

Endeavoring Synergy with Mental Hospital

Report of Parivartan's Work in the Regional Mental Hospital,
Yerawada, Pune

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Introduction

Mental disorders have become an issue of growing concern in India, in past few years. Besides the Government run mental health services, rapidly increasing private sector and the NGOs are also taking efforts to improve the care of people with mental illness, across the country. Despite of the changing scenario in the field of mental illness still there remains huge treatments gaps in the service delivery for persons with mental disorders. On the one hand there is rising need for such services and on the other hand there is lack of adequate mental health professionals and facilities to meet the demands. Though government is trying to address this issue through enterprises such as National Mental Health Program (NMHP) and District Mental Health Program (DMHP) the accessibility, availability and affordability of mental health services still remain major challenge in most parts of the country.

In India, mental hospitals have been one of the major mechanisms of mental health service delivery system, till date. Though the government is taking initiative for better implementation of NMHP, the role of mental hospitals in the mental health service delivery system continue to be neglected. In the changing era of community psychiatry, there is an urgent need to reframe the role of mental hospitals from the treatment delivery mechanisms for persons with severe mental disorders to broader role in the treatment delivery for all type of mental disorders. There is also a growing need of the reorganization of the services provided by the mental hospitals. The treatments should be less restrictive and more proximal to the community. The restrictive nature and isolated presence of mental hospitals in mental health delivery systems have been the major challenges for the efforts of reframing their role in the broader context. The closed atmosphere of mental hospitals has created multiple entry and exit barriers. So, many of those who need treatment remain untreated and despite the recovery many still cannot be discharged.

There are about 37 such government run mental hospitals in India. This report is about Parivartan's work with one such hospital, Regional Mental Hospital, Yerawada, Pune. In this report we aim to describe the process of an NGO's involvement with mental hospital, focusing on the challenges we came across and the insights we learned.

Box:1

Regional Mental Hospital, Yerawada: at a glance

- Asia's biggest mental hospital, spread over the area of 75 acres
- Established in 1907 in Colaba, Mumbai and in 1915 was shifted to its present premises
- Bed strength of the hospital is 2540, current occupancy is 1700
- 12 full time psychiatrists, one psychologist, 12 psychiatric social workers, 10 occupational therapists
- The hospital caters mainly to the people residing in adjoining 8-10 districts with the population of around 2 crore.
- Daily around 80-90 patients are catered in the OPD of the hospital.
- As an outreach program, the psychiatrists of the hospital visit the rural hospitals in 12 Talukas in Pune district where they assess and treat the patients.

The Saga of NGO interaction with Mental Hospitals

By and large the history of the relationship between mental hospitals and NGOs is of collision. Many NGOs by taking confrontative approach question and keep raising issues like the quality of care, violation of human rights in the mental hospitals. Although such voices have proved effective in mobilizing higher authorities to pay attention to the mental health issue; at the hospital level, it many times has led to a disapproving feeling in the staff, resulting into a negative attitude about the NGOs. This also leads to further obstacles in establishing a dialogue between the hospital staff and NGOs. Still some NGOs manage to work with the hospital outside the hospital campus, on different projects. 'Parivartan' is one of the few NGOs working in collaboration with the hospital, hoping to reframe their role in mental health service delivery system.

Rationale for Collaborative Approach

In Parivartan one of our major objectives is to help people with mental illness and their family members. In this context the Regional Mental Hospital, Yerawda, is an appropriate setting since it provides services to the massive number of people. In addition, it is strategically important place as larger amount of budgetary allocations go to the mental hospitals. So any reforms in the mental health system can be brought about by converging with the mental hospitals. Secondly, mental hospitals are one of the major implementing agencies for any positive change in the government policy on mental health. Therefore, it is vital to understand the complex system and have a healthy rapport with the staff to make those changes a reality.

Taking cognizance of the above things it was our internal need to make the work situation a better place. And thus we decided to choose a collaborative approach by envisaging the long term gains of this stance and began our work from July 2008.

Activities

♣ **Psycho-education Groups with Patients and Caregivers in OPD**

Purpose: To help people understand mental illnesses, their treatment and to provide them a platform to share experiences, problems, ask queries.

Activity: We began with conducting group meetings of the persons who avail the Out Patients Department (OPD) services. The focus was on psycho-education which would include topics like the nature of illness, identifying early signs of relapse, role of treatment, importance of adherence to treatment and how caregivers can contribute in the recovery. Usually 20-30 people used to attend these meetings. Such short meetings used to be stimulating as participants would ask questions about their relative with mental illness.

♣ **Inpatients' Group**

Purpose: To get to know the inpatient population and explore possible areas of work.

Activity: Slowly we shifted our focus to the inpatients and started taking weekly groups of inpatients. Many of them are long stay patients. The groups are not tightly structured, but we emphasize on letting things evolve and we believe that what patients want to tell us is more important than what we want to tell them. We conduct activities like singing, yoga, drawing etc. We also facilitate discussions on various topics every time between our team, the patients, and the staff. At times they share with us their emotional state or about the disturbing thoughts and also about their experiences at the hospital. Many patients who attend our group are stable and functional. But at time patients with symptoms also wish to attend the group or wish talk to us individually. And of course we respect their wish. We also interview the patients who get admitted repeatedly.

♣ **Pre-discharge Counseling for inpatients**

Purpose: To discuss with the patients how to maintain recovery when they would be discharged from the hospital.

Activity: In these groups try to convey the points such as nature of illness, importance of adherence to treatment, signs of relapse and ways of handling stress.

♣ **Interactions with Staff**

Purpose: To understand the staff dynamics.

Activity: Management of 1800 patients with the staff of 1000 is a mammoth job. Understanding staff dynamics is crucial while working inside the hospital. So we began with interacting with the staff to understand the system, its functioning, their problems and also explaining them what we aim to do. It helped us to accelerate the process and to create a healthy work relationship with them. Many of the staff members appreciate our work and willingly share with us their ideas for effective recovery. Sometimes when a staff is transferred to another ward, they request us to start our activities in their new ward as well.

♣ **Efforts with the Hospital Staff to Help the Family Accept the Patient**

Case History: A middle aged married woman, from Pune, with severe mental illness was admitted in the hospital for the symptoms like suicidal attempts, swearing, fights when things don't happen the way she wants, stubbornness, sleeps in the day and works at night, cleaning, wants to be very rich, threatens to commit suicide.

Intervention: This patient always used to talk to us and from that conversation we learnt that the patient wanted to go to her husband but her husband wanted her to stay with her mother. From the staff we came to know that the husband is reluctant to take her back despite her recovering well. Coincidentally, when her husband visited her in hospital, the ward nurse requested us to speak with him. He told us that it will be preferable if she stays at her mother's place in Konkan, till their daughter's 10th std. gets over. Also he didn't want his wife to stay alone at home, since she has attempted suicide previously, when his is at work and children in school. Then we initiated a joint meeting of her family with ward Psychiatrist, Nurse and Social worker. The husband agreed and the meeting was attended by him, patient' mother and aunt. Psychiatrist gave them an orientation to the nature of illness and suggested them to take patient home for her improvement/ betterment. At the end of this joint session, it was mutually (by patient and family) decided that the patient will stay with her mother for a year and then come to her husband's place. In the mean time, husband and children will visit her time to time and also take care of her medication.

The patient is now staying with her husband and children and is still no re-admitted in YRMH. She regularly takes medicines and visits hospital OPD. Her health is maintained well.

♣ **Efforts to Prevent Readmission**

Case History: A 24 years old female from Parbhani was admitted in the hospital a year back. She stays with her father and has been suffering from mental illness for last 8 to 10 years. She was admitted because of the complaints of mumbling, irrelevant talk, frequent sexual thoughts and talk. She would keep talking about men in her life and 2 of them were her brothers whom she had a sexual interest in. She would get angry easily, once got violent and threw all the utensils here and there.

Intervention: We had a well established rapport with her. At the time of discharge, we assured to help her through phone call if needed. Now she keeps a record of her "unwanted" thoughts as per discussed with us previously when in RMHY. She also updates us with the latest development of her health. She calls us and reports what she is going through, its duration, whether it is manageable or not and asks our advice. She can now realize the discrepancies between the reality and her thoughts. Whenever she cannot help herself calls to seek help.

Lessons Learned

- » Our experience during this period reinforced our fundamental belief that a collaborative and non-judgmental approach is the key to create trust in the minds of the hospital staff which in turn will aid in bringing about change.
- » Along with adequate training, careful planning of incentives and recreational activities for the staff is needed as their work is mentally very exhaustive.
- » We realized that the hospital staff is very well aware of the issues related to patients, and also tries to take initiatives to resolve them. However, due to various reasons like complexity of the system, sheer enormity of the problem, they at times get de-motivated. In such case, an NGOs role could be to help them to take sustained efforts and to mobilize outside support to resolve the problems.
- » We identified that within 1800 patients, there are two major classes patients namely patients staying for longer periods in the mental hospital and another group is of patients who get repeatedly admitted in hospital.
- » To reduce the number of both these groups, taking measures such as making post – discharge care system, and community supported centers available would be helpful.

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