

Local Innovation

PSYCHOSOCIAL REHABILITATION & COMMUNITY REINTEGRATION: RAJAH EXPERIENCE

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ABSTRACT

‘Thanal’- Rajah Rehabilitation Centre (RRC) is a nonprofit voluntary organization established in 2001 dedicated to the people suffering from psychiatric illness. RRC adopts an interdisciplinary team approach for the upliftment of disabled. RRC follows the recovery model of psychosocial rehabilitation. Psychiatric rehabilitation program is initiated with the assessment and trial stay under the supervision of the multidisciplinary treatment team. Rajah Rehabilitation Centre provides the following programs for the service recipients of sheltered workshop; individual consultations, activity scheduling, psycho education classes, living skill training, culinary skill training, social skill training, cognitive retraining, yoga training, recreation therapy, music training & therapy, dance training & therapy, work skill training, craft & art work training, computer training program, on-job training, supported employment, supported housing etc. RRC also offers treatment for substance abuse, SS & AI-Anon groups and peer support groups for patients with mental illness, and crisis intervention program for elderly women with distress (Shanti Bavan) etc. Services at RRC facilitate individuals with psychiatric disability to increase their level of functioning and quality of life.

Key words: Psychiatric rehabilitation, sheltered workshop, skills trainings, cognitive retraining, computer training program, worksite trail with peer mentoring, supported employment, supported housing, peer support groups

INTRODUCTION

Persons with serious and persistent mental illness have historically been utilizers of expensive health care services. Over the last 30 years, a concerted effort to find more effective and lower cost alternatives to long-term institutionalization had led to the development of psychiatric rehabilitation services. Research in psychiatric rehabilitation services has demonstrated lower hospital rates, higher levels of functioning, and higher levels of clients’ satisfaction and higher rates of employment than patients not receiving psychiatric rehabilitation services.¹

Rehabilitation services have seen a shift to a recovery-oriented perspective, which looks beyond symptoms to work alongside persons with psychiatric disorders towards achieving their maximum personal, social, and vocational potential. Psychiatric rehabilitation focuses

on the restoration of functions, capacity, independence and meaningful life, by taking the person back to the pre disease state. When the full restoration is not possible, the aim would be to limit the impairment as far as possible.²

EVOLUTION OF REHABILITATION SERVICES AT RAJAH REHABILITATION CENTRE (RRC)

The need for reinstating the psychiatrically disabled into the mainstream of society gave way to the idea of developing a local level rehabilitation centre. Thus, the Rajah group has developed an initiative in the form of a sheltered workshop, ‘Thanal’- Rajah Rehabilitation Centre, for the psychiatrically disabled. RRC is a

Please cite this article as: Pfizer N, Kavitha M A. Psychosocial rehabilitation and Community Reintegration-Rajah Experience. Kerala Journal of Psychiatry 2018 31(1):

nonprofit voluntary organization established in 2001 dedicated to the people suffering from psychiatric illness. It is a part of Rajah medical trust functioning at Muthuvattoor, near Chavakkad in Thrissur district of Kerala, India. RRC adopts an interdisciplinary team approach for the upliftment of disabled. RRC follows the recovery model of psycho social rehabilitation. RRC emphasizes the empowerment of the client by restoring abilities and improving the overall quality of life and providing rehabilitation services to the clinically stable clients who have mild to moderate disability along with residual symptoms.

REHABILITATION PROGRAM

Psychiatric rehabilitation is initiated by the treatment team comprising of professionals from Psychiatry, Clinical Psychology, Psychiatric Social Work, Psychiatric Nursing and vocational instructors. Initial evaluation process includes clinical interview and a program to evaluate the severity of mental illness, behavioural assessment, cognitive skill assessment, family assessment and assessment of prevocational skill deficits and disability. Family psycho education classes and trial stay is encouraged for two weeks. Approval from the governing body chairman and managing trustees should be taken prior to the trial stay and the following sheltered workshop. All services at sheltered workshop are offered without any charges. In addition, financial help is provided for people from low socio-economic status.

The overall rehabilitation program at Rajah Rehabilitation Centre is given in Figure.1.

SERVICE COMPONENTS

Rajah Rehabilitation Centre provides the following programs for the service recipients of sheltered workshop;

Individual consultations with treatment team:

Monthly assessment is carried out by psychiatrist, clinical psychologist and psychiatric social workers. Progress evaluation of mental illness or symptoms, cognitive skills and social skills will be done.

Activity scheduling:

Daily scheduling at sheltered workshop will be decided based on the particular activities. Homework assignments and activity scheduling at home is also

encouraged with the support of caregivers.

Psychoeducation classes:

Daily psycho education classes/group meetings are provided to the service recipients to review their daily living functioning, familial-interpersonal-or emotional issues, and to empower the clients.

Living skill training:

Living skill module can be customized for clients to receive specific basic living skills and independent living skills. Areas of training include a variety of personal care tasks based on the individual's needs such as grooming, mouth care, personal hygiene, dressing and eating habits. Independent living skills training program will include grocery shopping, meal preparation, washing dishes, putting away dishes, cleaning, learning how to do laundry, travelling, leisure time activities and money management.

Culinary skill training

Cooking is a basic skill for daily life and can provide many therapeutic benefits. These include stress relief, the ability to plan and organize, enhanced self-esteem and a sense of accomplishment. Culinary skill training is a form of treatment for a wide range of mental and behavioral health conditions. Culinary therapy also helps to improve social skills, time management skills, relief from boredom and cognitive skills.³ Culinary skills training at RRC includes introduction of cooking skills, vegetable & fruits cutting, preparation of food items like meals, snacks, cool drinks etc., garnishing the dishes and serving.

Social skill training:

SST aims to improve the communication skills, reduce the social withdrawal and to reduce other residual symptoms of mental illness. Individual sessions will be preferred for severely impaired patients and group sessions for mildly impaired clients. Training module includes basic social skills, conversation skills, assertiveness skills, conflict management skills, communal living skills, friendship skills, health maintenance skills and vocational skills.⁴

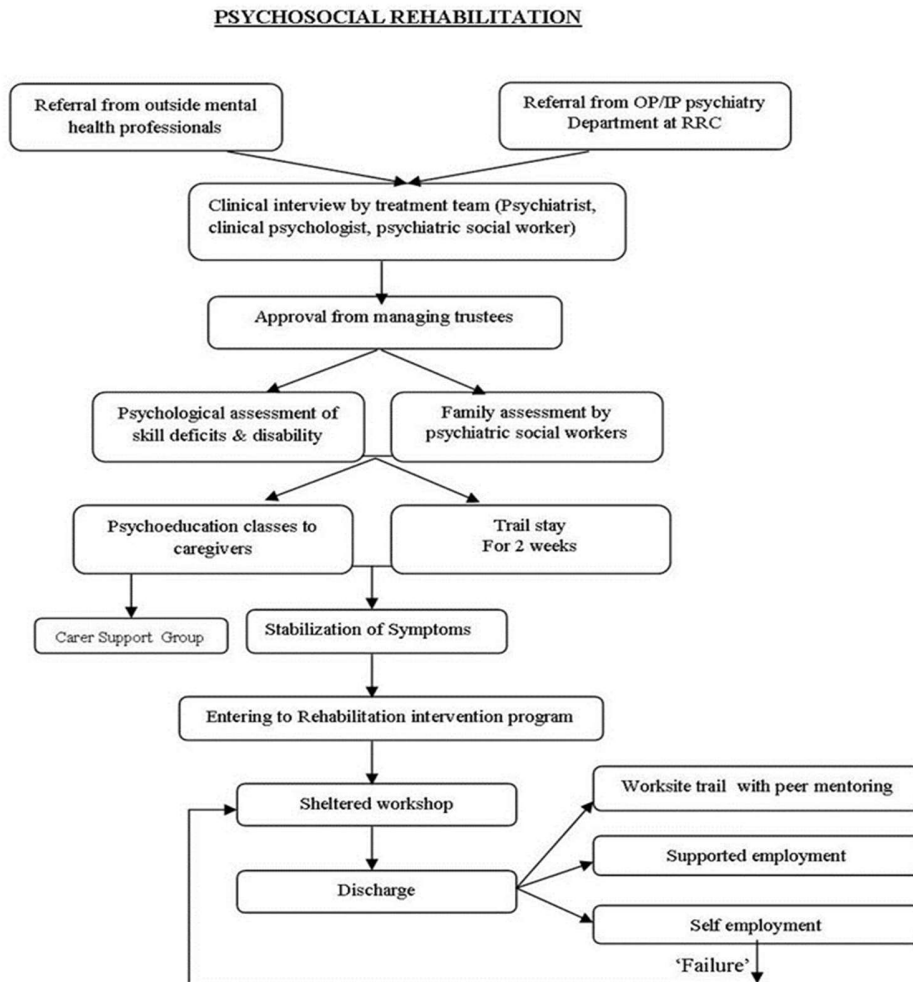
Cognitive retraining:

This therapeutic strategy helps to improve or restore the client's skills in the areas of attention, remembering, organizing, reasoning, problem solving, decision making and other higher level cognitive abilities. Tasks

are designed based on the cognitive profile and readiness of each client. There are different training programs for intellectually disabled and psychiatric disabled. Our

cognitive retraining module includes intervention techniques adapted from various manualized modules and techniques.

Figure 1. Model of rehabilitation at RRC



Yoga training:

Yoga brings a significant improvement in the areas of general well being, basic living skills and it could inculcate positive outlook towards life. Yoga is a great stress reliever and it has been shown to ease anxiety and depression as well. Yoga asana poses help to improve mental health and provide other health benefits too. Our main focus on the ‘Pranayama’ (breathing exercises), ‘Asana’ (body poses) and ‘Dhyana’ (meditation) techniques.

Recreation therapy:

Recreation Therapy is to restore, remediate and rehabilitate a person’s level of functioning and

independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restriction to participation in life situations caused by an illness or disabling condition. These types of activities can ultimately create a useful outlet for one’s socialization skills, as well as relaxation.⁵ Play and games, wellness training, leisure education and therapeutic exercises are included in recreation therapy training.

Music training & therapy:

Music therapy is recognized as an effective psychological intervention in the care of children and adults with mental illness. It can play a valuable role in helping minimize the trauma and disruption often associated

with hospitalization and can have a positive impact on negative symptoms experienced with a mental health illness, such as motivation, social withdrawal and diminished affective experience and responsiveness. Patients with severe mental illness with difficulties in expression and communication have benefits when participate in programs of music therapy. However, music therapy directly affects the alogia, avolition, anhedonia, poverty affective and cognitive functioning problems.⁶ Music training includes teaching rhythm, lyrics, and use of musical instruments.

Dance training & therapy:

Dance therapy or dance movement therapy is a psychotherapeutic use of movement as a process which furthers the emotional, social, cognitive, and physical integration of the individual. It may be of value for people with developmental, medical, social, physical, or psychological impairments.⁷ Dance trainers teach clients to follow movements as per directions and that will also help them for mood management.

Work skill training:

Level 1 task include cutting & affixing medication sachet, liquid soap and phenyl toilet cleaner making, assembling of chemicals, packaging and affixing labels. Level 2 tasks include computer training, carry bag making and jewelry making.

Craft & art work training:

Various craft items and art works including painting works are managed by the vocational instructors and art trainers.

Computer training program:

Computer training includes typing skill development, data entry, Microsoft word & Excel typing etc.

Medication monitoring:

Medication adherence of the patient is evaluated on daily basis and review sessions with psychiatrist and general physician is provided for every service recipient.

Monthly progress evaluation:

Monthly progress evaluation is done by the treatment team and further activities and training scheduling will be decided accordingly.

Monthly Incentive:

Nominal incentives are provided as reinforcement based on their performance assessed by Griffith's work behaviour assessment test.

Family career support group – 'SREYAS'

SREYAS is a registered carer support group. Caregiver psycho education and support pro- grams workshops, family recreation sessions and monthly meeting of SREYAS members are regularly held. It provides opportunity for care givers to connect with those with similar experiences that enable them to learn current ideas and practices in the field of mental illness. The group enhance well-being, resilience and relationship of care's, pro- vides emotional and advocacy support, assists carers to navigate the mental health system & understand their rights.

House visit:

House visit is organized with the coordination of sheltered workshop supervisors, governing body members of Carer support group (SREYAS) and psychiatric social workers. It will facilitate the opportunity to meet important members of the family who might not attend therapy sessions or to know their willingness to seek psychological treatment for fear of being stigmatized. It's the opportunity to observe the parenting practices, dynamics of certain family members, with other family members and friends. It gives additional insight to their social relationships and conflict-resolution skills and to observe the family culture as it manifests itself in food, icons, rituals, etc.

TRAINING FOR PARA-VOCATIONAL INSTRUCTORS

Apart from in-house participatory training, RRC conducts regular training classes for para-vocational instructors in order to increase the effectiveness of their rehabilitation ser- vices. Training class module consist general awareness of mental health, mental illness, rehabilitation process, care taking of individuals with psychiatric disability and intellectual disability, skill trainings etc.

WORKSITE TRIAL WITH PEER MENTORING

Service recipients (SR) from sheltered workshop, who have attained the adaptable level of cognitive, social and occupational skills without active mental illness, are promoted to worksite trial with peer mentoring jobs. Worksite trial with peer mentoring is one-on-one training located at the job site. It usually consists of experienced workers passing on their skills to a new

employee.

Worksite trial with peer mentoring in Rajah Rehabilitation Centre begins with initial evaluation by psychiatrist, clinical psychologist and psychiatric social workers on the skill strengths and readiness of the SR. Type of work is selected based on the skill profile of each SR. Level 1 works category includes clerical or assistant works, level 2 works category consists computer works, file keeping and data entry jobs, and the level 3 works category includes leadership oriented jobs. Guidance classes are provided before the trial period. The SR who entered in the trial period is supervised by the vocational instructors and employers on daily basis. After the trial period, the SR can continue the work without supervision. Monthly evaluation by the treatment team will be continued along with the feedback report from the employers and supervisors. Additional training will be provided after the monthly evaluation or the SR will be promoted to the next level of work category. Rajah Rehabilitation centre opens opportunities as clerk, file mover, OP attender, ward attender, security, officer assistant, housekeeping staff, coffee vending machine operators, receptionist and data entry operator. Demonstration, modeling, mentoring, physical guidance, verbal prompting, and reinforcements are given throughout the worksite trial period.

SUPPORTED EMPLOYMENT

Supported employment (SE) is an approach to vocational rehabilitation for individuals with disabilities that emphasizes helping people obtain competitive work in the community, and providing supports necessary to ensure success at that work place. Supported employment is integrated with the treatment and the final goal is to achieve the competitive employment. Job search starts soon after consumer express interest in working and follow along support will be continued. Supported employment focuses on helping consumers become as independent and self-reliant as possible. People with schizophrenia and other severe mental illness are capable of doing regular jobs in the community that pay competitive wages, provided they are given sufficient supports. Surveys of people with severe mental illness typically show rates of expressed interest in employment at about 70%.⁸ SE is the best way to combat stigma to show that people with serious mental

illness can recover, work and earn by self and that will enhance their positive feelings about life and themselves. Steady work helps them to manage anxiety, depression, psychosis, substance use and enhance their moral material cognitive, structural and emotional lives.⁹

SE workers at RRC includes security officers, community hall assistants, store managers, front office staffs, medication manufacturing staffs, file clerks, canteen staffs, and ward attenders. Follow up services with treatment team includes symptoms and medication monitoring, address job related skill deficits and distress related to bullying. Work-place accommodation and support housing facilities are offered for supported employment consumers.

SUPPORTED HOUSING

The concept of supported housing was inspired by the independent living movement for people with developmental and physical disabilities. This approach was started as the normalized model of residential services and since 1990s it was widely referred to as supported housing. The essence of supported housing is that people reside in independent living situation of their choice in the community and receive supported service to help them maintain those situations. Supported housing became the solution of the growing problem of long-term homelessness among persons diagnosed with psychiatric disabilities.¹ Rajah group of companies started supported housing facilities since 1980s. They help the individuals with psychiatric disabilities and their families to live in a supported environment. Rajah group of companies provide financial support to build houses (if the individual/ family owns land) or they create houses for them. This approach of supported housing facilitates increased level of functioning, good quality of life, increased housing stability as well as decreased hospital admissions.

TREATMENT CENTER AA & AL-ANON GROUPS

RRC organizes Alcoholics Anonymous (Self-help support group of alcoholics) and Al-Anon (Support Group for people whose lives have been affected by someone else's drinking) meetings twice a week since February 27th, 2001. Treatment centre AA meetings are on Tuesday and Sunday. An average 30 members

attended AA meetings and Al Anon meetings. AA helps the members stay sober by spending more time with individuals who support efforts toward sobriety and increased confidence in the ability to maintain abstinence in social situations. The Al-Anon members like families and friends of alcoholics can provide hope to each other and help solve the various problems they may face. Al-Anon recognizes alcoholism as a family disease, and is committed to helping family members and friends cope with a loved one's heavy drinking. They share their experience, strength, and hope in order to solve their common problems.

PEER SUPPORT GROUPS

Rajah Rehabilitation Centre conducts periodic meetings for self-help groups/ peer support groups of the patient with Bipolar Disorder (Green Ribbon Group) and patients with Schizophrenia and related disorders (Silver Ribbon Group). RRC publishes newsletters in every meeting which comprises articles on mental health and illness. Moreover, Peer Support groups do honoring of exceptional caregivers and recovery warriors achievement. Six meetings conducted for both Green Ribbon Group and Silver Ribbon Group.

SHANTHI BAVAN

'Shanthi Bavan' was started on February 1998. Shanthi Bavan is a care and crisis intervention centre and the mission is to care and enable the women in distress, including aged women, and provide a secure shelter and peaceful life. This Centre provides adequate care and support to the people who are neglected and abused by family members and society, due to chronic disease, personality disorders or economic factors. Counselling and psychotherapy are also given periodically to the inmates. The centre also facilitates reconciliation of the inmate with their respective family.

OTHER SERVICES

RRC coordinates other programs like disability camps, public awareness programs, anti-stigma campaigns, exhibition of crafts and paintings, activities to improve mental health, sports and games to reduce stress and free

Legal Aid Clinic. Students from various colleges in Kerala are posted for gaining knowledge about psychiatric rehabilitation in our centre.

ACCOLADE

Mr. A. Abdul Salam, Managing Trustee, Rajah Group of Companies, has won the 'Heroes of Rehabilitation Award-2016' instituted by World Association of Psycho Social Rehabilitation- Indian Chapter (WAPR-Indian Chapter) for his outstanding services in the field of psycho social rehabilitation.

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Source of Support: None declared

Conflict of Interest: Both the authors are consultants to Rajah Rehabilitation Centre