

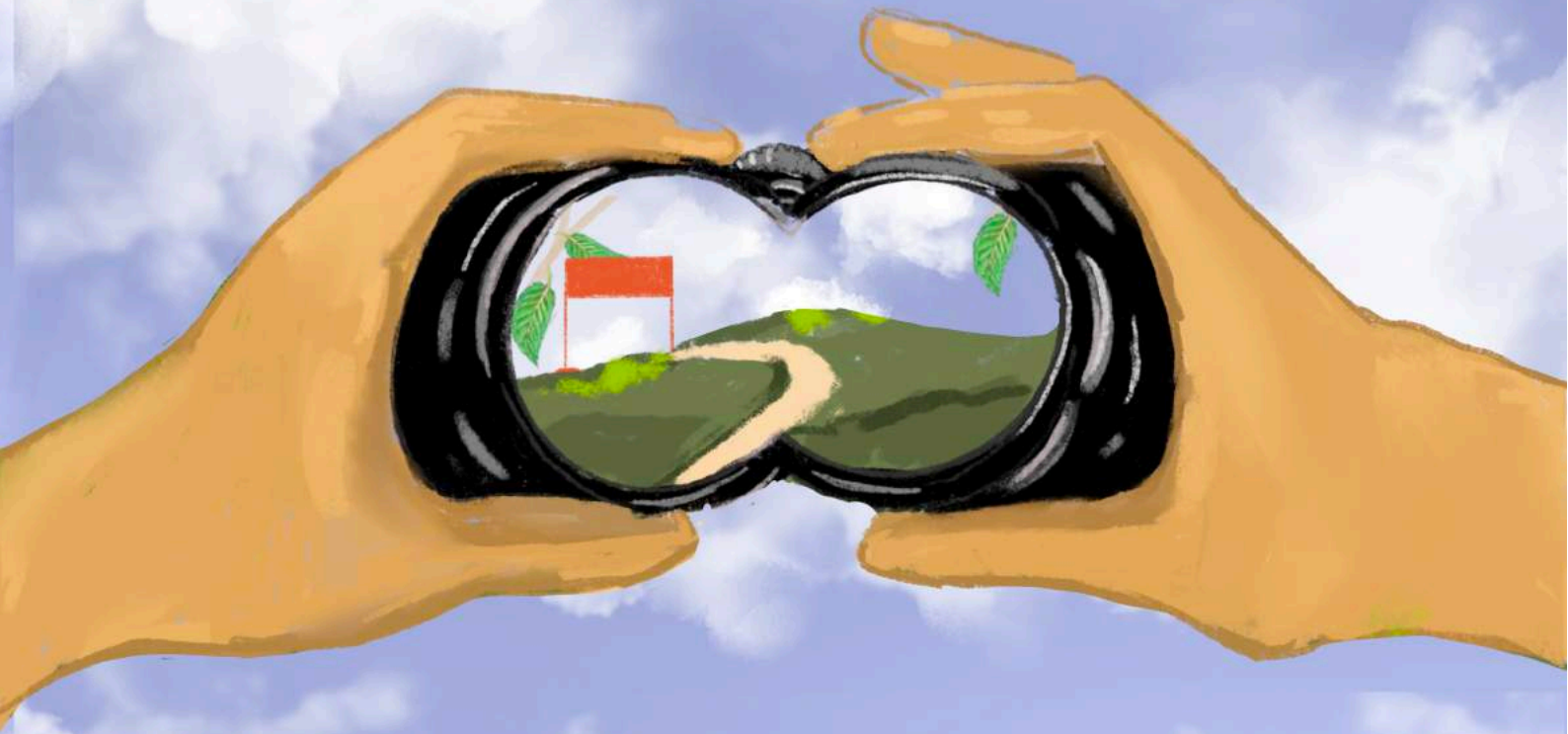


**Schizophrenia Research Foundation
(INDIA)**

TOWARDS RECOVERY

Volume 5, Issue 1. April 2021

PSR Newsletter





ARTICLES FEATURED

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- **Know about Immanuel- Our New Case Manager**
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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

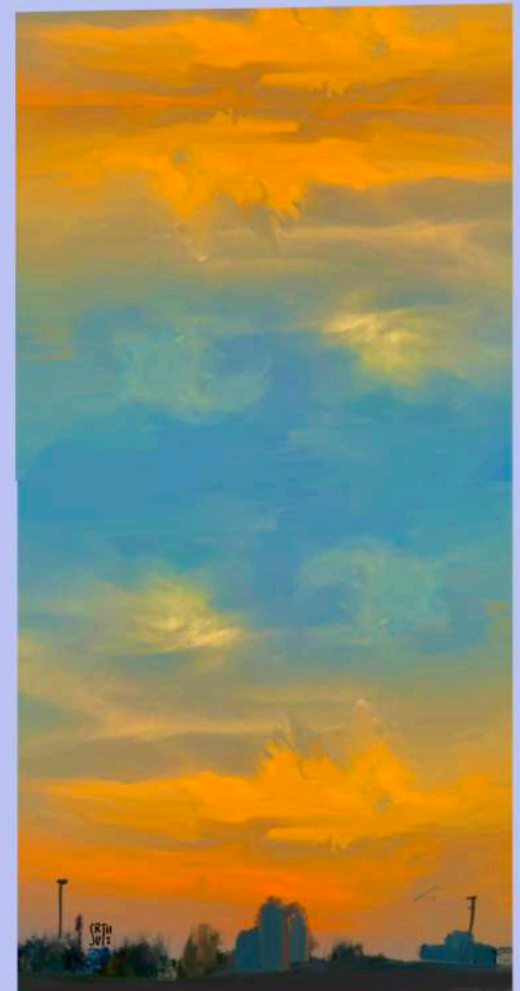
“Night frowns on our hope and belongings,
And left us hopeless and stranded.
New dawn renews our hope,
And makes all new and beautiful.” (Borklo Solomon
<https://internetpoem.com/borklo-solomon/new-dawn-poem/>)

2021 is our new dawn and it has brought us the vaccine and the hope that we will eventually beat the pandemic. Welcome to the first newsletter from the rehab team in the new year. We are very proud to welcome our newest member of staff Mr. Immanuel who joins the case management and rehabilitation team. Ms. Omega has interviewed him and don't forget to read the juicy tidbits about him. In spite of the challenges thrown by the last year, our patients and families have tried to stay hopeful and look forward to a better tomorrow. Ms. Sonia talks about the hope that her client experienced by taking time for herself. It is certainly a point worth pondering over, how much time do we take for our well being.

One of the students Ms. Annette Haveela J on placement at SCARF has written about clients experience of the “new normal” – teleconsultations under the guidance of Ms. Jainey, we are looking forward to more contributions from students in the future.

Whilst everyone tried to keep the service provision as close to normal as possible, the one area which took a huge hit was the vocational training centre to avoid transmission of infection. But Ms. Kiruthika writes about what the team plans to do in 2021 to safely bring back clients to the vocational training centre which many miss in their routine. Mr. Bagawathyraj writes proudly about how psychosocial interventions enabled one of his clients to recover. We also bring you news about cognitive intervention research and how staff have kept themselves updated about research focus in the field of rehabilitation through journals club.

I hope you enjoy reading this edition of our newsletter. Looking forward to hearing your feedback.



! Know about Immanuel Our New Case Manager!

Mr.Immanuel Darshan, qualified in BA Journalism and Master of Social Work in Medical and Psychiatry From St.Joseph college, Bangalore. He has 1 year experience working as Executive Assistant for SHAN & DENE fashion and event Management Company. In the field of mental health he has 7 months experience working with The Banyan Mental Health Centre as DMHP block coordinator and UMHP OP Case Manager.



How do you feel about joining an all women's team?

I have never worked in women team, this is a new experience and there is not much difference as everyone seems to be very friendly.

What are your strengths and weakness?

I am adaptable and a good coordinator. My weakness - laziness and over thinking at times.

What is your impression about rehabilitation?

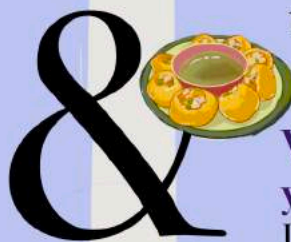
I am new to Rehab and I have just started learning.

Interesting facts about Immanuel

“There is no sincere love than the love of food” - George Bernard Shaw

Immanuel is a great foodie, he has travelled around 33 kilometers just to eat Panipuri.

While he was in college; he has bunked the class and travelled along with his friends from Silk board to Malleswaram in Bangalore to eat Briyani in a famous shop.



How do you spend time when you are not thinking about work?

Watching movies, playing mobile games, engaging in social media and travelling.

Where do you see yourself in one year's time?

I would be more experienced as Case manager and Rehab therapist.

What do you like the most and least about the Job?

Here we get time to talk with clients for long time which is really good unlike other institutions; secondly, I can keep myself updated in all aspects which are beneficial for my career growth.

The least I think is the documentation which is more advanced, I prefer manual documentation.

Take Time to Recharge

Sonia Sims

It is important for every individual to pay attention to their mental health, every person irrespective if they have a clinical disorder or not, deal with stress, sadness, anxiety or paranoia and we all go through low phases in our life and have imbalances with our mental health. Our emotions thoughts, attitudes impact our energy, overall health and productivity. And it is important for all of us to learn to balance our mental health by finding time to relax , unwind and recharge to help us cope with everyday challenges and deal with different crisis,. In recent times most of us are spending majority of our time indoors due to lockdown restrictions, almost half our population is now working from home and most of our leisure time is spent in front of a screen watching TV or using our smart phone. Recently a client discussed with me on how taking time off helped her with boosting her mental health and helped her deal with symptoms and stress moving out of a lockdown, while some of us could do with a quick boost by turning down our screen time and focusing attention on non-work activities for a short while, some of us could do with a vacation, a number of studies show that taking time off or having a vacation can have both physical and psychosocial benefits, as travelling creates new experiences that can significantly boost our satisfaction towards life , build resilience and create happiness, the same can be said for Ms. V who wished to share in her experience where she took some time to recharge, once you have read through her share, maybe you should think about When was the last time you took a time off or a vacation? Do you need one?



Written by Ms. V “One month ago I was irritable, restless and anxious even though the medicines were increased my condition was persisting, since my mother had difficulty managing me she called up my aunt who lives in Yelagiri hills and my aunt was gracious enough to call us both to her house for a vacation, even while we had started getting ready for the travel my attitude was changing for good, on my travel to the hills I enjoyed the beautiful hillside views where as we were driving up the hills the houses down were looking like little toy houses, and the winding road was a sight to behold . on reaching the house our aunt gave us a big welcome, every day morning I watched the sun rise from behind the mountains painting the sky yellowish orangey which was a sight

to behold, and through the day I got to enjoy the calm surroundings, the fresh air, drizzling climate that made the grass on the ground a soothing green, watching nature as its best had been so amazing that it prompted me to take long walks on the hill every day, besides a beautiful lake with chill breeze blowing on my face, I found this so therapeutic for my body and soul, I also had time to learn new stitching patterns from my aunt, and for the first time got to have an experience eating at a petty tea shop sitting on a wooden stool with nature as my view.

While we were there my mother and I also got to celebrate my aunt's birthday grandly, while I had taken the time to make her a birthday card and with the help of my mother made a flower bouquet from the garden, it

was so pleasing when my aunt appreciated my creativity, I got to greet a few people and served those who attended the party, and finally also got to eat some mouth watering Biryani.



All these above experiences made me so distracted from my symptoms and helped me focus on the better things in front of me and By the end of my trip I had made some happy memories that I could hold close to me, and my whole body and mind felt so regenerated and I must say that it was not only something that I needed but something my mom as well, as I noticed how much relaxed she felt throughout the trip, when we left we made a decision that it was good to plan for such vacations once in a while as it helps in boosting us inwardly and feel more peaceful.”

To Empower, Over the Phone

Annette Haveela J (Student)

CHRIST (DEEMED TO BE) UNIVERSITY, BANGALORE

1st YEAR, MSW.Specializing in:CCP (Clinical and Community Practice)

Communications and Technology have seamlessly blended and become a part of a common person's vocabulary. The world has witnessed drastic improvisations, dynamics and changes in the field of communicating, and though it has made life simpler, some of these changes might not be as beneficial to humans as it seems to promise. But we as development-oriented creatures have always found a way around. Just as how every other industry has grown into fitting the high-end communications range, the field of psychiatry has also been found adapting to and blending into the modern method of exchanging information.



As much as practitioners and patients care for in-person consultations under normal circumstances, the Covid – 19 pandemic has empowered treatment to move through methods of telecommunications such as over-the-phone counseling, telepsychiatry, WhatsApp exchanges, Video meetings, and so on. However, the big question here is, to what extent are these telecommunications-based sessions effective.

This is what patients had to say about the telephone sessions

Pt 1 – “The approachability of the case manager has been extremely supporting as she has always made time for me listening to what I have to say and help me through working through the struggles”

Pt 2 – “Making contact has become more feasible, compared to having to wait for the next appointment, contacting through phone is quicker and immediate”.

Pt-3 – “Talking over the phone makes me feel as I am able to communicate about my problems better as I feel more comfortable from my home environment”

Pt-4 - “We have a very good relationship, as I can trust her and I am confident that I can get help from her anytime, by contacting her through the phone as necessary”

Ms. Jainey, rehabilitation coordinator at SCARF who lead the telecommunication based support through the lockdown period has this to say :

“Of course, there has been immediate and easy communication when it comes to treating patients through tele – communication forums. It was easier to keep contact, and stay updated with regard to a patient’s status and their progress. Support to patients who could not come in person was facilitated by this service.

However, there were some challenges such as documentation which sometimes becomes difficult and delayed when I had other things at hand and the patient’s call is not planned, and although services are well – constructed and we are ready to help, sometimes there were calls at inappropriate times and it was not always possible to attend the calls. We learnt from this experience and scheduled the telephone appointments in advance but also attended emergency calls .

Privacy for the person to talk on the phone and difficulty in assessing the effect of the interventions were the other big challenges. But I do believe that a practitioner in a mental health setting can effectively use modern tele – communication methods to their advantage, proving that mental health empowerment knows no limits.”

It is evident from the patients narratives and the therapist’s that reaching out to patients during the pandemic was welcomed by both sides. Clearly there are challenges that need to be addressed and it is good to see that the service adapted itself to the changing need.



Impact of VTC lock down on clients and caregivers



Ms. Kiruthika

Covid 19 took hold of our lives more than a year ago. The government took precautionary measures to curb the virus spread by restricting the movement but the virus wreaked havoc in the country. So, we at SCARF closed our Vocational training centre in March 2020 to put VTC clients health as a priority to prevent infection.

VTC used to play a major role in clients recovery path by providing comprehensive care, such as reducing family burden for the caregivers, environment change, providing skills training to improve their quality of life, Job training and it was a place where they could meet their own friends, a kind of peer support they had there in person.

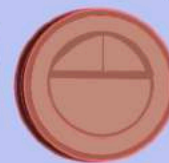
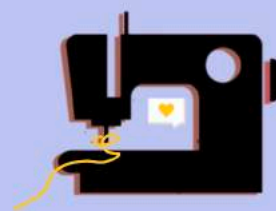
Since it has been a long closure which was totally unexpected, the VTC shutdown has affected their quality of life tremendously. Because the clients of VTC found difficulty to stay back at house for a long time due to this COVID-19, they are not engaging themselves in meaningful activities, even though the family supports them.

Few of our client's are stating that they don't feel like doing activities at home. They want to come back to SCARF to do the same activity along with their friends.

We have tried to provide positive reinforcement and constant follow up through telephonic follow up to make their routine stable. We however have opened the doors of the VTC from June'20 for Inpatients exclusively. They have involved themselves in reading books, physical activity and drawing & colouring and in other craft works such as basket weaving, tailoring and attending the telephone at VTC. Also during that time we



have provided the materials to community home clients to keep them occupied and our vocational instructor visited community home often. For other OP clients we informed the source of getting raw materials to do their task at home regularly.



Gradually very few of our clients started coming to assist the OPD service, engaging in Tailoring and in the Areca plates manufacturing, Screen Printing.

Now we are planning to resume day care very soon by ensuring the safety measures such as social distancing, sanitization and making sure they wear mask. Of course we intend to be careful and plan to restrict VTC to physically well and the younger group. We are hoping that we can play a careful role again in the recovery journey of some of our clients.

How did a duty turn into a responsibility?

An overview



Ms. Kalaveena, Journal Club Coordinator

Journal club is one of the PSR activities which was started in May 2016. Since then we have been successfully running this activity without any interruptions. Initially we considered it as a duty as a PSR team to read articles. But now everyone in the team is enjoying this and willingly see it as a responsibility.

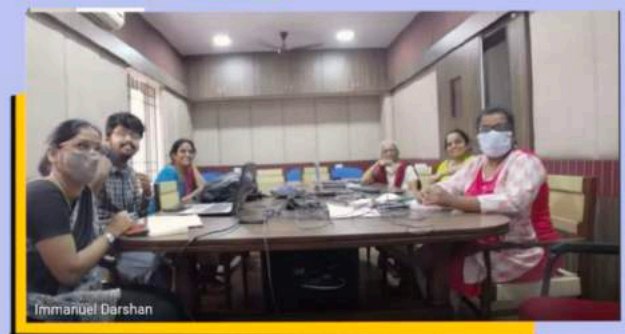
The team has successfully discussed nearly 80 journal articles over the past 4 years. In the initial time the number of presentations was low in number and gradually it started increasing. Now the quality of selecting paper is also very good. Every third and fourth Friday we have our journal club. Dr. Padma and Dr. Lakshmi are really giving us continuous support and guidance which really motivate us in fulfilling the quality of the activity. This journal club really helped us to learn evidence based interventions and we were able to apply these strategies with better guidance and discussions.

We have discussed papers on Cognitive Remediation, Social cognition, peer support, Goal management training for ADL, Family intervention and family psycho education, intrinsic and extrinsic motivation for ADL, Motivational interviewing techniques in Rehabilitation etc. These are the areas we really work for a client with MI. Other than that, the levels of confidence, communication pattern and presentation pattern of the presenters also have been improved with continuous practice.

The number of sending reminders also has been reduced and the team started following the Schedule as it goes. Introducing new strategies into the intervention process is also a noticeable change from the team.

The team has introduced goal management training into the intervention (breaking down tasks into micro and macro tasks making it easier for clients to improve their task performance), team is actively researching acceptability and feasibility of introducing peer support in our service and cognitive remediation techniques.

Journal club helped us to learn how to read a journal, how to do a research, critical analysis etc. It has given us a basic knowledge about



different research methodologies etc. During the lockdown we had to stop everything for a while. After a short interval, we started having our journal club online. Now it's a good opportunity for others also to be a part of our journal club activity. Usually students also attend this as a part of their internship. We will be happy for others also to join and contribute to the journal club. As a coordinator of the journal club, I would like to appreciate the team for cooperation in this successful journey. Thanks to everyone in the PSR team !

Working with Cognitive Deficits Challenging or Rewarding

Subhashini Gopal

(Coordinator-Psychological Services)

Cognition is a broad term which encompasses memory, attention, planning, decision making and problem solving skills. Individuals with lived experience of a serious mental illness like schizophrenia experience deficits in these domains from the early stage of the illness. These deficits persist throughout the course of the illness and have a significant impact on the individuals functioning level. In our regular clinical practice we often come across statements like: “I always end up searching for my cell phone”, “I am not able to read a book, nothing registers in my mind”, “I am unable to follow the instructions given by my supervisor” etc.,



Individuals who are free from the symptoms of a psychotic illness with regular medications become very distressed when they experience these cognitive deficits in their personal and work life. This lowers their confidence level and motivation. Hence it's very important to intervene and support them to have a productive and better quality of life.

Cognitive remediation/retraining/enhancement therapy etc., are the various terms used widely. There have been many manualized training modules developed in the west that targets cognitive deficits in individuals with lived experience of a serious mental illness. In India there is still not any manual that has proven to be scientifically effective. The different modules developed in the west have its own challenges to be used here, as they are not culturally sensitive and not cost effective. They use high end softwares and computers which is not feasible in a resource poor setting like India. Also the next challenge is transferability of the skills learned through computer based games to real life situation. Individuals seem to improve on the levels in the computer games but the subjective cognitive difficulties reported by them remains the same.

A compensatory and restorative approach would be a possible solution to handle this challenge. At SCARF we are now working on a research project to culturally adapt a manual called Compensatory Cognitive Training (CCT) developed by Prof. Elizabeth Twamley, University of San Deigo, USA and tests its feasibility. The therapists at SCARF have been trained on this manual by Dr. Frances Dark of University of Queensland.

The CCT manual was developed to be “brief, practical, low-tech, engaging to clients , and portable enough to be delivered in the community”(Twamley, Vella, Burton, Heaton, & Jeste, 2012).

This intervention focuses on

- 1) prospective memory
- 2) conversational and task vigilance
- 3) learning and memory and
- 4) cognitive flexibility and problem solving over 12 sessions.

The aim of the compensatory approach was to teach strategies that help clients work around their deficits, the restorative approach aims to rectify the deficits, and the environmental approach aims to modify the environment to reduce the cognitive demands on the individual.

The research team at SCARF has completed the cultural adaptation and piloted the manual on a group of 10 individuals with a diagnosis of Schizophrenia. Participants enjoyed the sessions and found it to be useful as the sessions were all connected to their real life situation.

The challenge we faced during the delivery of CCT was with regard to the HW sessions. Participants had difficulty complying with HW given during the sessions. Some of them reported that they forget to look in to their diary for the HW and some reported that they did not get any opportunity at home to do the HW sessions, like making a list of grocery items and going to the store to purchase it. Family members often do not give the patients the opportunity to do such tasks.

This challenge was handled by having a group session with family members and they were explained about the CCT intervention and emphasized on the importance of HW sessions. They were asked to create opportunities for the participants so that they practice the strategies learnt during the sessions.

We completed seven sessions with them and had to discontinue the same due to the onset of the pandemic. The learning's from this piloting was promising and rewarding to us. Now the manual is put to test for its feasibility through virtual mode as a one to one session.

After the completion of the study the results will be shared.

Another Feel Good Experience

Bagavathiraj. M

(Residential case manager and rehabilitation therapist)

Mr. R , a middle aged man with a long history of psychotic illness was admitted to SCARF's residential centre in Mahabalipuram for a period of 4 months for symptom management and rehabilitation. Mr. R had poor medication adherence which led to relapse of symptoms that included poor sleep patterns, increased anger and frustration , referential and persecutory delusions that co workers are talking about him, taking advantage of him and treating him inferior, client had become irregular to work and completely stopped working during the lockdown. Mr .R was initially reluctant to take medicines initially but gradually his insight

improved, and he started accepting the need for treatment.

However Mr. R still had difficulties interacting with others and preferred to be alone fearing that peers might misunderstand him and think badly about him; to deal with this, several individualized sessions that focused on building positive thinking as an alternative to negative thoughts about others were done, client was also encouraged to engage in group activities which created a need and motivation to communicate with peers; as his interpersonal relationship improved among peers, he was able to apply the same method and gain perspective in regards to his co-workers, this made him want to go back to work and have better relationship with his co workers.



At this point Mr. R was referred to the day centre so that he will be able to build a routine, regularity in day to day activities – such as waking up on time, participating in work activities, maintaining team coordination, etc. .In the evening he undertook regular walking and yoga to manage his weight.

At the same time, family was also given support and education on Mr. R's illness and progress. They were encouraged to ensure and supervise his medications after discharge, and guide him towards vocational aspects. At the time of discharge Mr. R was reassured and plan was made to have regular phone follow up with the therapist to ensure progress of day to day activities and maintenance of medication adherence

Post discharge, with the help of his family members Mr. R was able to maintain adherence to meds, keep up routine and was also referred by family to a new company as a security worker, regular phone calls with therapist were used to additionally motivate client in job aspects to ensure consistency at work, develop interpersonal relations at workplace by teaching client to initiate and maintain conversations with coworkers.

Mr. R has sustained the job, started developing work satisfaction and made friends with co workers, he was able to also maintain a good routine which included regular medications.

Family members were overjoyed at the transformation rehabilitation achieved, which in turn also gave me confidence and hope towards working with my other clients.

Designed by
Sruthi Mohan



