



Schizophrenia Research
Foundation (India)

TOWARDS RECOVERY...

**Schizophrenia Research Foundation
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THANK YOU

We could not have accomplished our goals without the support of our committed supporters.

GUEST EDITORIAL

THE CHRONIC MENTALLY ILL AND THE PANDEMIC

Padmavati, Director -SCARF India

Disasters and epidemics within two decades of one's life? The tsunami happened in December of 2004 and left large populations in the east coast of the country in great distress for several months! The 2015 Chennai floods again left behind a lot of misery! And now the pandemic – more than half the year 2020 has seen downside of lockdowns and economic instability.

“ How have persons with chronic and serious mental illness fared? ”

A recent article in JAMA Psychiatry (Kalh, June 24, 2020) has rightly highlighted how the pandemic increases the vulnerability of this group of persons, already at risk for medical comorbidities that can increase their susceptibility to COVID 19 and can increase the risk of worsening of their mental illness. The pandemic hinders patients with severe mental illness in several ways. Less access to physical and mental health care, low household income, worse lifestyle factors, residential instability, and narrowing of social networks are just a few! The stress is further increased by the lockdown, no-contact provision and quarantine. Longer quarantine duration can increase, frustration, boredom, inadequate supplies, inadequate information and financial loss. The severely mentally ill individuals need extra support during the pandemic; however, the number of inpatient and outpatient contacts of patients with severe mental illness has largely reduced during the COVID-19

How have we as mental health care professionals dealt with service delivery for the chronic mentally ill?

“ This edition of the Rehab newsletter, throws insights into how people from various places have handled the impact of the pandemic. ”

Well thought out narratives from major mental health institutions, a non-governmental setting or even individual case management efforts highlight the different ways in which professionals have responded to the pandemic and the lockdown. What runs through the narratives are simple attempts at uninterrupted continuity of care, enabling supplies of medication, use of technology to provide emotional support and of course innovative ways of providing psychosocial interventions! COVID 19 precautions and the management were also addressed. Every writer has expounded on the various ways they have tackled challenges and provide insights into what could work in such situations

Stay safe and Take care!





Psychiatric Rehabilitation during COVID-19

Dr. T Sivakumar

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Introduction

According to the World Health Organization, rehabilitation is an integral part of health services. Unfortunately, it is not a reality for psychiatric rehabilitation in India. The covid19 pandemic has resulted in the closure of most rehabilitation facilities except residential facilities. Residential rehabilitation facilities are having a tough time in offering continuity of care (in terms of food and medical needs) and taking steps to avoid covid19 in their facility. The alarming surge in covid19 in many cities and the unpredictability of the situation makes it complicated.

Challenges for Patients and Families

The economic downturn due to covid19 has affected several families, employed patients, and rehabilitation facilities. With dwindling resources, families face the tough choice of prioritizing competing needs, including patient's treatment and rehabilitation.

Some patients have relapsed as they ran out of medicines and couldn't get the prescriptions refilled. Elderly caregivers who are sole caregivers of patients are anxious about 'what after me?' issues. The closure of daycare facilities has resulted in the loss of daily routine, gainful engagement, and familiar social milieu of patients. For patients and caregivers, reduction in physical activity may also lead to a worsening of comorbid conditions.

Challenges for Rehabilitation Facilities

Most psychiatric rehabilitation facilities are run by non-governmental organizations (NGOs) who depend on revenue generated from the fees and donations. It is a challenge to raise funds to pay staff salaries, ensure wellbeing and morale. Some families and patients have expressed a desire to reopen rehabilitation facilities. It is a tough task to balance the benefits of helping patients vs. the risk of staff and patients from contracting the infection. It is prudent to err on the side of caution.

Psychiatric Rehabilitation during Covid19

With the help of technology, we can socially connect with our patients and families despite physical distance. A periodic call or message or email or video call reassures our patients and families.

Online family programs can provide information about covid19, precautions to be adopted (including social distancing, using a mask, frequent handwashing), and clear misconceptions. Patients and families feel reassured to hear the information from familiar people whom they trust. The rehabilitation team can consider teleconsultations with each family. The rehabilitation team (comprising psychiatrist, psychologist, social worker, nurse, and instructors) can offer teleconsultations to each family at a mutually convenient time

Free software tools, smartphone penetration, and cheap data have made such meetings possible. The team can explore as to how they have been coping up and address issues. It is essential to acknowledge the uncertainty of the situation and discuss their concerns. Some families may request financial help (in terms of rations or medicines) to tide over the crisis. Some patients may require medication titration, a lab investigation, an e-prescription, or help in procuring medications. Rehabilitation needs need to be reviewed and individualized plans made.

Family members need to be empowered to supervise simple home-based rehabilitation activities. Rehabilitation staff can oversee the process periodically. Instructors can have periodic group sessions with patients in their section. Patients can be offered personally appropriate incentives (by family or rehabilitation facility) for following a daily routine and reaching personalized targets. The rehabilitation team needs to coordinate with local health facilities and other stakeholders to meet the needs of patients or families.

Conclusion

We need to innovate rehabilitation service delivery to address the needs of our patients and families. The psychiatric rehabilitation fraternity needs to stay in touch and learn from each other's experiences. In the future, some of these experiences may help us deliver cost-efficient rehabilitation services to a large number of people.



Dr. T. Sivakumar

**Innovation – need of
the hour in
Rehabilitation**

Further reading

Sivakumar T, Angothu H. Mental Health Rehabilitation in times of covid19. In Reddy YCJ, Jaisoorya TS (Eds). Mental Health in the times of COVID-19 Pandemic: Guidelines for General Medical and specialized Mental Health Care Settings. NIMHANS, Bengaluru. April 2020. Available at <https://nimhans.ac.in/wp-content/uploads/2020/04/MentalHealthIssuesCOVID-19NIMHANS.pdf>



Psychosocial Rehabilitation in Institute of Mental Health during COVID-19

Dr Poorna Chandrika,
Director, Institute of Mental Health

Rehabilitation help persons with psychosocial or other psychiatric disability to attain their goals and is a key component of treatment. The Covid-19 pandemic and lockdown has thrown up significant challenges to psychosocial rehabilitation efforts especially in the institutional setup. Routine rehabilitation activities are affected both by direct effects of the lockdown along with need for physical distancing and institutional responses to prevent covid outbreak in patient population.

Impact of Covid-19 on Psychosocial Rehabilitation in Institute of Mental Health



Art therapy, which was being done by an NGO had to be stopped and postponed until this week. Angels NGO had to stop their candle making activity and phenyl making in the location from where they were functioning. Improved patients who were working in multiple sites in the city could not go to their work due to difficulty in transportation, closure of businesses and risk of infection at work spot. We have had to restrict access to visitors for the patients to avoid the risk of covid transmission.

“ However, routine rehabilitation activities within the campus like gardening, handicrafts and bakery continued to function through the lockdown. Whilst group activities were avoided, individual counseling by treating staff continued. ”



Like all other hospitals, we also had to modify the way we managed admissions and inpatient operation. There was an increased requirement for admissions as many other psychiatric wards were unavailable. All new admissions are managed in the acute ward with attenders. We continued to receive homeless mentally unwell patients with due precautions including covid testing. Direct admissions to the inpatient campus and transfer from acute ward are curtailed. All inpatients are monitored for symptoms of the covid infection everyday. The government guidelines for covid precautions are followed

carefully with staff thermal screening, reserve staff, restricted vehicular movement, staff exposed to covid under quarantine. We have also been mindful of our outpatients. Routine medications were couriered to a few patients who could not access their nearby PHC or DMHP centers due to lock down. We opened a 24/7 helpline for patients admitted in RGGGH with Covid-19 manned by staff and calls attended by psychiatrist and psychology post graduates depending on the nature of call. It has not been easy but we continue to work round the clock to provide psychosocial interventions to our patients.

Overcoming challenges in Psycho Social Rehabilitation during COVID-19: Our Experience

Dr. C. Ramasubramanian

Founder and Sr. Consultant Psychiatrist

M.S. Chellamuthu Trust and Research Foundation, Madurai State Nodal Officer, Police Wellbeing Programme, Tamil Nadu

MS Chellamuthu Trust and Research Foundation (MSCT&RF), the well-known mental health services provider in Madurai, founded in 1992, strives to promote mental health through holistic mental health care that is affordable and accessible to all. In recognition of its services the trust was honoured with the National Award for Best Institution in 2007 by the Government of India. MSCT&RF provides a comprehensive spectrum of services that includes creating awareness, treatment, rehabilitation, vocational training and livelihood services to more than 1500 persons with mental disabilities (which includes, children, men, women, elderly and homeless) in independent Institution Based Rehabilitation (IBR) centres and through Community Based Rehabilitation (CBR).

The outbreak of COVID-19 is an unprecedented global public health challenge and has emerged as the most serious threat to humanity in recent years. Our lives have been upended with serious physical, psychological, social and economic impacts. Declared as a pandemic by the World Health Organization (WHO), the Covid-19 pandemic has had a profound impact on the mental health of people besides claiming millions of lives across the globe. The world is struggling and stretching its resources to effectively deal with this virus.



Due to the current global health threats of the pandemic, MSCT&RF strictly follows Standard Operating Procedure (SOP) suggested by the Government of Tamil Nadu through the Commissioner of the Welfare of the Differently abled. The awareness and mental health literacy programmes are being undertaken by the trust through virtual learning platforms as part of comprehensive psychosocial care during COVID-19. A collaboration with NIMHANS, Bengaluru, and Madurai Kamaraj University, the initiative thereby promotes private public partnership. The programme aims to create a cadre of COVID-19 mental health first aid volunteers who sensitise the community about COVID-19 and address the psychosocial concerns of the community. Currently, 24 colleges and 1576 student volunteers and faculty participated. Similarly, through the MS Chellamuthu Institute of Mental Health and Rehabilitation Centre, various short-term training and workshops are being offered as webinars on diverse themes such as psychosocial care, anger management, marital counselling, life skills and relationship boundaries for various stakeholders such as mental health professionals, care givers, women's groups and corporates in and around Madurai.



MSCT&RF provides regular outpatient services through video conferencing and the telepsychiatry wing of the trust and inpatient services, both of which strictly adhere to the SOP guidelines of the state and district administration.

Similarly, all the residential psychosocial rehabilitation centres of the trust function with minimum residential mental health professionals.



Activities of daily living, vocational training and therapeutic activities are being carried out based on COVID-19 guidelines, with non-negotiable emphasis on social distancing, using sanitizers, and safety measures such as wearing masks and appropriate monitoring by residential staff members.



“ Nutritious lunch with a balanced diet to promote immunity among the residents is a priority with a periodical medical review by the visiting medical officers. Simultaneously, a shift system has been introduced that replaces some of the residential staff. External catering is prohibited. ”

A few instances in which persons developed cold and fever were isolated and shifted to inpatient facilities immediately for further monitoring. This response was deeply appreciated by care givers of the persons concerned. As a policy, care givers are permitted to contact their wards through WhatsApp and Skype calls.

Visitors are not permitted inside the premises. Patients attending day care services and those engaged in vocational training activities were temporarily put on hold and social workers entrusted to monitor and guide the family members at regular intervals.



Community mental health camps at Madurai, Natham and Virudhunagar district has been discontinued temporarily since March 2020. As an alternative strategy, home visits by community care workers with appropriate safety precautions is followed in distribution of medicines on a monthly basis with the help of the project staff and religious service organisations such as Sri Sathya Sai Seva Samithi at Virudhunagar district.

“ **The pandemic has helped the MSCT&RF team to work with dedication and commitment and offer a lifeline of hope for person with mental disability and their families during such challenging times. Persons with mental disability are often doubly marginalized and even more psychologically vulnerable during a pandemic. Such initiatives are particularly relevant in promoting mental health during a pandemic in resource poor settings** ”



**Dr. C.Ramasubramanian
Offer a Lifeline
of Hope**



Nothing is Too Small to Matter



Rabiya Syed

The pandemic has engulfed the entire world causing disruptions in all areas of our lives. Many families have been devastated and are in need of undying support from others. We do read about many individuals, families and communities that are affected by far and large. On the other hand, people who are involved in helping people across the world bring a ray of hope for those in need. Organizations (big and small) & individuals from various economic strata around the world have been coming forward to raise funds to support others. At a time like this, I wondered being a mental health professional, how can I be of help? I am not a psychiatrist or a nurse! Putting it across in simple terms, as I do not fall into the category of frontline workers who can help patients directly, I felt uneasy just working from home otherwise. When my name was put on a waiting list for volunteers for COVID-19 relief, I realized that there are many people who are experiencing similar feelings. While working from home, we kept in touch with our clients mainly through regular phone calls to provide them with help and support, and also to keep our services running. In the initial couple of weeks, I thought to myself how can providing support this way be sufficient? Is the fact that we are reachable for clients and their families at any time valuable? Almost all my clients were relatively stable and hence, I wondered about the significance of 'being in touch' even more.

Even though there was sufficient proof out there about how tele-counselling can be helpful and working as a mental health professional, I cannot undermine the significance of just being a 'good listener', this new situation with the pandemic put me into a place where I did not find a suitable explanation. I spoke to people about how I want to be of more help than just this and tried to look up various places which were seeking volunteers.

I realized that while I was busy searching for places I wanted to go, I forgot the place that I was in. It wasn't until mid-May when one of my client's mother called and said that her son was becoming increasingly difficult to handle. Upon enquiry, we realized that he was exhibiting early signs of relapse and acting quickly was the key to preventing a relapse. The mother reported that since the lockdown had been implemented, they had been buying medicines from government hospitals as they belong to a low socio-economic status and could not afford to buy elsewhere. After discussions with the Consultant Psychiatrist and with careful considerations, we informed the family that they may have to buy new medicines.



As the mother was concerned if her son's condition might worsen, I reminded her that I am there to help her in any possible way which probably comforted her at that time. The next day when they went to the nearby government hospital, they returned empty handed as medicines were not available there. They called immediately to inform me and I suggested that they try out in other pharmacies nearby. They returned with the same result and that only increased the stress for the mother as the pharmacies in their village did not have the supply of medicines. The next day, I suggested they go to the main district headquarters and try enquiring in the pharmacies there. They found one pharmacy which had one medicine but the pharmacist was hesitant to dispose medications over the counter without a latest prescription and the mother returned empty handed. After talking to her that afternoon, I told her to go back to that pharmacy and call me from there, told her that I would try my best to convince them.

The next day when I spoke to the pharmacist, he said that he was hesitant as the prescription was an old one and also because they had never seen them come by, because of the nature of antipsychotics, he was hesitating to hand it over to them. After talking to him and convincing him of various difficulties that the family was facing and the limitations due to which we were also not able to help, he agreed to arrange for all the medicines. With a grateful heart, client's family and I thanked the pharmacy for all the help and support they provided in arranging for all the medicines, even the ones that were out of stock with them.

This seems like something anyone would do easily. But every single day when I spoke to the client's mother and every single time when she reported feeling better than when she had called first, I realized that this is something I was missing out. While I was busy looking at how I can work on the bigger picture, I forgot that such big pictures are usually formed by multiple smaller pieces. And without these small pictures, the bigger picture looks incomplete. From that day onwards until today (and hopefully) many more days to go, I think what I have learnt is that how we can value every single thing we do to help others and how it could matter. Even if there is no one on the other end to give you a word of appreciation (because they all want something big and significant to praise), it is important to know how you have not left anyone unattended.

“ During this pandemic, contributing as much as we can – not just to ourselves & our families – but also to the ones in need and our communities at large, should be the main focus. With the hope that we will continue to support and help everyone in need, including ourselves, I take this opportunity to convey my sincere gratitude and cheer for everyone who are already doing that and for those who plan on doing it soon! ”

Ms. Rabiya Syed

Contribute as much as you can to the ones in need



What are individuals with mental illness commonly facing during this pandemic and how are they coping?

Sonia Sims

The corona virus pandemic has created a major crisis all around the world affecting individuals in so many different ways. The pandemic has raised several mental health concerns among the general population due to isolation, loneliness, fear about future uncertainties and so on. As the pandemic is increasing at an alarming rate in several countries including India, its impact on persons with mental illness is also significant as it has created several barriers and concerns among individuals with mental illness, however it is eye opener to see how some of our clients at SCARF have been coping through these issues.

“

One of the major barrier is access to mental health services. There has been problems with transport and availability of mental health professionals and medications nearby. Most of our clients have now started to access tele counselling services, able to get prescriptions from their doctors through WhatsApp and buy medications online through online pharmacies that deliver medication at the door steps. Some of SCARF's clients have also contacted the centre for medications to be sent through courier services.

Counselling and rehabilitation through video connection and telephone is also becoming the method most useful as some clients and their families are happy to connect with these services, some which are available 24hours.

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There are challenges for clients, no doubt. They find it difficult to do their day to day tasks such as exercising at a gym, taking a walk in the neighbourhood, going shopping, or facing difficulty in keeping to social activities such as being in contact with loved ones, attending social gatherings or travelling to the hospital, accessing treating groups etc,. Quarantine has also led to problems such as renewed severity in symptoms – increased anxiety, PTSD, even suicidal thoughts and attempts. We have supported these clients with the help of family input ensuring regular medication, treating team actively reaching out to clients especially during times of crisis, and when in spite of this, problems escalate they have been provided admission.

Quarantine has also led to problems such as renewed severity in symptoms –increased anxiety , PTSD , even suicidal thoughts and attempts. We have supported these clients with the help of family input ensuring regular medication , treating team actively reaching out to clients especially during times of crisis, and when in spite of this, problems escalate they have been provided admission .

Some clients have added stress about employment. Unemployment, losing a job, having to work in public despite the risk of getting sick or adapting to working from home, ensuring safety measures when they go to work, taking breaks when they are working long hours from home and taken time to apply to as many jobs as possible online have all been challenges for our clients.

“ On the other hand, clients have also noticed the benefit of having more quality time to connect with families / friends face to face or through social media. They have reported having adequate time to spend on leisure tasks such as reading or watching TV and also started engaging themselves in new tasks such as baking, cooking new dishes at home, involving in more household chores or taking charge of new tasks at home. Clients have also made requests for group interventions to be conducted online which is in progress here at SCARF. ”



Individuals with financial problems or poverty have accessed government welfare services for disability or general benefits which has eased the pressure for some. Though the pandemic is likely to have both long- and short-term implications for mental health, it is important for our clients to continue responding to this crisis in a positive way. Our role as rehabilitation therapist is to understand our patients experience of this situation and support them to handle the situation with optimism.



Sonia Sims

**Support clients with
Optimism**



Psychosocial Intervention through telephone is possible

Hepsiba Omega Juliet

The lockdown has drastically changed our usual way of living. For individuals with mental illness and their families it might not be at the best when it comes to staying all day in their house, thus bringing new challenges. Individuals with mental illness will have same fear and stress as others which may worsen their previous mental health condition. Lack of access to medical and psychosocial services may lead them to be less functional, irritable, withdrawn and moody. Help and support is very important for all individuals with MI and their families.

Psychosocial interventions through telephone aids to such need and bridges gap between the therapists and the client. PSR at SCARF is an ongoing program; interventions are individually tailored and based on the need of the patient and caregiver. Even before the pandemic, we were supporting patients and providing interventions through telephone calls in addition to face to face contact SCARF due to several factors like distance, financial constraints, lack of family support and motivation for clients to engage in face-to-face contact with the therapists regularly.

During this Covid 19 lockdown period, the ultimate goal of each therapists at SCARF has been to ensure that the clients and their family members follow the safety measures of Covid 19, clients take regular medication, have a routine and keeps themselves calm and positive. We managed to do this through telephone contact.

Here is a case description where intervention is being provided through telephone and how it has helped:

I delivered psychosocial interventions to a woman with severe depression during the covid lockdown.



She presented with lack of interest and motivation to do house work and constant worry that she is not able to do work. I started providing contact by telephone at the end of May. I called her every day except on Sunday. I educated the family about depression, its impact on functioning and the need for engaging her in regular routine I encouraged them to become co-therapists.

I discussed with family and client and listed out household and leisure activities that she can perform at home and sent ADL chart through WhatsApp. The every day contact allowed me to monitor if she is able to do the listed activities and modify the activities if needed. The family kept encouraging her to do the tasks. The family and I constantly motivated the patient and reassured her whenever her self belief waxed.



Outcome of the intervention

It is very heartening to report that the client has improved. Though she does not do all the activities as per ADL charting she attempts to do at least 60% of the work which is a great success. There are 2 to 3 days in a month when she doesn't do anything and tends to lie on the bed that affects the family. With regular motivation and family counselling, I have helped her to move each day and family is able to say it's ok when she is not able to work at times and able to provide help and encouragement.

This is just one example how telephonic intervention can bring about change for a client and family. According to my experience client and family feel positive when someone is there to help them in this pandemic situation when people cannot move out of their houses. I feel that whatever be the situation a concerned, caring, passionate therapists can bring change for a client.

**Concerned , Caring,
Passionate therapists
can bring about a
change in the client**

Hepsiba Omega Juliet

A Double Challenge – Distressing Behaviours during the Pandemic

Kalaveena

SP, aged 22, was admitted to SCARF's residential facility a month prior to the start of the lockdown. She had a 5 year history of psychosis and rheumatoid arthritis. A recent exacerbation of symptoms resulted in the admission - her family had been unable to manage her at home.

The early days of admission were tough to manage. Very suspicious about everything and everyone, she was verbally abusive, given to anger outburst and occasional physical violence.

Her personal hygiene was poor – with skin lesions all over her scalp and face. As her rehab therapist, I had to step in to manage her – a tough challenge – I was, at that time, also involved in educating all other patients and staff at the facility, in care measures to deal with the Covid infection!



It took a fortnight before I could establish a rapport with her – that too was unpredictable. My focus was– getting her take a bath. Persistent efforts through motivational conversations paid off and in two weeks, she willingly went for a bath. I was also able to get her wash her hand with soap – using others in the facility as role models. She also became less angry though, she would only talk to me politely. She also got involved in some activities at the facility. We were able to sustain this changetill the lockdown was announced. A policy decision by the management meant that SP had to go home... multiple morbidities increased her vulnerability to the virus infection.

The plan was to continue interventions at home. Aware that we were prematurely discharging her to an overprotective environment at home, virtual interventions for the family were initiated. The family was oriented to implementing intervention for self-care and other activities of daily living. I held sessions twice a week for them and also addressed any behavioral issues that they had to deal with! Even minor issues in the family would provoke anger. The family found it very frustrating – this was a time when the entire family was at home all the time. The mother took to calling me several times in the day, urging me to talk to SP – who would disconnect the call! This was despite letting the mother know that there were appointment times that were scheduled! The mother would plead for readmission This was challenging, given that, I as a health worker, had to deal with the pandemic as well.

Using a strategy that I used in the facility, I continued to have conversations with SP – I would initiate the call – and hope to catch SP when not angry. This helped rebuild the rapport and I was able to get SP to do some ADL and recreational tasks as well. She was able to engage in multiple activities such as writing, drawing, walking, bathing, washing vessels, talking to her brother, kolam, etc. I used “Two-minutes-only” phrase and “only one task a day” approach to get her to engage. The number of tasks gradually increased. It also helped in reducing volatile interaction with family. Simultaneously, the parents were encouraged to continue to monitor ADL. The psychiatrist had, in the meantime, reviewed medications and altered doses to help reduce the symptom severity.

“

Three months later – SP has calmed down substantially and the family,more patient. SP takes bath regularly, washes her clothes, her meal plates/ glass every day. She writes notes to me. ADL has been improving. And the calls to me have reduced!

This has been a huge personal experience in continuity of care after discharge and very satisfying too!

”

DESIGNED BY
SRUTHI MOHAN



Kalaveena

Continuity of care very
important in helping clients
and families

