Mental Health Pilots & Research : 2003-2006

(Supported by Government of Gujarat and The Royal Netherlands Embassy)

Capacity Building of Hospital for Mental Health in Rehabilitation Activities

[A Pilot Project]

Volume III

Case Studies

दान दे वरदान दे

Centre for Action Research and Developmental Studies

Vardaan Foundation

Vadodara, Gujarat. INDIA

June 2006

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Dedicated to the
Patients and their family members

Without their cooperation and support, this project could have not become viable in the hospital as well in the community.

Preface

Writing a case study in the mental health rehabilitation programme is essential to know the actual progress of the patients as well of service providers. The case analysis could be helpful in concluding various type of learning under the rehabilitation programme and in future becomes a policy guideline in dealing mental health cases. It could also be considered as reference case in settling a legal dispute and in dealing various types of cases in other similar organization.

I hope the cases would be informatics to all programme managers dealing similar type of mental cases under the rehabilitation programme and could be eye opening to the policy makers

Harshit Sinha M.Sc; PhD
Project coordinator

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Board of Trustee
Vardaan Foundation – CARDS, Baroda

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Table

Executive Summary

Here we have attempted 60 cases under the four different project interventions (Day care centre; home based rehabilitation programme, community based rehabilitation programme and advocacy cases) with common variables for analysis in the rehabilitation programme. Some important variables used are individual and family background, type of mental illness, duration of illness, milestone of growth, etc. The interventions were done according to the need of the patients.

The common intervention is with treatment, family counselling for early reorganization of the symptoms, regular follow-up with the hospital, and after care management of patients at home, giving loans, training, job and settling disputes. Taking the reference period of the project intervention we concluded that in 60 cases, 28 cases were success, 19 cases were partial success and 7 cases were failures. Besides, 8 cases were found unresolved.

1. Rationale

Referring our model and its components the patient is integrated under rehabilitation when impairment and disability is reduced to a bearable extent. In consultation with family members and the patient the short and long term goals are set. After studying physical motor functioning, educational background, grasping capacity; communication skills, availability of resources etc, the process of rehabilitation begins. For service providers, there are a number of options available for providing rehabilitation services.

Since rehabilitation is very complex and has a broad spectrum, it is essential to know at what capacity the service providers are ready to impart rehabilitation services for mentally disabled persons - either through institutional based services or through community based services. One must remember that resettlement would constitute the effect of good rehabilitation. It is one of the difficult tasks and there is evidence that many service providers have spent their entire life in the resettlement of a single person. Without rehabilitation, resettlement would not be possible, as an unprepared person with residual disability cannot be placed in a familiar or alien environment. Rehabilitation, therefore, should prepare the person for resettlement by addressing itself to various aspects of the individuals and the environment (Singhala, 1999). One should note that rehabilitation services are not completed even after the person is resettled (Bennett, 1983) or is earning his livelihood or has a calm domestic life.

Here in the cases analysis, all the cases have been brought under the process of rehabilitation. None of the cases can be considered as resettled since the pilot intervention lashed only for one year. A case can be considered rehabilitated or resettled if the person does not relapse or has no repercussion in domestic life or at work place or in the community for at least five years. However in actual life one never knows, when there is a relapsed and what and which factor is responsible for such relapse or failure in the rehabilitation programme.

The cases describe the efforts made during one year of pilot intervention. We have used the word ‘success’, ‘partial success’, ‘failure’ and ‘unresolved’ in context of the time period of the pilot intervention. The matrix defined could be changed in long term and hence should not be treated as final outcome because rehabilitation is a continuous process and dynamic in nature. Thus in mental health, it is very difficult to define the outcome of the rehabilitation programme, but it could be interpreted in a defined period of time.

2. Selection of Case

As mentioned earlier, the team of socio worker, clinical psychologist and human resource manager was instructed to select a case considering the following points:

2.1. The patient must have visited the hospital once for treatment or counselling.

2.2. The team members should have good rapport with the patient and the family members

2.3. All types of cases should be included without looking the outcome during one year of pilot interventions

2.4. Actual picture of the patient must be narrated without any bias.

2.5. Cases should have some learning value for the rehabilitation programme.

3. Defining a Case

Narrating a scientific case is itself is a challenge. Owing to different objectives, each writer describes the case according to his own way adopting certain principles. The project coordinator with the assistance of consulting senior psychologist and psychiatrist provided guidelines for case narration. The entire case is divided into five parts: introduction or background of the case, problem area, interventions, conclusions and future action. Details can be seen in Annex1.

4. Overall Analyses

Out of 60 cases, 22 cases come under the home-based rehabilitation programme, 19 cases in the day care centre programme, 10 cases in community rehabilitation programme, and 9 cases are of advocacy. The cases have been classified seeing their last status of information complied. Looking the mental disorder 41 cases are of schizophrenia, followed by 8 cases of depression, 7 cases of bipolar, and one each of epilepsy, maniac, psychotic, and migraine. The cases reveals that, eight cases were suffering mental disorder below one year, 21 cases from two to five years, 12 cases from six to ten years, 11 cases from eleven to fifteen years, 8 cases from more than fifteen years.

Divided into sex, 27 cases are female and 33 cases are male. Looking at the marital status 29 cases are unmarried, 26 cases are married, three divorcees, and one has separated. As far as religion is concerned, the maximum number of cases are of Hindu (53), followed by Muslim (6) and Sikh (1). Three cases have passed out primary school, 18 cases have passed secondary, 18 have cases have passed out higher secondary, 3 cases have professional training, 3 cases are undergraduates, 11 cases are graduates and two cases are engineering graduates. One case was found to be illiterate. By profession, about 22 cases are engaged in domestic work, 18 cases are not working or their work status is not known, 7 cases are doing service, 3 cases are studying, 1 is self-employed and one is found to be doing irrelevant work (gambling and addict). Further eight cases were unemployed.

The economic status reveals that five cases are from below poverty (= > Rs. 12000) line, 13 cases are from lower (Rs.13000-25000) economic class and 42 are from middle class (Rs.26000-60000). Looking at the living area, 22 cases reside in high housing density area, 36 in lower housing density, and 2 in moderate housing density. In all the cases the milestone of growth was normal while only 4 cases had childhood psychiatric problems. In two cases, the family members also had mental disorders. About 51 cases had full support of the family and 9 did not have that support. In 55 cases family members were very cooperative and five families did not cooperate at all.

As regard disabilities in 20 cases reported affected self-care, 19 cases reported for communication, 26 cases in work behaviour, and 24 cases in interpersonal relationship. On an average about 30 per cent of cases reported having disability in all four areas. As regards their problem 35 cases had transportation problem; 39 cases had economic problem, 35 cases had no idea about mental disorders, 38 cases were worried for their jobs, 13 cases had marital problems, 10 cases had family disputes, and 5 cases had disputes at their work place. Further, from 60 cases, 48 cases were reported having hospital stigma.

As regards interventions, 55 cases have been trained for different vocational activities at occupational therapy unit of the hospital. Further 16 cases were given transportation support, 56 cases were given treatment in the hospital and 10 cases were given sewing machine under micro credit scheme. About 58 cases were counselled for regular medication and follow-up with the hospital and for after care management of the patient at home. Fifty two cases were counselled for recognizing early symptoms of the mental disease. Under home based rehabilitation programme, 26 cases were given raw material at home for processing and about 6 cases were placed in jobs under the community based rehabilitation programme. Three cases of family settlement were done through advocacy and legal fight.

The final outcome shows that in 60 cases, 28 cases were success, 19 cases were partial success and 7 cases were failures. Besides, 8 cases were found unresolved. Taking account of future action, family members of 20 cases were instructed for regular medication and follow-up with the hospital. They were counselled for after care management of the patient at home, recognization of early symptoms, and counselling for individual, family, and work place disputes, 2 cases for home based rehabilitation programme, 4 cases for vocational training in occupational therapy unit of the hospital, 16 cases for community rehabilitation programme, and one case for legal aid. Remaining 16 cases were given instruction for more than two options.

5. Analysis by type of Cases in Rehabilitation Programme

The analysis is done of cases brought under the rehabilitation programme. It was done for the selected variables that are common to all the cases classified into four intervention categories. The details of the analysis with the four intervention categories are explained in table 5.1.

From the 60 cases studied, 31.6 per cent were brought under the day care centre, 36.6 per cent for home based rehabilitation programme, 16.6 per cent for community based rehabilitation programme, and 15.2 per cent of cases for advocacy for solving legal matters for family disputes, work place disputes, and other related problems under the pilot intervention of rehabilitation programme. Details of all 60 cases are narrated separately as described in Annex 2.

Table 5.1
Case Analysis under Four Categories of Interventions for Rehabilitation

Sr. No.	Variables of Cases for Analysis		Cases in Percentage			
			Day Care (N = 19)	Home (N=22)	Community (N=10)	Advocacy (N = 9)
A	**SEX:**	Male	68.4	45.5	50	55.6
		Female	31.6	54.5	50	44.4
B	**RELIGION:**	Hindu	89.4	90.9	80	88.9
		Muslim	5.3	9.1	20	11.1
		Sikh	5.3	0	0	0
C	**AGE:**	1 - 14 years	0	0	0	11.1
		15 - 25 years	21.1	27.3	40	11.1
		26 - 35 years	36.8	31.8	40	22.2
		36 - 45 years	31.6	31.8	20	44.5
		46 - 60 years	10.5	9.1	0	11.1
		Above 61	0	0	0	0
D	**MARITAL STATUS:**	Married	36.8	54.5	30	44.4
		Unmarried	57.9	36.3	60	44.4
		Divorced	0	9.2	0	11.2
		Separated	5.3	0	10	0
E	**TYPE OF FAMILY:**	Nuclear	57.9	50	50	55.6
		Joint	42.1	50	50	44.4
F	**QUALIFICATION:**	Illiterate	0	0	0	11.1
		Primary (1-7)	21.1	9.1	30	11.1
		Secondary (8-10)	15.8	59.2	10	44.4
		Higher Secondary (11-12)	5.3	13.6	30	11.1
		Under/Graduate	42.1	9.1	20	22.3
		Post Graduate	0	4.5	0	0
		Other Professional Courses	10.4	4.5	0	0
		Engineering	5.3	0	10	0
G	**OCCUPATION:**	No work/Work Status unknown	36.8	40.9	10	22.2
		Domestic Work	21.1	36.4	50	55.6
		Services	15.7	9	10	11.1
		Labour	5.3	0	0	0
		Studying	0	4.5	10	11.1
		Unemployed	21.1	9.2	20	0
H	**HOUSING DENSITY:**	Low	63.2	54.6	50	77.8
		Moderate	0	4.5	0	11.1
		High	36.8	40.9	50	11.1
I	**ECONOMIC CONDITION:**	BPL (= > Rs. 12000;)	10.5	9.1	0	11.1
		low (Rs.13000-25000)	5.3	36.4	30	11.1
		Middle (Rs.26000-60000).	84.2	54.5	70	77.8
		Higher (Above Rs. 60,000 onward)	0	0	0	0
J	**IDENTIFIED MENTAL DISORDERS:**	Schizophrenia	78.9	68.2	70	44.5
		Depression	10.5	9.1	20	22.2
		Bipolar	5.3	18.2	0	22.2
		Others	5.3	4.5	10	11.1
K	**DURATION OF ILLNESS:**	Below One Year	0	22.7	20	11.1
		2 - 5 years	36.8	22.7	50	44.5
		6 - 10 years	26.3	22.7	10	11.1
		11 - 15 years	26.3	18.3	20	0
		16 plus years	10.6	13.6	0	33.3
L	**FAMILY HISTORY**	Any Family member sufferer	5.3	4.5	0	0

Sr. No.	Variables of Cases for Analysis	Day Care (N = 19)	Home (N=22)	Community (N=10)	Advocacy (N = 9)
M	**ATTITUDE:** Family supporting and caring Patient	94.7	86.4	80	66.7
	Family Cooperation to Service Providers	94.7	95.5	90	77.8
N	**PREVIOUS HISTORY:** Affected Milestone of Growth	0	0	0	0
	Childhood Psychiatrist Problem	5.3	0	20	11.1
O	**DISABILITY:** Affected Work only	5.2	4.5	10	0
	Affected Interpersonal Relationship	5.2	0	10	11.1
	Affected Communication and Work only	0	4.5	0	0
	Affected Interpersonal Relationship and Work Only	5.2	4.5	0	0
	Affected Work & Self-care only	0	4.5	0	0
	Affected Self-care, Interpersonal and Work only	5.2	0	0	0
	Affected Self-care, Interpersonal, Communication and Work	36.8	18	40	22.2
	Not Affected	42.4	64	40	66.7
P	**IDENTIFIED PROBLEMS:** Transportation	42.1	50	30	33.3
	Poor Economic condition	68.4	68.2	70	44.4
	Ignorance of disease	52.6	72.7	40	55.6
	Job	94.7	45.5	60	44.4
	Martial Problem	10.5	22.7	20	44.4
	Family disputes	5.3	9.1	30	44.4
	Work Place Disputes	0	4.5	10	33.3
	Hospital Stigma	84.2	81.8	60	88.9
Q	**INTERVENTION :** Support for Transportation/Expense	26.3	31.8	20	22.2
	Training at Occupational Therapy Unit	94.7	15.5	90	77.8
	Treatment	94.7	95.5	90	88.9
	Provided Sewing Machine	5.3	27.3	0	33.3
	Counselling for Medication and Follow-up	100	95.5	90	100
	Counselling for Early Recognization of Symptoms & After care	100	81.8	80	77.8
	Providing Raw Material at Home	5.3	100	10	22.2
	Job in the community	0	0	50	11.1
	Family Settlement	0	0	10	22.2
R	**OUTCOME:** Success	42.1	50	50	44.4
	Partial Success	36.8	36.4	30	11.1
	Failure	10.5	9.1	10	22.2
	Unresolved	10.5	4.5	10	22.2
S	**FUTURE ACTION:**				
	a) Medication, regular follow-up; early recognization; aftercare	15.8	27.3	60	55.6
	b) Integrate to Home based Rehabilitation Programme	0	9.1	0	0
	c) Integrate to Vocational Activities with Day Care Centre	15.8	0	10	0
	d) Integrate to Community Rehabilitation Programme	36.8	31.8	20	0
	e) Give Legal Aid Support under Advocacy Programme	0	0	0	11.1
	f) Integrate to (a) and (b)	0	4.5	0	0
	g) Integrate to (a) and (c)	10.5	9.1	10	11.1
	h) Integrate to (a) and (d)	10.5	18.2	0	0
	i) Integrate to (a) and (e)	0	0	0	11.1
	j) Integrate to (d) and (e)	5.3	0	0	0
	k) Integrate to (c) and (d)	5.3	0	0	11.1

5.1. Day Care Centre

The day care centre in the hospital is linked with the occupational therapy unit so patients coming for day care centre can be trained in vocational activities in the occupational therapy unit of the hospital.

Background: Males were found more willing to come to day care centre than female at hospital. The maximum concentration of cases was found in the age cohort from 26 to 45 years. However looking the marital status, the number of unmarried was more. Taking account of education, cases having the qualification of graduate and undergraduates are coming more to the day care centre. Cases with no work are willing to come to the day care centre to learn vocational trade for their livelihood. Most of these cases reside in both high and low housing density areas and mostly belong to the middle income class.

Identified Problem: Majority of cases visiting the day care centre, reported suffering from schizophrenia. The duration of illness varied according to the disease but the majority cases reportedly sufferers from 2 to 5 years. However about 26.3 per cent were reported suffering from 6 to 15 years. Only 5.3 per cent of case reported having family member suffering from mental disorder. Milestone of growth was found normal in all cases, but about 5.3 per cent of cases had childhood psychiatric problems.

As regards disability, 57.6 per cent of the cases were affected either self-care or interpersonal relationship, or communication or work or a combination of any of these four disabilities. It is striking to note that 36.8 per cent of cases had disability in all four areas. Acute problems reported by patients were related to seeking jobs followed by economic support, ignorance of disease and transportation problem. About 10.3 per cent of cases had marital problem and 5.3 faced family disputes. Further, 84.2 per cent of cases reported hospital stigma as major problem.

Intervention: All the cases coming to the hospital were given treatment, and counselling for medication and follow-up, early recognization of symptoms, and after care management of the patient at home. About 94 per cent were given training in the occupational therapy unit. About 26.3 percent were given transportation support and 5.3 per cent were given raw material at home along with sewing machine.

Outcome: During the one year of project intervention, 42.1 per cent of cases coming to day care centre were considered to be successfully trained. 36 percent are in the mid way having partial success, while 21 per cent of cases are failure and unresolved.

Future Action and Learnings: It is suggested that majority of the cases coming to the day care centre must be integrated with the community based rehabilitation programme. The major learning at the day care centre was that with proper counselling and follow-up, the stigma attached to the hospital can be reduced with transportation support provided by the hospital.

5.2. Home Based Rehabilitation Programme

Under the home base rehabilitation programme, trained community volunteers visited patient's house for giving training regularly and counselling for aftercare management of the patients at home.

Back ground: Taking account of gender, females were found more willing for the home based rehabilitation programme. The maximum concentration of cases was found in the age cohort from 26 to 45 years. Looking at the marital status, the numbers of married cases are more than unmarried cases. Majority of the cases are having qualification of secondary schooling. Cases with no work and domestic work are willing to be integrated under the home based rehabilitation programme. Most of these cases reside in both high and low housing density areas. They mostly belong to the lower and middle income groups.

Identified Problem: Majority, of cases under the home based rehabilitation programme reported suffering from schizophrenia followed by bipolar disorders. The duration of illness varied. All the cases under the current programme reported suffering from one year to more than 16 years. Only 4.5 per cent of case reported having family members suffering from mental disorder. Majority of cases were found supportive and were taking care of the patient at home.

As regard disability, 36 per cent of the cases were affected with either self-care or interpersonal relationship, or communication or work or combination of any of these four disabilities. It is striking to note that 18 per cent of cases had disability in all four areas. Acute problems reported by patients related to ignorance of the disease, followed by for seeking job, improvement in economic conditions, and transportation problem. About 22.7 per cent of cases reported having martial problems, 9.1 per cent faced family disputes, and 4.5 cases had disputes at the work place. Further, 81.8 per cent of cases reported hospital stigma as major problem.

Intervention: About 95.5 per cent of cases coming to the hospital were given treatment, counselling for medication, and follow-up with the hospital, early recognization of symptoms, after care management for the patient at home. Only 15.5 per cent of cases were given training in the occupational therapy and others were trained at home. About 31.8 per cent of cases were given transportation support. All the patients under current programme were given raw material for processing at home. About 27.3 per cent of cases were provided sewing machine at home.

Outcome: During one year of project intervention, 50 per cent of cases were considered to be successfully integrated under the home based rehabilitation programme, 36.4 per cent are in the mid way having partial success while 13.6 per cent of cases are failures and unresolved.

Future Action and Learnings: It is suggested that fifty percent are integrated under the home based rehabilitation programme. The major learning for the home based rehabilitation programme was to counsel for aftercare management of the patients at home specially focused on self-care, communication skill and inter-personal relations. Once the patients are comfortable under the home based rehabilitation programme, their vocational ability should be integrated with the community based rehabilitation programme for economic independence.

5.3. Community Based Rehabilitation Programme

Under the community based rehabilitation programme, trained patients from the day care centre and patients of the home based rehabilitation programme willing to work in the community have been provided with jobs, or given loan to earn their livelihood independently.

Background: Both male and female cases participated in the community based rehabilitation programme. The maximum concentration of cases was found in the age cohort from 15 to 45 years. Looking the marital status, the percentage of unmarried cases is more than married cases. Majority have come to school while 20 per cent cases are graduates or undergraduates. Cases having sharing the domestic responsibilities were more followed by no work and unemployed. Most of these cases reside in both high and low housing density areas and belong mostly to lower and middle income groups.

Identified Problem: Majority, of cases under the home based rehabilitation programme reported suffering from schizophrenia followed by depression. The duration of illness varied according to the disease. All the cases under the current programme reported suffering from a minimum of one year to maximum 15 years. However 20 per cent of the cases reported having childhood psychiatric problems. Majority of cases found supportive and care at home.

As regard disabilities, 60 per cent of the cases were affected either self-care or interpersonal relationship, or communication or work or a combination of any of these four disabilities. It is striking to note that 40 per cent of cases had disability in all four areas. Acute problems reported by patients were related to poor economic conditions, followed by seeking jobs and ignorance of disease and transportation problem. About 20 per cent of cases reported having marital problems, 30 per cent had family disputes and 10 per cent cases having disputes at their work place. Further, 60 per cent of cases reported hospital stigma as major problem.

Intervention: About 80 to 90 per cent of cases coming to the hospital were given treatment, counselling for medication and follow-up with the hospital, early recognization of symptoms, and aftercare management for the patients. Further 90 per cent of cases were trained at occupational therapy unit. About 20 per cent were given transportation support. It is striking to note that 50 per cent of the cases have jobs in the community and 10 per cent of the family disputes have been settled.

Outcome: During one year of project intervention, 50 per cent of cases were considered to be successfully integrated under the community based rehabilitation programme, 30 per cent are in the mid way achieving partial success while 20 per cent of cases are failures and unresolved.

Future Action and Learnings: It is suggested that cases integrated under the community based rehabilitation programme must have regular medication and follow-up with the hospital. The major learning from the community based rehabilitation programme was counselling and aftercare management of the patient at home focused more on self-care, communication skill, interpersonal relation, and working attitude. Once they are comfortable under the community based rehabilitation programme are regular follow-up must be done for a period of five years to check their stability in the community and relapse status.

5.4. Advocacy Cases

In case of advocacy the marital problems and family and work place disputes are settled through legal aid or out of court settlement.

Background: Different types of disputes are common to both male and female patients. The maximum concentration of cases was found in the age cohort from 26 to 45 years. Looking the marital status, both married and unmarried have problems. Majority are having gone to school while 22.3 per cent cases are graduates or undergraduates. The patients share the domestic responsibilities, are unemployed or have disputes at work place. Most of these cases are residing in high, medium, and low housing density areas and majority belong to the middle income group.

Identified Problem: Majority of cases are reportedly suffering from schizophrenia, followed by depression and bipolar. The duration of illness varies according to the disease. All the cases under the current programme reported suffering from one year to maximum more than 16 years. However 11.1 per cent of the cases reported having childhood psychiatric problems. One of the striking features observed in advocacy cases is that in only 66.7 per cent of cases parents support and care for their ward suffering mental illness and do not provide any king of support.

As regard disability, 33.3 per cent of the cases neglected self-care or interpersonal relationship, or communication or work or a combination of any of these four disabilities. It is striking to note that 22.2 per cent of cases have disability in all four areas. Acute problems reported by the patients were related to the ignorance of diseases followed by poor economic condition, seeking job, and transportation support. About 44.4 per cent of cases reported having marital problems and a similar percentage faced family disputes; 33.3 per cent of cases had disputes at the work place. Further, 88.9 per cent of cases reported hospital stigma as a major problem.

Intervention: About 70 to 90 per cent of cases coming to the hospital were given treatment, counselling for medication and follow-up, early recognization of symptoms, and aftercare management of patients at home. Further 77.8 per cent of cases were trained at occupational therapy unit. About 22.2 per cent of cases were given transportation support. It is striking to note that only 11.1 percent of the cases were settled in job through advocacy and in 22.2 per cent of cases family disputes were settled.

Outcome: During one year of project intervention, only 44.4 per cent of cases could be considered to be successfully solved while 11.1 per cent of cases are midway, and 22.2 per cent of cases are failures and unresolved. Efforts should also be made to integrate the patients in the community and home based rehabilitation programme as desired by them. Beside efforts should be made in helping them for acquiring a disability certificate to avail benefits of their parent's pension.

Future Action and Learnings: It is suggested that apart from advocacy, it is also necessary to have regular treatment and follow-up and regular counselling to resolve any type of disputes in the family, work place and community.

Annex 1
Guidelines for Writing Case Studies in Mental Health

- The case should be selected according to the objective or theme of the pilot research project.
- The case should be either of success or failure of the selected themes of the pilot research project.
- The central theme of the case should be highlighted at the beginning of the case
- The case should be subjective rather elaborating points
- The minimum length of any case study should be five hundred words and maximum as per the need or about thousand words
- The case should have a short and meaningful title
- Name of the patient or person should be avoided
- The case should be divided into five parts: Introduction; problem description, process of intervention, conclusion, and final outcome
- The process should explain what the existing situation of the problem is and what process was adopted for the change.

Title of the cases
Type of Cases (Advocacy; Home based, Community based, Day care)

Introduction/Background: Age, sex, and religion, education, occupation, marital status, economic background as (BPL, lower income, middle class and higher class), type of family (joint/nuclear), details of type of housing pattern locality (high density/low density), diagnosis, duration of illness **(100-150 words).**

Describe the Problems area: Birth history and milestone of growth (physical and mental), any psychiatric problem in childhood, marital problems and related family dynamics, present physical fitness status, present status of self-care, communication, Interpersonal relationship and capacity to do work. Narrate any other problem, and describe the strength and weakness of the patient. **(100-150 words).**

Process of Intervention : (Any or more of the following) duration of intervention, Briefed for treatment, regular follow-up (describe about transportation, family care), persuasion for self-care interventions, briefed for group activities to improve socio and communication skills, briefed for daily activity of living style, briefed for vocational and cognitive skills (may vary according to age and sex) or development activities, discussion with family members for the care of the patient. Also narrate difficulties/problems while conducting intervention. Option: Describe any other innovative interventions **(200 words)**

Conclusion: Impact analysis (describe success and failure in different areas), lessons learnt and conclusion drawn **(100 words)**

Future Action: In order to continue follow-up of the case what suggestion are put forward for making the case a success in the process of rehabilitation.**(50 words)**

ANNEX 2

CASE HISTORY NO. 1

Mental Disorder : Bipolar **Duration of Illness: 18 months**

Type of Case : Home-Based Rehabilitation Programme

Outcome: Success

Introduction: A married Hindu female aged 40 years, with qualification of matriculation, and having two children. She is currently shouldering domestic responsibilities. Her husband is working as a rickshaw driver earning Rs. 2000 to 3000 a month. She belongs to the middle socio-economic class, living in a joint family in a middle-density housing area. Since one and half years she was reported having bipolar disorder.

Problem Area: On observation and discussion with the patient and family members, it was found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, she reported that her family's poor economic condition was the cause of the mental illness. In spite of the illness, communication, self-care, interpersonal relationship and work behaviour were not affected. It was observed that, she was lacked confidence and was pessimistic attitude.

Intervention: From the first meeting, we briefed her to undergo treatment, regular follow-up, and the rehabilitation programme. We also educated her about the rehabilitation programme. She started coming for the regular follow-up and showed interest in the activities at our occupational therapy unit. Later, because of transportation problem as well as stigma for hospital he was not ready to come for day care. But she wanted to do some work at home. We resolved this problem by providing her a sewing machine and raw material the under home based rehabilitation programme. Apart from this we did family counselling for the care of the patient.

Conclusion: Owing to our constant efforts, the patient is taking treatment regularly and sharing domestic responsibility along with performing vocational activities at home such as stitching, embroidery etc. She is now very optimistic and has regained her confidence. She enthusiastically participates in vocational activities and has problem-solving attitude on her own.

Future Action: Regular follow-up for medication and monitor her works under the home- based rehabilitation programme.

CASE HISTORY NO. 2

Mental Disorder: Bipolar **Duration of Illness: 15 years**

Type of Case: Home-Based Rehabilitation Programme **Outcome: Success**

Introduction: A recently married Hindu female aged 30 years, with secondary school passed. She is currently shouldering domestic responsibilities at her mother house, as she and her husband want to settle in Baroda. Her husband is working as a sales man and earns Rs. 1500/month. She belongs to lower socio-economic class and lives in joint family in a high-density housing area. Since 15 years she was reported having bipolar disorder.

Problem Area: On observation and discussion with the patients and family members it was found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, her father is also suffering from bipolar disorder. She was admitted to the hospital several times. The main problem was the poor economic condition of her family. In spite of her illness, her abilities of communication, self-care, and inter-personal relationship were found normal.

Intervention: In the first meeting, we persuaded her to under go treatment, regular follow-up and the rehabilitation programme. We had educated her about the rehabilitation programme run by our organization. She started coming for the regular follow-up and showed interest in the activities at the occupational therapy unit. However due to transportation problem, she reported her helplessness to attend the day care centre the hospital. We tried to resolve this problem by providing her transportation charges, which she found not enough as she stayed very far from the hospital. We gave her another option of coming once a week or once in 15 days for a whole day and then work at home. We provided a sewing machine for work at home. Apart from this, we have done regular and repeated counselling of the family her care.

Conclusion: Owing to constant efforts, the patient is regularly taking treatment and attending the day care centre at the hospital. She enthusiastically participates in vocational activities. Recently she got married without informing her husband about her illness. There are chances for relapse as there could be a break in medication owing to these circumstances.

Future Action: Regular follow-up for medication, monitor her work under the home based rehabilitation programme and strengthen vocational activities.

CASE HISTORY NO: 3

Mental Disorder: Schizophrenic **Duration of Illness: 8 years**

Type of case: Home-Based Rehabilitation Programme **Outcome: Partial success**

Introduction: A Hindu female aged 30 years, had studied up to matriculation matriculation, unmarried. She is currently living with her brother. Her brother is doing tailoring work at home and earns his livelihood. She belongs to the middle socio-economic class living in a joint family in low-density housing area. Since 8 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. The main problem in this case was that the patient was not willing to take medicines and totally denied having any mental problem as reported by her brother. This resulted in relapse and she was admitted to the hospital for few days in the open ward. In spite of her illness, her abilities of communication, self-care and interpersonal relationship were normal. She wanted to learn sewing but not ready to visit hospital due to stigma.

Intervention: In the first meeting before one year, we persuaded her about treatment, regular follow-up, and about the rehabilitation programme. She started showing interest in the activities done at the occupational therapy unit. However due to stigma and transportation problem, she expressed her helplessness in attending the day care centre at the hospital. We resolved this problem by giving extensive counselling and by providing transportation expenses. We have done repeatedly family counselling to motivate her for regular medication. We gave her training on sewing, embroidery and Crochet work. We provided her a sewing machine so that she can help her brother in tailoring work and earn some money.

Conclusion: The patient is now taking medicines at own and attending the day care centre at the hospital. She enthusiastically participates in vocational activities and now has problem-solving attitude. This case shows that constant counselling and follow-up enhances the capacity of the sufferer to participate in productive work and lead a normal life.

Future Action: Regular follow-up and counselling is needed to motivate the patients for medication and educate the family to financially support her and to motivate her in vocational activities

CASE HISTORY NO. 4

Mental Disorder: Epilepsy **Duration of Illness: 15 years**

Type of Cases: Home-Based Rehabilitation Programme

Outcome: Partial success

Introduction: A Hindu female aged 27 years, passed 9th class, recently married. She is currently sharing domestic responsibilities at home. Her husband is working in a private company earning Rs. 2000/month. She belongs to lower socio-economic class living in joint family in a low-density housing area. Since 15 years she was reported having epilepsy.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, she reported that her parents were too protective. Though her parents provided her all the facilities at home, they were not ready to send her to the day care centre at the hospital. In spite of illness her ability of communication, self-care, and interpersonal relationship were found normal. She does very good Crochet work at home, she also knows sewing and knitting. However, we observed that, she lacked of confidence and was in pessimistic mood.

Intervention: On our first home visit, we briefed her about treatment, regular follow-up and rehabilitation programme. With the permission of her parents, we started providing her training for various skills at home. Along with training we also did regular and repeated family counselling to minimize parent anxiety regarding her illness. Gradually we motivated her father to send her twice a month for the whole day to the day care centre at the hospital for which we provided some transportation charges. Apart from this we provided raw material for doing work at home. After her marriage we counselled her husband regarding her illness and care and treatment of the patient.

Conclusion: Owing to our constant efforts, the patient is regularly taking medicines. After marriage she is very optimistic and has regained her confidence. She has enthusiastically participated in vocational activities and does household work at the in-laws house. This case shows that constant counselling and a follow-up enhances the capacity of the sufferer to participate in productive work and live a normal life.

Future Action: Since the case is of epilepsy, regular follow-up; extensive family counselling is needed regarding the importance of family planning. Besides, constant motivation is required through her family members to make her briefed in vocational activities.

CASE HISTORY NO. 5

Mental Disorder: Schizophrenic **Duration of Illness: 20 years**

Type of Case: Advocacy **Outcome: Unresolved**

Introduction: A Hindu female aged 37 years, passed matriculation, unmarried and staying with her mother and brother. She currently shares domestic responsibilities at her mother's house. Her mother used to get pension. She belongs to the middle socio-economic class living in joint family in a middle-density housing area. Since 20 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, her mother reported that in between episodes of illness she regained completely and performed activities regularly. In spite of mental illness, her abilities of communication, self-care, and interpersonal relationship were found to be normal in between episodes. However, it was observed that, she lacked confidence and was pessimistic.

Intervention: In her first meeting, we briefed her about treatment, regular follow-up and educate her about rehabilitation programme. She came for regular follow-up visit and showed interest in activities done at the occupational therapy unit. However, due to transportation problem, she reported her helplessness to attend the day care centre at the hospital. So we gave her the option of taking raw materials at home and working there for which we provided her a sewing machine. Apart from this, we have done regular counselling for better care. We have also educated the family about obtaining a disability certificate.

Conclusion: Owing to our constant efforts, the patient takes treatment and attends the day care centre at the hospital in the mobile van arranged by us. She is now very optimistic and has regained her confidence. She enthusiastically participates in vocational activities and has problem-solving attitude.

Future Action: To regain her confidence, regular monitoring of vocational activities at home is necessary so that she can lead to a normal life. Since her mother gets pension, efforts should be made to get a disability certificate for the patient so that she can have the benefit of pension after the death of her mother.

CASE HISTORY NO. 6

Mental Disorder: Schizophrenic **Duration of Illness: 15 years**

Type of Case: Home-Based Rehabilitation Programme **Outcome: Partial success**

Introduction: A Hindu female aged 38 years ninth passed, unmarried living with her mother and father. She belongs to upper middle socio-economic class living in joint family in a low-density living area. Since 15 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patients and family members found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, she reported that her father over reacted as a there was increase in symptoms of illness like irritability, suspiciousness etc. However her illness has no adverse affect on her ability of communication, self-care, and interpersonal relationships. She is not ready to attend the day- care centre due to the stigma attached to the hospital.

Intervention: In the first meeting, we briefed her about the treatment, regular follow-up and on going rehabilitation programme. She started coming for regular follow -up and showed interest in activities at the occupational therapy unit. However due to transportation problem and because of the stigma for the hospital, she refused to come to the hospital. To solve the transportation problem, we arranged a mobile van. She came for one day and then stopped coming. We have done family counselling regarding the symptoms of the illness and how to control her behaviour with ease. We advised her parents to motivate her to do some sort of household work.

Conclusion: Owing to our constant efforts, the patient regularly takes treatment and doing household activities such as broom making, washing plates etc. which has increased her feeling of acceptance in the family and brought down impulsive behavior. She learned button and hook stitching, repairing of clothes etc. Today she now is cooking and all house hold work. But she is not ready to come to day care centre due to stigma attached with the hospital.

Future Action: Because of the stigma, we propose her in the community day care centre and provide the transport facilities.

CASE HISTORY NO. 7

Mental Disorder: Schizophrenic **Duration of Illness: 9 years**

Type of Case: Home-Based Rehabilitation Programme **Outcome: Partial success**

Introduction: A Hindu female-aged 36 years, has post graduate degree, divorced and having no child, living joint family. She is currently not doing any domestic responsibilities at her father's house. Her marital life was disturbed due to her illness. She belongs to the upper middle socio-economic class living in a low housing density area. Since 9 years she was reported having catatonic schizophrenia.

Problem Area: On observation and discussion with the patient's family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However because of her illness, she was found poor in self-care, communication skill and interpersonal relationship. She does not establish eye-to-eye contact. There is very no improvement with medication. With rigorous follow-up, she started coming to occupational therapy unit for three months as we provided transportation expenses. She stopped the moment the transportation facility was withdrawn.

Intervention: In the first meeting, we briefed her about treatment, regular follow-up and about our rehabilitation programme. Since she could not come alone in the hospital we informed her about the home based training programme, and we started training her at home. Apart from this we have done family counselling to increase support of her family members. We educated them about the strengths and limitations of the patient.

Conclusion: Owing to our efforts, the patient takes treatment and takes interest in vocational activities taught by our trade workers. She is now able to communicate a little and her self-care has improved to some extent. But according to her family members her interest in vocational activities is not very strong.

Future Action: It is necessary to carry on these activities in the interest of the patient and constant follow-up.

CASE HISTORY NO: 8

Mental Disorder: Schizophrenic **Duration of illness: 7 years**

Type of Case: Day Care Centre **Outcome: Partial success**

Introduction: A Hindu female aged 27 years, under graduate. She is currently not doing any household work at her father's house. She belongs to middle socio-economic class living in joint family in a low-housing density area. Since 7 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, her family reported that her mother had some mental problems and committed suicide. Communication is totally absent and there is nothing like interpersonal relationship and self-care was very poor. Her father is working outside Baroda; she is being looked after by her old grand mother. We could not communicate with her father, as he was available only on Sundays. It was also observed that she lacked confidence and was in very pessimistic.

Intervention: In the first visit, she did not even face us; we briefed her grandmother about treatment and regular follow-up. We also educated her about on going rehabilitation programme. We visited her several times and tried to communicate with her, but she did not respond. After many reminders her father came to meet us at the hospital. We communicated with him about our vocational activities in hospital as well as home based training programme. As she lacked in communication and interpersonal skills, we advised her father to make some arrangements to send her to the day care centre, so that we get enough time to work on these areas. Her father made arrangements of auto rickshaw to drop her.

Conclusion: The patient is now regularly takes treatment and attends the day care centre at the hospital. She is now able to communicate and her self-confidence has improved. She takes part in vocational activities, but still there is lot of scope for improvement. This case shows that constant counselling and follow-up can enhances the capacity of the patients to participate in productive work and lead a normal life.

Future Action: Since the patient is found slowly improving, efforts should be made to integrate with the day care centre to retain her interest and other vocational activities.

CASE HISTORY NO: 9

Mental Disorder: Schizophrenic **Duration of Illness: 7 years**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Unresolved

Introduction: A Hindu male aged, 47 years, 8th class passed, married having two children. He is currently not working. He was a tailor by profession, his son is also in the same profession and his earning are about 2000/month. He belongs to the lower economic class, living in joint family in a high-density area. Since 7 years he was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members, we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. The family is very supportive. The patient is continuously complaining about visual hallucination. During last ten months, he was admitted twice. Presently he is not physically fit. In spite of his illness, his ability of communication, self-care and interpersonal relationship are not much affected. However, he lacks confidence and is pessimistic.

Intervention: In the first meeting, we briefed him about treatment, regular follow-up and ongoing rehabilitation programme. He started showing interest in the activities done at the occupational therapy unit, specially the tailoring activity. After few follow-ups, he started coming to the day care centre. But this he stopped as he was helping his son in tailoring work. We have done regular and repeated family counselling for better care of the patient.

Conclusion: Owing to our constant efforts, the patient is regularly takes treatment and attends the day care centre. Due to chronicity of the disease and age, he is not able to work and come to the day care centre.

Future Action: Since the patient is old and the chronicity of the disease is more, it is suggested that he should be integrated with home-based rehabilitation programme.

CASE HISTORY NO. 10

Mental Disorder: Schizophrenic **Duration of Illness: 1 year**

Type of Case: Home-Based Rehabilitation Programme **Outcome: Failure**

Introduction: A Hindu female aged 18 years, 9th class passed, unmarried. She is currently shouldering all domestic responsibilities at her father's house. She belongs to the lower economic class living in joint family in a high - density housing area. Since last one year she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestones of growth were normal. There were no childhood psychiatric problems. After discharge they stopped medication. In spite of the illness, communication, self-care, and interpersonal relationship were found to be normal. On our home visit we tried to educate them about the illness and start the medication to avoid the relapse. The parents do not want to start the medication as they don't want to disclose her illness, which can create problem in her marriage.

Intervention: On her first meeting, we briefed her about treatment, regular follow-up and about ongoing rehabilitation programme. But after discharge she did not come for follow-up as the family had stopped medication. During our home visit we found that her families did not want to disclose her mental illness and wanted her to marry. We tried to motivate the family to start medication and also tried to educate about the illness and the chances of relapse. But they did not want to keep any contact with the mental hospital.

Conclusion: In spite of our efforts, the patient and the family are not ready to continue the treatment nor they want her to go to the day care centre.

Future Action: Since this was the first episode, with proper family counselling and medication should be continued so that the chronicity of the disease could be reduced and relapse could be averted.

CASE HISTORY NO. 11

Mental Disorder: Depression **Duration of Illness: 1 year**

Type of Case: Community Based Rehabilitation Programme

Outcome: Partial success

Introduction: A Muslim female aged 35 years, 7th class passed, married and has one daughter. She is currently shouldering all domestic responsibilities. Her marital life is disturbed because of the illness. Her husband does iron smith work and she assists him and earns Rs. 50/day. She belongs to the lower socio-economic class living in joint family in a high-density housing area. Since one year she was reported having depression

Problem Area: On observation and discussion with the patient and family members it was found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, she reported that since last few years, there was constant harassment from her husband and her sister in law. This resulted in to depression. In spite of this illness, communication and self-care were normal but interpersonal relationship was poor. She lacked confidence and was pessimistic.

Intervention: On the first meeting, we briefed her about treatment, regular follow-up and on going rehabilitation programme. She started coming for regular follow-up. Apart from this we have done family counselling regarding the illness and the care for the patient. As she is already reasonably well, there was no need for vocational training.

Conclusion: Owing to our constant efforts, the patient is regularly taking treatment and comes for follow-up. She is very optimistic and has regained her confidence. She is enthusiastically doing vocational activity and now having problem-solving attitude at her own. This case shows that constant counselling and follows-up enhance the capacity of the patients to participate in productive work and lead a normal life.

Future Action: Since she earns in vocational training, it is advised to strengthen family counselling to avoid interpersonal conflicts and strengthen her community vocational activities.

CASE HISTORY NO. 12

Mental Disorder: Schizophrenic **Duration of Illness: 2 years**

Type of Case: Community Based Rehabilitation Programme

Outcome: Success

Introduction: A Hindu female aged 30 years, 8th class passed, married and has one child. She is currently working all domestic responsibilities at her house. Her marital life is normal but economic condition is poor. She belongs to lower middle socio-economic class living in joint family in a high-density housing area. Since two years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patients and family members it was found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. She was admitted to the hospital for second time, she stopped medication. In spite of this illness her ability of communication, self-care, and interpersonal relationship are normal. However, she lacks confidence and is pessimistic.

Intervention: On our first meeting, we briefed her about the treatment, regular follow-up and ongoing rehabilitation programme. She came to the day care centre when she was admitted in the hospital. At the time of discharge we provided her raw material for working at home. We did not offer day care facility as she stayed out of Baroda. But on follow-up we regularly motivated her for starting her old work of selling *papads*. Apart from this, we have done family counselling for better care of the patient.

Conclusion: The patient is takes treatment and comes for follow-up. She is found now very optimistic and has regained her confidence. She has enthusiastically started her old work of selling *papads*. She is now having problem-solving attitude at her own. This case shows that constant counselling and follow-up enhance the capacity of the patient to participate in the productive work and lead normal life.

Future Action: She should be regularly monitored for medication and the family members should be educated to motivate to do vocational activities in the community.

CASE HISTORY NO. 13

Mental Disorder: Schizophrenic **Duration of Illness: 20 years**

Type of Case: Advocacy **Outcome: Unresolved**

Introduction: A Hindu male aged 40 years, under graduate and unmarried. He is currently employed. Previously he was working as peon in the railway electrification department from where he was terminated for long absence due to illness. The father is a retired railway employee and gets pension. He belongs to middle socio-economic class living in a low-density housing area. Since 20 years he was reported having schizophrenia

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. He was initially appointed as peon in the railway electrification department at Baroda. He was transferred to *Ujjain* where this illness developed. He applied for transferred in-home town but he was again being transfer to *Vatva* where he stayed alone and did not take proper medication and self-care, which increased his illness. He started remaining absent from work, for which he was issued many notices imposing penalty (NIPs) and an inquiry was conducted by railway authorities. The department took one-sided decision and terminated his services without giving any disability advantages. Because of the illness, his ability of communication, self-care, and interpersonal relationship is very poor.

Intervention: On our first meeting, we briefed him about the treatment compliance and regular follow-up. We also educated him about the rehabilitation programme. His father started coming for regular follow-up. Mean while we educated his father about getting a disability certificate, which he got from SSG. We also suggested him to apply for adding his name in his fathers Pension Pay Order (PPO), so that after the death of his parents, he can avail benefits of pension. Apart from this, we have done regular family counselling for better care of the patient. We provided guidance for getting reasonable benefits from the railway department for his service. We have planned to send a legal notice to railway authorities for not responding to his application for adding his name in his fathers PPO.

Conclusion: Owing to our constant efforts, he is regularly taking treatment but not ready to come for the day care centre located in the hospital.

Future Action: Efforts are on to register a case in the railway tribunal to give justice so that he can get the benefit of PPO.

CASE HISTORY NO. 14

Mental Disorder: Schizophrenic **Duration of Illness: 15 years**

Type of Case: Day Care Centre **Outcome: Success**

Introduction: A Hindu female aged 37 years, under graduate, unmarried. She is currently doing all domestic work at her father's house. She belongs to upper middle socio-economic living in joint family in a low density housing area. Since 15 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. Being a patient of paranoid schizophrenia her paranoid thoughts and ideas created so many problems in her family life as well as to her socio contacts. In spite of her mental illness, her ability of communication, self-care, and interpersonal relationship was found to be normal. However she lacks of confidence and is pessimistic.

Intervention: In the first meeting with her, we briefed her about treatment, regular follow-up and educated her about on going rehabilitation programme. Being an indoor patient she regularly attended day care centre and after discharge also she regularly visited in occupational therapy unit. Here she played a significant role of an instructor and taught her skills to many other patients. She learned so many skills form our trade workers. Apart from this, we have done regular family counselling to resolve the family problems as well as to educate them about the illness and the limitations of the patient. Presently she is busy preparing for an examination in tailoring for which our trade instructor are constantly helping and guiding her.

Conclusion: Owing to our efforts, the patient regularly and attends the day care centre at the hospital. She is found now very optimistic and has regained her confidence. She enthusiastically participates in vocational activities and now has problem - solving attitude. This case shows that constant counselling and follow-up can help the patient to participate in productive work and live normal life.

Future Action: As the patient has responded well, it is suggested to integrate her in the community rehabilitation programme.

CASE HISTORY NO. 15

Mental Disorder: Bipolar **Duration of Illness: 20 years**

Type of Case: Advocacy **Outcome: Partial success**

Introduction: A Muslim male aged 50 years, post graduate, married and separated since 12 months. He is currently living alone and not doing any work. His marital life is disturbed because of his illness. His wife works as teacher in a secondary English school. He belongs to higher middle socio-economic class living in the low density housing area. Since 20 years he was reported having bipolar disorder.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. He undergone treatment for mental disorders since last 19 years at the civil hospital and is very reluctant to visit the hospital for treatment. According to his wife since last 12 months he has stopped taking medicines, which has resulted in his aggressiveness towards his children and wife. He has beaten his wife and has sexually assaulted her.

After this incident his wife and his two children are living separately. Taking advantage of his illness, there are a few influential persons who want to purchase his valuable property at very cheap rate. According to his wife it is very difficult to take care of him as well as his belonging ness. So, she had move to court to protect his property as well as her children's share in the property. His wife requested us to look into the matter for the best interest of the patient.

Intervention: In our first meeting, we briefed him about treatment, regular follow-up and educated him about ongoing rehabilitation programme. For the first time in twenty years, he visited to the mental health hospital. He was advised to undergo few tests, which he neglected. The project coordinator and the psychiatrist consultants have done eight follow-ups and tried to motivate to take medicine. Some influential people having vested interest wanted him to purchase his property on cheaper rates have started giving threats to project coordinator not to intervene in the matter.

Conclusion: Owing to our constant efforts, the patient agreed to start treatment. But after a few days he again refused the treatment. In spite of our constant efforts we could not get the desired result, as there was the matter of property disputes.

Future Action: Since the case twenty year old and the patient had taken treatment at civil hospital, it is advised that efforts are made to continue his treatment and resolve the ancestor property matter with legal support so that his children could benefit.

CASE HISTORY NO. 16

Mental Disorder: Paranoid Schizophrenic **Duration of Illness: 1 year**

Type of Case: Advocacy **Outcome: Failure**

Introduction: A Hindu male aged 13 years child studying in reputed public school and had failed in 7th standard. He belongs to the upper middle socio-economic class living in nuclear family in a low-density housing area. Since one year he was reported having paranoid schizophrenia.

Problem Area: On discussion with the counsellors of the School we found that during the time of examination he is in under short-term disability so he could not do well in exams. Moreover, the parents did not want to disclose this matter so they requested us not to do anything in this matter and found it suitable for him to repeat the same class.

Intervention: We tried to find out some way to get advantage of his temporary disability to save his valuable year so that his moral is not broken. This was necessary for minimize the chances of relapse. For the same we tried to contact District Education Officer (DEO) but could not meet him. We contacted his family but they do not want anything to be done in the matter due to fear of disclosing matter in the society.

Conclusion: The boy failed in four subjects. We approached the family but they did not want any thing to be done and found it suitable to repeat the same class. Though we could not do anything for the student, this case raises an important issue regarding the implementation of law for disabled student.

Future Intervention: The family should be educated for early symptoms of the disease and regular treatment. Counselling should be done to remove wrong notions about illness and parent must be taught for after care management of the patient at home.

CASE HISTORY NO. 17

Mental Disorder: Depression **Duration of Illness: 2 years**

Type of Case: Advocacy **Outcome: Failure**

Introduction A Hindu female aged 35 years, matriculation passed, married and divorced. She is currently shouldering all domestic responsibilities at her father's house. She belongs to the middle socio-economic class living in joint family in a low-density housing area. Since two years she was reported having depression.

Problem Area: On observation and discussion with the patients and family members it was found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, she reported that after her divorce there was constant harassment from her family members. This continuous stress resulted in depression. Parents are not ready to keep her at home and harass. They do not allow her to come to the day care centre and do not allow her to do vocational activities at home. She was often beaten up and abused. In spite of this illness her ability of communication, self-care, but interpersonal relationship was found affected. She lacked of confidence and was in pessimistic.

Intervention: In the first meeting, we briefed her about treatment, regular follow-up and educate her about ongoing rehabilitation programme. She started coming for follow-up visits and showed interest in the activities done at the occupational therapy unit. We counselled family to resolve her family problems and tried to gain maximum support of her family members in the rehabilitation process. We had partial success but still her parents are not fully supporting in for day care activities.

Conclusion: The patient regularly takes treatment and visits the day care centre at the hospital. She enthusiastically participates in vocational activities and now has problem-solving attitude. The family members still are not very supportive and want to dump her anywhere. This case raises an important issue of how to protect issues pertaining to the human rights of the patient.

Future Action: Since the patient is slowly progressing and shows interest in vocational activities, it is suggested that family members should be educated about the patients care and if they are not cooperating for the same, a legal case must be registered to protect the right of the patient.

CASE HISTORY NO. 18

Mental Disorder: Bipolar **Duration of Illness: 30 Months**

Type of Case: Advocacy **Outcome: Success**

Introduction: A Hindu female aged 40 years, matriculation passed, married having three children. She currently does domestic activities at her brother's house. Her marital life is disturbed as she is separated from her husband since last one and a half years. Her husband works as a "turner" in private company earning Rs. 4000/month. She belongs to the middle socio-economic class living in joint family in a low- density housing area. Since two and a half years she was reported having bipolar disorder.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, she reported that there was constant harassment from her husband since fifteen years. This continuous stress resulted in mental illness and she was admitted to the mental health hospital in Ahmedabad for three months. After her discharge she was not accepted by her husband and was forced to live with her brother. The delay in the treatment was because of the ignorance of disease among the family members. In spite of mental illness her ability of communication, self-care, and interpersonal relationship was found to be normal. However, she lacked confidence and was pessimistic.

Intervention: In the first meeting before with her, we briefed her about treatment compliance and regular follow-up. We also educated her about the rehabilitation process. She started coming for follow-ups and showed interest in the activities at the occupational therapy unit. However due to transportation problem, she reported helplessness in attending the day care centre at the hospital. We resolved this problem by providing her feeble transportation charges. Apart from this we have done family counselling to resolve the marital problem. Various options were put forward before her and her family members and they finally opted to resolve the matter in the court. We helped her register a court case against her husband for custodial care with family rights or provide for maintenance. After long effort, her husband agreed for out of court settlement and accepted her. We also provided a sewing machine under home based rehabilitation programme.

Conclusion: Owing to our constant efforts, the patient takes regularly treatment and attends the day care centre at the hospital. She is now very optimistic and has regained her confidence. She enthusiastically participates in vocational activities and now have problem-solving attitude. This case shows that constant counselling and follow-up can enhance the capacity of the patient to participate in productive work and lead a normal life.

Future Action: Regular follow-up for medication and monitoring her performance for vocational activities, so that she may not relapse.

CASE HISTORY NO.19

Mental Disorder: Schizophrenic **Duration of Illness: 15 years**

Type of Case: Community Based Rehabilitation Programme

Outcome: Partial success

Introduction: A Hindu female aged 37 years, 12th passed, unmarried, and presently gives performs domestic activities and visits an NGO - "ORAKH" for making file folders. She belongs to the middle socio-economic class living in nuclear family in a low density housing area. Since 15 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and mile stones of growth were normal. There were no childhood psychiatric problems. However, her brother reported that she became anxious about studies, started remaining aloof, and did not take proper food. This had affected work performance. She was diagnosed as schizophrenic and started taking treatment at he mental hospital. Because of long duration of the illness, except self-care skill, her communication, interpersonal, and work skill are found to be affected.

Intervention: - In the first meeting with her, we briefed her about treatment compliance and regular follow-up. We had also educated her about the rehabilitation process. Her brother who is works as an accountant in an NGO named "ORAKH" was very happy to know about the day care facility for providing training in different trades. As per her relatives demand and our observation, she needs training in communication and work area. She has habit of drinking tea frequently which was provided at occupational therapy unit as a incentive. After the morning session her brother took her to the NGO for file folder making and other work.

Conclusion: Owing to our constant efforts, the patient regularly comes for follow-up. In the initial stage, she was very shy and preferred isolation. When work was provided she said that she was not able to perform. But after a few days of regular presence in occupational therapy unit, she started communicating with staff and demanding whatever she wanted. Even his brother reported behaviour change. If transportation facilities available she will continue to come. This case shows that constant communication and provocation of work in group condition will absolutely improve communication and work skills which had deteriorated because of long lasting psychotic illness.

Future Action: Once the patient is comfortable with the vocational activities in the occupational therapy unit, she should be integrated with the community rehabilitation programme at the same NGO.

CASE HISTORY No. 20

Mental Disorder: Bipolar **Duration of Illness: 6 years**

Type of Case: Home-Based Rehabilitation Programme **Outcome: Success**

Introduction: A Hindu female aged 40 years, primary school passed, married and has three children, and shouldering all domestic responsibilities. She belongs to the lower economic class living in nuclear family in a high density area. Since 6 years she was reported having bipolar disorder.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestones of growth were normal. There were no childhood psychiatric problems. According to her husband she started beating her children, used abusive language, laughed inappropriately, and did not perform any work. Her illness is episodic type. Her ability of communication, self-care, and interpersonal relationship was found to be normal. She lacked confidence and worried about financial problem.

Intervention: On the first meeting we briefed her about treatment and regular follow-up. We had also educated her about the on going rehabilitation programme. She regularly attended occupational therapy unit and received training Crochet work when admitted to the hospital. However she has to perform household duties and cannot attend the day care centre regularly. Later she was integrated with the home based rehabilitation programme.

Conclusions: Owing to our constant efforts, the patient regularly takes treatment and received incentives. She is very happy and becomes confident by gaining incentives. She is regularly taken raw material from occupational therapy unit and returns processed material. Relatives appreciate change in her behavior, regularity in domestic activity and significant remission of all symptoms. This case shows that constant counselling and follow-up enable the patient to participate in work and lead normal life.

Future Action: This patient has recovered well in the occupational therapy unit and it is suggested to integrate her with the home based rehabilitation programme.

CASE HISTORY NO. 21

Mental Disorder: Schizophrenic **Duration of Illness: 18 years**

Type of Case: Day Care Centre **Outcome: Success**

Introduction: A Hindu female aged 38 years, under graduate in engineering, separated and currently unemployed. Her parents reported that she had skills in painting. She belongs to the middle socio-economic class living in nuclear family in a low density housing area. Since 18 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There was no childhood psychiatry problem. Because of poor compliance and frequent transfers to Delhi (for her father's treatment) she was in the acute phase of symptoms when brought to the hospital. She was poor in communication, self-care and interpersonal relationship. She lacked confidence and was pessimistic.

Interventions: In the first meeting, we briefed her about treatment compliance and regular follow-up. We had also educated her about the rehabilitation process. She started coming to the occupational therapy unit but did not show interest and a kept herself aloof. After discharged from the hospital, she wanted to come to the occupational therapy unit. Due to her father's treatment in Delhi the family was planning to shift to Delhi. Detail counselling was done how she could become financially independent and utilize her time in painting. After coming back from Delhi, she was counseled for the day care centre. In day care she received training in Crochet work and painting. She started taking raw material home. She purchased handkerchives her from the money she got as incentive. Her mother reported she made many paintings and a few were sold. But she discontinued medicines and all symptoms resurfaced again. Because of her weakness we made arrangements for providing raw materials at her home. An exhibition of her painting was held on 26th January at the Mental Health Hospital where we taught her how to do marketing? After selling three paintings, she regained her confidence.

Conclusion: Owing to our constant efforts, the patient regularly takes treatment, shows readiness in communicating with staff and other patients, and participates in painting activity. The parents have reported change in her behaviour and have appreciated these rehabilitation activities. They wanted to continue her treatment but because of her father's treatment in Delhi they shifted to Delhi. This case shows that constant counselling and follow-up can help the patient to participate in productive work with less chance /possibility for relapse.

Future Action: Since the patient has improved her vocational skills, it is advised to integrate her with the community rehabilitation programme. Since she plans to settle in Delhi, the organization should help by introducing her to an NGO working for the same cause.

CASE HISTORY NO.22

Mental Disorder: Schizophrenic **Duration of Illness: 5 years**

Type of Case: Day Care Centre **Outcome: Failure**

Introduction: A Hindu female aged 25 years, graduate, unmarried and currently unemployed. However she can do Crochet and painting. She belongs to the middle socio-economic class, living in joint family in a low-density housing area. Since last five years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestones of growth were normal. There were no childhood psychiatric problems. Because of delay in treatment her ability of communication, self-care, interpersonal relationship, and work was found to be affected more. Family members had many misconceptions. This is because; they had ignored the disease of mental illness. She was brought to the hospital by police on the basis of neighbours complaints. Family members reported that she was poor at compliance and not ready to come to the hospital and hence cannot do regular follow-up.

Intervention: In the first meeting with her, we briefed her about treatment compliance and regular follow-up. We had also educated her and family members about the rehabilitation activities. She started coming at the occupational therapy unit when admitted at the hospital. She was given training in painting and handwork. After discharge she was not ready to come to the day care centre. We had home visits frequently for counselling and vocational training.

Conclusion: Owing to our constant efforts, the patient started taking regular treatment and care and communicating with others when admitted in the hospital. During home visits she was found cooperative and learned whatever was taught. Since her disability and impairment had not improved she was irregular in self-care and work. After discharged she did not come to the hospital. Family members still have doubts and misconceptions and kept denial attitude even after repeated counselling. At present she is poor in compliance and irregular in follow-up.

Future Action: In order to integrate the patient in the rehabilitation process, it is very essential to remove the wrong notions of the family members by counselling.

CASE HISTORY NO. 23

Mental Disorder: Schizophrenic **Duration of Illness: 5 years**

Type of Case: Home-Based Rehabilitation Programme **Outcome: Failure**

Introduction: A male patient aged 25 years, higher secondary passed, unmarried and unemployed. He belongs to the middle socio-economic class living in a joint family in a high density housing area. Since five years he was reported having schizophrenia.

Problem Area: - On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However, his mother reported that he met with an accident five years ago and had head injury. All reports were normal but there after he started behaving abnormally. Family members had many misconceptions and doubts and did not start treatment immediately. He was taken at many temples and faith healers (*Bhuva*). No improvement was found and because of the ignorance of disease and deteriorated found in the illness. His ability to communicate, self-care, interpersonal relationship, and work were very poor. He was in the acute phase of all symptoms.

Intervention: On the first meeting with him, we educated his family members about mental illness, regular medication, regular follow-up and the rehabilitation process. Home visits were done when he did not come for medication and follow-up. Though we made constant efforts to provide rehabilitation, the patient and relatives were reluctant to take part. During our first home visit, family members reported that they stopped treatment. Because of our counselling they started taking treatment from a private psychiatrist and are not ready to come to the hospital because of stigma.

Conclusion: The patient has improved remarkably and started taking medicines. However it is very difficult to remove the wrong notion of the family members.

Future Action: Educate the family members about early symptoms of the disease and continue treatment.

CASE HISTORY NO. 24

Mental Disorder: Schizophrenic **Duration of Illness: 5 years**

Type of Case: Community-Based Rehabilitation Programme

Outcome: Success

Introduction: A Muslim female aged 30 years, higher secondary passed, separated and having two children, and currently helping in domestic work. She belongs to the middle socio-economic class living in joint family in the high density housing area. Since 5 years she was reported having illness of schizophrenia.

Problem Area: On observation and discussion with the patients and family members it was found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. Family members reported that her condition was much better than before separation from husband. She was poor at treatment and not come for follow-up regularly. Usually father came for taking her medicines. Because of this illness her ability of communication and work was found to be poorer than self-care. However it was observed that she was having lack of confidence and was in pessimistic attitude having no charm of life.

Intervention: In the first meeting, there was partial remission of symptoms. We briefed her about regular follow-up and treatment compliance. We had also educated her and family members about the rehabilitation process. On one occasion, she was admitted to the hospital (open ward). She started coming at occupational therapy unit regularly and showed interest in tailoring. However due to transportation problem, she reported her helplessness in attending the day care centre. We resolved this problem by providing her feeble transportation charges. Owing to the demand from her, we provided a sewing machine so that she could earn Rs.10 a day. She has gone to her husband in Bharuch and does professional vocational activities from home.

Conclusion: Owing to our constant efforts, the patient regularly takes treatment and attends the day care centre at the hospital. She is very optimistic and has regained her confidence. She enthusiastically participates in vocational activities and when we supported her by providing a sewing machine at home she became very happy. Constant counselling and follow-up have enhanced the capacity to participate in productive work and have helped her stand on her feet.

Future Action: Seeing the progress of the patient, it is advised to follow-up for continuous medication and ensure that no family dispute arises that can lead to a relapse.

CASE HISTORY NO. 25

Mental Disorder: Schizophrenic **Duration of Illness: 12 years**

Type of Case: Community Based Rehabilitation Programme

Outcome: Success

Introduction: A Hindu male aged 34 years, have Diploma in Civil Engineering, unmarried, currently unemployed. He belongs to the middle socio-economic class living in joint family in a low density housing area. Since last 12 years he was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. After completion of his diploma, he started behaving abnormally. He was continuously under treatment but no improvement was noticed. At present there is significant reemergence of all symptoms. Communication, self-care, and interpersonal relationship were found to be normal. However work behaviour was affected. His family members were very supportive and showed interest in rehabilitation activities.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up. We also educated him and his family members about the rehabilitation programme. We noted that the patient and his relatives wanted the patient to be resettled in any job. He was regularly counseled for daily activities (i.e. reading news paper, watching movie, and other recreational activities). He wanted to join a course AUTOCAD directly but as per the suggestions he joined “BASIC” in which he reported difficulty in understanding the English language. This was resolved by giving advice on reading, computer books in Gujarati.

Conclusion: Owing to our efforts, the patient is regularly taking treatment and comes for counselling. He has completed the computer course. He is found very optimistic and has regained his confidence. Since last three months he did not come for follow-up and when we went home his relatives reported he had gone to the village. He regularly took medicines and did computer-related job work in the village. This case shows that constant counselling and follow-up restores capacity and confidence of the patient to participate in productive work.

Future Action: Needs regular medication and follow-up and supportive family atmosphere so that there may not be relapse

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CASE HISTORY NO. 26

Mental Disorder: Depression **Duration of Illness: 30 Months**

Type of Case: Day Care Centre **Outcome: Success**

Introduction: A Hindu female aged 31 years, with qualification of (PTC). Her marital life is disturbed as she is separated from her husband since two a half years and currently does domestic work at her parent's house. She belongs to the middle socio-economic class living in nuclear family in a low density housing area. Since two and half years she was reported having depression.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestones of growth were normal. There were no childhood psychiatric problems. However, she reported that there was constant harassment from her husband. This continuous stress resulted in depression and she started taking treatment. Now she does not want to go back to the husband. In spite of this illness, her ability of communication, self-care, interpersonal relationship and work was found to be normal. However she lacked confidence and was pessimistic.

Intervention: In the first meeting, she and her father were very happy to know about the rehabilitation process and showed readiness to be involved. However due to transportation problem, she reported helplessness to attend the day care centre at the hospital. We resolved this problem by providing feeble transportation charges. After getting training in Crochet work she started taking raw materials home and returned finished material when she came for follow-up.

Conclusion: Owing to our constant efforts, the patient regularly attends the day care centre at the hospital. She is more confident and shows readiness to come daily for teaching other patients and learning tailoring work when transportation facility will start. This case shows that constant counselling and follow-up and provocation of vocational training help the patient understand her self, her skills and capacities better.

Future Action: Since the patient is doing well in the day care centre, it is advised to integrate her in the community rehabilitation programme.

CASE HISTORY NO. 27

Mental Disorder: Schizophrenic **Duration of Illness: 20 years**

Type of Case: Home - Based Rehabilitation Programme

Outcome: Partial success

Introduction: A Hindu female aged 40 years, under graduate, unmarried and currently helping her mother in domestic activities. She belongs to the middle socio-economic class living in nuclear family in low density housing area. Since 20 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members it was found that birth history and miles a stone of growth were normal. There were no childhood psychiatric problems. She takes medicine regularly and comes for follow-up alone. Her ability of communication, self-care and interpersonal relationship was found to be normal. She lacked of confidence.

Intervention: In the first meeting, we briefed her about the rehabilitation programme. When she watched all O.T. activities she showed interest in knitting work. However due to transportation problem, she could not attend the day care centre the hospital. When she knew about home based training, she started taking raw materials home.

Conclusion: Owing to our constant efforts, the patient came for treatment, attended the day care for the entire day and learned Crochet work and knitting. She took raw material home and returned finished material. She was happy to get good amount of incentives.

Future Action: It is suggested to have regular follow-up and family counselling. Since she is doing well in the home based rehabilitation programme, it is recommended to integrate her into the community for economic independency.

CASE HISTORY NO. 28

Mental Disorder: Schizophrenic with MR **Duration of Illness: 5 years**

Type of Case: Community Based Rehabilitation Programme

Outcome: Success

Introduction: A Hindu male aged 21 years, 7th class pass, unmarried and unemployed. He belongs to the middle socio-economic class living in joint family in a low density housing area. Since 5 years he was reported having schizophrenia with mental retardation.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. He had the first epileptic attack at the age of 13 years. He was under medication and the parents reported that after age of 17 years he started behaving abnormally. He left schooling and was admitted to the mental hospital. There after he was admitted frequently because the parents had many misconceptions and doubts and had no idea about how to provide supportive environment. Because of this illness his ability of communication, self-care, and interpersonal relationship and work was found to be affected. He planned to start a small petty business after discharge but did not know how to work on it and what types of skills were required for it.

Intervention: On the first meeting, we briefed him about treatment and regular follow-up. We educated him and his family members about his illness and the rehabilitation process. After discharged he started coming to the hospital but refused to the day care centre. He was made to realize that he needed counting and communication skill to start petty business. He started receiving training in *agarbatti* making. He was provided raw material at home. He was regularly counseled and motivated for his set goal.

Conclusion: Owing to our constant efforts, the patient regularly takes treatment and attends the day care centre at the hospital. He is found very confident and by getting good amount of money he had become happy. Her parents also report a change in his behaviour. There is significant remission of target symptoms. At present he is running his petty business independently (*Pan Galla*).

Future Action: He should continue medication and there should be proper family support for his petty business even if his earnings are low.

CASE HISTORY NO. 29

Mental Disorder: Bipolar **Duration of Illness: 3 years**

Type of Case: Home - Based Rehabilitation Programme **Outcome: Success**

Introduction: A Hindu male aged 25 years, passed matriculation, unmarried and unemployed. He belongs to the lower socio-economic class living in nuclear family in a low density housing area. Since 3 years he was reported having bipolar disorder.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. He started behaving abnormally and was under treatment. But because of poor compliance no improvement was found. Because of this illness he was irregular at work and self-care and communication were also affected. He was found confused and lack confidence.

Intervention: We briefed him about treatment compliance and regular follow-up. We also educated him about the rehabilitation programme. He visited the day care centre for a few days and then stopped. In home visits, counselling was done for making him financial independent and regular treatment. He started coming to the day care where training in tailoring was provided. He was also helped by providing a sewing machine at home.

Conclusion: Owing to our constant efforts, the patient regularly takes treatment and attends the day care centre at the hospital. He is found now very optimistic and has regained confidence. He has started earning good amount of money. By having a sewing machine at home he plans to get work from outside and also plans to take training in tailoring. This case shows that constant counselling and follow-up enhances the capacity of the patient to participate in productive work and lead a normal life.

Future Action: Efforts should be made to continue his medication and he should be integrated in the community based rehabilitation programme.

CASE HISTORY NO. 30

Mental Disorder: Schizophrenic **Duration of Illness: 25 years**

Type of Case: Home - Based Rehabilitation Programme **Outcome: Success**

Introduction: A Hindu female aged 52 years, qualified in fine arts, divorced and having one child. She is currently shouldering all domestic responsibilities at her mother's house. She belongs to the middle socio-economic class living in nuclear family in a low density housing area. Since last 25 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. She started behaving abnormally when she was pregnant. She was under psychiatric treatment and admitted to the hospital frequently. At present her ability of communication and self-care are found reasonably good. However her work and interpersonal relationship are affected. She lacked of confidence and was pessimistic.

Intervention: In the first meeting, we briefed her about the rehabilitation process. She and her family members showed enthusiasm. She wanted to come to the day care centre but because of responsibility of mother and household activities, she decided to come once in fifteen days for training in Crochet work and for taking raw material at home. She was provided training and counselling home and received product.

Conclusion: Owing to our constant efforts, the patient has learnt knitting and regained her confidence in painting and hand work. She waits our visit eagerly. During our home visits she gets a chance to communicate and express her feelings and problems. Her problems were resolved by discussion. She has become more confident, takes initiative and comes alone for medication at the hospital.

Future Action: She should be integrated in the home based rehabilitation programme.

CASE HISTORY NO. 31

Mental Disorder: Schizophrenic **Duration of Illness: 10 years**

Type of Case: Community Based Rehabilitation Programme

Outcome: Failure

Introduction: A Hindu female aged 40 years, undergraduate, unmarried and is currently staying with her parents and does domestic work. She belongs to the middle socio-economic class living in nuclear family in a low density housing area. Since 10 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. We made frequent home visits for collecting information about her illness but her family members were not cooperative.

Intervention: In the first meeting we had educated her and family members about the rehabilitation process. They did not show any interest and were non cooperative. There is a strong stigma toward the hospital.

Conclusion: Though we tried our best but the family members were not cooperative. At present the patient does household and other activities demanded by society. But for this patient psychosocial rehabilitation would be more beneficial for developing socio and cognitive skill and prevent relapse.

Future Action: Since the patient's family has a strong stigma towards hospital, it is advised to counsel them to integrate the patient in the community rehabilitation programme.

CASE HISTORY NO. 32

Mental Disorder: Schizophrenic **Duration of Illness: 5 years**

Type of Case: Day Care centre **Outcome: Partial success**

Introduction: A Hindu female patient aged 37 years, higher secondary school, married and has two children. She performs domestic responsibilities partially. She belongs to the middle socio-economic class living in nuclear family in a low density housing area. Since 5 years she was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. Before coming to the hospital, she had acute symptoms of psychotic disorder with very poor insight and inconsistent response to ongoing therapies. Because of her illness, disability was found in the areas of communication, self-care, interpersonal relationships and work. She was found highly frustrated, having low confidence and was pessimistic. In excited state the patient refused to come to the occupational therapy unit in the hospital.

Intervention: On the first meeting, we briefed her about treatment and regular follow-up. We had also educated her and family members about the rehabilitation programme. She started coming for the regular follow-up and showed interest in the activities at the occupation therapy unit. She stopped coming to the day care centre. However constant follow-up and counselling at home made her to continue to come at the occupational therapy unit.

Conclusion: Owing to our constant efforts the patient learned to paint. Her husband reported that regular attendance in occupational therapy unit and regular work behavior frequently was co-related with similar behaviour at home. When she stopped coming to the day care centre we did frequent home visits done but she gets irritate and becomes irresponsive to home base training interventions. At present we do home visits and talk to her by asking her about routine domestic activities, recreational activities, regular compliance and about health. Since she is suffering from a relapse, sustained improvement could not be achieved.

Future Action: Regular follow-up and counselling to avoid relapse.

CASE HISTORY NO. 33

Mental Disorder: Bipolar **Duration of Illness: 8 years**

Type of Case: Day Care centre **Outcome: Success**

Introduction: A Hindu male aged 28 years, certificate holder (turner-fitter) and also received training in swimming, unmarried and currently unemployed. He belongs to the middle socio-economic class living in joint family in a low density housing area. Since 8 years he was reported having bipolar disorder.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. He was irregular in compliance and follow-up and so no improvement was seen. His illness has had an impact on work behaviour and inter-personal relationships. However self-care and communication were found reasonably well. He lacked confidence and was pessimistic.

Intervention: In the first meeting, we briefed him about treatment and regular follow-up. We had also educated him and his family members about the rehabilitation process. For three months the patient could not be contacted because he went to Ratlam for receiving training in *agarbati* making. After coming back all his symptoms relapsed and he was admitted to the hospital. He started coming to the occupational therapy unit after constant efforts and was provided opportunities to show his skills in painting. We appreciated his all paintings and interest in other activities also. After discharge he continued coming to the day care centre.

Conclusion: Owing to our constant efforts, the patient takes treatment and attends the day care centre. His family members report that he has become more confident and shows readiness to come to the day care centre which he did not show in the past. Since the occupational therapy unit has limited facility when compared to his interest in painting, it was decided to impart professional training. All these abilities will help him in future job placement and better socio functioning. At present he is employed in a private industry.

Future Action: Owing to his interest in painting, he should be trained professionally and should be integrated in the community rehabilitation programme.

CASE HISTORY NO. 34

Mental Disorder: Schizophrenic **Duration of Illness: 7 years**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Success

Introduction: A Hindu female aged 30 years, post graduate, married and has one child. She is currently shouldering domestic responsibilities. She belongs to the middle socio-economic class living in joint family in a low density area. Since seven years she was reported having schizophrenia

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. However she reported that there was constant harassment from her husband since last five years. The husband reported that he was not informed of her illness before marriage. The main problems restarting treatment was the hospital stigma and marital conflict. Problems in communication, interpersonal relationships and work were found because of the illness. She lacked confidence and was pessimistic.

Intervention: In the first meeting, we briefed her about treatment and regular follow-up. We also educated her and family members about the rehabilitation process. Her husband had many misconceptions and doubts for which counselling was done. She expressed desire for adequate level of functioning at domestic activities and engages herself in leisure time. She showed interest in the activities done at our occupational unit. However because of the child, she reported helplessness to attended the day care centre. Thus she was given home based training. She was also provided guidance on different educational toys and games available for the child and thus can become recreation for her also.

Conclusion: Owing to our constant efforts, the patient regularly takes treatment and follow-up. The husband came to know about the difficulties she faced in day to day life because of this illness and was ready to extend support to resolve her problems. Patient started taking notice of her routine activities, and took efforts to resolve them. After a few months she reported no acute symptom. She performs household activities very well and also reads books. She tries to make adjustment with her husband. The husband also reported enthusiasm and increased interest in every day activity. She learned Crochet work and made mobile covers in leisure time.

Future Action: The patient and her family members need constant follow-up and proper counselling to motivate her in vocational and domestic activities.

CASE HISTORY NO. 35

Mental Disorder: Depression **Duration of Illness: 30 months**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Partial success

Introduction: A Hindu male aged 42 years, third passed, married and has two children. Since 27 years, he works in L.I.C as a peon and his last monthly salary earned was Rs.11,000, when he left job. He is currently unemployed. He belongs to the middle socio-economic class living in nuclear family in a high density housing area. Since two and a half years he was reported having depression.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. He and his family members reported that there was constant harassment from his staff members since last three years. This continuous stress resulted in depression and he was under psychiatric treatment. He left the job and his problems increased because of no work. He stopped medication because of financial difficulties. After a long gap he started taking medicines from the hospital but he did not come for follow-up. Thus his self-care, communication, interpersonal relationships and work were affected. He lacked confidence and was pessimistic.

Intervention: In the first meeting, during our home visit we came to know that he had stopped medicines since last six months. We briefed him about treatment compliance and regular follow-up. We educated him about the on going rehabilitation programme. He started taking medicines again and came for follow-up with all documents needed for advocacy. After discussion we found that he had taken voluntary retirement and got pension. We counselled him and motivated for doing petty business with the help of his wife. We also showed readiness to provide home base training for making file folders at home.

Conclusion: Owing to our constant efforts, the patient regularly takes treatment and comes for follow-up. However he was not convinced for coming to the day care centre and for receiving training at home. According to his wife there is partial remission of all symptoms.

Future Action: The patient is still in mild depression and needs constant follow-up and counselling. It also recommended after giving home based training the patient should be integrated with the community rehabilitation programme.

CASE HISTORY NO. 36

Mental Disorder: Depression **Duration of Illness: 2 years**

Type of Case: Advocacy **Outcome: Success**

Introduction: A Hindu female aged 30 years, higher secondary schooling, married and has one child. She currently performs domestic activities at her parent's house. Her marital life was disturbed as she separated from her husband since last one year. Her husband works in a private company. She belongs to the middle socio-economic class living in nuclear family in a low density housing area. Since two years she was reported having psychotic depression.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. She reported that there was constant harassment from her husband since last two and a half years. This continuous stress resulted in depression and she was under treatment of private psychiatrist. Then she was sent to her parents' and she started taking treatment from mental hospital. After two months the treatment was found effective and after the doctor's suggestion, she stopped taking medicines. But she was not accepted by her husband and her parents were not ready to send her to her husband because of fear of relapse. Since her child was with her husband, she wanted to go there at any cost.

Intervention: During home visit at her husband's house we came to know that she was not living with him. They were uncooperative and refused to give any detail. We briefed her and family members about treatment compliance and regular follow-up. We also educated her and family members about the rehabilitation programme. Efforts were made for the treatment in the hospital. Apart from this, we did regular family counselling to resolve the marital problem. Various options were put forward before them and they finally opted to resolve the matter out of the court. However we suggested to send to her to the husband house. She can earn independently as she was having sewing skill.

Conclusion: Owing to our constant efforts, the patient is very optimistic and happy. After counselling, and home visits, there is a possibility to resolving the marital problem out of court. She was sent to her husband's house after a few days. Home visits done once in a month to get information about her. After three months mother reported that she was happy over there. The case shows that constant counselling and follow-up can help to resolve the marital problems out of court.

Future Action: Though the patient is integrated with her family, it is advised to do regular follow-up and ensure that the patient do not get a relapse again. Proper counselling of the family members is also needed.

CASE HISTORY NO. 37

Mental Disorder: Depression **Duration of Illness: 8 months**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Success

Introduction: A Hindu female aged 25 years, ninth class passed and married. She currently does domestic activities at her parent's house. Her marital life is disturbed as she is separated from her husband since nine months. She belongs to the middle socio-economic class living in nuclear family in a low-density housing area. Since eight months she was reported having depression.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. As per her mother's report she had miscarriage and this resulted in depression. She attempted suicide at husband's house because of which she was sent to her parent's house. She received treatment at the mental hospital. The effect of the illness can be seen on communication and work skills. However self-care and interpersonal relationships were reasonably well. She lacked confidence and was pessimistic.

Intervention: In the first meeting, we briefed her about treatment compliance and regular follow-up. We also educated her about the rehabilitation process. She started coming for the regular follow-up and showed interest at the occupational therapy unit. Because of fear of indoor patient she was not ready to come. We started providing raw material at home and repeated counselling at the hospital.

Conclusion: - Owing to our constant efforts, the patient is takes treatment and returns finished material after taking raw material home. She is now very optimistic and regained her confidence. As per mother's report she starts taking active in household and other activities. She came with her husband after few months. Her husband was counseled about her illness and how to prevent relapses. She got good amount of incentive. This case shows that constant counselling and follow-up case enhance the capacity of the patient to participate in productive work and lead a normal life.

Future Action: The patient and the family members require regular counselling to avoid relapse.

CASE HISTORY NO. 38

Mental Disorder: Schizophrenic **Duration of Illness: 1 year**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Success

Introduction: A Hindu male aged 22 years ninth class passed and belongs to the below poverty line (BPL) class. He is lives in nuclear family in a low density housing area. Since one year he was suffering from schizophrenia.

Problem Area: On observation and discussion with family members, we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. His communication and inter-personal relation were reasonably good but work and self-care were affected. Since he has no work, there is economic crisis in the family. His brother was also found suffering from mental disorder.

Intervention: On our first meeting, we briefed about treatment compliance and regular follow. We also educated them about the rehabilitation programme. After rigorous counselling, the patient started visiting occupational therapy unit and took training for making file folders and cloth bags. He was given a sewing machine and later he took raw materials home for processing. The patient starting taking medication regularly from the hospital

Conclusion: Since the patient belongs to the below poverty line class, he has been encouraged to come to the occupational therapy unit to earn vocational skills for livelihood. He benefited from the training and later was integrated with home based training. The patient needs timely guidance for getting work from the market.

Future Action: Since the patient has integrated with the home based training programme, he should be integrated with the community –based rehabilitation programme

CASE HISTORY NO. 39

Mental Disorder: Schizophrenic **Duration of Illness: 6 years**

Type of Case: Day Care Centre **Outcome: Success**

Introduction: A married Hindu male aged 45 years, graduate, working as a telephone operator in a public sector firm, living in nuclear family in a high housing density area. Since six years he is suffering from schizophrenia.

Problem Area: On observation and discussion with the patient and family members the birth history and milestone of growth were normal. There was no psychiatric childhood psychiatric problem. His family members are cooperative. The patient has good physical fitness; self-care, communication and interpersonal relationship, but is poor in performing work. Since his wife is a working woman, the patient feels boring after the wife goes to work.

Intervention: The patient was motivated to visit the day care centre. After a few days the patient stopped coming to the day care because of the transportation problem. We solve the problem by providing a mobile van. Since transportation was a problem and he was very much confident about his learning ability, we persuaded him to learn computer operation from a professional institution. We also counselled about regular medication and follow-up.

Conclusion: Owing to the patient's qualification, we directed his interest towards the computer. He was found very keen during the training session. The patient was given transportation support to complete his training at occupational therapy unit and later was advised to undergo higher professional training.

Future Action: A highly qualified patient needs extra care while imparting technical training. It is advised technical training be provide in a professional institute outside the hospital and integrate him in the community rehabilitation programme.

CASE HISTORY NO. 40

Mental Disorder: Schizophrenic with Epilepsy **Duration of illness: 7 years**

Type of Case: Day Care Centre **Outcome: Success**

Introduction: A Hindu male aged 38 year old, seventh class passed is living in a nuclear family in low density housing area. He did labour work and his wife used did domestic work and they live in below poverty line. Since seven year years he was reported suffering from schizophrenia with epilepsy.

Problem areas: On observation and discussion with the patient and family members, we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. Because of his illness his ability to communicate, self-care, interpersonal relationship and work were found to be poor. However physically he is fit. He was not taking medicines regularly because of poor economical condition.

Intervention: Frequent visits motivated the patients for regular medication, follow-up and day care activities. The family was provided knowledge of recognizing early symptoms. He started visiting occupational therapy unit. He was provided counselling in self-care and interpersonal relationship. We created interest for trade related to paper and making dustbin. Mobile van facility was provided free of cost to the patient. He was comfortable at the occupational therapy unit and started taking raw materials home. He was also provided guidance for availing disability certificate.

Conclusion: The patient regularly takes treatment and attends the day care centre. He is found now very optimistic and has regained his confidence. He is enthusiastically participates in vocational activities and has problem - solving attitude on his own. This case shows that constant counselling and follow-up enhance the capacity of the patient to participate in productive work and lead a normal life.

Future Action: The patient should be integrated with the community rehabilitation programme and advised for proper medication and regular follow-up.

CASE HISTORY NO. 41

Mental Disorder: Schizophrenic **Duration of Illness: 3 years**

Type of Case: Day Care Centre **Outcome: Partial success**

Introduction: A Hindu male aged 18 years, seventh passed, unmarried and unemployed. His father is doing petty business. He belongs to the lower socio-economic class living in nuclear family in a high density housing area. Since three years he was reported having schizophrenia.

Problem Area: On observation and discussion with patient and family members we found that birth history and milestone of growth were normal. There was no child hood psychiatric problem. His family has poor awareness about mental illness. Physically, he was found weak. Due to his illness his ability of communication, self-care and interpersonal relationship is affected. Lack of confidence and poor drug compliance are also witnessed.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up, we had also educated him about the rehabilitation programme. The patient started coming to the day care centre regularly but had no interest in doing work initially. He used to talk and later took interest in making *Agarbatti.* Slowly his self-care also improved. The family was educated about early recognization of symptoms. He was found discontinuing the medication and at present he is not attending the day care centre as he had a relapse.

Conclusion: Initially the patient was found taking interest in the occupational therapy unit activities. Later the confidence of the patient could not be retained by the family members and due their carelessness he stopped medication. This resulted in relapse. The case points out the important role of family members in aftercare management of the patient.

Future Action: In spite of proper counselling the family members were found negligent towards the patient. It is advised to counsel the family members for proper medication and regular follow-up.

CASE HISTORY NO. 42

Mental Disorder: Schizophrenic **Duration of Illness: 15 years**

Type of Case: Day Care Centre **Outcome: Partial success**

Introduction: A married Hindu male aged 54 years matriculation passed. His marital life is disturbed and he was separated from his wife since last five years. He belongs to the middle socio-economic class living in joint family in a high density housing area. Since fifteen years he was reported having schizophrenia.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood but there were problem in his married life. His family members are uncooperative. The patient has good physical fitness. In spite of this illness, his ability of communication, self-care, and interpersonal relationship was found to be normal. He lacked confidence and pessimistic.

Interventions done: In the first meeting, we briefed him about treatment compliance and regular follow-up, we had also educated him about the rehabilitation programme. The patient started coming to the occupational therapy unit regularly and learned tailoring. The family was made aware of early symptom recognition. After discharge we tried to motivate him to come to the occupational therapy unit but he refused due to hospital sigma and wanted self employment.

Conclusion: Owing to our efforts, the patient regularly takes treatment but has refused come to the day care centre. He is now very optimistic and has regained his confidence. He enthusiastically participates in vocational activities outside the hospital.

Future Action: The patient has learned tailoring and he requires to be integrated in the community rehabilitation programme. Beside, efforts should be made to settle his marriage life.

CASE HISTORY NO. 43

Mental Disorder: Schizophrenic **Duration of Illness: 15 years**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Partial success

Introduction: A married Hindu male aged 30 years, higher secondary passed. His marital life is disturbed due to illness and has separated from his wife since three years. He belongs to the middle socio-economic class living in joint family in a low density housing area. Since fifteen years he was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood but has a problem in his married life. His family members are cooperative. His ability of communication, self-care, and interpersonal relationship were found to be normal. He lacked confidence and was pessimistic.

Interventions done: In the first meeting, we briefed him about treatment compliance and regular follow-up. We also educated him about the rehabilitation programme. The patient started coming to the occupational therapy unit regularly. He works in tailoring section. He was taught purse making and file folder making. At present he attends the day care and earns good amount of money as incentive. After discharge we tried to motivate him to come in occupational therapy unit but he refuse because of the hospital sigma. We provided raw material home which he accepted positively.

Conclusion: Owing to our efforts, the patient regularly takes treatment and is well settled with his family in *Pune*. He is now very optimistic and has regained his confidence. He now have problem- solving attitude. This case shows that constant counselling and follow-up enhance the capacity of the patient to participate in productive work and lead a normal life.

Future Action: The patient should have regular medication and should be integrated with the community rehabilitation programme.

CASE HISTORY NO. 44

Mental Disorder: Schizophrenic **Duration of Illness: 15 years**

Type of Case: Day Care Centre **Outcome: Partial success**

Introduction: A Sikh unmarried male aged 26 years, graduate, belongs to the middle socio-economic class, living in nuclear family in a low density housing area. Since fifteen years he was reported having schizophrenia.

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood. His family members are cooperative. The patient has good physical fitness. In spite of this illness, his ability of communication and self-care are normal, but interpersonal relationship is affected. He lacked confidence and was pessimistic. Patient has strong hospital stigma. His father was a pensioner.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up, we had also educated him about the rehabilitation programme. The patient learned to operate the sewing machine. After discharge the patient stopped coming to the day care centre. After discharge he was motivated to start vocational activities outside the hospital in the community.

Conclusion: In spite of the hospital stigma, he was trained on vocational activities while he was admitted to the hospital. The family members are found very cooperative and want to make him economically independent.

Future Action: Since the patient has been trained in vocational activities, efforts should be made to integrate him in the community rehabilitation programme. His father is a pensioner; efforts should be made to obtain a disability certificate to avail the benefit of his father's pension.

CASE HISTORY NO. 45

Mental Disorder: Schizophrenic **Duration of Illness: 15 years**

Type of Case: Day Care Centre **Outcome: Partial success**

Introduction: An unmarried Hindu male aged 54 years, graduate. He belongs to the middle socio-economic class living in joint family in a low density housing area. Since fifteen years he was reported having schizophrenia.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood His family members are cooperative. The patient has good physical fitness. In spite of this illness, his ability of communication, self-care, and interpersonal relationship were found to be normal. He lacked confidence and was pessimistic.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up, we had also educated about the rehabilitation process. The patient learned tailoring trade. However with growing age and lack of transportation facility he discontinues coming to the occupational therapy unit. We provided vehicle support, but after that again he stopped coming to day care centre

Conclusion: - Owing to our efforts, the patient regularly takes treatment. He is now very optimistic and has regained his confidence. He had learned a vocational trade and now wants to continue practicing it. This case shows that constant counselling and follow-up can enhance the capacity of working help the patients to participate in productive work and lead also independent life.

Future Action: The patient should be counselled for regular treatment and should be made economically independent by integrating him with the community rehabilitation programme.

CASE HISTORY NO. 46

Mental Disorder: Schizophrenic **Duration of Illness: 5 years**

Type of Case: Day Care Centre **Outcome: Success**

Introduction: A Muslim male married aged 34 years, ninth class passed. He belongs to the middle socio-economic class living in nuclear family in a high density housing area. Since five years he was reported having schizophrenia.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood and no problem in his married life. His family members are cooperative. The patient has good physical fitness. In spite of this illness, his ability of communication, self-care, and interpersonal relationship were found to be normal. However, his marital life is disturbed due to separation from his wife since last five years.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up. We also educated him about the rehabilitation programme. The patient was trained in making *Agarbatti*. The family was also educated about the illness and early symptom recognition. At present he attends day care centre and earns good incentive. After discharge, we tried to motivate him to coming to occupational therapy but he refused due to hospital sigma. We provided raw material to take home which he accepted.

Conclusion: Owing to our efforts, the patient regularly takes treatment. He is very optimistic and has regained his confidence. He now has problem- solving attitude. This case shows that constant counselling and follow-up can enhance the capacity to work and his reported earning is Rs. 20/day.

Future Action: Since the patient is trained, he should be integrated with the community rehabilitation programme.

CASE HISTORY NO. 47

Mental Disorder: Schizophrenic **Duration of Illness: 5 years**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Success

Introduction: - A Muslim male married aged 30 years with matriculation passed, belongs to the middle socio-economic class living in nuclear family in a high density housing area. Since five years he was reported suffering from schizophrenia.

Describe the Problem Area: - On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood.. His family members are cooperative. Patient has good physical fitness. His ability of communication, self-care, and interpersonal relationship were found to be normal. He lacked of confidence and was pessimistic because of poor economic condition.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up, we had also educated about the rehabilitation programme. Patient started coming in occupational therapy unit regularly and was trained in making *Agarbatti* and earn good amount of incentive. After discharge we tried to motivate him to come in occupational therapy unit but he refused due to the hospital stigma so we provided raw material home. He has started working in a group with another patient who lives near by.

Conclusion: Owing to our efforts, the patient regularly takes treatment. He is found very optimistic and has regained his confidence. He is now having problem- solving attitude. As of now he earns Rs. 20/day.

Future Action: With regular medication, he should be integrated with the community rehabilitation programme.

CASE HISTORY NO. 48

Mental Disorder: Migraine **Duration of Illness: 2 years**

Type of Case: Day care Centre **Outcome: Success**

Introduction: A Hindu unmarried male, aged 25 years, graduate belongs to the middle socio-economic class living in nuclear family in a low density housing area. Since two years he was reported having migraine headache.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood His family members are cooperative. The patient has good physical fitness and his ability of communication, self-care, and interpersonal relationship were found to be normal. He lacked confidence due to poor drug compliance.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up. We also educated him about the rehabilitation programme. His family was counselled about the illness and early recognition of symptoms. The patient was also suggested some meditation exercises which helped him a lot in gaining concentration. He was also counselled on interpersonal relationship.

Conclusion: The patient increased his capacity of working by improving his concentration, behaviour, and keeping cool. He learned about computer operation in the occupational therapy unit. Apart from medication, the patient should also be taught *Yoga*, and other spiritual activities that can change the attitude of the patient.

Future Action: Since the patient is interested in computer training, he should be given professional training outside the hospital and integrate him the community rehabilitation programme.

CASE HISTORY NO. 49

Mental Disorder: Schizophrenic **Duration of Illness: 7 years**

Type of Case: Day Care Centre **Outcome: Unresolved**

Introduction: A Hindu married male aged 40 years, post graduate, belongs to the middle socio-economic class living in a low density housing area. He was working as a teacher in a private school before 10 Years. Since 7 years he was reported suffering from schizophrenia.

Problem Area: On observation and discussion with the patients and family members it was found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood His family members are cooperative. The patient has good physical fitness. The main problem of his illness was delay in treatment because of ignorance of disease among the family members. In spite of the illness, his ability of communication, self-care, and interpersonal relationship were found to be normal.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up. We also educated him about the rehabilitation process. His family counselled about the illness and early recognition of symptoms. He started coming for regular follow-up and showed interest in the activities done at the occupational therapy unit. He started taking interest in the different occupational trades and still found lack of concentration and motivation to work.

Conclusion: Owing to our efforts, the patient regularly takes treatment. However his progress was found to be slow in the occupational therapy unit.

Future Action: The patient needs constant motivation not only in the occupational therapy unit but also at home. The family members are advised to take proper care and motivate him for any vocational trade.

CASE HISTORY NO. 50

Mental Disorder: Schizophrenic **Duration of Illness: 15 years**

Type of Case: Day Care Centre **Outcome: Partial success**

Introduction: A Hindu unmarried male aged 28 years seventh class passed. He belongs to the middle socio-economic class living in joint family in a low density housing area. Since 15 years he was reported having schizophrenia.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood. The main problem for delay in treatment was the ignorance of disease of among the family members. The family believed more in traditional healers than medicine. In spite of this illness, his ability of self-care and interpersonal relationship was found to be normal. Poor in drug compliance, work interest, and in communication has affected his normal life. His brother is works as a driver and earns Rs. 7000 per month. His father gets pension.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up. We also educated about the ongoing rehabilitation programme. His family was also educated him about the illness and early symptom recognition. The patient was motivated to attend the day care centre. He showed interest in activities done at the occupational therapy unit. He was taught different trades like *agarbatti* and candle making, paper enveloped and dustbin making.

Conclusion: Owing to our efforts, the patient regularly takes treatment and has gained his interest in different trades. He has started working in the day care centre, but his progress is slow.

Future Action: The patient should be taught properly to enhance his capacity of working in the day care centre.

CASE HISTORY NO. 51

Mental Disorder: Depression **Duration of Illness: 3 years**

Type of Case: Community Rehabilitation Programme **Outcome: Success**

Introduction: A married Hindu male aged 38 years, graduate, belongs to the middle socio-economic class living in nuclear family in a low density housing area. Since 3 years he was reported having Depression. He is working for Cell Phone Company.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood His family members are cooperative. The patient has good physical fitness. In spite of this illness, his ability of self-care, and interpersonal relationship were found to be normal. The main cause of the depression is and stressful and result oriented work at the work place.

Intervention: On the first meeting before one year, we briefed him about treatment compliance and regular follow-up. We had also educated about the rehabilitation programme. His family was also educated about the illness and early symptoms recognition. We motivated the patient to attend day care centre. After discharge we visited home and motivated the patient for starting registration of vehicle. He started coming for regular follow-up. Apart from this we have done family counselling.

Conclusion: Owing to our efforts, the patient is regularly taking treatment. He is found now very optimistic and has regained his confidence. He now has good earning in his profession of registering vehicles.

Future Action: The patient needs to continue medication and visit with the hospital regularly. The family members should motivate him.

CASE HISTORY NO. 52

Mental Disorder: Schizophrenic **Duration of Illness: 10 years**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Success

Introduction: - A married Muslim male aged 42 years, secondary schooling, belongs to the lower socio-economic class living in nuclear family in a high density housing area. Since 10 years he was reported having Schizophrenia.

Problem Area: On observation and discussion with the patients and family members we found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood His family members are cooperative. The patient has good physical fitness. In spite of this illness, his ability of self-care, and interpersonal relationship was found to be normal. However, we observed that his work interest was poor and was also irregular in taking medicine. His son was the only earning member with an income of Rs. 1500/month.

Intervention: On the first meeting, we briefed him about treatment compliance and regular follow-up. We also educated him about the rehabilitation programme. His family was also counselled about the illness and early symptom recognition. The patient was motivated to attend day care centre. But due to transportation problem he could not do so. We provided him training at home and finally we arranged a mobile van. He started coming for the regular follow-up. Apart from this we have done family counselling.

Conclusion: Owing to our efforts, the patient regularly takes treatment and attends the day care centre. He is found now very optimistic and has regained his confidence. He enthusiastically participates in vocational activities and started working from home.

Future Action: The patient should take medication and be regular in follow-up visits to the hospital and should be integrated with the community rehabilitation programme.

CASE HISTORY NO. 53

Mental Disorder: Depression **Duration of Illness: 2 years**

Type of Case: Day Care Centre **Outcome: Unresolved**

Introduction: - A Hindu unmarried male aged 25 years, matriculation, belongs to the middle socio-economic class living in nuclear family in a high density housing area. He shares domestic responsibilities at home. Since two years he was reported suffering depression.

Problems area: - On observation and discussion with the patients and family members it was found that birth history and milestone of growth were normal. There was no psychiatric problem in his childhood His family members are cooperative. The patient has poor physical fitness. Unable to get the desired job and family tension, he was suffering from depression Because of this illness, self-care and interpersonal relationship was found to be poor. However, the family was not supportive. His work interest was poor and irregular in taking medicine.

Intervention: On the first meeting before one year, we briefed him about treatment compliance and regular follow-up. We had also educated him about the rehabilitation programme. His family was also educated about the illness and early symptoms recognition. The patient was motivated to attend the day care centre. Apart from this we have done family counselling.

Conclusion: - Owing to our efforts, the patient regularly takes treatment and comes to occupational therapy unit of the hospital for vocational training.

Future Action: He needs to be counselled and given more skill training to adopt at least one trade as his profession. Besides he should also be trained in self-care, communication skills and interpersonal relationship.

CASE HISTORY NO. 54

Mental Disorder: Psychotic **Duration of illness: 3 months**

Type of Case: Community Based Rehabilitation Programme

Outcome: Unresolved

Introduction: A Hindu unmarried male aged 24 years, seventh class passed living in slum area with nuclear family in a high density housing area. His family has migrated from Madhya Pradesh. His father ran a petty business and his mother did household work. He we reported brief psychotic disorder since three months.

Problems area: On observation and discussion with the patient and family member, we found that birth history and milestone of growth normal. Before three months ago patient started wondering, delayed work performance and poor in self-care, and not take medicines regularly has. The patient had acquired many bad habits such as gambling and sells all domestic articles from house.

Intervention: In the first meeting, we briefed him about regular treatment follow-up and rehabilitation process. The patient stopped taking medicines. So we visited his house. He is the sole earning member and supportive to his family. we advised him to improve his self-care and communication skills. We briefed him about treatment and follow-up and made him busy in his business of making *Panipuri*. So we had console to the patient to leave all bad habit and gave tips to flourish his own business.

Conclusion: Owing to our constant efforts, the patient is taking regular treatment and had started earning of Rs 30 to 50 daily. He also found leaving his all bad habits.

Future Action: Efforts should be made to prevent relapse of his bad habits. The family members should be counselled.

CASE HISTORY NO. 55

Mental Disorder: Schizophrenic **Duration of Illness: 16 years**

Type of Case: Day Care Centre **Outcome: Failure**

Introduction: A married Hindu aged 27 years, with fifth class passed, living in joint family in a high density housing area. Since 16 years he was reported suffering from schizophrenia. His economic status was below poverty line class.

Problem Area: The patient has normal milestone do growth and had child hood psychiatric problem. The family members were uncooperative because prolong chronic illness. Due to his illness, self-care, and interpersonal communication were very poor. He showed interest to work but could not grasp well. The patient likes to sleep for a long time.

Intervention: Due to constant intervention with the patient and his family members the patient was convinced for day care activities. The patient started to come on his cycle. The family members were given counselling to improve self-care and interpersonal communication and give knowledge about regular medication and follow-up for the patients. He started working in trades such as *Agarbatti* and tailoring and could earn Rs. 50 to 60 a month. Because of a sad incident in the family he relapsed.

Conclusion: The patient had slow recovery as he had slow earnings. He is very keen to learn about his trade of interest but gets de-motivated with little difficulties.

Future Action: The patient has to get systematic training in the occupational therapy unit till he regains his confidence of working independently.

CASE HISTORY NO. 56

Mental Disorder: Schizophrenic **Duration of Illness: 5 years**

Type of Case: Community Based Rehabilitation Programme

Outcome: Partial success

Introduction: A unmarried Hindu, aged 18 years eleventh class passed, living in high density housing area, belongs to the poor economic class. Since five years reported suffering from Schizophrenia. His father is not working, while his brother works in a restaurant. His family members are supportive to the patient. The patient used to chew *padiki* since childhood.

Problem Area: Patient has normal milestone do growth and had child hood psychiatric problem.. His family members are cooperative. His present status in self-care, interpersonal relationship and communication is very good, but very unconscious about work, even though he has good capacity. Used to work in different restaurants for two or three months but left than because he could not bear the stress of hard work.

Intervention: The patient was invited for counselling sessions but no improvement was observed in his behaviour. So visited his home and provided knowledge about day care activities and counsel his family members. We started daily counselling of the patient for keeping seriousness on work but his interested was limited to tailoring. He was taught file-folder and college bag making.

The patient committed a series of mistakes and at one time damaged a sewing machine. His capacity to work was one hour in a day. However he slowly grasped the trade items. He was willing to work and with the help of his brother he was placed a three star hotel as a sweeper. Now he earns about Rs. 1500 a month. We advised to the patient to do home based work when he get free from job but he did not agree with us.

Conclusion: Constant and rigorous follow-up, the working attitude of the patient has improved. However he was found slow in working.

Future Action: Regular monitoring of the patient for medication and at work place to avoid any relapse. The family members should be taught after care management of the patient.

CASE HISTORY NO. 57

Mental Disorder: Schizophrenic **Duration of Illness: 1 year**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Partial success

Introduction: A Hindu married aged 27 years, ninth class pass, belongs to the economic status of below poverty line and living in a high density slum area. Since one year, he was reported suffering schizophrenia..

Problem Area: On observation and discussion with the patient and family members we found that birth history and milestone of growth were normal. There were no childhood psychiatric problems. Patient's self-care, interpersonal relationships and communication are very good. Unavailability of work and poor skill led to mental disorder. The patient takes keen interest in his work.

Intervention: On the first meeting, we briefed him and his family members about treatment compliance and regular follow-up. We also educated him about the rehabilitation programme. He started coming to the care centre and showed interest in activities. Though the patient used to live 8 km away from hospital, his interest made him to work in occupational therapy unit. He was taught register, dustbin, envelope and *agarbatti* making. After taking training, he is interested in working in the community.

Conclusion: Owing to our constant efforts the patients takes regular treatment, and attends the day care centre. Acquired his confidence through learning new skills, and now very keen to work in the community.

Future Action: Integrate the patient in the community rehabilitation programme.

CASE HISTORY NO. 58

Mental Disorder: Schizophrenic **Duration of Illness: 6 years**

Type of Case: Advocacy **Outcome: Success**

Introduction: A Hindu unmarried male aged 21 years, illiterate living in tribal area in a low housing density in nuclear family and belongs to the below poverty line economic class. He was working in a collage for two years as a gardener and left the job when the mental illness became acute stage. Since six years, he was reported suffering from schizophrenia.

Problems Area: On observation and discussions with the patient and family members we found that birth history and mile stone of growth normal there were no psychiatric problem. His younger sister also suffers from mental disorder for four years. One day he suddenly left his job because of his illness and now does not take regular medicines. Started wondering and quarrelling with people around. The family was ignorant about the disease. His father is very poor and cannot afford him treatment expense.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up. We had also educated him about rehabilitation process. Tracing the incident of illness found that the patient was on contract with the college as a gardener and after completion of contractual terms he started was discharged from the duties. This led him to frustration and started quarreling at work place and also at home. Seeing such acute condition with the permission (counsel) of his father and support of police, we admitted the patient to the mental hospital for treatment. At present the patient is undergoing treatment.

Conclusion: The patient's family was counselled about the early symptoms of mental illness. Efforts were made for treatment in the hospital. The case highlights incidence of advocacy for treatment and was successful.

Future Action: After his treatment, the patient should be integrated with the occupational therapy unit and should be trained in trade of his ability so that in future he can earn his livelihood in the community and can live independently.

CASE HISTORY NO. 59

Mental Disorder: Maniac **Duration of Illness: 5 years**

Type of Case: Advocacy **Outcome: Success**

Introduction: A married Hindu male aged 42 year, matriculation passed, belongs to the poor economic class and living in a high density housing area in a nuclear family. Since ten years, he is working as drive. Since five years, the patient was reported suffering from multiple maniac disorders.

Problems Area: On observation and discussion with the patient and family members it was found that birth history and mile stone of growth were normal. There were no childhood psychiatric problems. However in his fourth episode of illness, the patient quarrelled with his subordinates. As a result, they stopped his provident Fund and imposed a penalty. The patient came under pressure because he was the only earning member in the family. On discussion we found that poor medication and follow-up resulted acute maniac stage. His present state of self-care and interpersonal and communication are moderate and work interest is low.

Intervention: In the first meeting, we briefed him about treatment compliance and regular follow-up. We had educated him about the rehabilitation programme. Therefore the patient and his family member came in regular contact with us. Later he informed us about the harassment at his work place. We referred his service book and educated authorities for change a in the nature of the job. The authorities changed the nature of his job.

Conclusion: The case is of advocacy for fighting the right of the patient at work place. Efforts were made by simple communication and desired hospital document that proved the suffering of the patient with mental disorder. Thus the nature of job changed and his self-care, inter-personal relation and communication also improved. The family members are very happy seeing the improvement in the patient.

Future Action: Efforts must be on counselling the family members for after care management of the patient and also for regular medication and follow-up with the hospital.

CASE HISTORY NO. 60

Mental Disorder: Schizophrenic **Duration of Illness: 1 year**

Type of Case: Home-Based Rehabilitation Programme

Outcome: Partial success

Introduction: A Hindu unmarried male aged 22 years, ninth class passed, living in nuclear family in a high density slum area and belongs to below poverty line economic class. Since one year, he was reported suffering from schizophrenia.

Problem Areas: There was no psychiatric problem in his childhood and milestone of growth were normal. However, his brother was also suffering from mental illness. In spite of illness, the patient has normal self-care, communication and inters personal relationship. He was poor in work skill. Since he has appropriate work, he used to quarrel with his family members for money.

Intervention: In the first meeting the patient's family members were advised to integrate the patient in the day care centre. He showed interest in tailoring; file folder making etc. After acquiring training, the patient asked for a sewing machine for doing vocational activities at home and earn independently. The patient was provided with a sewing machine and also counselled about regular medication and follow-up. The family members were counselled for recognization of early symptoms.

Conclusion: The case shows that economic reasons and absence of work is one of the factors of mental illness. Here the patient was provided with home-based training and given a sewing machine to earn his livelihood. He was counselled to take regular medication and follow-up with the hospital.

Future Action: The patient should be integrated with the community based rehabilitation programme. He should continue medication and regular follow-up visit with the hospital.

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An Appeal

The organization in the pilot phase has developed the scientific model of rehabilitation with its components, system, process and protocols. The current efforts are not sufficient to make it as regular community based rehabilitation programme linked with the hospital under public-private partnership and thus requires additional support for the following projects:

Type of Project	INR	US$
1. Half Way Home in the Community		
2. Day Care Center in he Community		
3. Software for Data Management		
4. Strengthening Self Help Group		
5. Fighting Legal Cases for Mental Patients		
6. Token Economy Programme for Mental Patients		
7. Micro Credit Schemes for Mentally Patients		
8. Conducting Research and Training in Mental Health		
9. Publication of Cases and Report of Mental Health		
10. Office Furniture, Computer and other office items		

Donation exempted under 80 (G) of Income Tax Act. The organization is registered as Public Trust under Bombay Public Trust Act of 1950 in Vadodara district of Gujarat. The organization has FCRA registration number and also registered under PWD Act of 1995.

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