



Schizophrenia Research  
Foundation

## TOWARDS RECOVERY...

'Recovery is all about using our power to change our beliefs that are based on faulty data.'  
~Kevin McCormack

### From the desk of the Editor

We are delighted to bring you the next edition of Towards Recovery.....".The response to the first edition of "Towards recovery" was very encouraging. Dr.Thara commented ".....good effort. Make sure you maintain it". This issue features two inspiring articles, both Notes of Hope. Dr Sarada Menon brings to us thoughts from the past - illustrations of concepts like errorless learning or vocational rehabilitation that she practiced long before the prominence accorded to in the recent days. Dr Tirupati Srinivasan expounds on the concept of Recovery - emphasizing on the need for a strong support from significant people in the life of a person with Schizophrenia. This edition will also tell you about the various activities that have been undertaken in the first quarter of 2017. We also feature the visit of Seva Cafe - a group of volunteers who took over the kitchen at SCARF to cook a meal for all. Although this is not a Rehab activity, the idea is to see how well we could use a volunteer group as a resource in the process of rehabilitation.

As usual, we would greatly appreciate your feedback - be they bouquets or brickbats! If you wish to write about your thoughts on Rehab, we will be happy to feature your piece - the next issue is due in September 2017! You can connect with us at [rehabtowardsrecovery@gmail.com](mailto:rehabtowardsrecovery@gmail.com)

*Current editor: R Padmavati*

### From the pages of the diary of the doyen of Psychosocial Rehabilitation

*Dr.Sarada Menon Founder Advisor, SCARF*

Talking about the history of psychiatry in the present context "Rehabilitation" one would



agree with Bernos and Freeman (1991) that one problem is "Presentism" - seeing the past from a perspective that takes no account of the intellectual, social and cultural context of the times. Another problem is the fluctuations in the progress of Psychiatric Rehabilitation.

Leafing through the newsletter "Towards Recovery" I must congratulate the Editor and contributions for the very optimistic simple and practical issues that go into the process of Psychosocial Rehabilitation. "Cognitive Remediation" is a very grand label. I was interested in from the late 80's - are we not practicing some of it already in our own way?. We get into trouble with highly qualified persons with Schizophrenia who need to be taken through 'Errorless learning' in their journey through Psychosocial Rehabilitation, who resent when they are requested to perform simple tasks as a

beginning, reminding us they are 'Ph.Ds'. They need to be educated into the process. "Shaping" has been our ritual when clients attend the Vocational Training Centre and we have been 'conscious of the steps to be covered - provided we have a goal in view. If you look at the scenario in the early 50's and earlier, the appearance, physical condition, mental state, behaviour and overall state of affairs of the mentally ill you would organize your stepwise plan of action and stress on cleanliness, nutrition, accommodation, clothing, communication and activity. The 'goal' would not be in view. Climbing the first 4 steps was really an effort due to lack of personnel, funds and the Mind Set. Having reached thus far the next job was hardly ever undertaken. Communication has always been poor. A weak effort was the group therapy sessions,- not the highly professional group therapy of Psychologists but simple" 'What do you say after you say 'Hello'.

But coming to our next step. If is note-worthy that occupation therapy has been in vogue, for a long time before the 50's. In U.K. particularly the stress on work as part of service delivery was very much in practice. "The week days were tolerable - Sundays were difficult".

### Upcoming Events

- Next Care Giver Education Programme(CEP) will be held on the 24th of June, 2017. Twenty three care-givers took part in the (CEP) which was held between Jan to April 2016.
- Maithri awards is scheduled to be held on 2nd week of June,2017.

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We welcome contributions from readers for our next newsletter scheduled in Sep 2017

- Clients who can write personal accounts on Recovery
- Any creative pieces of work from clients

Considering the scenarios during the three decades - 50's 60's and 70's the possible goal planning at each stage are given below:-

The scenario		The Goal
Early 50's Unkempt persons, wandering, muttering, gesturing, talking incoherently - irrelevant with disgusting habits and irritability and aggression	O C C U P A T I O N A L	To make these persons Calm Clean Clean in speech and action Capable of looking after themselves
The Sixties Chlorpromazine working . Patients manageable - Aggression less. Communication possible. Learning to look after themselves.	A C T I V I T Y	Improving on existing improvement. Promote/Organize Recreational Activities and useful engagement
The Seventies Conditions much better Personal Care Communication Behaviours Sleeping/Eating Accessible	C O N T I N U I N G	Improve appearance Self-care (cleanliness-dress etc) Regularize daily activities Discipline Improving Recreation Continue occupation more organised

Occupation was of prime importance and improving on this would be the next goals. One thing we did not consider was that there was a big gap between symptoms improvement and application of residual abilities. Motivation (therapists, patients and family) assessment of abilities and interests assessment of 'needs' to achieve the same training, trials, placement, counselling and follow up with supporting incentives were all necessary. A brief note on 'motivation' would not be out of place here. Psychiatrists are always afraid of pushing the patient too far for fear of inviting a relapse. The patient has the remnants of his regular symptoms and personality problems which need correction. The family after living with an unmanageable patient is content with his/her quite existence and

has no ambitions for the patient. So where is the 'motivation' to work-keep oneself occupied?

The immediate goal of the service provider would depend on the improvements achieved.

The final goals should be continuing from where "life" was left off, empowerment, independence, confidence, integration, social inclusion and 'citizenship'.

We have much to do but making a beginning has been the best achievement so far. Congratulations.

Berrios G.E. and Freeman H(eds) 1991. 150 years of British Psychiatry 1841-1991 Gaskell.

**Hope of Recovery from Schizophrenia**

**Dr.T N Srinivasan**

Rehabilitation Psychiatrist, Hunter New England Mental Health Service  
New South Wales, Australia

Diagnosis of schizophrenia is often mistakenly understood as meaning life-long impairment and

irreversible deterioration in all aspects of life. This pessimism persists despite accruing evidence from world-wide research and positive personal experiences of thousands of people with the illness and their families. This negative attitude weighs heavily against hope and optimism of people with schizophrenia who seek significant and enduring improvement in their lives. The term *Recovery from Schizophrenia* refers to the improvement in the life

of a person and not to merely improvement in the symptoms of the illness like fear, 'voices' and abnormal thinking. It refers to the process in which a person is helped to grow beyond the catastrophic effects of the illness. It is a process that helps a person to live a satisfying, hopeful personal life and also contributing to the family and society. This positive experience can be facilitated even in the presence of symptoms of the illness and the need to take medications.

The process of recovery helps change one's negative attitudes and feelings in one self. It paves the way to bring out the full potential of the individual that lies hidden behind the illness. The whole idea that recov-

ery by a person with schizophrenia is an achievable goal started in the USA in 1970s through a movement spearheaded by people with schizophrenia and their families and is now spreading worldwide. The process of recovery for a person with schizophrenia is not a struggle the individual has to take on alone. It requires understanding and contribution by family, friends and the general community. Support from the treating doctors and other health professionals, appropriate treatment facilities and rehabilitation services in the community, welfare measures and disability support laws and policies of the Government go a long way in helping a person recover from the effects of the illness.

## Compassion Focused Therapy - CFT

**Subhashini Gopal**

*Coordinator-Psychological Services*

*"Love and Compassion are necessities, not luxuries.*

*Without them humanity cannot survive" ~ Dalai Lama*

Compassion Focused Therapy (CFT) was developed by Professor Paul Gilbert to work with people with severe and enduring mental health problems, many of whom had high levels of shame and self-criticism.

CFT is based on the Buddhist tradition which defines compassion as ***"a sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it"*** (The Dalai Lama, 2001). Higher levels of shame and self-criticism are found in people with depression, anxiety disorders, eating disorders, personality disorders and PTSD. Research suggests that in such people the affect regulation system is poorly developed and they find it hard to feel relaxed and reassured. Instead they feel threatened because of the strongly developed threat system which dominates orientation to their inner and outer worlds.

Compassion Focused Therapy is an integrated and multimodal approach that draws from the evolutionary, social, developmental and Buddhist psychology and neuroscience. The main focus of the therapy is to train people to develop their soothing system so that they would feel relaxed and reassured. In CFT subjects are trained to practice the "wisdom of no-blame" which means that taking responsibility for the direction they choose in life is essential, while suffering in shame, social fears and self-blame seldom leads to effective action. We know we didn't choose our place in this world. We didn't choose to have a tricky human brain that is set up with a highly-developed threat detection system and confusing loops of thoughts and actions. We didn't choose our parents, our childhood or the numerous social circumstances of life. By realizing that much of what we suffer with is simply not our fault, we can begin to activate compassion for ourselves and others, as we contact and engage with the tragedies of life. It is important to reinforce ourselves by saying "It's not our fault" when we feel threatened or shameful.

CFT is concerned with three main systems in the brain. They are the threat system, the drive system, the self-soothing system. All of us are hardwired to listen to our threat system. That's how our brain has been evolved millions of years ago. It's very difficult to ignore the threat system. When there is stressful situation, we feel anxious and threatened. We might also feel helpless and confused. We try to cope with this situation by trying to block the feelings, avoiding to go to that situation, some might even take alcohol to numb the pain. But these kinds of coping would certainly lead to unintended consequences like low level of confidence, feeling worse about oneself, and feeling more confused.

### HOW DO WE HANDLE THIS????

We can train the brain to change. We can ease out of this vicious cycle by self-soothing, being compassionate to oneself, by working on our strengths. This doesn't mean that we have to completely take away the threat system but learn to balance the three systems.

Training of the brain starts with soothing rhythm exercise, mindfulness techniques using imagery, compassionate letter writing. By regular practice we develop an inner kindness to ourselves and others. Learning to be compassionate is not always easy, being compassionate to oneself and others might be very difficult. This is normal and remember one important thing -

***"It's not our fault, it's the way our brain has evolved"***

**Note:** We are thankful to Dr. Charles Hamblet, Psychologist, UK who has been providing tele training in CBT & CFT for the past one year through skype. The Skype sessions happen monthly twice on a Monday afternoon 2 pm IST at SCARF. The sessions focus on theory behind CBT, CFT, case discussions, role plays etc,. After every session the reading materials are circulated to all participants. We are grateful to Dr. Sudharsan (UK) for facilitating this for us.

**If anyone is interested in attending these sessions email or contact me in person.**

## Managing the first lifetime episode of Psychosis – a narrative

*C.Sangeetha*

*Psychiatric Social Worker, First Episode Project*

November 2016... S, A 17yrs old adolescent girl, studying in the 12<sup>th</sup> std reported to the OPD with her mother . She had been refusing to go school for over one month .... She told her mother that she was afraid of being harmed by the boys in her class. Her mother was very distraught “ She is my first child.... I want her to study...that is my only wish in life...she should be able to do well and then take care of her younger brothers....!” S was not sleeping at nights, was very irritable, refused to even go out of the home, was seen to be very frightened that the boys from her class would come home to rape her!

The family was very poor, with a single mother and three young children. The mother was the sole earning member. For a whole month, the mother had no clue what was happening to her daughter. A casual conversation with a neighbour (who was taking treatment at SCARF) brought S to the Clinical Services. Initial medical consultations were done and S was started on medications. After a couple of weeks, she was referred to me for psychosocial interventions.

My first interaction with S was mixed. While S refused to talk, her mother was extremely emotional .....She repeatedly beseeched me to convince S to go back to school and be “normal”.

Over the next week, I met S twice ....she gradually started talking ...she said that she was not getting angry as before, but was still afraid. She reported the constant presence of difficult thoughts of the boys in her school. She couldn't concentrate on other activity. She had difficulties interacting with her two younger brothers. She did not involve in any house hold activities. During the next few meetings, I spent time with S - we prioritized two main problems - one her difficult thoughts, which she described as “black” and two, her daily activities.

Using the thought restriction technique, she was asked to fix up some time in a day for e.g.: 2.00 to 2.30pm . Whenever the black thought arose she was to make an attempt to postpone thinking about it till between 2.00 to 2.30pm. She was also asked to maintain a log of all her difficult thoughts. It required a lot of effort to get across the concept of thought restriction. I used the thought log to explain to her on what she should attempt to do.

Using the principles of Mastery and Pleasure, we charted out a plan for routine activities that she could do during the day. Again, there were challenges in explaining to her the need to involve herself in activities. It struck me that I perhaps needed to use other forms of communication and hit upon use of pencil diagrams of tasks - together we drew pictures of activities like sweeping, washing vessels etc. She seemed to be interested in this. Beginning with few tasks initially, this list was built up gradually as the days progressed. In order to improve her interpersonal relationship with her

siblings she was asked to spend 30minutes every day. With her brothers, watching TV with them, or initiate conversation on what happened in their school and so on. She was also asked to go out of her house to temple and shops along with her mother.

Gradually S took an initiative to do her daily activities and could follow her ADL chart. She also started to build relationship with her brothers and started to teach them. As the sessions progressed, S reported feeling bored to stay alone at home for most of the day. I quickly started on a discussion of what she could do outside home - we agreed that she would accompany her mother to her work place - the mother worked as a maid in a few homes - S would go with her and work alongside. In the following weeks, I started exploring her interests. She talked about tailoring - She enrolled into a tailoring class in the neighborhood. This facilitated her going independently and helped improve her communication with outsiders.

### *Dealing with S's mother*

I realized early in the intervention that I needed to spend a lot of time with the mother, She was distressed at the change in her daughter - her dreams for the girl seemed to crumble. Supportive counselling technique- Ventilation was used to allow her to express her woes in life. I further talked to her about the nature of the problem that S was going through. Gradually the mother started noticing the changes in S She was happy to see S doing some work at home and outside. She did need to be persuaded about S enrolling for tailoring - she continued to be worried about S's education, that S's exams were nearing and if she continued to refuse to go to school, she would not be able to take her examinations. And, the mother was also worried that the medications would hinder her performance in studies. The sessions helped Mother to deal with her own emotions better.

Over a period of two months.....

S showed a good deal of interest in tailoring. The initial difficulties in keeping to a routine were dealt with by encouraging her and giving her a positive reinforces. At the tailoring class, she quickly picked up basics. Seeing this, her mother got her a tailoring machine to which she could practice at home.

Although S showed a lot of improvement in her daily activities and communication with others, she still refused to consider schooling. This issue was brought up gently during the interactions - I asked her to come up with five advantages one can achieve on education and five disadvantages of quitting school. She came up with many disadvantages of dropping out of school - she was herself surprised to see the huge difference education could make to her current life. Over 4 sessions, she was motivated to pick up her studies, which she agreed to happily.

Last week, S has got an application for 11<sup>th</sup> std in a different school and is looking forward to going back to school. She continues to take her medications and sees her doctor regularly.

## What is new in the Day Care facility?

**Kiruthika Nanda Kumar**

The Daycare is an integral part of the Rehabilitation services offered at SCARF... in operation over the past 32 years, both as a day care facility and as a Vocational training center. The need to incorporate more structured activities into the routine was a strong need of both clients and the rehabilitation therapists! So here's what is new!

### New Units:

1. Tasty chocolates are made every week by some of our women clients. Some men too have expressed an interest. These are sold in-house.
2. It's summer time - the time to make *Crispies or Fryums* made of rice - also popularly known as *Rice Vadams*. Enthusiastic participation by the clients under close supervision has resulted in mass production - we made enough to sell after in-house consumption.



3. A kitchen garden has been started- vegetables like ladies finger, green chillies, tomatoes, brinjal are being harvested regularly.
4. Decorative items made of coconut shells are the new creative tasks.
5. Wealth from Waste - this principle is adopted to make different model of news paper bags, Doormat by using unusable clothes, and various models of cloth bags.

Thanks to a generous donation by the Thursdays Ladies Club, we now have a sewing machine, a mixer grinder to aid our activities in the VTC. The club had also donated a water heater for use in our Residential facility in the building.

*In the pipeline:* Candle making, ornamental jewelry, rubber wood toy making. These will also serve as a source of self-employment to meet the socio-economic need for clients and their families.



## Domestic chores unit - a new program

**Kiruthika Nandhakumar**

Independent Functioning is an essential feature of an individual's life. Getting through everyday errands and routines can be a challenge for people living with a serious mental illness. Generalization of the skills for use in everyday life occurs when patients are provided with opportunities, encouragement, and reinforcement for practicing the skills in relevant situations. Domestic chores refers to the management of duties and **chores** involved in the running of a **household**, such as cleaning, cooking, home maintenance, shopping, laundry and bill pay. In persons with serious mental illnesses, these tasks become a challenge, largely due to problems with cognition - in this case executive functioning, that is planning and implementation-requiring working memory, mental flexibility, and self-control. Training

and practice of domestic activities can thereby be an important strategy to help improve executive functioning.

Domestic chores activities at SCARF are scheduled on Monday, Wednesday and Thursday at 2.30PM. Clients are assessed for deficits in independent living. Those with a felt need for improving activities at home (as expressed by the family as well) are enrolled. Vocational Supervisor Ms.Renuka and the rehab therapist guide clients in the various activities (like sweeping, swabbing, washing, planning a meal etc). Each training module lasts over 8 weeks. Home assignments are given and the family is asked to supervise. The outcome of this training is to ensure that at the end of the period, clients are able to perform the different domestic tasks independently. Periodic feedback is obtained from both the family and client.



## **"A REALLY WORTHWHILE PERSONAL EXPERIENCE"- COOKING WITH VTC CLIENTS AT DOMESTIC CHORES UNIT**

*Hepsiba Omega Juliet S*

Domestic chores unit attempts to remedy some of these difficulties by encouraging independent living skills, in enhancing quality of life. There are several components in domestic tasks such as cooking, washing vessels, sweeping floor, cleaning, and doing laundry, etc.

### **Second week of domestic chores and my personal experience**

It was my first day at the Domestic chores unit to involve the clients in cooking as part of VTC activity. Cooking gives me immense pleasure and happiness. When I was asked to supervise and facilitate cooking at our Domestic chores unit, I felt very happy but many things were going on in my mind (how to engage the clients, will they listen to me, will they participate and so on...). With self-confidence and motivation, I finally decided to see how it goes. With self-confidence and motivation, I finally decided to see how it goes.

I worked with 7 clients who were in need of learning domestic chores and who had already gone through week 1 of domestic chores activity (basic and simple cooking tasks). Among the 7 clients there were clients who had lost touch with cooking due to illness, and a male client who had aged parents and he had to learn cooking to help his parents, there were some clients who were interested in cooking but did not know to cook.

Green peas was the ingredient of the day. I thought we could make peas curry. Except for a couple of them, the dish was new for the team. Ms. Renuka and I gave them the recipe to prepare the peas curry. Before initiating we discussed the various ways to cook peas curry, some of the clients came up with different methods of cooking peas curry. We agreed on one method using the available ingredients and decided the procedure of peas curry cooking.

The group of clients sat together and peeled the green peas, chatting to each other. There were 2 male clients in the group who helped peel onions

Domestic chores unit at SCARF started on 27<sup>th</sup> January 2017. The clients are chosen for the unit on basis of a referral from the consultant and case manager by doing Independent Living Skills Survey. The activities of domestic chores unit has been structured to gradually improve their skills.

Through the domestic chores various clients also improve their communication, coping, work skills, planning and other cognitive skills.

and chop them, the other 5 female clients were involved in cutting tomatoes, green chillies and coriander leaves and keeping other ingredients ready.

We finally started to prepare the curry by switching on the stove and placing the wok. All the clients were involved from washing the vegetables to handling the stove, as well as cleaning the table and vessels after finishing our cooking. The group was also made to take turns to explain about the cooking procedure every now and then while cooking. Our peas curry was done and it came out to be very tasty.

Our clients were excited and were eager to taste it, Our clients were excited and were eager to taste it and we shared it with all our VTC clients. We also shared it with some of our staff; clients were happy when they received positive feedback from them. I observed good interaction between the clients during the activity. A client who usually is withdrawn came into the unit and observed what was going on which was indeed a big step for her. Clients felt real joy in cooking as it was made interesting and participatory, and it was also a kind of recreation activity as they had fun while cooking.

Cooking is indeed a soothing therapy.

I realized the practical aspects of the activity made it interesting to the clients and they were willing to follow instructions. I was able to understand the capabilities of the clients. The clients' participation and excitement made me feel real good. It was indeed a worthwhile experience for me and relaxing working with the happy hearts.



## Women's day celebration in Bhavishya Bhavan

### Kalaveena

Worldwide, women continue to contribute to social, economic, cultural and political achievements. Same time the progress towards the gender parity has slowed down in many places. Women continue to have a long way to go to guarantee equality and fairness throughout society. Education, health, safety, and economic security remain big challenges that women around the world are still facing each and every day. It is also a day of awareness for the hurdles that are still to be surmounted. Keeping this in mind, International Women's Day was celebrated at Bhavishya Bhavan our residential centre for females on 8<sup>th</sup> March for the first time.

As a part of this celebration five activities were organized. Our main aim was to enhance and encourage client's talents. Competitions like drawing, story writing and essay writing were held a couple of days before the International Women's Day. The theme was 'Why I am proud to be a woman'

Drawings and essays were judged by the Consultant at Scarf.

On 8<sup>th</sup> morning Rangoli competitions were conducted. Sixteen clients participated enthusiastically followed by pot breaking game. There was a musical concert by three young men from a reality show. Their performance was highly enjoyed by our clients and joined in the singing.

TV artists Mrs. Vijaya Lakshmi and Mrs. Rohini were the chief guests for the day. Program started with a prayer song, Chief guest Rohini sang the prayer song, followed by welcome address by client Jasmine. Clients showed their talents in singing, reciting jokes etc.

Mrs . Vijayalakshmi and Mrs . Rohini were very encouraging and motivated clients towards their recovery and well being. Prizes for the events and competitions conducted were given away by the chief guests. Music was played, clients started dancing, chief guests also joined them and finally the program concluded with inspiring vote of thanks by client Dhanalakshmi .



## Annual National conference of Indian Society of Professional Social Work (ISPSW)

### Sonia Sims

Jainey, Kiruthika and I participated in the ISPSW conference at Chandigarh. It was a great opportunity to share our work with peers from other parts of the country.

Here is a report :

All three of us spoke at a symposium titled, "Psychosocial Rehabilitation- A SCARF experience". The presentation focused on the need for psychosocial rehabilitation, and its role in playing an integral part towards recovery of individuals with severe and enduring mental illness. The experience of delivering rehabilitation for outpatients as well as patients who are admitted or attending the daycare facility at SCARF was detailed to an audience of mental health professionals involved in rehabilitation. The presentations were followed by an active question and answer session.

Attending the conference also helped us understand and have a broad overview on different concepts and methods of treatment provided by other practitioners in the field of mental health.

There were some interesting presentations. Dr. C. Ramasubramanian of M.S Chellamuthu Trust and Research Foundation Madurai, Tamilnadu, emphasized the need for Community based Rehabilitation. He provided examples of how his organisation conducted awareness programs in renowned clubs. He highlighted a comprehensive mental health program that was set up as an outpatient clinic within the premises of a temple for pilgrims seeking religious remedies for mental health with active support from religious leaders.

Mr. Larry Brendtro from USA presented on the "The resilient brain :from trauma to transformation" where he highlighted safety, belonging, achievement, power, purpose and adventure as 6 brain based growth needs that are a foundation of positive youth development.

Overall the conference was a good learning experience for us where we also received a lot of appreciation from senior practitioners in the field of mental health including DR.M.Raganathan, Prof B.S Chavan and Prof D. Muralidhar.

It was a privilege to have attended and presented at a well organized conference alongside renowned speakers.

## THE STRENGTH PRESPECTIVE

*Sonia Sims*

Who do you admire? And why?

Think about this: maybe the reason you admire a person is because you either already possess or hoping to possess the “quality of strength” that you see in that person. This means that you already have the same “strength” or you are working towards it, which I think is a good thing.

Everybody has strengths! What many lack is the realization of it.

Some people on an everyday basis, especially some who work at a health care facility often knowingly or unknowingly tend to focus on what’s missing? Or what should be fixed? Or the problem? Maybe we all need to renew our perspective, and focus on what resources are available? How shall we use and solve it? This is called “THE STRENGTH PERSPECTIVE”.

It is where a person explores through discomfort and stretches to think and experience differently. Strengths can be one’s values, competency, skills, resources, aspirations, opportunities- that lie within the person or in their environment.

It is important for a person or a therapist to help the client identify and use these strengths to solve difficulties, because let’s face it, all have some difficulties in certain areas. These difficulties often tend to bring fear, but when we focus on our strengths the fear slowly loses its power.

So let’s remember strengths are bigger and we need to start to identify and constantly be aware of them so we can use them whenever we need. The first step towards this is to assess our strengths. Strengths are dynamic in nature and grow and increase based on

the individual and their environment.

The strength assessment (The strengths model: a recovery-oriented approach to mental health services - Charles A. Rapp, Richard J. Goscha, 2012, Oxford University Press, New York)

Is a tool that helps us to gather information, to amplify the good and make it better.

The assessment is unconventional, detailed and specific and its process is non-intrusive, conversational and usable at one’s own style and at an individual’s own space.

The assessment has 7 life domains, which are daily living situation, finance, vocation/education, social support, health, leisure/recreation and spirituality.

Under each domain lies a set number of positive questions that help focus on the past resources, the future aspirations and the current status of each specific domain.

This helps the individual or therapist to assess in detail the person’s strength in all areas of life. With further planning and implementation of these strengths in an appropriate manner one can grow into betterment.

The assessment also improves one’s self esteem and confidence and helps one face life with positive reality. In a clinical setting the client becomes a co-therapist, where he/she learns to become aware, plan and work towards their own wellbeing and recovery.

(From the workshop on “Capacity building on Strengths Perspective and assessment” at NIMHANS - conducted by Ms.Srilatha Juvva and Candice Menezes).

## Job fair 2017

*PSR team*

Job fair, a novel initiative of SCARF India led by the department of psychosocial rehabilitation was held on 23<sup>rd</sup> of May 2017 in SCARF. Nine employers from different sectors (construction companies, supermarkets, printing press, petrol bunks and restaurants) volunteered to attend. Seven employers attended in person and other two were willing to consider candidates screened and referred to them. Thirty five persons attended the job fair. We are delighted to report that 11 of them were offered jobs on the spot and 4 more are awaiting placement.

The occasion was graced by Dr.Sarada Menon whose presence gave positive energy to all the young workers at SCARF to work harder. Dr.Shantha Kamath and Dr.T.N.Srinivasan spoke

about the role of employment in recovery and gave away the Aadhar awards for the best employers of the previous years. Employers who have provided jobs to people with mental illnesses in the past spoke positively of their experience.

Running from end to end in the hot sun, meeting employers did not go in vain when we saw the smiles on the faces of the candidates when they were offered a job. We are hoping to contact other employers suggested by the attended companies to look for job opportunities for the others.

The PSR team intends to stay in contact with the employers and the placed candidates to support and troubleshoot any issues that may come up in the employment.

We profusely thank Dr.Mangala who was the brain behind this successful event.



## Can Volunteers help in PSR?

**Lakshmi Venkatraman**

In a country where mental health facilities are limited and trained mental health professionals are few - there is a strong need for enlisting the help of people who are enthusiastic and have the time, energy and skills to contribute to better the lives of people with mental illnesses. Some of them (eg., Seva 'Pop-up' cafe, see below) show their compassion through food. Providing friendship/companionship, teaching vocational skills, supporting them to go out and about are some of other ways in which volunteers can add

value to a person's life. SCARF receives offers from people willing to volunteer. We should actively encourage their participation and seek out for more such people.

Whilst anyone can volunteer their resource, Peer support volunteer is a concept that has been taking root in mental health field. Any individual living with a disorder with a desire to live life in long term recovery and offer their time and support to others can be a peer support volunteer. Gujarat has successfully trained peer support volunteers and are successfully implementing this program there. The PSR department is hoping to do the same at SCARF too.

### SEVA 'POP-UP' CAFE, CHENNAI

**Simran - A volunteer who simply likes being a part of this concept**

Have you ever been to a restaurant where your food bills have already been paid by someone else who had eaten there prior to you? Your food bill has not only been paid, but the food has been served to you as your parent or another loved one would have served you at home - full of love, care and compassion. Does it sound too good to be true?

Seva Cafe is an experiment in peer-to-peer generosity. The 'pop up' avatar is a spin on the original version in that here we set up and create the Seva cafe experience at an existing orphanage, old age home or a destitute facility. The idea is to speak the language of love through the medium of food. To express gratitude in the form of compassion. To internalize humility through giving.

Inspired by the 'payit-forward' basis method of serving food, Yogesh Parmar, Kunal and Rudresh, gave shape to the Seva Café endeavour about a year ago and with a lot of gratitude and with the help of the many volunteers and guests, tried bringing a different experience to the underprivileged people at five places so far.

Seva Café team dishes out the kind of food one would have in a restaurant. We wanted to bring the café feel and connect to people who cannot otherwise visit such places. The seva café team tried giving these very kind people a pleasant surprise as the team took over the kitchen, decked up the premises and engaged the men and women with games and other activities while preparing delicious delights. Raw mango mint cooler, fresh raw banana chips, kachori (our show's topper), tava pulav, curd rice and oreo chocochip ice-cream were some of the items made by our team at the latest edition of seva café chennai for the very dear people at SCARF India, Annanagar.



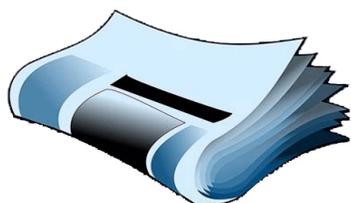
### Journal Club

**Ms. Jainey Joseph**

*"If you have knowledge, let others light their candles in it"*  
~ Margaret Fuller

Journal club has been a regular event for the dept of PSR happening every 2<sup>nd</sup> and 3<sup>rd</sup> Fridays of the month. The sessions are lively and relaxing discussing varied aspects related to psychosocial rehabilitations. The topics discussed in the journal

club from January till May 2017 were evaluating psycho-education program for schizophrenia, Cognitive Rehabilitation and the putative role of motivation and expectancies for Schizophrenia, Social Skills training, strengths-based approaches, music therapy and vocational rehabilitation. If anyone of you come across interesting PSR related article or would like to present an article at the Journals Club yourself or if you want to attend please contact Jainey Joseph, PSR coordinator. (jaineyjoseph@scarfindia.org).



**JOURNAL CLUB**