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Schizophrenia Research Foundation

TOWARDS RECOVERY. . .

From the desk of the editor

Greetings for 2018!

The first edition of the newsletter – Towards Recovery was circulated in the beginning of 2017and three more editions were released as scheduled last year! The editorial team thanks all our readers for a constructive feedback, that has enabled us to continue this newsletter with enthusiasm

We are delighted to bring to you the first edition of 2018! We continue on our mission to bring to you News and Views, Theoretical pieces and practical experiences. Dr Sarada Menon, with her endless passion, inspires the mental health professional to ponder on how one could involve peers in rehabilitation! This issue features for the first time, view points and observations from clients and family. The creative writing of a poet – who wishes to remain anonymous – is thought provoking. There is a sense of stigma evident in the strong need for non-disclosure as told to the editor! Yet, there is need expressed to mental health professional – for help to understand!

Our heartfelt thanks to all our contributors and I urge all our readers to contribute actively to this newsletter.Do send in your articles to rehabtowardsrecovery@gmail.com

Points to Ponder

Dr Sarada Menon

Dr Frances Dark talks about long stay psychiatric rehabilitation sources primarily staffed by peer workers being useful. These workers should not displace allied health professionals in treating mental illness, but can complement their clinical skills with powerful roles in promoting engagement autonomy and communication. Perceived problems such as the possibility of peer workers being mentally unwell are most appropriately handled using the same principles and medicines as with other health workers, particularly self care, work place flexibility and professional responsibility.

Peer workers have been found useful in assisting regular mental health professionals in the care of disabled chronic mentally ill-both care and consumer benefit.There is strong evidence to support the benefits of physical activity both in first episode psychosis and in the severely mentally ill. The details of the physical activity should be planned by a professional physiotherapist, supervised by a case manager or trainer care giver and implemented by a peer volunteer.In

Forth coming activities

Caregiver Education program

24 February 2018,

24th March 2018

21st April 2018

May - No Schedule

the first episode psychosis it acts as the preventive level (preventing cardio-metabolic risks) and for the severely mentally ill, the rehabilitation level. Could we use the peer work force for this?

Neuroscience can motivate us to act and improve our lives. Motivation and apathy are linked to special brain connection. There is a strong correlation between a set of connection in the human brain and positive or negative life styles and behaviour traits. Anyone can change the functional connectivity of his brain by consciously changing habits and behaviour. Because the brain is plastic, mind set explanatory styles and predisposition to be motivated/apathetic are never fixed.

The brain uses 1/5 of the energy each day. It is difficult to take more. Apathetic patient require more energy to act. Apathy is related to poor connectivity between anterior angulate gyms and the supplementary motor area. Activity of this connection reduces pain through mindfulness. Motivation and apathy are linked to special brain connection.

Action seems to follow feeling, but really action and feeling go together, but by regulating the action which is under more control of the will we can indirectly regulate feeling which is not. Therefore, if you can put the cart before the horse in terms of kick-starting the motivated behaviour using your free will, the neural pathway associated with motivated persons, brain connectivity will essentially become strengthened.

References

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Intrinsic Motivation in Schizophrenia

Subhashini Gopal

Motivation is essential for good outcome of treatment in patients with schizophrenia. Impairment in motivation affects both treatment adherence and participation in psychosocial interventions.

Rewards are known to initiate and sustain a particular behavior, that is - if an individual attains a goal, it would further motivate that person to engage in the behavior, again. Rewards are of two types. One can be extrinsically motivated through reward like money, gifts or even a verbal appreciation. Feeling happy and satisfied about engaging or completing a task are examples of intrinsic motivation. . Extrinsic and intrinsic motivation can be present at the same time. People work for monetary extrinsic rewards and at the same time experience satisfaction (intrinsic reward) when the work involved is interesting. In a clinical context, an individual can feel better (symptomatically) after taking medication and this results in good adherence (Intrinsic motivation-IM). The same individual is able to work efficiently which in turn yields more incentives (Extrinsic motivation-EM). The balance between EM and IM varies from time to time and also it depends on the individual. If the rewards are not tangible, the individual might become amotivated.

Most of the skill-based treatments of psychosocial interventions are based on the learning capacity of the particular person. Research evidences state that "In both healthy controls and persons with schizophrenia IM is specifically and positively associated with more learning, greater persistence of learning and greater engagement in learning activities." (Medalia et al.,2009). When an individual engages in an activity with fullest involvement and volition, his/her needs are met which in turn gives a sense of autonomy and competency. This can be achieved only when the person is intrinsically motivated which in turn enhances the learning capacity. A person is said to be intrinsically motivated when the activity is associated with enjoyment, and relevant to personal goals and values. Hence individuals are intrinsically motivated in a learning task when they involve in the task out of their personal interest, enjoyment and satisfaction which is not always

achieved with external rewards. Also, when they are given the preferences to choose what they want IM is consistent and sustains for a longer time rather than EM which is short lived. This doesn't mean that EM has no role to play in treatment outcomes but when IM is greater, learning outcomes are better.

Understanding the role of IM in learning and treatment outcomes is very important. As individuals with schizophrenia has low IM, it is essential that skill-based interventions should be carefully planned keeping in mind the choice, interest and usefulness of the tasks which keeps them intrinsically motivated.

Recovery – does it make sense to me?

Anonymous

With schizophrenia, for 5 years
I have been troubled!
Those voices, those suspiciousness,
My thoughts all garbled!

My life has centred around
My mom – who is encouraging
The Psychiatrist and the rehab therapist
And the service that is supporting

What has been helping me –
My therapist's gentle persuasion
The troubled experiences are disappearing
Thanks to my doctor's wonderful medication
I am well now – no voices, no maddening thoughts
I have recovered, they say
But I am yet unsure…
I don't understand – in what way!

Can I go back to college?
Will there be a job, in which I can function?
An invite to a party –
To be part of a celebration?

Mom is full of hope
The services, she says are the guiding ray
But I am yet unsure…
I don't understand – in what way!

I ask you help to understand
The path on which I should tread
Help me overcome
The uncertainty and the dread!
Help me to hold to what could be….
Now that all of you have helped me to break free!

Where can I find a job for my client ? - A Rehab therapist's predicament

Kiruthika Nandakumar

"I want to work and help my family financially" - A male client on treatment

This is often a need expressed by many clients in treatment for a mental illness. Employment is an important social determinant of mental health and participation in employment can enhance mental health and wellbeing. But the right combination of employment support services, disability income generation programs, human rights legislation, and education and economic incentives can make an enormous difference. Most people with serious mental illness desire and can work, but they are excluded from the workforce because of stigma of the illness.

For those with mental illness who are employed there is increasing evidence that current workplace environments are contributing to the development and/or exacerbation of mental illness and disability. Or, there are issues related to sustaining their capacity for productive work.

The greatest barriers are employer stigma and discrimination at the workplace. Five distinct assumptions held within the workplace contribute to the discriminatory disposition towards employees (or potential employees): the assumption of incompetence, the assumption of dangerousness and unpredictability, the belief that mental illness is not a legitimate illness, the belief that working is unhealthy for people with mental illness, and the assumption that employing people with mental illness represents an act of charity inconsistent with workplace needs. These assumptions hinder hiring practices. Employers may not hire workers with mental health disabilities because of concerns that they may not fit in with the generalist nature of small or large businesses. In the

Indian scenario, certain jobs appear to be considered suitable for clients with SMI – eg: lower cadre positions in government offices, security services, as office assistants in private concerns etc. Not a large range!

While employment is an essential element of recovery for people with mental illness, there is no single answer, program or initiative that can radically increase employment opportunities.

Here are some possible ways in which we can adresss these challenges:

1. Review the ways in which a rehab therapist approaches employers
2. Awareness drives for potential employers
3. Involving employers in specific training programmes

Are there other ways ? This is food for thought!

As we embrace a recovery-oriented mental health system, opportunities to strengthen access to education and employment must be pursued.

Vocational rehabilitation workshop –A Report

Employment and productivity are important domains of human life. When a person with severe and enduring mental illness loses his or her skills to work, vocational rehabilitation is offered as part of the treatment plan to enable the individual to become a contributing member to the family again. Vocational rehabilitation enables persons with disabilities to overcome barriers to accessing, maintaining or returning to useful occupations. Health professionals caring for patients with mental health problems have an important role in helping them to return to work. Availability of structured vocational rehabilitation services are patchy in India. SCARF since its inception 30 years ago has been focussing on rehabilitation and has been offering vocational rehabilitation as part of its services.

On 25th November, 2017, a one day workshop on Vocational Rehabilitation was organized at SCARF, in collaboration with the M S Chellamuthu Trust and co-sponsored by the World Association of Psychosocial Rehabilitation, with the objective of orienting professionals involved in the care of persons with serious mental illnesses, in delivering vocational rehabilitation in various parts of Tamilnadu,

The participants included other NGOs of different parts of Tamilnadu and staff from SCARF. The workshop introduced participants to concepts in vocational rehabilitation, the different models of delivering services, and practice in methods of assessment for vocational rehabilitation. The speakers were experts from The Banyan, Aasha, NIMHANS, M S Chellamuthu Trust and SCARF.

Dr K V Kishore of The Banyan, Chennai, focused on various concepts in Vocational Rehabilitation, using the Banyan model as an example.Dr. T Shivakumar from NIMHANS expanded on practical issues pertaining to pre-vocational assessments and assessing if clients were ready to work. He stressed on the need for an in-depth understanding of the patients interests, capacities and inabilities as a necessary step in vocational rehabilitation. Using the example of Athmanirbhar, an NGO that aims to accelerate rehabilitation for people with mental health issues by creating sustainable employment opportunities for them., Tanya Dutta of Aasha, Chennai provided insights into the challenges in open market employment and selfemployment emphasizing on the necessary training that needs to be put in. Subhashini Gopal, Psychologist from SCARF elaborated on cognitive deficits as a barrier in getting into a job and sustaining in one . Dr Lakshnmi Venkataraman, underlined the need for Motivational Interviewing as a method of evaluating and improving the client's motivation in vocational Rehabilitation. Dr C Ramasubramanium,Chellamuthu Trust, Madurai, detailed the schemes offered by the Tamil Nadu government. Mr Kotteeswara Rao highlighted on how vocational rehabilitation is done in the rural areas while describing how challenges were met. The panel of experts answered various questions raised by the participants – providing useful insights into methods of delivering vocational rehabilitation.

Overall, the workshop provided an initiative for a platform for mental health professionals to engage in discussions on various aspects of Vocational Rehabilitation for persons with mental illnesses.

A personal view point!

- Ms Narayanan, Age 24

At almost-25-years-old, I have already consulted about five to six different mental health professionals since 2013. I don't know if I have a diagnosis as such, but I've always had a hard time dealing with change, failure, and rejection, in any sphere of my life. Despite, this, I was a highly motivated high school student and got into one of Asia's top-ranking universities. But when I was in college, I felt stressed, anxious, with no drive to succeed or interest in what I was studying. I wanted to drop out. An important thing to note is that, by this time, I had already met a psychiatrist once, and was taking an antipsychotic daily (thinking back -- and I could be wrong -- taking this may have been overkill, and in some way contributed to my anxiety, as it is one of the paradoxical side-effects of this drug).

Though I did take a break for a semester, I eventually went on to complete my degree, even making it to the prestigious Dean's List. This was in large part due to some important discoveries that I made during my time talking to a therapist, and by working on a weekly BACE (body care, achievement, connecting with others, enjoyment) chart. I was now taking a low dosage anti-anxiety medication and anti-depressant daily, but what I personally feel helped more, was the input from the counseling.

Current changes to my lifestyle and certain rejections in the past year or two have meant that some of my mental health problems have cropped up again, but now, too, what helps is thinking about what I've done for the day, identifying productive behavior that makes me feel better, and connecting with friends and family -- and all of this has been possible because of the supportive framework that therapy provides. I did feel like I had regressed in between but going to therapy again has been a huge help -- I guess this means that it's something that I may always need to cope, or at least to keep reminding myself of the tools I can use to cope better.

I wish CBT had been more common about 30-35 years ago. When my mother was going through a tough situation at 24, way back around 1983-1984, she asked for help. Her doctors' immediate reactions were to use drugs to sedate her and use electric shock therapy. I can imagine that over these past few decades she's developed some kind of dependence on the drugs. She takes 10 pills a day to stay functional, but still needs a lot of sleep. So of course, going off them would cause problems. For many years, I thought her current combination of schizophrenia/bi-polar tendencies were genetic, or just some chemical imbalance that just couldn't be fixed without medicine.

That could still very well be the case. But now, from my own experience with the wild mood swings and suicidal thoughts that drugs, withdrawing from them, and briefly, even PMS, can cause, I keep wondering -- for human reactions that are purely situational, could drugs have actually made things worse for her in the long run, making it so that she can't function without them?

Reader's feedback: Mr K

Thank you for the 3rd issue of Rehabilitation Newsletter. As usual this newsletter also contains very useful and very enlightening information for the understanding of care givers and non-psychiatrists. In particular I was interested in the write-up by Dr. Vamsi Srinivasan on Sustaining Supported Employment, by Ms. Sonia Sims on Work Readiness and by Ms. Kiruthika Nandakumar on Job Fair, 2017.

Ultimately, as Dr, Srinivasan has pointed out, the purpose of all psychiatric therapies is to finally integrate the patient into the social life and community arrangements and there is no better way of ensuring this, and testing this, than to see that the patient is employed somewhere, has been able to get along with others, understands and carries out the job requirements and takes ownership for it etc..

Sustained employment (gainful or not) would mean that the patient is finally, finally getting integrated with the community and is on his/her way to live by himself/herself.

I can say with confidence that almost all the owners or top executives of all business organizations

have a schizophrenia patient in their immediate or extended family or in the family of one of their senior functionaries. They have therefore knowledge of the problem and they have empathy for such patients. In fact many of them would prefer to give employment to one or more of such patients and be a part of the rehabilitation process, rather than giving a general donation to the institutions trying to help and rehabilitate such patients.

I would like to add a new dimension to "work readiness" concept' though....Willingness to work.

My daughter, Nita (name changed) has always been work ready. She is qualified, she has poise and personality..She has the skill in many areas. In fact several years ago, during our Gurgaon / Delhi days, even after she was diagnosed with Schizophrenia and was under medical supervision, Nita used to get jobs in a jiffy after some walk in interviews, without out any help from me..Yet, she used to quit the job after a maximum of two days, giving a perfectly valid reason!.... Even today, what stands in the way of her getting a job is not her ability, but her unwillingness to work and refusal to take up a job. Whether it is due to fear of failure or due to her inability to accept instructions and report performance or it is just an extension of her anti-social behavior, I do not know. But I am confident that if she manages to work on a job and stay on it for a few months, she would be a different person.

I am sure there are similar patients like Nita, who are always job ready and who need help in a different way. You and your colleagues may perhaps like to go into this aspect of some patients.

But for others, even if they get a job, their chances of staying on for even a few weeks are slim as they require constant supervision and support. Perhaps one should think of a VTC Plus, where the job is of a more regular and organized nature and where such work ready patients can, not only be employed but also be monitored and helped by SCARF personnel before sending them out on "jobs without medical supervision".

Swavalamban Insurance: Good news for our clients:

In the first newsletter we had written about Swavalamaban Scheme - a landmark scheme which woul provide general care for the mentally disabled! Sixteen clients had applied for it in the month of February 2017. It took several email and phone call reminders before we successfully managed to get the Insurance cards for 15 of our clients - in January 2018!

As part of rehab activities for clients, new products are being made by our clients from our Vocational Training Centre. We plan to expand it.