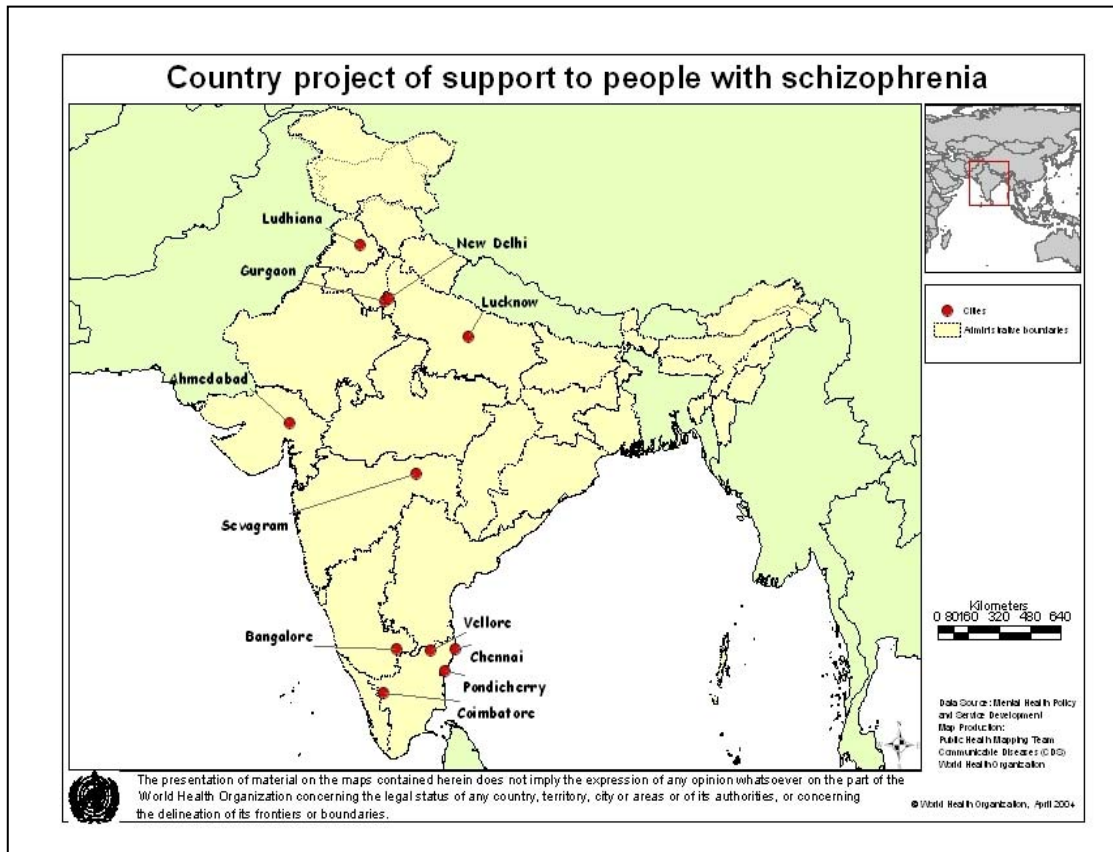


INDIA

SUPPORT TO PEOPLE WITH SCHIZOPHRENIA



Project Activities / Outcomes

1. Development, in local languages, of a manual for family intervention.
2. Training of the local health workers to both raise awareness about mental health problems and their appropriate identification, management and referral, and implement actual interventions.
3. Immediate care to some 1500 families, in terms of brief psychoeducational intervention sessions, whose content covers basic information about the diseases and basic training in daily living, problem-solving and communication skills, and of pharmacological treatment to patients. The opening of day centres for people with mental disorders is a central aspect of this care model.
4. Contacts with relevant NGOs in order to get them mobilized and actively involved in the project, particularly for awareness-raising events and information dissemination about mental health problems and their management. Particular attention is given to the establishment of creating /strengthening of existing NGOs of relatives and friends of people with mental disorders.

Background

Schizophrenia is a severe mental disorder which accounts for much suffering of those affected and their families, in addition to a cost to society estimated as 1.1% of the total burden of disease (in terms of DALYs – disability adjusted life-years) and 2.8% of the total YLDs (years lived with disability).

The ultimate goals of the treatment of people with schizophrenia is the productive reintegration into mainstream society. There is enough evidence that care of persons with schizophrenia can be provided at community level through:

- (i) medications to relieve symptoms and prevent relapse;
- (ii) education and psychosocial interventions to help patients and families cope with the illness and its complications, and also to prevent relapses; and
- (iii) rehabilitation that helps patients reintegrate the community and regain educational or occupational functioning.

The goals of psychosocial rehabilitation for people with schizophrenia encompass a variety of measures that go from improving social competence and social support networking, to family support.

Central to this is consumer empowerment and the reduction of stigma and discrimination, through improvement of both public opinion and pertinent legislation. The respect for human rights is a presiding principle to this strategy.

The incidence of schizophrenia is largely similar in developed and developing countries; there are,

however, indications pointing to the fact that the outcome of this disorder is strongly influenced by social factors, of which the family appears to be a key element.

The state of mental health

In India, for a population of nearly one billion people, there are an estimated four million people with schizophrenia, with different degrees of impact on some 25 million family members.

India has a national mental health programme, which was formulated in 1982 and adopted as the mental health policy. More recently, the 10th Five-Year Plan of India for the Years 2002–2007 emphasized some strategies for the National Mental Health Programme as saying “.....and to shift the focus from the present custodial model to a community-based approach with extension of basic mental health care through outreach facilities.”

The objectives of the national mental health programme are:

- i) to ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and under-privileged sections of the population;
- ii) to encourage application of mental health knowledge in general health care and in social development; and
- iii) to promote community participation in mental health service development and to stimulate efforts towards self help in the community.

The approaches adopted by the programme are:

- i) integration of basic mental health care into general mental health care services;

ii) training of primary health care personnel in the aspects of mental health care;

iii) provision of adequate neuropsychiatric drugs in peripheral health care institutions;

iv) support and supervision of trained primary health care personnel;

v) establishment of a psychiatric unit at the district level; and

vi) encouraging community participation.

The proportion of health budget to GDP is 5.2%. The country spends 0.83% of the total health budget on mental health (WHO, 2001)¹.

Mental health services

Mental health care is a part of the primary health care system. Mental health care in primary care is available in certain designated project areas but not all over the country. Community care facilities for patients with mental disorders are available in some designated districts. In addition, various non-governmental organizations provide different types of services.

The District Mental Health Programme which is being operated in 22 districts in the country attempts to take mental health care to the rural and underprivileged sections of the society.

There are about 40 mental hospitals operating in India with a varying amount of bed strength. They still have a large proportion of long-stay patients. Funding is poor and staffing inadequate. All this adds to the

problem of stigma against mental disorders.

There is a total of 0.25 psychiatric beds per 10,000 population and 0.4 psychiatrists per 100,000 population.

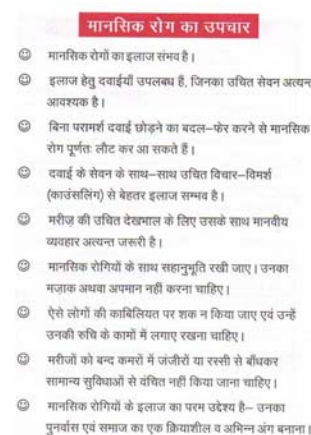
Yet, there are no more than 40 psychiatric hospitals, some 26,000 psychiatric beds in total and some 4000 psychiatrists in the whole country; in other words, approximately one psychiatrist per 1000 persons with schizophrenia.

This clearly indicates:

(a) the importance of developing innovative programmes to help these people and their families in their daily confrontation with schizophrenia, and

(b) that these programmes must be strongly anchored in the community and also be strongly family-based and family-oriented.

With the financial support of Associazione Cittadinanza and Caritas, WHO has launched a project of support to people with schizophrenia with the ultimate goal of emphasizing the empowerment of families.



Example of information leaflet in local language (hindi).

¹ World Health Organization (2001). *Atlas: Country profiles on mental health resources*. Geneva, WHO.

Project description

This project has two main lines of action:

(a) **support for families**, basically through interventions such as psychoeducational programmes, and social and emotional support, and

(b) **development / strengthening of associations of families** affected by schizophrenia.

The strategic approach involves establishing mental health extension services in the community, particularly in some which never had this kind of services. It builds up on already existing resources in the community, like buildings and eventual community health workers of Primary Health Care Centres.

In practical terms, the Project initiates community-based and outreach mental health programmes in areas wherein these services have not yet reached or are not accessible in terms of the costs involved in consulting mental health professionals and the expenditure for medicines. Besides these, outreach programmes give other benefits by reducing stigma and spreading the message that these illnesses can be kept under control, if appropriate professional help is given in time. These efforts of treating the mentally ill within the society makes the reintegration of such persons back to the mainstream of society easier, since they are not separated from the society at any given time of the treatment. The modern concept of Community-Based Rehabilitation is the order of the day in the treatment of the mentally ill. Given the support of adequate resources, appropriate NGOs can augment these services in the existing clinics and further initiate such clinics in several new places.

In order to do that, a manual for family intervention has been developed, translated into local languages and used to train health workers who see people with schizophrenia.

The training of those local health workers covered both awareness-raising about mental health problems and their appropriate identification, management and referral techniques, as well as the actual implementation of those interventions.

A variety of conscientization programmes and student mental health orientation programmes were initiated to propagate the existence of mental health services available at their doorsteps besides making them conscious that there exist various types of mental health problems in varying severity in children and adults and that these can be managed with appropriate interventions if given at the onset of the illness.

Training and orientation programmes are imparted to the village health workers and teachers of the schools in the community, nursing trainees, psychology students posted from both undergraduate and postgraduate colleges. They are given a detailed orientation on psychosocial rehabilitation by the project's teams.

The teams visit the villages and slum areas near Delhi, especially local schools, grocery shops, local physicians and the clinics run by them, STD booths and distribute leaflets on mental illness. In addition, they request the shop owners and the school authorities to distribute the copies of these to the children at schools and the public who visit the shops. They advise them to refer or send people who suffer from any of the mentioned problems to the newly opened clinics for free treatment and counselling.

These efforts have started showing gradual results, as there is an increase in the number of clients attending these new clinics.

Those who require further in-patient care or any other general medical care are referred to the nearest General Hospital Psychiatric Unit of Government Hospital. This co-ordination helps the actively symptomatic clients obtain the in-patient care until they stabilize medically and later can be followed up in the community by the local mental health team. Those with problems of co-morbid substance abuse and alcoholism are referred to de-addiction centres for detoxification.

So far, approximately 1500 families have benefited from these activities, in terms of brief psychoeducational intervention sessions. The scope of these interventions covers basic information about the diseases and basic training in daily living, problem-solving and communication skills, and pharmacological treatment to patients.

To all of those in need, appropriate psychiatric and other medication is provided free of charge, as is the case with all other interventions.

Hand in hand with the care model is the opening of day centres for people with mental disorders, with active outreach programmes both in rural areas in South India and in different slum areas.

The project's teams are in a position to bring about a substantial change in people's attitude by way of multiple activities aimed at conscientization about the mental illness and the treatment available. This has resulted in gradual attraction of the clients with mental health problems towards the clinics running in different suburban and rural areas in both Central and South India. The team consists of a

dedicated staff who make regular periodic visits to the identified centres. After the initial screening by members of the Team, a psychiatrist further reviews the patient in detail to confirm the diagnosis before further professional assistance is given along with free medication. The patients are reviewed periodically and kept on a maintenance dosage. Those who require inpatient care are referred to the nearby General Hospital Psychiatric Units (GHPUs) and once discharged from the GHPUs the team follows them up in the community and continues to provide counselling and medication free of cost.

Contacts are also established and maintained with relevant NGOs in order to get them mobilized and actively involved in the project, particularly for awareness-raising events and information dissemination about mental health problems and their management.

A particular attention is given to the establishment of new /strengthening of existing NGOs of relatives and friends of people with mental disorders.

Regular family support groups are organized with family members/carers of people suffering from mental health problems with the purpose to psycho-educate and to strengthen the services offered by this society for the needy. Family therapy sessions are being taken for the patients' families, especially wherever family pathology exists, as usual.