

Action Project 2005

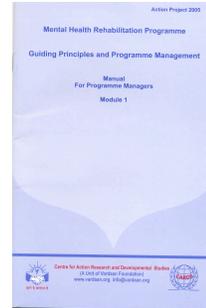
Mental Health Rehabilitation Programme

Guiding Principles and Programme Management

Module 1

Rs.25/copy

Order your copy to vardaancards@varfound.org



The epidemiological evidence in mental health reveals that worldwide mental and behaviour disorders represented 11% of the total disease burden in 1990, based on disability adjusted life years (DALYs)¹ and this is expected to increase to 15% by 2020. In the WDR 1993, four of the top ten courses of disability were due to mental and neurological disorders; depression, which was ranked fourth in 1993, is projected to be second in 2020 and will be number one among women.

It is well known fact that mental illnesses are disabling and costly. First they affect the family environment, generate social stigma, and degrade not only the economies of the individual sufferers but also of the entire family. It not only demands better and regular utilization of health services but also social services, housing, education, vocational training and some cases, the social justices for the survival of their existence. This can forced a family to poverty. Thus there is growing recognition that a large proportion of persons with mental illness and mood disorders experience a poor quality of life with long term disability, persisting symptoms or relapse of illness have given birth to the field of psychiatric rehabilitation. Reviewing the current scenario of our country, it was discovered many organization have already taken substantial efforts in addressing the issues pertaining to psychiatric rehabilitation and are successfully running psychiatric rehabilitation programme.

However in the mid nineties, the World Association Psychosocial Rehabilitation under the leadership of Dr. B. Saraceno from WAPR and Dr. J.M. Bertolate from WHO and other experts discussed the new terminology (Psychosocial Rehabilitation) effectively with the motto to help in reducing the disabling effects of chronic mental illness and highlight social and environmental barriers which hinder treatment and rehabilitation efforts.

Since there is are restructuring of mental health programme in the State of Gujarat, Center for Action Research and Developmental Studies with the support of Vardaan Foundation decided to develop a systematic manual for psychosocial rehabilitation in context to Indian scenario that attempts to disseminates the correct scientific way of doing psychosocial rehabilitation among the programme managers (from Government and NGO volunteers) and also for the policy makers.

It was a challenging task for me to make the concept of psychosocial rehabilitation appropriate and comprehensive and make sure that each service providers understand it easily. I have tried to be simple, short and succinct. The concept of *psychiatric rehabilitation* and *psychosocial rehabilitation* has been borrowed from numerous books, ongoing grassroot level efforts from all over the world, Internet search and expert's opinion. Taking these concepts, I have designed and refined operational steps linking some management principles for the beginners in the field of rehabilitation for mentally ill persons.

The guidelines mentioned in this manual are intended as suggestions only and should be considered a source of inspiration rather than a standard checklist applicable for all types of rehabilitation programme in mental health. The approaches and solution in real-life situations cannot be generalized but have to be locally tailored according to the need.

Looking to the similar efforts, done all over the world, I have tried to give a competitive edge to the subject matter for this manual as new era for the rehabilitation services is gearing its pace in he state of Gujarat. However it may not appropriate for those state, which had already developed the framework of rehabilitation in India.