



BEST PRACTICES IN SOCIAL WORK IN FOSTERING MENTAL HEALTH - PARADIGM SHIFT AT NIEPMD

Social Science

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ABSTRACT

Social work professional is a group of professionals who provide their services in diverse areas by bridging the gap between the clients and the community. The social work profession is committed to maximize the wellbeing of individuals, families, groups, communities and society. We consider that individual and societal wellbeing is underpinned by socially inclusive communities that emphasize principles of social justice and respect for human dignity and human rights. NIEPMD, a national resource centre established by DEPWD is working towards generating new knowledge and promoting its effective use to improve the abilities of individuals coming under different categories of disabilities, also covering mental illness. NIEPMD Department of Social work has developed convergent best practices to foster mental health such as: Client situation analysis, shared decision making, Individualized family service programme, Group dynamics development, Empathy development, legal capacity development programme and Community Based Inclusive Development programme. This paper provides a brief sketch on the above said practices, which have been objectively made and the evaluation is done based on the outcome indicators promoting a belief that it fosters mental health.

KEYWORDS

mental illness, social worker, practices.

INTRODUCTION

Social work as a profession is often misunderstood because of its nature. People often use the nomenclature of social work as "to work for the society", however it is much professional and has emerged as an established discipline. Professional social workers have a broad and diverse area of work. As persons with disabilities require services such as financial assistance, assistance for the provision of assistive devices, assistance for fulfilling the various therapeutic needs of persons with disabilities and all these can be undertaken by the social worker by being a bridge between persons with disabilities and the community. No matter how much we work on the rehabilitation and empowerment, awareness is something that has to be provided by the social workers all through by advocacy. India moved from the India Lunacy Act 1912 to Mental Health Care Act 2017. Similarly providing services to people having mental illness by being restricted to few isolated delivery of services, to reaching out beyond the comfort zone of many of the psychiatric institutes. We all know that NIMHANS, CIP Ranchi are institutes of excellence in the field of mental illness; recently the Department of Empowerment of Persons with Disabilities (DEPwD) has established and National Institute of Mental Health and Rehabilitation (NIMHR) near Bhopal. The recent report published in the Hindu has reported that India had a higher prevalence of mental disorders and depression and anxiety are the most common mental disorders (The Hindu, 24.12.2019). The census data of 2011 reports that 722826 persons are identified as having mental illness which is 2.7 % proportion of population of PwDs by type of disability.

What the literature says?

SHAH A J, ET.AL (2010) has studied **Psychological Distress in Carers of People with Mental Disorders** where they described that families of people with mental illness bear the major responsibility for such care. Carers face mental ill health as a direct consequence of their caring role and experience higher rates of mental ill health than the general population. The production of burden in carers is a complex process and is related to gender, age, health status, ethnic and cultural affiliation, lack of social support, coping style, in addition to the stressors of the disorder itself. Carers appear to suffer from at least moderate levels of psychological symptomatology. The behavioural problems associated with mental disorders further increase the stress levels of carers and lead to unconscious hostility and anger. The findings suggested that distress leads to negative effects on the quality of life of the carers and the standard of care delivered.

RAHMANI, ET.AL (2014) in the study of the **Effects of group psycho educational programme on attitude towards mental illness**

in families of clients with schizophrenia describes that the family members often play a vital role as care giver in the life's of individuals with schizophrenia; result of the study shows that family environment is the most important determinant of client

outcome like quality of Life, relapse and adherence. The families received continuous group work session on psycho education. The result showed that majority of the families had negative attitude towards mental illness and also the study indicates that the psycho education improves family attitude towards mental illness.

G. I. SZMUKLER, ET.AL (1996) conducted a study **A controlled trial of a counselling intervention for caregivers of relatives with schizophrenia**. This study assessed the value of six weekly sessions of counseling for key relatives of clients with schizophrenia. The counseling had educational and problem-solving components and was conducted in the family home in the absence of the client. Relatives in the intervention group reported that they could understand the client better and had a more positive relationship. There were no differences between the intervention and control groups on negative aspects of care giving or in coping style. Relatives who received the counseling reported slightly greater psychological morbidity at follow-up. It was concluded that a brief, intensive counseling intervention was of modest benefit to caregivers.

Joshi B R conducted a pilot project on CBR for **Inclusion of People with Mental Illness** in 2004, in the State of Gujarat, India, for the rehabilitation of persons with mental disorders in community settings, along the lines of the CBR model. The state government, in collaboration with the Royal Netherlands Embassy, selected the Blind People's Association (BPA) to design and implement the programme. Working closely with NGOs and local communities, this private-public partnership established referral links with government hospitals to provide medicines and counselling to affected persons. At the end of 18 months, 1206 people (diagnosed with schizophrenia, mania, depression and epilepsy) had accessed psychiatric services on a regular basis, and 272 people had recovered and resumed their earlier occupations. As a result of the pilot project, it may be concluded that rehabilitation of people with mental illness is possible outside the hospital settings also.

Paradigm shift

The Department of Empowerment of Persons with Disabilities (Divyangjan) established National Institute for Multiple Disabilities (NIEPMD) (Divyangjan) as an apex body resource centre in multiple

disabilities. NIEPMD in its 12 years of existence has aspired to provide equal opportunities not only to individuals with multiple disabilities but also for people having mental

illness and social workers have played an important role. With a team of qualified and experienced social workers, in collaboration with experts from other disciplines of disability management, the Department of Social work has developed convergent best practices such as; Individualized family service programme, Group dynamics development and Empathy development, said practices using the methods such as Counseling, Management plan, Schemes & Programmes, Instillation of hope, Leadership programme, Behavior management programme, Psycho-education on Expressed Emotion and illness, have been objectively made and the evaluation of which is done based on the outcome indicators like enhancing coping skills, facilitating behavior change, promoting decision making skill and stress management, optimism, leadership skill, interpersonal skill, social skill, acceptance, altruism and knowledge on expressed emotions and empathy and also skills to manage to persons with mental illness. By implementing these practices, the social worker facilitates linkage between the client and the community resources which is definitely a paradigm shift and provides the opportunity for fostering positive mental health. The social worker plans and executes programme and events to ensure empowerment and equality of Persons having mental illness and is regarded as a topmost agenda for the families, peers, community and the stakeholders.

Government of India launched the National Mental health programme (NMHP) in the year 1982 and adding the district mental health programme in the year 1996. By 2003, modernization of state mental hospitals and upgrading the psychiatric wings of medical colleges and general hospital wings, the human resource development was added later in the year 2009. But still as reported in the 2017, mental disorders have taken a major lead among the population within the country. During the year 2019, the DEPWD had directed all the major National Institutes to observe a week on Mental Health and organize seminar on fostering mental health among the individuals. But rather than organizing for a week, these programmes should be a continuous part of the rehabilitation and empowerment of persons having mental illness.

What is a best practice?

It is a technique or methodology which provides reliable results based on thorough experience and research. Social workers a highly trained professionals practicing directly by employing various intervention methodologies, educational programmes with a commitment to work to help people come out of their individual difficulties and social disadvantages. Professional social workers diagnose and respond to conditions of mental health by counselling and by using family intervention services.

NIEPMD soon after its initiation of services started registering people with mental illness. Mostly the clients who were registered were having psychosis (schizophrenia, Bipolar and Depression) as majority, the graph below explains people registered with mental illness and how the number increased.

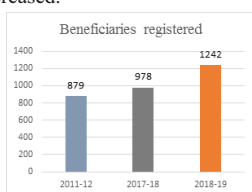


Table 1: Beneficiaries registered at OPD, NIEPMD

Though beneficiaries were registered from the year 2005 but here only significant number of beneficiaries registered is mentioned to show the increase in number of people having mental illness.

Best practices used for fostering mental health;

1. Client situation analysis

Accurate information and need of the clients were analyzed as part of a preliminary phase by collecting information about clients presenting complaints, past medical history (ante, intra and post natal history, history of previous treatment and measures taken for the remedial), personal history (childhood history, educational history, occupational history, marital history), Family history, family resources

and culture, verbal ability, premorbid personality, mental health status, primary mental functions, priorities, concerns and commitment for the development of the person with mental illness by using the Social Case work method. Based on the condition and need of the clients they are referred to other departments for further assessment.

2. Shared decision making and integrated plan of action

Integrated case assessment format was used by multi-disciplinary team to assesses the clients condition and to addresses the problems in detail. Also the Department of Social Work organize clinical conference were the members of multi-disciplinary team, client and their parents will discuss about the client's condition and options of treatments available for that condition of the client and during the clinical conference client's preferences will be in front line based on that, the team will plan an integrated plan of action for further treatment and improvement.

3. Management plan

After the assessment, the department professionals educate the parents/caregivers about the condition the client and explain the management plan to avail the services at NIEPMD as well as the home programmes such as home work for parents/ caregivers to monitor and document the activities of the person with mental illness to measure the level of improvement. If there are any clients from out of station, we will refer them to avail services in the nearby organizations working for persons with mental illness.

4. Individualized family service programme

Individualized family service programme includes assessment of family, family resources, priorities and concerns and identification of family preferences, support and services necessary to enhance the families' capacity to meet the need of the mentally ill person/ clients such as

i. Counseling for family members

Families having people with mental illness have lifelong reality problems hence we explain them certain coping strategies like altering expectations and ameliorating the condition to motivate them and to build a positive attitude in them. Counseling, aids an individual to solve his/her problems through the media of interview and hence department professionals spend adequate time with the client's family and counsel them about the condition, enhancing coping skills, facilitating behavior change, promoting decision making potential, improving relationship and also to enhance the family functioning by reducing stress of the families who have people with mental illness.

ii. Resilient family development programme

• Family Cottage Services

The services of family cottage are provided to the out station clients, who seek NIEPMD for services. This facility is provided on an appointment basis and it is availed by the clients for a period of 7 to 10 days. This provision gives the clients and their family to reside at NIEPMD campus for a short-term period, helping the client to get assessed, counseled and to plan the home-based programs as per the recommendations of the professionals.

• Respite Care Services

Respite is "Provisional relief for caregivers from the ongoing responsibility of caring for an individual with mental illness". Although respite allows family care giver take a short pause from their continues task as caregiver while loved ones continue to be cared for at home or in safe, meaningful and suitable community settings. It also aims at creating opportunities for family members to get respite time in order to full fill other responsibilities.

iii. Benefits and concessions

The department facilitates the clients diagnosed with mental illness for certification to avail various benefits and concessions of the State and Central government. This is termed as another best practice as we follow the protocol of convergence with the Government machinery.

5. Group Dynamics Development

The group process contains the secret of collective life. It is a key to democracy, it is the master lesson for every individual to learn, it is our chief hope for political, the social and the international life of the future.

- Mary Parker Follet (Smith, 2002)

Group Dynamics Development leads the parents/ caregivers/ group member to create an association of parents for the welfare of both clients as well as their families to fulfill the basic needs of the people with mental illness as like others by conducting various group work sessions on the themes such as instillation of hope, leadership programme, Behaviour management programme and universality to improve optimism, leadership skill, interpersonal skill, and social skill. Initially parents/care givers of people with mental illness are hesitated to take them out for the social functions and social gatherings. It is easier to change individuals formed into group than to change anyone of them separately. After the series of group work session, they started to take the persons with mental illness for social functions and gatherings without any hesitation. Group dynamics development programme also help the parents/ group members to manage their stress and **develop cohesiveness** which in turn gives members a sense of acceptance, belonging, value, and security.

6. Empathy Development

Empathy development is a platform for the parents/ caregivers to learn about the illness that they share providing information about mental illness such as Bipolar Disorder, Depression, Panic Disorder or Neurological Illnesses is an important aspect of experiencing empathy development. Also the empathy development Unit helps the members to recognize variations in the illnesses.

Empathy Development Unit motivates he parent / caregivers who had a success in caring person with mental illness will share their experiences. Through that the other parents/ caregivers were motivated to empathize the persons with mental illness. It develops altruism among parents/caregivers to gain a sense of value and significance by helping others and also improves tolerance in them by teaching the importance of Expressed Emotion (EE). Expressed Emotion (EE) is a qualitative measure of the 'amount' of emotion displayed towards a psychiatric client, typically in the family setting, usually by a family member or care takers. Sometimes, negative attitude directed at the client because the family feels that the disorder is controllable and that the client is choosing not to get better. Problems in the family are often blamed on the client and the client has trouble problem solving in the family. The family believes that the cause of many of the family's problems is the client's mental illness, whether they are or not. In some cases, emotional over-involvement when the family members blame themselves for the mental illness. These family members feel that any negative occurrence is their fault and not the disorders. The family member shows a lot of concern for the client and the disorder and show that the family member is open minded about the illness, but still has the same negative effect on the client and also the pity from the relative causes too much stress and the client relapses to cope with the pity.

7. Legal capacity

According to Mental Health Care Act, 2017 every person with mental illness has the capacity for rights and the capacity to act. It enables the person to choose where and with whom they want to live, to make an advance directive, to vote, to access health care services, to defend their rights, to make decisions, etc.,. The law aims to ensure that persons with mental illness receive dignified treatment and are not subjected to discriminatory practices while availing rehabilitation in health care institutions. Section 5 enables persons above the age of 18 years to make advance directives on the mental health care they should receive in the event they cease to have capacity to make such decisions. They can also appoint persons who will act as nominated representatives on their behalf to make decisions on treatment and admission into medical institutions. The Act emphasizes on taking the informed consent of the person with mental illness and the nominated representative, as the case may be, before performing any treatment. Also the article 12 of UNCRPD recognized that the person with mental illness have the legal capacity on an equal basis as like other normal persons. Department professionals educate and guide the parents about the legal capacity and help them to appoint a guardian legally by conducting Legal guardianship camp and legal capacity building programme.

NIEPMD has established in built exercises for legal capacity building by having an independent Parent Advisory Board for each of its services and also offers ongoing support to NIEPMD Parent Association which is a registered parent body.

8. Community based inclusive development programme

Persons with mental illness such as schizophrenia, mania and

depression are discriminated by members of their family and the society. To address the problem of stigma and to reduce discrimination professional creates awareness at the local community level.

As part of community based inclusive development programme Home visit play a major role for people with mental illness. Professionals visits people with mental illness at home and gave them training in the activities of daily life, behavior management strategies for parents, social and communication skills. As a result of the programme family members were involved in the activities given by the professionals continued with the follow-up, and the acceptance of the family members of the persons with mental illness and their participation in community work gradually increased.

1.1 STRATEGIES AND ITS OUTCOME

Summary

The social work profession is committed to maximize the wellbeing of individuals, families, groups, communities and society. Professional social workers have a broad and diverse area of work in mental health care. Professionals in department of Social work in NIEPMD has developed convergent best practices to foster mental health such as; Client situation analysis, shared decision making, Management plan, Individualized family service programme, Group dynamics development programme and Empathy development, legal capacity development programme and Community Based Inclusive Development programme. The social workers plan and executes programme and events to ensure empowerment and equality of Persons having mental illness in the family and community.

Recommendations

- The effective community based mental health practice can be achieved through private public partnership.
- Compulsory mental health promotion activities and events in all government and private institutions with the help of professional social worker (schools, colleges hospitals, manufacturing companies, MNC's, etc.,).
- Mental Health education should be given to every citizen twice a year by PHCs and UHCs.

Future plan of action

Economic rehabilitation unit for adults with mental illness which will develop employment skills and provides dignified employment opportunity and also reduces the financial burden can be a plan of action in collaboration with the Department of AIL of NIEPMD.

Acknowledgment

The authors would like to acknowledge the guidance from the Director, NIEPMD and HOD, Social work and also the parents/caregiver and the clients for their input in framing the best practices.

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Conflict of Interest: None

Strategies	Methods	Outcome
Client situation analysis	• Social Case Work	It helps to know the complete history of the client.
Shared decision making and Integrated plan of action	• Clinical case conference	Integrated plan of action.
Management plan	• Management plan (Referral / Psycho-education about treatment Plan)	Insight about the clients condition and decision making in treatment plan.
Individualized family service programme	• Counseling • Schemes & Programmes 1. Schemes & Programmes provided by the Government. 2. Programmes by the NIEPMD I. Family Cottage Services ii. Respite Care Services	It enhancing coping skills, facilitating behavior change, promoting decision making skill and stress management. Insight about schemes and programmes.

Group dynamics development programme	<ul style="list-style-type: none"> • Instillation of hope • Leadership programme • Behavior management programme • Universality 	It improves optimism, leadership skill, interpersonal skill, and social skill and also skills to manage to persons with mental illness.
Empathy Development	<ul style="list-style-type: none"> • Psycho-education about the illness and Expressed Emotion 	Acceptance, altruism and knowledge on expressed emotions
Legal capacity	<ul style="list-style-type: none"> • Domain Specific parent training programme • Resilience development programme • Positive psychology development programme 	Helping the parents to evolve with innate capacities
Community Based Inclusive Development Programme	<ul style="list-style-type: none"> • Outreach programmes • Home visits 	Reduces stigma and discrimination and increases acceptance, community participation and regular follow up.

9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4866341/>
10. <http://dcidj.org/article/view/177>
11. <http://prsindia.org/uploads/media/Mental%20Health/Mental%20Healthcare%20Act,%202017.pdf>
12. The Hindu and Times of India article dated 23rd Dec 2019.

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