

Rehabilitation of the Mentally Ill - IMHANS Experience

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Introduction

Rehabilitation of the chronic mentally ill is an important area concerning professionals, patients, caregivers and the society. Chronic mental illness causes varying degrees of disabilities that incapacitate the individual. Depending on the degree of disability, these individuals require some form of rehabilitation services. In India facilities for rehabilitation exists in only few centres. Four per thousand of the population in India suffers from some serious mental illnesses.

The facilities available in India are inadequate for the rehabilitation of the needy. However, there are efforts from governmental, non-governmental and private agencies to set up rehabilitation services in India. In this background one can find that the consumer need is increasing in terms of the type of facility and service. There is also a growing demand by the family members themselves for quality rehabilita-

tion services. Probably a shift in strategy from hospital based to community and general hospital psychiatry based management might also have made the relatives think towards long-term rehabilitation.

In addition to regular drugs and physical treatment patients require adequate acceptance, support and guidance from their social networks including family, neighbours, colleagues and friends. In regard to the patients seeking the services of mental health professionals, either in mental hospitals or in the mental health centres there are sporadic attempts made in major cities in India towards after care and rehabilitation. The rehabilitation can be a long stay one or a non-residential one. Adequate space, facilities, a structured living skills programme, adequate number of mental health workers and a set of motivated workers are the prerequisite of an effective rehabilitative centre.

Through the process of rehabilitation the patient would emerge as an independent person, able to cope with essential activities of daily living. It is aimed at improvement in adaptation, which enables the disabled person to make use of their residual capacities as far as possible within a normal social context.

Psychiatric rehabilitation

Psychiatric rehabilitation is based on the rationale that severe mental illnesses such as schizophrenia, major mood disorders, and obsessive compulsive disorder produces impairments that reduce persons abilities to perform the basic skills needed to succeed in major social roles such as student, worker, spouse, parent, friend and consumer. The evidence is overwhelming that the vast majorities of severely mentally ill persons performs basic life skills poorly and participate marginally, at best, in society's major roles.

Rehabilitation diagnosis

Rehabilitation diagnosis involves making assessment of individual's capacities (skills, interest and strengths) and capabilities. The disabilities are classified according to whether they are: a) present before the persons illness b) acquired as direct effect of the illness; c) an indirect effect- from

treatment, reaction to illness, or being a patient. The attitudes of significant others (i.e. family, friends, employers & professionals involved in the treatment) are equally important. Such diagnosis is helpful in deciding the most appropriate approach to rehabilitation.

Rehabilitation process

Opportunities for meaningful activity, adequate space & privacy, and positive sympathetic attitude of the staff enrich the environment and have beneficial effect on the patients. The better environment requires vision, energy, & skills of the psychiatrists, but unfortunately the nurse, occupational therapists, supporting staff etc. very often provides it. A well-structured environment can help patients to relearn the activities of daily living, which they may have stopped doing.

Because some patients are unable to generalize the improvement from the learning situations (because of impaired abstract thinking), the learning needs to be in conditions as similar as possible to the real life situations. It is also necessary to provide continuous positive reinforcement of the newly learned behavior by praise, encouragement & rewards, otherwise it may not continue for long.

Many patients do badly in response to extreme life situations, very high or very low. And both positive and negative symptoms can be precipitated. If a person who barely manages to walk is pushed to make him to walk faster, chances are that he will collapse. Continuous medication is necessary for most psychiatric patients. Thus appropriate level of stimulation needs to be found for each patient.

The results of research studies and clinical trials indicate that most severely mentally ill persons can with interventions be helped to attain the necessary skills needed to live, learn, and work in the community with the least amount of support.

Rehabilitation scenario in Kerala

In spite of the big strides made by the state of Kerala in the area of physical health, the mental health scenario still remains highly unsatisfactory. In Kerala psychiatric rehabilitation is still in its infancy. It lacks a proper definition and meaning, hence implementation has become so broad as to be almost meaningless. There are no clear criteria, uniform conceptual and operational framework, standard, and continuity of care. There is no common body

of knowledge to train practitioners and no common curriculum in the principles, programs or activities. Neither academic credibility nor a systemic, training program is available. There is no objective standard available for the program evaluation.

Eventhough a sudden mushrooming of so-called 'rehabilitation centres' are a recent phenomena in Kerala, their real intentions, and motives are yet to be assessed. They are generally ill managed and commercialized. By exploiting the ignorance and poor awareness of the public regarding the mental illness they just try to revive the institutionalization concept, which had been totally discarded in the west 30 years ago. The traditional intolerance for the deviant behavior by the community and the desire to keep long term mentally ill out of sight and out of mind support this wrong approach.

The ultimate goal of rehabilitation should be helping the people with psychiatric disabilities succeed in living in their own homes in the community along with other citizens. But it is painfully evident from the patients who are still in institutions, sub-standard rehabilitation centres, jails and streets that we are still far from achieving this goal.

Rehabilitation activities of IMHANS

IMHANS is making pioneering attempts in evolving suitable models for rehabilitation. Some of the rehabilitative measures are - half way homes, self-help groups, and home programmes.

In tune with the recent trends in rehabilitation, IMHANS is providing vocational rehabilitation service for inpatients and outpatients in and around the city. This unit was established in the year 1986 with a meager financial support from Kozhikode division of the National Savings Scheme and SC & ST fund of Kerala State. To begin with there were only 50 patients attending this programme. At present nearly 150 patients including males and females are utilizing this service every month. Many of them continue in this programme until they get a stable and better job. The various activities under this training programme include - school and college note books manufacturing, book binding, printing, lamination, medicine cover making, carton making, spinning unit, and agricultural work.

Out patients attending this programme are provided free transportation from important parts of the city. The profit in-

curring from the sale of goods is utilized for the welfare of these patients. Last year this unit had recorded a turnover of about Rs. 27 Lakhs. The remuneration is based on grading of the quality of work. On an average many of them are earning 500 to 700 rupees per week. It is heartening to know that in many of these patients' families this is the sole income. Besides this patients are also provided free supply of medicines and food. One of the attractive features of this type of rehabilitation is the integrative approach where the mentally retarded and mentally ill are working under one roof. This is likely to emerge as a cost effective method of rehabilitation for mentally disabled in general.

The day care programmes cater to the needs of the patients who have undergone treatment in various units of the hospital and who belong to areas within the city limits. In this programme the patients spend their time in a structured and planned manner depending on their clinical condition, psychosocial functioning and related factors. This service helps the patient to maintain the improvement he has made and to learn the social skills necessary for community living.

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Rehabilitative measures of IMHANS are:

Ø **School and college notebooks manufacturing unit:** - Notebooks and college books are manufactured here and they are distributed to various educational institutions including Calicut University.

Ø **Book binding unit:** - IMHANS has a well-established bookbinding unit. We get orders from many government institutions in and around Kozhikode.

Ø **Patient and care givers self-help group (Santhwanam)** IMHANS has a self-help group of patients and relatives. The objective of this programme is to give psychoeducation to the patients and their family regarding the illness and to help them in rehabilitating the patient in society.

Ø **Occupational therapy unit:** IMHANS is conducting an occupational therapy unit for equipping the patients to enter the vocational rehabilitation, to train them for personal hygiene and social skills.

Ø **Printing unit:** Printing works are taken up especially from various institutions under Health Services.

Ø **Medicine cover making:** Medicine covers are made and are distributed to various medical shops and medical institutions.

Ø **Spinning Unit:** Spinning

work is taken up with the assistance of Khadi Board. Females are engaged in this work. The Khadi board pays the remuneration in accordance to the output.

Ø **Lamination Unit:** Assists in the note book manufacturing.

Ø **Carton making unit:** Cartons of various sizes are manufactured under this unit and are supplied to lot of shops in and around Kozhikode.

Ø **Agricultural Unit:** Patients engage in agricultural work and the products, which include banana, brinjal, beans, lady's finger, tapioca etc., are utilized within the center.

IMHANS also provides family service programmes by professionally trained staff. Besides helping to sort out the problem within the family by their counseling, they also promote effective house hold management, work adjustment, provide vocational training and planning for the care of the handicapped chronically ill. Such services are also extended to help the family members procure jobs in the society.

IMHANS is conducting pilot experiments to see the feasibility of treating patients in their own house. Home care programmes provide scope for utilizing the family rehabilitation potential. In addition this method of treatment proves to be less costly and

more effective compared to treatment in hospitals. From the rehabilitation point of view, home care programmes can be considered as fertile ground for innovative and indigenous helping processes.

The recovered destitute patients in our hospital are being helped by voluntary service organizations by accommodating them with their inmates. Initially the agency personnel required the support of professionals for such placements. As the long stay patients occupy 50% of the hospital beds, patients requiring urgent and active treatment are betrayed of the care in the mental hospitals. It is unfortunate that only a few voluntary agencies in Kozhikode have come forward to provide these services.

Conclusion

In conclusion one can say that there is a dire need for rehabilitation services to take care of the chronic mentally ill. Most of

the available centres are run by NGOs and private agencies with untrained staff and are catering to the needs of only mild and moderately disabled. There is a major chunk of populations who are severely disabled and have to be taken care of. It is not only for such individuals but also care and support is essential for the family members. The IMHANS model of vocational rehabilitation has been found to be very successful in bringing the mentally ill to the main stream of society with the ability to live with dignity and independence.

With the Govt. of India recognizing mentally ill as a disabled category, with careful planning and implementation more and more effective centres can come up in our country. These would reduce the burden within the family and restore a degree of dignity to the individuals who suffer from chronic mental illness.

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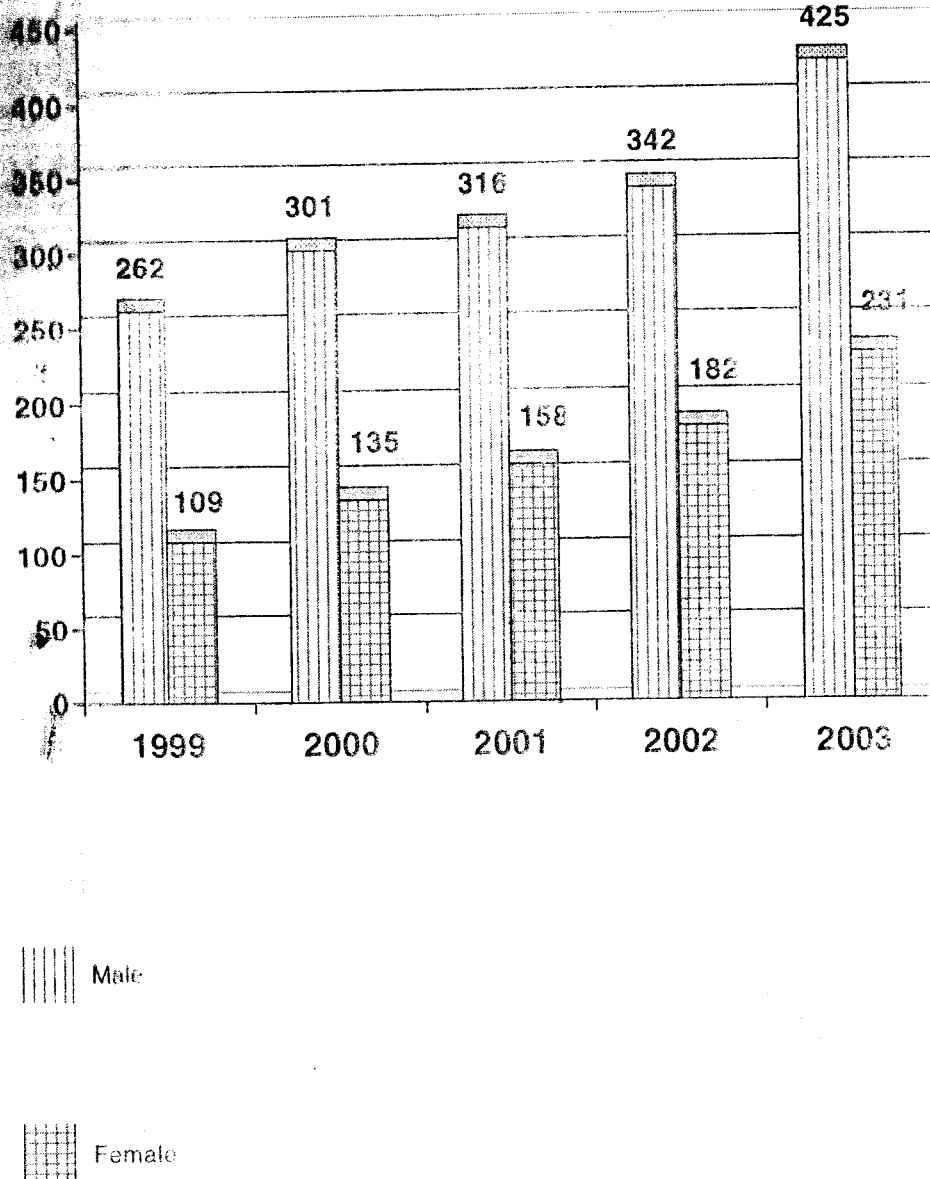
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Rehabilitation - IMHANS Experience

Table - 1

Number of patients rehabilitated during the last 5 years



Rehabilitation - IMHANS Experience

Table - 2

Profile of Rehabilitated patients in the year 2004 till date

	Male (N=184) (%)	Female (N=118) (%)
Sex	61	39
Age		
0 - 14	0	0
15 - 29	30	25
30 - 59	70	69
60 & above	0	6
Religion		
Hindu	67	68
Muslim	31	13
Christian	2	19
Habitat		
Rural	81	85
Urban	17	10
Tribal	2	5
Education		
Illiterate	17	13
Primary/Upper primary	42	43
High school/Higher secondary	39	41
Degree/Diploma	2	3
Marital status		
Married	33	31
Unmarried	60	60
Widow/widower/separated	7	9
Diagnosis		
Schizophrenia	68	35
Bipolar Disorder	19	45
Mental Retardation	7	5
Others	6	15
Duration of illness (Years)		
0 - 5	24	47
6 - 10	41	21
11 - 15	11	5
16 - 20	11	16
21 & above	13	11