, mainly consist of youth who are motivated, dedicated, enthusiastic and devoted to bring about a change in the society. We have tried to spread awareness about various issues, in the most possible creative and innovative way, in the society to touch the lives of children in the most backward parts of Mumbai by providing them informal education and making them socially aware all with smile on their faces. The social problems that have been tackled include menstrual hygiene, gender equality and biased education. We have tried to bring about a change in the society by starting with the children who will bloom on to become the pillars that hold important virtues in the upcoming/future world. We aim to serve the children a platform to not only find their talent but to inculcate basic human rights and broaden their mind to a wider perspective about the world.

History of the organization

It all started with a birthday being celebrated at an orphanage in Nalasopara on June 10th 2014. What followed gave rise to one of 'India's Coolest Youth Organizations' working for a social change. The rest as they say, is History.

Not many teenagers would decide to throw their 17th birthday party at an orphanage. What sets Himanshu Goenka - the Founder of Muskurahat, apart from the average teen, is his unique vision. It was after the celebrations were over, that the seeds of this tree named Muskurahat were first sown.

After that birthday party celebration, he suddenly became aware that these kids with whom he had spent an entire day were not just orphans but also juveniles. He would have to do something about it; and do it Now.

Most of his friends continued accompanying him to these shelter homes for a short while, but after a brief period, they'd all left to pursue professional careers. Because till this day, social work is something people consider to be a side business, not to be pursued full time. Himanshu who was burning with the passion to give back, was the only one left.

Letter from the founder

Hundreds of children who have lost their families and are now residing in different shelter homes and orphanages across India are living under adverse conditions. Shelter homes fall under the unorganised sector in our country and are often neglected. This is where we have laid our cornerstone. From establishing structured and holistic education for children to meeting their proper upbringing and mental healthcare requirements, we are spreading hundreds of smiles every day and we aim to continue doing so.

Everyone who has helped and supported us in our journey has made our resolve stronger and we are grateful for their trust in us. A big thank you to our brilliant and diligent team who have become family and have made sure that this journey is filled with love and compassion. Muskurahat is now embarking on a new journey with a lot of rigor and we would be delighted to have your support in all our future endeavors.

OUR MISSION

Our sole mission and purpose is to create a common platform for children, women and all sections of the society who suffer the various consequences of a narrow minded and a negatively influenced society.

We aim at equality and equity for all by breaking taboos and orthodox philosophy amongst the narrow minded, even in the deepest roots of the society.

Every time we bring about a mile on a child's face, we move one pace towards our mission.

OUR VISION

We wish and hope to see every child's soul happy and contented with a ' Muskurahat ' on their faces. We aim to see a world in which every child attains the right to survival, protection and education.

KEYtaab

A holistic and experiential learning is of utmost importance in a child's life. Proper guidance and love and care is essential to nourish the kid to become competent and confident. Upbringing is a long lost concept for children in shelter homes and orphanages because they are deprived of parental support and counsel. Ideally, it's the shelter home management's responsibility to provide the kids with a good upbringing, but in our country, they are highly under-resourced and can barely focus on basic amenities like food, clothing, shelter and education. Because of this sorry situation, upbringing often takes a back seat.

This is where we have laid our cornerstone, KEYtaab. This project focuses on bettering the future of these children by contributing to their overall development, in assisting these children in integrating into the larger society and settling down with dignity and independence. Besides formal education, these children require basic life skills, global skills and assistance to cope up with the competitive world.

With KEYtaab, we are emphasising on suitable upbringing, 21st century life skills and positive mental health and hygiene through a custom - made curriculum which includes experiential learning methods to create an everlasting impact on the child. Beaming with a heart full of dreams and bustling with energy - these children are inquisitive and are in the quest for the right door to their success. We provide these children with a world beyond their



Children are the living messages we send to a time we will not see. They are the future and it's on us to make them future-ready.



Team of the organization

- 1.Himanshu Goenka Founder - President**
- 2.Ayush Khandelwal Co-founder - Vice President
Operation**
- 3.Sneha Powar Vice President - Strategy**
- 4.Nehal Das Head - Partnerships & Expansion**
- 5.Pranali PanchalManager -Child Development**
- 6.Samay Gada Sr. Manager - Fundraising**
- 7.Pratistha Patel Executive - Fundraising
Communications**
- 8.Tirtham RayHead - Marketing & Communications**

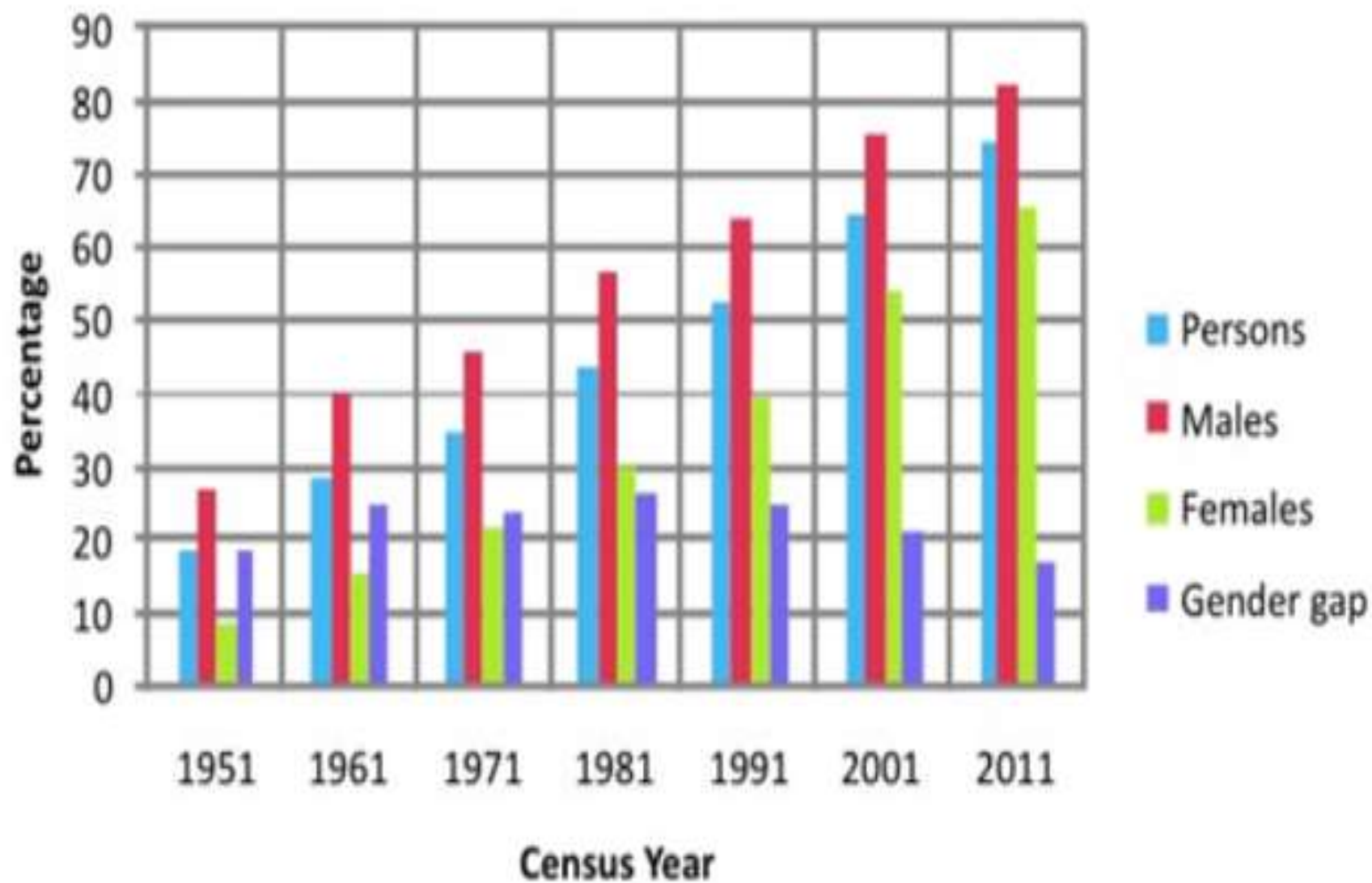
Research Data

Table 1
Literacy Rate Trend in India 1951-2011

Census Year	Persons	Decadal Increase	Males	Females	Gender gap
1951	18.33		27.16	8.86	18.30
1961	28.3	9.97	40.40	15.35	25.05
1971	34.45	6.15	45.96	21.97	23.99
1981	43.57	9.12	56.38	29.76	26.62
1991	52.21	8.64	64.13	39.29	24.84
2001	64.83	12.62	75.26	53.67	21.59
2011	74.04	9.21	82.14	65.46	16.68

Source: Census Of India

Literacy Trend in India



Organizational structure

Behind all the hard work that goes into making brighter futures for our children are these faces, who have given this organisation their all and made it what it stands to be today. Their love and drive for helping us achieve our vision makes us grow as an organisation everyday.

Muskurahat as an initiative to bring quality education to the children-in-need.

This foundation believes in being the ‘people behind people’, enabling entrepreneurship within the foundation and outside, by trusting people’s intent to create impact – as a catalyst for sustainable change and continues to thrive on the smiles of people around him, while continuously moving forward to help as many children and youth, along the way.

Volunteer Engagement

For any organization to grow and flourish, it is extremely necessary to ensure that all people associated with it are motivated and satisfied. Our Volunteer Engagement initiatives are thus aimed at promoting a degree of understanding among all our volunteers and gradually weaving them all to a large family – the Muskuruhat Family. Our two major initiatives in this direction were – a trek and an award ceremony. An adventurous and fun-filled trek to Zenith Falls, Khopoli was organised by us this year. What remains in our minds of that trip is laughter, jokes and love. With spreading smiles, we at Muskuruhat Foundation believe in inspiring and pursuing our young volunteers to work better. The best way to ensure the actualization of their talents and potentials we felt was an award ceremony – thus encouraging positive behaviour and providing a platform to appreciate all those who've put in tons of efforts for our organisation.

Muskurahat Foundation announces the launch of 'Project Saarthi'



Function of the organization

The Muskurahat Foundation has been initiated keeping in mind two things; to give exceptionally driven young minds an opportunity to be able to explore several domains of social development and to create an impact in cities that lack dynamic NGO penetration. Through this we intend to motivate change builders who would inspire and lead to create an atmosphere for the underprivileged children where we teach, educate and spread smiles!

As the Muskurahat Fellow we would be helping Muskurahat Foundation reach out to the children from shelter homes who often lack in getting the best education or upbringing in cities. With the amalgamation of your passion and training from our mentors we plan to collaborate with shelter homes all over India and conduct sessions every weekend that would nurture as well as expose our children to those skills of personality building and quality thinking that are ignored in schools. For this, Muskurahat has evolved its own theory of Social Change. We call it the Special Model of Social Difference (SMSD) based on (their) surroundings and upbringing.

Learning



1. Fix Things Up

Brainstorm on problems and find the right solutions

2. Amplify The Group Spirit



Inspire moments of optimism and make a difference everywhere you engage



3. KEEP CALM!

You just have to manage!

4. Do not give up.

Go the distance.

Stop at nothing.



5. Be as creative as a potter's hand



Application of knowledge and skills



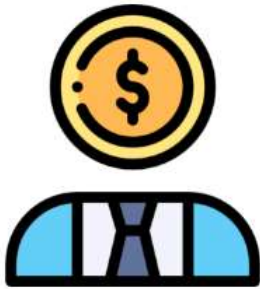
1.Organisational Skills

You become better than Monica Geller!



2.Social Consciousness

Internalise that you can make the world a better place with your smallest efforts.



3.Entrepreneurial Skills

Your ideas.

Your dedication.

Our support.



Leadership

4.Leadership

Learn the art of getting someone else to do something you want done because he wants to do it.



5.Social Work as a Métier

Discover how exquisitely gratifying 'working for a cause' can be.Karke dekho acha lagta hai.

Strength of the foundation

- Leadership** : We strive to continually sharpen our vision for every child's better life and to provide the leadership to make it happen.
- Integrity** : We are dedicated to building and creating a better society for each and everyone through independent governance, objectivity and honesty.
- Permanence** : We are committed to building a permanent endowment to address today's needs for a better tomorrow
- Collaboration** : We believe that the best results are attained from a good cooperation and collaboration.
- Accessibility** : We seek different perspectives when identifying the needs of the society and diverse ways to address them in the possible best way.

Weakness of the foundation

This year we faced some setbacks like stagnancy in the team and bandwidth problems, but we are set to improve and grow plenty in the coming years. Our future endeavours are in line with enabling the child to grow up to become a socially responsible citizen contributing to the society through harnessing 21st century life skills in them, taking care of their mental health and hygiene and securing overall positive upbringing.

Our team is pumped up with energy and passion and we are confident that we are striving in the right direction. We have envisioned working towards a

society where every child has a satisfactory lifestyle and a society where the disparity between fortunate and less fortunate is eliminated.

CROWD FUNDING

Joy of Giving Week

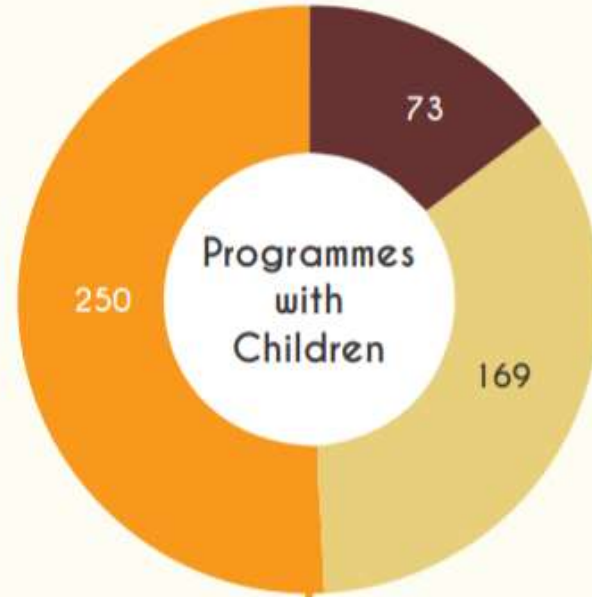
One of our major crowd funding activities for all these years has been the 'Joy of Giving Week' that takes place in October every year. The main idea behind this initiative is to raise funds and spread more and more smiles - every year. A culmination of around 5-10 fundraising activities, Joy of Giving has always carried a healing touch with it. With designated walls for the wishes of unprivileged children (Hopes and Dreams), a series of canvas paintings aimed at raising funds for the unprivileged (Paint for a Cause), numerous donations made in kind (Wall of Happiness) and several other events - the joy of giving was not only a huge success but was also able to spread smiles, which is the founding aim of Muskurahat Foundation.



Muskurahat Bake Sale

Another huge crowd funding initiative by Muskurahat Foundation is its highly successful 'Muskurahat Charity Bake and Sale' programme. What began as a small part of the 'Joy of Giving' initiative soon became extremely popular as a separate event also. Through the simple sale of freshly baked cupcakes at several flea markets, college festivals and other such locations - we've been able to raise sufficient funds that have all been donated for good causes.

Beneficiaries



Total: 492

- KEYtaab
- Muskurahat Anganwadi Project
- Street Children

Future prospect of the foundation

The real beauty of discovery does not lie in seeking landscapes but in a new set of eyes. It's always about the perspective how we see about the unmet human needs.

We understand that our society is divided into fragments but we also understand that it started from us and it's time to end it now. If now then when?

We at Muskurahat try our best to fill up the cracks that we created once. We make an attempt to create a scenario where children are not deprived of their education which is needed for their overall development.

We make an effort to see that every child changes his or her perspective about the society to a positive and a non-biased society. Let the change be the amount of the sugar added in our day to day cup of coffees or the size of the moon.

GET INVOLVED



- Follow us on Facebook. Visit. Volunteer. Raise funds. Donate. Be a part of our community.
- We are pleased to accept monetary donations by cheque, paytm or by credit card as well as in-kind donations of new goods.
- Your contribution will help us change lives, build stronger communities and make a lasting change in Mumbai.



Muskurahat Foundation.

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Mumbai- 400093

Tel:- +91 9158049925, +91 9413435123

Email:- president@muskurahat.org.in

www.muskurahat.org.in

www.facebook.com/muskurahat.org

Instagram- [muskurahat_foundation](https://www.instagram.com/muskurahat_foundation)

Conclusion

Article 29 of The United Nations Convention on the Rights of the Child, in continuation of Article 28 (Right to Education), states that the Goals of Education is to develop every child's personality, talents and abilities to the fullest. The current educational infrastructure lacks adequate focus to realize Article 29. At Muskurahat Foundation, we aim to fill this gap through our carefully curated initiatives that puts impetus on attentive upbringing, 21st century life skills and mental health of the child. We believe, every child must have access to an environment conducive to positive growth. One where he/she develops the ability to learn, unlearn and relearn crucial values and life skills, necessary to live life with a healthy mindset.



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SCHOOL OF SOCIAL SCIENCES
DEVI AHILYA VISHWAVIDYALAYA, INDORE
NAAC Accredited 'A+' Grade University



Talshila Campus, Khandwa Road, INDORE-452001 (M.P.). Telephone (Office) 0731-2362140, 0731-2362150

E-mail: soss.davv@gmail.com, Website: <http://www.soss.dauniv.ac.in/>

To,

The Director,

Family Planning (F.P.A. India
Indore)

Subject: Field work/internship (Placement) for MSW/BSW students.

Sir/Madam,

MSW and BSW courses in Indore are being successfully run by School of Social Science DAVV, Indore. We place students of MSW/BSW for field work/Internship in various NGOs and companies. This placement helps the students to learn the practical aspects of this stream.

You are requested to kindly give permission to place our students in your esteemed organization for practical training. The names of the students are given

1. Manish Kumar
2. Rakshita Sharma
3. Meghendra Singh
4. Saiyam Jain
5. Sayushi
6. Sayushi Raina
7. Abhishek Shah
8. Archana Agarwal

9. Sneha Kalyan
10. Yashaavi Rathore
11. Vaishali Rathore
12. Vinita Solanki

Thanking you,

Sincerely yours,

Acharya
HOD 3/11/2022
SOSS, DAVV, Indore

Recd.
Pratibha Jais
08/01/22

BRANCH MANAGER
F.P.A.I., INDORE BRANCH



SCHOOL OF SOCIAL SCIENCE
DEVI AHILYA VISHWAVIDYALAYA, INDORE
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Takshashila Campus, Khandwa Road, INDORE 452001(M.P.), Telephone (office) 0731-2362140,0731-2362150
E-mail: soss.davv@gmail.com, Website: <http://www.soss.davv.ac.in/>

REF. No.: 20210010

To,
Mrs. Alpa Alure
Clinical Psychologist,
Department of Psychiatry,
Lokmanya Tilak Municipal General Hospital and Lokmanya Tilak Municipal Medical College,
Sion, Mumbai - 400022

Subject: For Internship in your Institution.

Dear Sir/Madam

School of Social Sciences, is a Pioneer Institute of Devi Ahilya Vishwavidyalaya (D.A.V.V., Indore) This institute provides various courses like MSW, MBA RURAL DEVELOPMENT, MBA PUBLIC ADMINISTRATION, MA POLITICAL SCIENCE, SOCIOLOGY AND CLINICAL PSYCHOLOGY. It has provision for Internship of 1 Months for the students as per requirement of the curriculum of the MA. Clinical Psychology. Hence forth, we look forward for your support and facilitation in your esteemed organization.

Students Name: **Mr. Ajay Thakur**

Course - M.A Clinical Psychology (SEM III)

Thanks, and Regards

Forwarded

Acharya

5/8/21
Prof. Rekha Acharya
Head of the
Department School of
Social Sciences

SCHOOL OF SOCIAL SCIENCE
Takshashila Campus, (Opp. State Bank of India)
Devi Ahilya University, Indore

Alure

Mrs. ALPA M. ALURE
CLINICAL PSYCHOLOGIST
DEPT. OF PSYCHIATRY
L.T.M.G. HOSPITAL & LTMMC
Sion, Mumbai - 400 022.

Devi Ahilya University, Indore
0731-2362150

Lokmanya Tilak Municipal Medical College & General Hospital

Municipal Corporation of Greater Mumbai

Dr. Babasaheb Ambedkar Marg, Sion (East), Mumbai -400 022.
Telefax : (091) 2401 1984

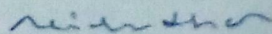
DEPARTMENT OF PSYCHIATRY

Date: 01/09/2021

CERTIFICATE

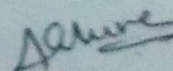
This is to certify that, Mr. Ajay Thakur has completed his observership from 2nd August 2021 to 1st September 2021 in the field of Clinical Psychology in the Department of Psychiatry at L.T.M.M.C & L.T.M.G.H, Sion, Mumbai.

He has observed psychiatry cases in the Department of Psychiatry. He was found to be regular, sincere and showed a lot of interest.



Dr. Nilesh Shah,
Prof. & Head,
Dept. of Psychiatry,
L.T.M.M.C. & L.T.M.G.H.,
Sion, Mumbai - 400 022.

DR. NILESH SHAH
Professor & Head,
Department of Psychiatry
L.T.M.C. & L.T.M.G.H.
(Sion Hospital, Sion, Mumbai - 400 022)
Reg. No. 53296



Mrs. Alpa M. Alure
Clinical Psychologist,
Dept. of Psychiatry,
L.T.M.M.C. & L.T.M.G.H.,
Sion, Mumbai - 400 022.

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