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EDITORIAL – Dr. B.R. Ravi Shankar Rao



‘A good mental health system has the responsibility of reducing the substantial burden of untreated mental disorder, decreasing human rights violations, ensuring social protection and improving the quality of life especially of the most vulnerable and marginalised sub groups in a society. Moving beyond care it should also integrate and include mental health promotion and rehabilitation components’

The National Mental Health Survey 2016 (NMHS) undertaken by NIMHANS is seen as a logical extension to the National Mental Health Policy and the New Mental Health Care Bill towards finding solutions to mental health care services in the country. The NMHS looks at the extent, pattern and outcome of mental, behavioural and substance use disorders and the available resources and services. It reveals that mental morbidity above age of 18 years is 10.6% with a life time prevalence of 13.7%. This means that 150 million Indians are in need of active intervention. The middle aged working population is affected most with mental health problems in adolescents and the elderly causing concern. The prevalence of schizophrenia and other psychosis, mood disorders and stress related disorders is nearly 2-3 times more in urban areas. Of great significance is that common mental disorders like anxiety, depression and substance use disorders affecting 10% of the population are related to both cause and consequences of non-communicable diseases.

The treatment gap ranges from 28% to 83% for mental disorders and 86% for alcohol use disorder. Multiple factors like awareness, affordability and accessibility that vary in rural and urban areas influence the wide treatment gap. Three out of four persons with severe mental disorders experience severe disability that affects work, social and family life and impacts family members and care givers. Stigma prevents 80% of persons suffering from mental illness to seek treatment in spite of being ill for over a year.

The resources and the services available are grossly inadequate and vary across different states in the country. The DMHP presently covers less than 1/3 districts in the country. Only 25% of them had regular inflow of medication and in an equal number counselling services were available. The other providers are medical colleges, government and private psychiatric institutes and private psychiatrists.

The problem of reaching mental health care to the needy in the country is formidable and challenging. The way forward would be for every state in the country to look at relevant data and have a mental health policy to give direction to a specific mental health action plan.

Reference

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PRESIDENT'S MESSAGE



There are solutions to the major problems of our times. Some of them are even simple. But they require a radical shift in our perception, our thinking, and our values. We are indeed, now at the beginning of such a fundamental change of world view in science and society; a change of paradigms as radical as the industrial revolution. But this realization has not yet dawned on most of our political leaders. This recognition that a profound change of perception and thinking is needed if we are to survive has not yet reached most of our corporate leaders either, nor the administrators and professors of our large universities. Not only do our leaders fail to see how different problems are interrelated, they also refuse to recognise how their so called solutions affect future generations. From the systematic point of view, the only visible solutions are those that are sustainable.

The concept of sustainability has become a key concept in the rehabilitation movement and is indeed crucial. Lester Brown defined, 'a sustainable society is one that satisfies its needs without diminishing the prospects of future generations'. So it is the great challenge of our times to create sustainable communities. We have to satisfy our needs and expectations in the present social and cultural environment without diminishing the chances of future generations.

The potentiality of human beings mainly lies in their psychological and social backgrounds. That is immense and crosses all boundaries. But the people do not utilize that most of their valuable time is wasted in unproductive thoughts. The average human life span is seventy years presently; a lot of it wasted in petty or useless activities. How much time do people really devote to worth-while tasks? Every human being may be able to spend 1% of their effective time, dedicated to enhance the mental health of others. The spread of rehabilitation is only possible through a people's movement. Few States in India have already travelled a great distance. Kerala, Tamil Nadu, Karnataka and Gujarat have created a momentum in the field of psychosocial rehabilitation.

As Gandhiji mentioned, 'the rules and regulations always aim to improve the living conditions of the unprivileged class of the society.' We should remember this while considering the life of suffering of the mentally ill as they are the most unprivileged lot of society. No doubt it is the duty of every human being to shoulder the responsibilities to take care of the mentally ill citizens of our country which Article 21 of the Constitution guarantees as a dignified life for every citizen. After 60 years of Independence, it is high time the country assures quality care for the people who are totally unaware of their rights and privileges and which are again manipulated by the privileged group.

With lot of respects and reverence to my friends and well-wishers of WAPR family, I am completing six years of service as WAPR Indian Chapter President. In the last six years, I have tried my best to take WAPR Indian Chapter to the helm of the affairs of the World Association. I have had overwhelming support from the former President Dr. Afzal, General Secretary, Dr. T Murali and President Dr. Ricardo Guinea.

The colleagues of our Indian Chapter, Dr. T Murali, Dr. Ravi Shankar Rao, Dr. Swaminath G, Dr. Mathew Varghese need special appreciation for the timely support and guidance. Our Treasurer, Mr. M.S. Vasudeva Murthy is the driving force of WAPR Indian Chapter. Dr. Sarada Menon, 'Life President', always keeps an eagle eye on the day-to-day activities of WAPR Indian Chapter. She always gives us her wise counsel and guidance. Because of the sincere support and close contact of members of the WAPR Indian Chapter my programs and activities were facilitated and I was able to achieve momentum and success. I extend my sincere thanks to all of them for the successful completion of my term.

Dr. V.K. Radhakrishnan

FROM THE SECRETARY'S DESK



Greetings to all WAPR IC members and wishing you all a wonderful conference 4th National Conference at Madurai, on 19th November 2016, hosted by M S Chellamuthu Trust and Research Foundation. I'm sure Dr. C S Ramasubramanian and his team will provide us an excellent scientific programme. I'm eagerly awaiting to gain wisdom from all delegates who have worked and gained experience in the rehabilitation of persons with mental illness. Unlike many other conferences in psychiatry, WAPR conferences concentrates on being less theoretical but aims at disseminating the collective wisdom of people who actually work with those suffering from mental illness.

Many of you might remember that we had the 5th Asia Pacific conference in February 2015, which was hosted by us and co-sponsored by M S Ramaiah Medical College and hospital as well as the Medico pastoral association, along with other professional bodies. Dr. Ricardo Guinea, the President Elect of the WAPR Global participated in the conference. The conference generated much enthusiasm because of the practical insights of their work shared by delegates, which has enthused many young psychiatrists to get involved in rehabilitation process and sustain it. In this regard I would like to highlight the recent survey by NIMHANS which showed a growing number of persons suffering from mental illness, which brings focus to the urgent need of increasing rehabilitation services as well as trained personnel to offer them.

The WAPR IC is also proud to have the President Elect, Vice President and member of the Board elected to the World Body at the Seoul Conference in November 2015.

I request members to contribute more substantially to writing in our news bulletin stressing the work which they are now undertaking in rehabilitation as well as detailed information of the organisation which is carrying out this work. This could help us in putting all this information, hopefully sometime in the future, in a database which would be accessed by all.

Dr. Swaminath G

FROM THE DESK OF THE PRESEIDENT ELECT - WAPR GLOBAL



We have been doing very well internationally in terms of introducing World Association for Psychosocial Rehabilitation (WAPR) to new regions under our President Dr Ricardo Guinea from Spain. Our South American colleagues under the leadership of Alberto Ferguson have conducted regional meetings in Peru, Columbia and Venezuela. Hence WAPR presence in this region has been strengthened. In the Asian region we have had meetings in Thailand, Malaysia, Sri Lanka, Abu Dhabi, and Nepal. In the African region WAPR had three major programs and there were many programs conducted in Europe. Going forward, we plan to have international conferences in Abu Dhabi and Thailand.

Communication among WAPR members has improved with the increasing use of social media like our website, web news bulletin, Facebook and Watts App group etc. WAPR is conducting various programs in India, as usual. **The Thirteenth World Congress venue is in Madrid, Spain.**

In India some important issues on PSR have to be addressed.

There are excellent programs by NGO's managed in pockets in the country. However there is a need for WAPR India to take stronger initiatives to encourage people's participation in psychosocial rehabilitation. National and regional professional group meetings have been including PSR as a topic of discussion and government reports also

mention the importance of PSR. However these remain only in conferences and reports and very little is done at the ground level. To ensure that PSR forms an integral part of mental health care a sustainable and continuous awareness programs has to be developed with family and consumers and with public participation. Another strategy is associating with government initiatives like the District Mental Health Program. (This is easier said than done as public- private participation model may not find favour with many in the government sector due to various reasons). The government programs usually do not take inputs from the users of services and this can be one of the reasons for increasing the treatment gap. This situation needs to change.

A number of NGOs have done well in India in the area of PSR in different parts of the Country and these models have come about because of individual brilliance. Majority of the NGOs are individual oriented and managed on the charisma of the individual. Once the individual's 'era' is over, these organisations deteriorate. There is a tendency for the single individual to become autocratic and the original principles and values become diluted. Further when an organization grows in terms of services and money, there is a tendency for individual run organisations, to become less transparent. When funds become excessive, services will change over to "Rehabilitation of the Funds". This can happen even if there is an individual staff member who feels that he/she is indispensable. Organisational principle gives way to an individual's projection. Another important aspect is misuse of staff and blurring of boundaries which leads to formation of cliques and different groups for and against the individual which makes the organisation a dysfunctional unit. At times personal honour gets priority over institution and deterioration of the organisation becomes a reality and a slow death of the organisation may be the end game. In fact democratically run centres, which are not single individual dependent, may sustain themselves better.

How one can prevent these maladies of NGOs not functioning according to expected standards? Organisational checks and balances can help in overcoming some of these aspects.

Involvement of all the Management Committee members in decision making with periodic evaluation of programs, feedback from clients, families and public involvement is one of the best practices. Implementing staff welfare measures and application of professional modern management principles in the organisation are important. Periodic staff training for updating skills, regular elections and periodic changes in the top management and other committees is helpful to avoid stagnation. The organisations need to follow procedures laid down by the MoU of the Association. Financial transactions need to be transparent and financial discipline needs to be followed especially so, while availing government grants and foreign contribution. Proper discussion and agreement among members about any changes in MoU or Article of Association are warranted. Efforts should be made to develop a second line leadership conversant with the philosophy of the organisation. Paving the way for smooth succession is to be borne in mind.

Over the past 30 years I have been a witness to the success and decline of various NGOs in different areas of disability in India and abroad. The cause of decline of some of the organisations is a matter of concern for a lot of psychiatric rehabilitation facilities in the country. There is an urgent need to address these issues by WAPR (IC) by organising workshops on sustainable development, how to start and manage rehabilitation centres according to the rules and regulations of the respective governments, which can change from time to time.

WAPR (IC) has been one of the most active branches and I am sure this organisation has a great future and will continue in its efforts to provide more support to the society at large.

Please visit our international website - WWW.wapr.org; Tweet @wapr.amrp

Dr.T.Murali, President Elect WAPR,
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ONE DAY SEMINAR AT TRIVANDRUM

A one day Seminar was conducted at Trivandrum on 11th November 2015 from 9 am to 5.30 pm. The meeting was inaugurated by Dr. M K Muneer, Honourable Minister for Social Justice. Smt. Sugathakumari, poet, social reformer, former Chairperson of the Womens' Commission and founder Abhaya Trust welcomed the gathering. She recalled the conditions in mental hospitals over three decades ago and being witness to the plight of suffering female patients. She initiated the formation of the Abhaya Trust, which is a home for persons who are homeless and mentally ill, 30 years ago. She is a Founder Member of WAPR Indian Chapter. She appreciated the leadership taken by WAPR in policy making and in providing standard care for patients in rehabilitation centres. She congratulated Dr. T Murali and Dr. V K Radhakrishnan on being elected to responsible posts in this prestigious organization.



Honouring Dr. VK Radhakrishnan



Honouring Dr. C.R.Subramanian



Honouring Dr. Sugathakumari

Prof. Dr. Krishna Prasad Sreedhar chaired the meeting. Mr. Prabhath Kumar, Sub Judge and Secretary of Legal Service Society, Advocate P.A. Ahamed and Dr. R Raveendran Nair spoke on the occasion. Mr. Jithendran, Director, Dept. of Social Justice proposed a vote of thanks.

In his inaugural address the Minister appreciated WAPR activities and stated that the Present 'BUD' School started for subnormal children may be extended for the rehabilitation of recovered mentally ill persons too. He honoured Dr. T Murali and Dr. V K Radhakrishnan by draping them with a shawl. He also appreciated the leadership of WAPR for their active participation in the issues related to mental health and rehabilitation.

The seminar started with an introduction by Prof. T V Anil Kumar. Dr. T Murali, President elect of WAPR, spoke on "Rehabilitation- Global Perspective". Dr. V.K. Radhakrishnan Vice President of WAPR elaborated issues in "Recovery and Rehabilitation". Dr. C. Ramasubramaniam, former Vice President of WAPR – Indian Chapter and Nodal Officer of Tamil Nadu Govt. Mental health programme gave insights on "Low Cost Rehabilitation in Rural Areas" This was followed by a panel discussion on "Need of the Hour", to formulate recommendations to be submitted to the Govt. of Kerala. The discussion was moderated by Dr. Nizar Ahamed (Abhaya).

Dr. Balachandran Nair (Abhaya), Dr. K.P Jayakrishnan (Secretary Indian Psychiatry Society - Kerala branch), Dr. Indu V Nair (Mental Hospital, Trivandrum), Dr. K. Girish (Psychologist), Fr. George Joshua (President NGO Forum), Smt. Lekshmi Devi (Abhaya) Mr. Manoj V. (Clinical Psychologist), Mr. G Nazir (Social Scientist) spoke during the occasion. The meeting was well attended by Doctors, Psychologists, Social workers, Advocates, NGO's, Care takers, Patients and their relatives. The parents of patients shared their anxiety about the National Trust Act.

People from all walks of life appreciated the services of Smt. Sugathakumari and assured her of all support in her future endeavours.

Memorandum submitted to Smt.Maneka Gandhi

PERSONS WITH SCHIZOPHRENIA ARE EMPLOYABLE

Eugene Bleuler coined the term Schizophrenia in 1908. In 1911 he wrote the famous monograph on the subject and noticed there was 'healing with scarring', 'recovery with deficit.' Centuries ago an Inspector visited Philippe Pinel's centre and asked, "Citizen, are you mad yourself to seek to unchain such beasts". Pinel replied, "Citizen, I am convinced that these madmen are so intractable only because they have been deprived of air and liberty". That was the attitude expressed by people centuries ago. Science has progressed beyond all expectations in last two centuries. An ocean of change has taken place in the management of chronic illness. In the 21st Century an Honourable Member of Indian Parliament expressed doubt about the employment status of persons with schizophrenia.

As Dr. Sarada Menon stated "the gradual injection of hope into the future of the illness, has motivated professionals, paraprofessionals and families to consider rehabilitation as not only possible but probable, and a successful necessity in the treatment schedule for those with Schizophrenia".

The epidemiologic catchment area study sponsored by National Institute of Mental Health, USA reported a life time prevalence of 0.6 to 1.9%. The document published by Director General of Health Service in India (2007) states the prevalence ratio of 2.7 per thousand population in India.

The advent of modern pharmacological agents and various methods of psychosocial rehabilitation revolutionized the management of schizophrenia. Generally 20% of those who develop schizophrenia recover well and 20% recover sufficiently to manage their affairs with occasional inputs- medical, psychological and social. The remaining 60% can benefit with active intervention which comes within the ambit of psychosocial rehabilitation.

Job placement is an important task of psychosocial rehabilitation. Thousands of persons with schizophrenia are well employed in both private and public sectors through the length and breadth of our country and most of them are doing very well. In some places their work performance is better than the regular employees. Various studies conducted by P S Gopinath and his team emphasised the surprising improvement of day boarders with schizophrenia in the NIMHANS rehabilitation centre. The premier institution of the country like NIMHANS is undertaking employment responsibilities like building the circle of persons involved viz. employer representatives, agency representatives, social workers, psychologists and patients. Work must include finding a job by organizing job fairs, seeking reservations for job and follow up by referring agency.

Andersan states that "the time has come to shed pervasive pessimism about the outcome of schizophrenia and recognize that it is not inevitably a chronic illness that leads to deteriorating course in all patients. Courtenay Harding 1994, scrapped 7 myths of schizophrenia with evidence. The myths are – once a schizophrenic always a schizophrenic; a schizophrenic is a schizophrenic; rehabilitation can be provided by after stabilization; why bother about psychotherapy for schizophrenia; those with schizophrenia must be on medication all their lives; people with schizophrenia cannot do anything but low level work and families are etiological agents.

Even after two decades we are not able to change our century old concepts. Now it is high time to change the beliefs of our policy makers. As Robert Paul Liberman says 'Disability is where we start, Recovery is our destination and Rehabilitation is the road we travel'. Disability interferes with our customary abilities to participate in important daily activities to maintain our independence and pursue our goals at work or our family, social and recreational life.

So it is the responsibility of the state to protect the rights of mentally ill and provide them with the best of care and support to run a normal life.

That the disease is chronic and disabling does not mean that it is not manageable. Treatment can suppress symptoms and avoid chronicity in many illnesses. Rehabilitation can help most of those suffering from chronic medical illness to regain their health and lead a fairly normal life. Patients of cerebro-vascular accident with paralysis can respond to speech therapy, gate training, occupational therapy and physiotherapy which can restore independent living. The persons suffering from severe and chronic medical illness recover with proper treatment and rehabilitation so is the case of those with serious and persisting mental disorder.

Dr. V.K Radhakrishnan

Vice President

World Association for Psychosocial Rehabilitation

Special Board Meeting at Chennai to Honour Dr. M. Sarada Menon

A special board meeting was conducted on 8th May 2016 at 11.00 am at Meva conference hall, Anna Nagar, Chennai. The meeting was organized to honour Padmabhushan Dr. Sarada Menon who was awarded the most prestigious AVVAIYAR AWARD by the Govt. of Tamil Nadu. The meeting was planned in Chennai as she was unable to travel.

The meeting was presided over by the Life President, Dr. Sarada Menon. It was a historic moment for WAPR (IC).

President Dr. V. K Radhakrishnan welcomed the gathering. He briefed the gathering about the various activities of WAPR Indian Chapter in last few years and also presented the details of the projects taken up by WAPR in different parts of the country. He specially mentioned WAPR involvement in policy making in various states. Incidentally the meeting coincided with World Mother’s day. As Dr. Sarada Menon has always been a mother figure to WAPR (IC), the meeting was doubly meaningful.

Dr. Radhakrishnan draped her with a traditional Kerala “Ponnada” (ornamental shawl) to a standing ovation by the members present.

Dr. Sarada Menon addressed the gathering with a specially prepared agenda of seven points.



Honouring Dr.Sarada Menon



Board Members

5th Asia Pacific Regional Conference organized by WAPR (IC)

As per the request of the WAPR World Body, the WAPR (IC) organised the 5th Asia Pacific Conference at Bangalore from 6th to 8th February 2015. The Co-organisers are M.S. Ramaiah Medical College and Hospitals (Department of Psychiatry) and Medico Pastoral Association Bangalore. The Theme of the Conference was “**Recovery and Beyond – Issues and Challenges in Asia-Pacific**” in PSR.

The following organisations were the supporters:

- a. Asian Federation of Psychiatric Association (AFPA)
- b. World Psychiatric Association (WPA)
- c. SAARC Psychiatric Federation (SPF)
- d. Indian Psychiatric Society (IPS)
- e. Indian Association for Social Psychiatry (IASP)
- f. Indian Association of Clinical Psychologists (IACP)
- g. Indian Society of Professional Social Work (ISPSW)
- h. The Richmond Fellowship Society (India)

Dr. B.N. Gangadhar, In-charge Director of NIMHANS inaugurated the Conference. In the inaugural address, he spoke about the importance of psychosocial rehabilitation and the role of yoga in facilitating the rehabilitation process. Dr. Ricardo Guinea, Dr. S. Kumar, Dr. AS Hegde and Dr. Mohan K Isaac were the guests of honour. The guests of honour spoke about the role of psychiatrists in reducing the morbidity through psychiatric rehabilitation.

During the inauguration, persons who have done remarkable work in psychiatric rehabilitation were honoured. Dr. Swaminath G read out the citations of the people who were honoured.

1. Dr. R.M Varma; 2. Dr. G.N Narayana Reddy; 3. Dr. Joyce Siromoni; 4. Mr. Gopalakrishnan; 5. Friends of NIMHANS (Ms. Usha Srinivasan); 6. Mrs. Dorian Chacko; and 7. Mr. M.S Vasudeva Murthy.

The President of WAPR Indian Chapter, Dr. V.K Radhakrishnan, presided over the function, emphasized the need for taking rehabilitation process by all the psychiatrists to reduce the morbidity in psychiatric patients. Dr. AC Ashok, Principal and Dean of M S Ramaiah Medical College released the Conference Souvenir. Vote of thanks for the gathering was delivered by Dr. Ravi Shankar Rao.

350 Members participated in Conference including 26 from 19 countries. The type of people who attended the program as are under:

Consultants and Academicians	68
Private Practitioners	122
Postgraduate Students	160

The Karnataka Medical Council accorded 5 CME credits for the registered medical practitioners who participated in the Conference.

A Conference Website was designed and posted for the information for the participants.

We thank all the co-organisers and supporters for the success of the Conference.



WAPR Seoul Congress

We are happy to inform that 20 members from India participated in the 12th World Congress of WAPR held in Seoul, South Korea in November 2015. From the WAPR (IC), the following were elected to positions of the World body.

Executive Committee 2015-2018

President Elect - T. Murali (Secretary General 2012-2015)
Vice President - V.K. Radhakrishnan (Dy. Vice President, South East Asia Region 2012-2015)
Member - Dr. Ravi Shankar Rao (Board Member)



At the Seoul Conference, the bid offered by WAPR Spain was considered and accepted for holding the XIII World Congress of WAPR in July 2019 at Madrid, Spain. At this Conference, Dr. T. Murali will take over as the President of World Body for the period 2018-2021).

Inauguration of Computer Training Programme in Thanal Day Care

Computers are used commonly and there are several applications that have come up to help in diagnosis, assessment, psychosocial treatment, and rehabilitation. It is certain that the use of computer technology would be as common as television in the future. Cognitive remediation using computer application is wide spread throughout the globe and has been proven to be as effective as social cognitive group sessions for rehabilitation of persons with schizophrenia.

Use of computers can help in a variety of activities, which include medication adherence assistance in teaching and vocation, provide training in more complex social skills using video feed back. Video assisted training helps observational learning for persons who lack social skills and problem solving skills. It can help in observational learning of emotional expressions, video feedback for role play sessions can help in modeling oneself by watching video feed back. It allows variety of social models to choose from components of skills training module, which can help in treatment of negative symptoms, multiple reinforcements, and enhances learning in the process.

Thanal, day care services of Rajah Rehabilitation centre organized the inaugural function of computer training programme. The programme started at 11.30am. Mr. Abdul Rasheed, Mr. Abdul Azim, Mr. Abdul Nafiy, Dr. Damodharan, Mr. Sunil and Dr N. Pfizer blessed the occasion.

Psychiatric Social Worker Mrs. Princy Rijo welcomed the gathering. Dr. N. Pfizer (Psychiatrist, Rajah Hospital) delivered the introductory address. He spoke on the utility of computers in the process of rehabilitation of mentally ill and mentally retarded.

The computer training program was inaugurated by Dr. R.V Damodharan (Medical Superintendent Rajah Hospital) Mr. Abdul Azim and Mr. Abdul Nafiy felicitated the gathering. The meeting concluded at 12.30 pm.



Dr. Abdul Rasheed, Dr. Pfizer, Mr. Dhamodaran ,
Mr. Abdul Azim, Mr. Faizy

World Mental Health Day at Jeevandhara

This year the World Mental Health Day at Jeevandhara was different from the other years. We planned to conduct an outing for our inmates. It was a surprise for them and we arranged to visit two tourist places in Wayanad. At first we visited Banasura Dam. It was a hilly place with a lot of mist and picturesque waterfalls. Here we conducted some games that the inmates enjoyed. Later we went to Pookote lake. It was 30 km away from the dam. The inmates happily spent their time dancing, singing and playing. They enjoyed the various games that we conducted for them. At noon lunch was arranged by the Vicar General Rev Fr Joseph at Meppadi Church. There our inmates presented a cultural programme. Following this Rev Fr Joseph gave a message about mental health. After lunch one of our inmates delivered the vote of thanks. In the evening all of us were back at the centre tired but very happy at a day well spent.



Manasanthi 2016

Manasanthi 2016- the Charity Carnival was convened by the friends of Mariyasadanam, Pala from the 26th to 30th of January from 10 am to 10 pm for the cause of persons with mental illness. The meeting started with a prayer thanking the Almighty for making Mariyasadanam what it is today.



WAPR NATIONAL WORKSHOP ON PSYCHOSOCIAL REHABILITATION. NEPAL

WAPR National Workshop on Psychosocial Rehabilitation, BPKIHS, Dharan, 1st-2nd April 2016: Organized by Psychiatrists' Association of Nepal (PAN) Hosted by: Department of Psychiatry, BPKIHS and Supported by: World Association for Psychosocial Rehabilitation (WAPR) B.P. Koirala Institute of Health Sciences, Dharan, Nepal WPA Section on Psychiatric Rehabilitation Asian Federation of Psychiatric Associations (AFPA)

Introduction with the shifting of focus of management of mental illness from symptomatic relief to the functional recovery, the concept of "Psychosocial Rehabilitation" has been gaining more and more ground. The W.H.O./W.A.P.R. consensus statement has defined Psychosocial Rehabilitation as a strategy that facilitates the opportunity for individuals, impaired or disabled by mental disorder, to reach their optimal level of functioning in the community, by both improving individuals competencies and introducing environmental changes. In resource poor settings like ours, where even the basic access to mental health care are lacking to majority of population, we are still struggling with management of mental illness with psychotropics alone. But with gradual development in the country and more availability of resources in the cities, now, it's high time that we, mental health care workers, be familiar with the emerging trends in the management of psychiatric patients and "psychosocial rehabilitation" in particular. With the recent megaquake, the issues of psychosocial rehabilitation have gained more media coverage and public attention though the issue has not gained that firm grounds regarding scientific practice. With these issues in mind, the World Association for Psychosocial Rehabilitation (WAPR) extended their helping hands to provide resource person for a workshop to Psychiatrists' Association of Nepal (PAN) to be held in Nepal and the PAN entrusted the work to the department of psychiatry BPKIHS. Though scheduled to be held on August 13-14, 2015, it could not be held that time because of the then prevailing chaos in the country and finally the workshop was held with a grand success this 1st-2nd April 2016. The fund provided from the NIC fund by the BPKIHS authorities helped us financially for the successful completion of the workshop.

Program Details: The workshop was conducted for two days- 1st and 2nd April 2016 at the New Academic Block, BPKIHS. There were 53 registrations from various parts of the country including psychiatrists, psychologists, psychosocial workers, psychiatric nurses and other mental health workers working at different NGO, INGOs. of the 53 registrations, 49 participated in the workshop. All the participants participated actively both the days for full time despite the long sessions as the sessions were very useful and interesting.

Day 1: The first day started with the registration and lunch at 11 am. The workshop started sharp at 1 pm with the welcome of the resource persons with Khada and Abir. Dr. VK Radhakrishnan, Vice President, WAPR and President, WAPR India Chapter was the main resource person for the workshop. It was followed by introduction to chronic mental illness by Dr. Shailendra Raj Adhikari, professor from Department of Psychiatry, Chitwan Medical College. Then, Sister Roselyn Karakattu, senior psychosocial worker and advisor, Maryknoll, Nepal, presented experiences on Psychosocial Rehabilitation in Nepal. The presentation was eye opener for all the participants. This was followed by Symposium on "Social Rehabilitation in resource constrained settings" by Dr. Ravindra V Rao, Dr. Kaushik Sinha Deb and Dr. Swati Kedia Gupta from All India Institute of Medical Sciences, New Delhi, India.

The presentation focused on basics of social rehabilitation in resource constrained settings, how to start a psychosocial rehabilitation unit and psychosocial rehabilitation among substance users. It was followed by inauguration program. Prof. Dr. Bikram Prasad Shrestha, rector, B. P. Koirala Institute of Health Sciences, was the chief guest of the inauguration program. Prof. Dr. Arvind Kumar Sinha, hospital director, BPKIHS also honored

with his presence in the inauguration program. Dr. Nidesh Sapkota, organizing chairperson, welcomed all the guests, resource persons and participants. The chief guest emphasized on the need of similar program and continued commitment of the participants for psychosocial rehabilitation and his thoughts on inclusion of psychosocial rehabilitation in the recently opened rehabilitation centre at BPKIHS. Then, Dr. Radhakrishnan presented about strategies of Psychosocial Rehabilitation and the day ended with recap of the day. It was followed by welcome dinner with musical night in which everyone enjoyed.

Formation of the WAPR-Nepal Chapter Ad-hoc Committee in the side-lines, the formation of WAPR-Nepal Chapter initiated by Dr. V.K. Radhakrishnan, President, World Association for Psychosocial Rehabilitation (WAPR)-India Chapter and Regional Deputy Vice President, WAPR along with other Nepalese psychiatrists. Following this, the first WAPR-Nepal Chapter Ad hoc Committee Meeting was held on April 2, 2016 and came up with following decisions:

- A. The committee decided to form WAPR-Nepal Chapter including seven executive ad hoc committee members as below: 1. Dr. Nidesh Sapkota (President) 2. Mr. Prabhat Kiran Pradhan (General Secretary) 3. Dr. Madhur Basnet (Member) 4. Dr. Shuraj Tiwari (Member) 5. Mrs. Prof. Sami Lama (Member) 6. Mrs. Shristee Lamichhane (Member) 7. Mrs. Bandana Sharma (Member).
- B. The committee decided to nominate Dr. Ritesh Thapa as a PAN Representative and Coordinator.
- C. It was decided to nominate following mental health professionals as National Advisors: 1. Dr. Dhruva Man Shrestha 2. Dr. Bishow Bandhu Sharma 3. Dr. V. D. Sharma 4. Dr. Nabaraj Koirala 5. Dr. Ranjan Thapa.
- D. Similarly, the meeting also has decided to nominate Prof. Dr. V.K. Radhakrishnan as an International Advisor.
- E. The committee has decided to put-forth a request to the PAN for their approval of formation of WAPR-Nepal Chapter under umbrella of PAN with separate identity and ratify the current Adhoc Committee. The Committee will then start making draft of its own constitution and planning once it gets approval from PAN.

Day 2: The second day started with breakfast and recap of day one. The whole day was spent with group works on various issues of psychosocial rehabilitation- skills training and personal hygiene; domestic skills training; preparation of management plans by the participants and discussion. It was followed by feedback session in which everyone expressed that they had very learning experiences during the workshop. Specially, the group works were highly appreciated by everyone. Everyone also expressed that there was a lot of problem in audio and hearing because of the echo in the hall. It was followed by closing ceremony, distribution of certificates and photo session. The workshop has been provided 12 (twelve) Educational Credit Hours by World Psychiatric Association (WPA).

The best way to find yourself

Is to lose yourself in the

Service of others

- Mahatma Gandhi

A LIFE OF LEARNING AND GROWTH

Dr. Joyce Siromoni

Many a time I have been asked how I started the Medico Pastoral Association (Half –Way Home).

At the outset let me confess that I am neither a writer nor a psychiatrist nor a psychologist nor a counselor. I am just a medical doctor who studied in the Christian Medical College and Hospital, Vellore and did my D (Obst) R.C.O.G from London.

After my graduation, I worked in a small Christian Hospital at Kanpur and after marriage I did some voluntary work for a few army welfare centers and various health centers run by the All India Women's Conference (AIWC) at Allahabad, UP.

My husband Paul Siromoni was invited by St. Marks's Cathedral, Bangalore to join the Industrial Team Service which was initiated by the church to meet the needs of the people in the urban and industrial areas which had increased due to various industries which had come up in and around Bangalore. The Industrial Team Service (ITS) used to meet regularly and the presbyter Rev. Harry Daniel's wife and I would participate in the meetings to know how we, as wives, could contribute to the Ministry.

It was the Doctor Clergy group of the ITS which was formed to give importance to the Psycho Somatic concerns, especially after the visit of Dr. Basil Hetzil, a physician from Australia, who emphasized that "*Health is more than physiological problems, and the patients' attitude is an important factor in his/her recovery and adjustment to life*" he suggested that there should be discussions and cooperation between qualified medical practitioners. The Doctor Clergy group thus formed jointly, worked with the Doctors and Clergies of Protestant and Roman Catholic churches, started activities initially were confined to meetings and visiting hospitals.

My own involvement started in the late 60's and early 70's, when in 1965 an elderly English lady belonging to the Quacker group, Miss Marjorie Sykes came to see me with a young smart girl named Teresa, aged 21/22 old and asked me whether there was any place where she could place Teresa to recoup from her illness. Teresa had studied for her nursing course in Netherland and had worked in a big hospital there. She suddenly had a mental breakdown and was sent back to India for treatment of schizophrenia at NIMHANS in Bangalore. She was discharged from the hospital, but she was not accepted by her parents, who lived in Kerala. Miss Sykes being her local guardian and living alone in Madhya Pradesh was disturbed and did not know what to do.

Seeing Miss Skyes' plight and thinking about the young girl's future, an urgent desire came in my mind to offer her a short stay in my own home. Along with my desire to help, came also the FEAR, whether I will be able to handle such a situation. My exposure to psychiatric patients was only for 1 month in the final year of my studies, when we were sent to Chennai Kilpuak Mental Hospital. But the desire to get over the fear was stronger. Also a determination to experience and understand, how to deal with those who have suffered mental illness. This made me to take the plunge. My faith in God was also very strong and prayed for His guidance all along.

After asking my husband, we decided to help Teresa, keeping her at home. At this time, my daughter was three years old. My first experience with Teresa was a great eye opener to me. I treated her as my daughter with love, understanding and care and intuitively treated her 'as a normal human being'. She responded well and respected my husband and me.

She was open and frank, truthful and shared openly her thoughts and asked my advice. To give an example she expressed that she wanted to go to the café behind our home and meet some men. Realizing she was trained abroad, I agreed but asked her to share her experience with me –which she did openly and frankly. This was such a joyous experience for me and it gave me courage, confidence and challenge to plunge into the deep further. Subsequent to this, as far as I remember, I was able to deal with alcoholics, drug addicts and many others who had psycho-social problems.

Responding to the challenges

On one occasion, I went to meet Dr. R.M.Varma, Director, All India Institute of Mental Health (Now NIMHANS) who challenged us, to widen our scope of activities and include people of other faiths. Thus the Medico Pastoral Association was inaugurated in 1967 in St. Marks Parish Hall by the Rt. Rev Norman Sergeant, Bishop of the C.S.I. Mysore diocese, and became an autonomous body. During the early years, we continued to operate from our home in St. Mark's.

Our first initiative was to start the Alcoholics Anonymous (AA) by inviting an experienced person from AA, Delhi. In keeping with the principles of AA, the responsibilities for the organization was gradually taken over by the A.A. members and later other branches were also started in the city.

Another concern MPA took up was drug addiction, and the need to hold awareness seminars for college students and the society in general.

Suicides were another disturbing phenomena. MPA educated volunteers from the public, and endeavored, through the Commissioner of Police-who was also a committee member – to stop the police harassment of both those who had made an attempt to commit suicide and the family members. Suicide was a criminal offence; but we convinced the police to refer such persons to M.P.A. for counseling.

M.P.A.'s initiative for the mentally ill was a result of a need expressed by NIMHANS and the requests from families of individuals who were mentally ill. The attention and support was on a more informal basis and limited by the fact that they were housed and counselled in our own home. My family members, instead of objecting, welcomed and strengthened my efforts. This support was further strengthened by friends and certain members of St. Mark's congregation who willingly took the mentally ill into their homes to take care of them for short periods. Some of these families, I remember with gratitude, who took up this challenging service of love were: Air Cdr.Bob Chacko and his wife Dorian, Dipika and Joe Varkey, Gladys Muliyal and Wg.Cdr. TK Varghese. I believe this is an important role of the wider society.

Setting up M.P.A.

M.P.A. was registered in 1972 and its services were being recognized, and its Managing Committee was gaining confidence in being able to offer institutional service in this field, The State Govt. offered the present land on Pottery Road, a disused Muslim burial ground, on a 30-year lease. Funds were received from Bread for the World, Germany, and also from an agency in The Netherlands through Fr. Ligoury who was a member of the committee. The first building put up was the Office Block in 1975, for which the foundation stone was laid by the then Chief Secretary, Govt. of Karnataka G.V.K. Rao. Initially four men-two alcoholics and two mentally ill from NIMHANS were taken up for rehabilitation.

At this time three psychology students, who had volunteered to join, of whom one, Susie Dhanaraj continued with the organization for many years, growing on the job and also providing valuable service and stability to the organization. She later joined the Richmond Fellowship to initiate another rehabilitation centre in Bangalore.

Susie wrote: *“It was indeed a challenge to start a residential psycho-social rehab centre for mentally ill persons and to adapt it to Indian culture. Though we had a dedicated team of teachers from NIMHANS-Dr. Mohan Isaac and Dr. Murali, our best teachers were our first group of ‘residents’. Every single programme was perfected through a trial and error process, I was offered a good salary as a lecturer in*

psychology, but I declined that offer to work in M.P.A. on a starting salary of Rs. 50/--p.m., which was soon increased to Rs. 75/-. My family was upset. It is important to have our heart in the right place, any amount of professional training cannot give that, if we don't make an effort. This job is so demanding, yet very fulfilling, if we allowed ourselves to be a part of each other's growth. Having been thrown into a situation unknown and to make a vision a reality was a big challenge. Learning from those involved and guided by Dr. Siromoni's vision and above all the faith in God and faith in mankind has paved the way."

More buildings were constructed, and the Half-Way-Home was established in 1976 with 18 people-nine women and nine men. Dr. S.S.Jayaram was our psychiatrist. With further establishment of the Institutions' innovative systems, rehabilitation processes, medicines, occupational therapy, building of a therapeutic community, etc. were initiated. The support community included everyone from Rajanna the peon, Ramappa the gardener, the cook, the 'house parents' and other technical staff. These were the humble beginnings of the Medico Pastoral Association and Half-Way-Home, Bangalore, the first Half-Way-Home in India.

My close interaction with the mentally ill has taught me many lessons: that they are human beings first and then patients. My attitude towards them changed, as I saw them as persons who suffer intensely.

My second lesson was that a mentally ill person's dignity and respect could be lost in most government hospitals where he/she is a non-entity. A person's self-dignity has to be safeguarded and restored; however, berserk a person may behave.

My third learning was that when one assumes a purely professional role while relating to a mentally ill person, one tends to deal with him/her as a 'case', rather than a person. I recall the time I spent with a senior administrator of a reputed psychiatric centre in Kolkata, during which, a 'resident', recognized him and offered him grapes in a plate, the administrator refused in spite of assurances from the resident that the grapes were washed. To me the girl's action to share her grapes was a spontaneous act of joy, and gratitude. I felt, her 'human self' slowly emerging. In reusing her spontaneous offering, the administrator was not aware what he was doing to her personhood.

Looking back at the experiences of those years, I have realized the importance of the following which upheld us to venture into uncharted areas of concern and to sustain the work in the midst of trials and difficulties:

- ❖ The recognition of the 'human' in the mentally ill which could also lead to a recognition of the rich potential of the Human' within us.

This is how the Medico-Pastoral Association was started and subsequent to that, many have joined to help the organization to grow to its full stature. Dr Jayaram, our consulting psychiatrist who had been with MPA since its formative years was associated with MPA for many years. Later on Dr.Chennabasavanna, Dr. Reddy, Dr. Mohan K. Isaac, Dr.T Murali, Dr. Kiran Rao and Dr. Srinivasa Murthy, continued to help the organisation. My sincere gratitude for their support in those early days. Subsequent to this experience, I started Paripurnata, another psychosocial Rehabilitation Centre at Kolkata also, the first Half-Way-Home in West Bengal in 1994. This was primarily initiated for those women who suffer mental illness and were languishing in the jails of West Bengal in fear of their violent behaviour and also for safe custody.

I am now 86 years old and continue to volunteer my services at a shelter home for men at Santhom, Chennai, Tamil Nadu, dooming for mentally ill men and homeless persons.

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