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PSR Newsletter

Schizophrenia Research Foundation (INDIA)

Towards Recovery



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Thank You!!!

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

From the Editorial Desk

Dr. Lakshmi Venkatraman

I am delighted to bring this next edition of the newsletter to you. As we have been moving back to the pre covid level of service delivery, it has been heartening to see the considerable effort the rehabilitation team has put in to help patients and families move towards recovery. The work is reflected in the caregiver's article about the changes in her daughter after psychosocial interventions. Athmica's embroidery photos are an indication of how far she seems to have come in her recovery. Well done to her, her family and the therapist for Athmica's progress. Kalaveena narrates her efforts in improving the activities of daily living of a patient whilst she was at Bavishya Bavan. The occupational therapists in Anna Nagar and Bavishya Bavan have talked about how they have managed to keep the vocational training centres running during the covid times. The department of PSR has also been busy introducing new activities like the virtual physical activity group and peer support program.



Sonia and Kalaveena bring to you a report on these programs. Omega's paper on telephone-based psychosocial interventions was recently accepted for publication. She writes about her findings. SCARF team has taken the welfare of the residents seriously and ensured that patients and staff are vaccinated to be safe from covid. Immanuel reports on the steps taken to vaccinate the people in the residential facilities. SCARF supports students in interning at SCARF, and we adapted to the demands of covid and provided a virtual experience for some of the interns.

Shruthi talks about her experience of interning in psychosocial rehabilitation virtually. Paul Solomon joined team SCARF in November. Jainey Joseph introduces him to us, and we welcome him to the VTC. I hope you find the articles informative and interesting. I look forward to hearing from you.

Me and my daughter- our rehab experience

-Athmica's mother

After the weekly interventions with Madam Jainey Joseph from August 2021 onwards, Athmica has become more positive in her approach and is willing to do the activities that has been allocated to her. Every week we discuss the activities that she has to do, whether the task has been accomplished, what difficulties we face and how it can be solved. We have a weekly duty chart which shows how far she has improved. Now she looks forward to the meetings and she discusses many problems which she may not have discussed with her family. We know she is undergoing some turmoil emotionally but we could not make her tell what she feels; but Jainey mam slowly talks to her, appreciates her and tries to get some information to solve the problem. Athmica feels happy to talk to mam and she is prepared for the sessions with interest.

Athmica gets up early in the Morning (6am to 8am.) and she rarely sleeps during the day time. Night also she sleeps by 10 pm but earlier she could not get sleep and was awake till 12 to 1 am. She is now Interested in Helping and coordinating in household chores – cutting vegetable, washing vessels, mopping, few things in cooking for herself, folding clothes etc. Her Inclination in doing Exercise has improved. When she is happy she dances and hugs her mom; she now accepts if she has taken something or she has done something. Before she would eat everything but now she is keeping some for

the others in the family. She is more approachable and tries to analyse what went wrong. She is taking music classes well and she is motivated now to take classes for foreign students. She used to get angry, shout at others and throw things around but now she has mood swings where she is trying to control herself and tries to come out of it. Jainey Mam discusses about the episode in a deep manner and tries to sort it out during the meetings. On the whole there are changes and I must thank Jainey Mam for all the help. We look forward to more changes to make her live a happy normal life.



"Medications alone will not bring about change. Rehabilitation is necessary and I have seen the change. Here its not only the patient that is involved in therapy but also the family."

-Caregiver



Inpatient rehabilitation- a success story

- Kalaveena

Ms A, 25 years old, single, a graduate female, had a long history of Schizophrenia for over 12 years. Delusions, hallucinations and seizures were the predominant problems. There were several consultations with psychiatrists, admissions into psychiatric facilities, treatments with medications and ECT over time. I came in contact with her when she was admitted to BB as an inpatient. She came with a recent seizure episode, poor self-hygiene, aggressive behaviour, poor sleep and jealousy towards her younger sister. Her family found it very difficult to look after her at home.

The first few weeks at the centre was tough. Ms A was very poor in grooming and very slow in activities, and drowsiness was a challenge. After the episode of seizure, she was confused and had severe cognitive impairments. It took nearly ten days for her to settle down and engage in the routines of the facility. Counselling sessions focussed on motivating her to engage in pleasurable activities such as colouring, drawing, listening to songs. A minimal list of activities of daily living (ADL) was planned with her to be monitored by other staff at the centre. Daily interaction with her paid off - within three weeks, she started bathing regularly without prompting.



In the meantime, we felt that it was necessary to involve her family in her management. I spoke with the mother over the phone once a week. She was discharged from the centre after 45 days of admission, and telephonic follow up was done every day. The client continued to do drawing or colouring every day and send it on WhatsApp. She maintains her improvement.

Peer support program at SCARF

-Sonia Sims

A peer can be defined as someone who has equal standing with another, and most of the time is of a similar age group sharing similar interests and status in life(Merriam-Webster Dictionary). A Peer Support Volunteer (PSV) in a mental health setting can be described as a person who has a living experience of mental illness and is willing to support individuals with similar life experiences and help them navigate through the challenges. Peer support in mental health

services, which can transform both individuals and systems. In low- and middle-income countries such as India, peer support volunteers' role in delivering evidence-based mental health interventions are still in the early stages of exploration.

We plan to implement a peer support program in SCARF. As a first step, we surveyed individuals with schizophrenia, their caregivers and mental health professionals to understand the acceptability of using peer support volunteers as part of mental health services for individuals with schizophrenia. A total of 155 study participants (52 persons with schizophrenia, 50 caregivers and 53 mental health professionals) completed the survey. The majority of the respondents were favourable to this concept. We have submitted a paper on the findings for publication in a scientific journal.



Moving forward, we plan to coproduce a training manual for PSV in collaboration with persons who have lived experience of schizophrenia and train them to be peer support volunteers. We want to explore its feasibility and effectiveness as an essential mechanism of delivery of psychosocial intervention for persons with schizophrenia.

SCARF VTC- A status report during covid

- Sweety Sarah Daniel

VTC at SCARF, Anna Nagar, has been functioning, post covid from August 2021. Patients have been attending Occupational Therapy from the In-Patient Unit of SCARF for the past three months. On average, we see about 15-20 cases daily. We are currently working with a Milieu Therapy model for OT, where patients follow a fixed schedule with various activities planned out through the day. Patients start the day with a physical exercise regime followed by Newspaper reading in both Tamil & English to keep abreast of the current affairs.



Cognitive & creative tasks to address various functional issues follow the previous session. These activities are given in both individual and group intervention models, depending on the diagnosis and level of functioning (based on the Developmental Group Approach). Individual functional levels and interests of each patient are considered while assigning vocational tasks. Vocational tasks are delivered in both individual and group sessions. After this, a wind-down and a short feedback session are conducted, following which the patients break for lunch. Post lunch, patients are encouraged to choose recreational activities/games to suit their tastes and interests. For the past month, a few outpatient clients have also been coming to the VTC regularly. Highly functional clients who are experienced and have been formally trained in specific vocational tasks are chosen to engage select IP patients in specific vocational skills.

A wide range of vocational tasks & avenues are being considered & its feasibility is being explored to provide patients with a more varied repertoire of activities from which to choose.

Promoting life at BB

M. Janet Blessy

Occupational therapist, BB

In spite of the covid, Bavishya Bavan runs hassle free with an enthusiastic team. I joined this team as a Occupational therapist just a few months ago.

It has been very interesting for me working with the residents designing activities suited to their abilities and interests.

At the VTC, we start the day with bhajans. We then offer Yoga and exercise which energizes the participants and prepares them for the rest of the day. We work with the residents to improve their self-awareness, emotional self-regulation, problem solving, self-monitoring of goals, delayed gratification , decision making, seeking help when necessary and we strive to bring out the best in them .

It has been quite a rewarding experience to work with the residents and I look forward to this journey.



Does telephone based intervention combined with face to face contact improve socio-occupational functioning of persons with schizophrenia? - A retrospective chart review.

- Hepsiba Omega Juliet

I am happy to report that we published this article in the JOURNAL OF PSYCHOSOCIAL REHABILITATION AND MENTAL HEALTH.

Patients with schizophrenia are provided psychosocial assessment and interventions by rehabilitation therapists. Telephonic interventions are offered to those who cannot come to the facility for regular sessions. Both face-to-face and telephonic interventions involve conversations with the patient and family to promote social, occupational functioning, focusing on instrumental activities of daily living, social skills, and employment.

The study was conducted by the department of psychosocial rehabilitation in SCARF. We conducted a retrospective case record audit to collect the relevant information on patients with schizophrenia receiving psychosocial assessment and interventions. Case records of patients with schizophrenia who



who received only face-to-face psychosocial intervention once every week and patients with schizophrenia who received telephonic intervention once every week along with face-to-face psychosocial intervention once every month were selected. After providing the respective interventions, we compared the baseline social and occupational functioning with the six-month social and occupational functioning.

Results indicated that adding regular telephonic interventions to face-to-face PSR sessions is as effective as more frequent face-to-face only interventions to those patients who are unable to attend for interventions in person.

We continue to use technology to deliver psychosocial interventions to those patients who cannot meet us in person at SCARF.

I am very thankful for the mentorship I received to publish my first paper, which encouraged me to keep going and work harder.

Virtual Do-along Physical activity program for people with mental illness.

-Kalaveena

Physical inactivity has been one of the major concerns among people with mental illness. It worsens their daily routine, which causes a setback in functioning. Fewer opportunities to do any physical activity, poor time management, poor motivation, low self-efficacy along with the presence of depressive symptoms, cognitive difficulties, positive and negative symptoms affect the functioning of the patients. So, to promote the general wellbeing of the individual through physical activities, the department of PSR has designed a do-along virtual group workout schedule for the patients. The virtual online program has been developed for engaging patients in physical activity, keeping in mind the social norms of the COVID -19 pandemic. Now it has become a part of our routine activity.



The recruitment is based on patients with a felt need to improve their physical activity. The other requirements for the group are that patients accept doing a virtual online group exercise and have access to a smart device. Any client registered in SCARF can be a participant, and we set an age limit between 15 years to 65 years. . The client must have the ability to comprehend our instructions. We don't take clients who have intellectual disability, history of head injury, any other comorbid conditions that might affect the safe participation in physical activities. Both men and women can participate, but we have a separate group for women. The women's group was conducted by Kalaveena and the men's group by Mr Immanuel and Mr Bhagavati Raj.

Usually, the Consultant Psychiatrist refers clients to the case manager and gives a brief explanation about the exercise group and its leaders. The link for the sessions is shared through WhatsApp and email with the participants.

The physical activity facilitator demonstrates and conducts the session along with the client. A co-facilitator helps in the group. The sessions were designed with the help of a physical fitness expert. The sessions that last 40 minutes start with a warm-up followed by brisk walking and specific exercises based on the age group. The session also covers motivational talk, the explanation of the need to do particular activities. The facilitator provides regular feedback to the clinicians. The case manager of the respective patients would follow up the session to ensure regularity, promote motivation, discuss the hindrances, and continue the psychosocial interventions. An errorless learning strategy is used to help the participants learn the exercises. The patient is encouraged to do the exercises gradually to avoid any physical discomfort. The participants provide feedback after each session.



Thirty-seven clients have been referred for the physical activity group so far. Currently, 13 clients are engaging in the program. They are regular to the sessions. We are maintaining a log for the daily session where all the observations are documented. Most clients have reported that participation has allowed them to maintain their weight without weight gain. We intend to encourage more people to join this activity.

Covid Vaccination at the residential centres

- Immanuel Darshan

Covid-19 created a significant impact on the health condition of the people also in various aspects psychologically, emotionally and financially. It reminded the importance of staying healthy and the value of human life to every one of us. We learned to focus on health, review the lifestyle we live and take precautions to protect ourselves from covid. As medical care providers, we need to provide good care to those relying on us for their care needs. At SCARF, we took the initiative to arrange covid vaccinations for our staff and residential clients who are eligible as soon as possible. With the permission of the family caregivers, we managed to vaccinate eligible patients in all our residential centres.



In the initial stages, we needed to take patients to the designated medical facilities for the vaccination, and the subsequent camps were conducted in SCARF premises. We want to thank all SCARF staff who facilitated this and thank the Corporation medical teams which made this possible.

Centre	No. of Camps	No. of Patients vaccinated	No. of staff vaccinated	Total
Sarada Menon Centre (SMC)	3	39	15	54
BHAVISHYA BHAVAN (BB)	6	52	8	60
Bhagwan Mahavir Manav Sanmarga Seva Kendra (BMMSSK)	2	40	-	40
Total	11	131	23	154

“It was a successful intervention (covid vaccination) taken by SCARF team during the pandemic”
- Immanuel

Welcoming Paul Solomon to the SCARF's Family

– Jainey Joseph

Paul Solomon has joined as a psychiatric social worker for Vocational Training Center in November 2021. He is a Creative and Energetic Social Worker from the Madras School of Social Work. He has finished his Bachelors in Social Work and Masters in Medical & Psychiatric Social Work.

What is your motto as a social worker?

Thriving to promote non – discriminative healthcare and mental well-being for every community without any bias.

Which field of social work are you passionate about?

Psychiatric, Human Rights and Community Development, I have managed to do internship in more than 10 organizations with commitment.



As part of community development what are your works?

I would like to spread awareness through street plays and puppetry. I have performed more than 25 street plays during college time.

How do you feel about joining SCARF?

I feel really blessed and happy to be part of such a prestigious organization. It was always my dream to work in SCARF India. People at SCARF are really friendly and helpful towards my professional development.

Where do you see yourself in one year?

I would like to establish my knowledge on Mental Health & its interventions and be a successful social worker connecting to persons with lived experience of mental illness.

What do people who know him say about him?

“He is a great guitarist, sings and connects with people easily” – Ms. Vijayalakshmi , YMH SCARF

“He is good in graphic designing and mostly resolves technical issues related to documentation and gives us a visual treat with his talents technically” – Immanuel Darshan , Case manager ,SCARF

“He is a perfectionist, highly committed to the tasks he does, great team player and never failed to deliver his assigned work”. – Dr. Lakshmi Jayapal – Assistant professor of PG Dept. of Social Work (Aided) Madras School of social work



Virtual Field work Experience

-Shruthi J

-2nd MSW (Clinical and Community Practice)
- CHRIST (Deemed to be University), Bengaluru

The COVID 19 pandemic has taken a different shape in everyone’s life both in positive way and difficult times. In the present scenario, professionals have turned to digital communication to continue servicing their patients in the face of lockdowns and social-distance mandates. The booming online classes, online therapies, and work from home mode has been on the increase and now surprisingly the virtual field work placements.

During this pandemic, it is understandable that people experience fear and attempt to safe guard one’s self when we are confronted with uncertainties. Even with all these hurdles, the virtual internship at SCARF has given us an immense experience, enabling us to pursue whatever we aim to learn in the field.

The session on psycho-social rehabilitation was one of the most enjoyable and informative session. The sessions mostly assisted me in understanding the client's numerous requirements, offering essential interventions, and emphasising how the focus should be on the client's strengths and potentials rather than their disabilities while providing the intervention. I understand that Psychosocial rehabilitation is one of the important areas wherein it can assist the patients in reintegrating into society and learning the necessary life skills.

The discussions with Ms. Jainey Joseph PSR coordinator were quite enlightening, and she clearly described the concepts. As part of this virtual internship, she led numerous activities that helped me gain a better understanding of the abilities needed to work as a therapist.

The sessions were very insightful since they included case discussions that helped to identify the needs and also discussed how a lot of clinical expertise is required to evaluate the priority of the needs. The role plays and subsequent discussions helped me understand why intervention is necessary and how difficult it may be to get people to speak up about their feelings.

Overall it was a motivating experience to get on the field to work

"Personally, the SCARF virtual internship has provided me with invaluable experience, encouraging me to pursue whatever I want to learn."

Designed by 

Sruthi Mohan

