

A Framework for the Holistic Management of Schizophrenia

Xlibris

A Framework for the Holistic Management of Schizophrenia

Pronab Ganguly

Copyright © 2015 by Pronab Ganguly.

ISBN:	Softcover	978-1-5035-0413-4
	eBook	978-1-5035-0414-1

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the copyright owner.

Any people depicted in stock imagery provided by Thinkstock are models, and such images are being used for illustrative purposes only.
Certain stock imagery © Thinkstock.

Print information available on the last page.

Rev. date: 03/26/2015

To order additional copies of this book, contact:

Xlibris

1-800-455-039

www.Xlibris.com.au

Orders@Xlibris.com.au

© 2015 Xlibris

CONTENTS

Chapter 1 - Introduction.....	1
Chapter 2 - Symptoms and Probable Causes of Schizophrenia	7
Chapter 3 - The Framework in Australian Context.....	11
Chapter 4 - Evaluation of the Framework in Australian Context.....	17
Chapter 5 - Framework in Indian Context.....	31
Chapter 6 - Comparative Study between Australian Framework and Indian Framework.....	39
Chapter 7 - Recommendations to Improve Indian Framework	43
Chapter 8 - Discussion.....	47

Schizophrenia sufferers suffer from hallucinations (auditory and visionary) and delusions. It alters the way a sufferer perceives the world. An altered perception is a reality for schizophrenia suffers. They lose contact with reality. They hear voices and see unreal things. In their perception, they feel somebody is attempting to harm them or observing them. Thus, it is very difficult for them to lead a normal life. They have a very poor quality of life. Hence to improve the quality of life, a framework of holistic management of Schizophrenia is very important.

1.0



Introduction

Mental health issues can be defined in following manner[1]:

- Mental illness
- Mental disorder
- Mental health problem.

The definitions below are taken from the Department of Health and Ageing website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-w-whatmen-toc~mental-pubs-w-whatmen-what>

mental illness	<p>A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people.</p> <p>The diagnosis of mental illness is according to standardised criteria.</p>
mental disorder	<p>The term mental disorder is used in the same way as mental illness.</p>

mental health problem	<p>Like the term mental illness, the term mental health problem also interferes with how a person thinks feels and behaves—but it is less severe than mental illness.</p> <p>Mental health problems are more common and include the mental ill health that can be experienced temporarily—as a reaction to life's stresses.</p> <p>Although mental health problems are less severe than mental illnesses, they may develop into a mental illness if they are not effectively dealt with.</p>
------------------------------	--

1.1 Historical Paradigms

1.1.1 Paradigms to Mental Health

Early Egyptian civilisation and various other cultures viewed mental illness and mental health problems in different perspectives. Different cultures adopted different paradigms towards mental health issues in different times.

Past paradigm in Europe

"... imbalance of bodily fluids"

"...witches...possessed by evil spirits"

"...their own fault... sign of their own weakness"

"...can't cure them... lock them away"

Present paradigm (since early 1900s)

"...can be managed...can improve"

"...de-institutionalise"

"...community care—not long-term hospitalisation"

1.1.2 Early Paradigm

Early paradigm towards to mental illness adopted the view that the person was possessed by evil spirits. In Greece illnesses of both the mind and the body were viewed as being caused by an imbalance in bodily fluid.

1.1.3 Medieval Paradigm

Early Christian paradigm adopted the view that care and maintenance of people with a mental illness was a religious duty. But by the medieval times the paradigm in Europe about mental illness was viewed as a symptom of heresy, or possession by demons and thus a visible symptom of being a witch. Treatments' ranged from being burnt as a heretic or witch to being banished from society.

1.1.4 17th century Paradigm

In the 1600s (17th century), the paradigm about mental illness was a condition of the mind caused by the sufferer's own moral weakness or corruption. In England, those considered 'insane' were locked up in poorhouses, and by the 19th century, in large 'asylums' built on the outskirts of cities or in isolated country areas. The dominant paradigm at this point was that mental illnesses were caused by medical conditions which were largely incurable, and people with such illnesses needed to be separated from 'normal' people. Treatments ranged from bleeding to cold water baths.

1.1.5 20th century Paradigm

Since the early 1900s (20th century), there are lots of changes in the way Western societies have taken a paradigm towards people with mental illness, particularly in the move away from separated care. Dominant paradigms of mental illness altered from 'an incurable medical condition' to a medical condition that could be controlled, improved or even cured through appropriate clinical and psychological interventions.

With the advent of new medical treatments, such as the discovery of antipsychotic drugs in the 1940s were more effective than past treatments in controlling the more severe symptoms of mental illness. This allowed people with mental illnesses spending less time in institutions. Also important in the move towards 'de-institutionalisation' was ever increasing as society was concerned about actual and perceived abuse of people with mental illness living in institutions and the more and more expenditure to governments of maintaining large institutions.

1.1.6 Australian (since European arrival) Paradigm

Mental health care in Australia after European colonisation in 1788 imported and adopted the view from the system of care in England, although people with mental illnesses were formally locked up in jails, as Australia had no poorhouses.

The first asylum was established in Sydney in 1811 at Castle Hill, and isolated care in large psychiatric hospitals became the usual norm until the 1950s. Then advances in anti-psychotic drug treatments allowed for some existing patients to be rehabilitated into the community. Since then, the structure and delivery of mental health services in NSW has progressed significantly.

1.2 Latest Paradigm in Australia

Some of the issues about mental health sufferers that could be implored are:

- How easy for them to find accommodation?
- What kinds of issues might there be maintaining relationships?
- How do people with mental illness go about getting a job?
- Is it easy for them to get medical and life insurance?
- How easy to get public trusteeship and guardianship?

The definition of holistic is relating to the idea that things should be studied as a whole and not just as a sum of their parts [2]. In Schizophrenia a holistic framework is of paramount importance. This framework includes:

- Clinical intervention - medical treatment
- Suicide prevention
- Counselling
- Finance
- Accommodation - Community living
- Independent living skill
- Relationship
- Friendship
- Entertainment
- Stigma
- Job
- Education
- Insurance needs
- Public Trustee and guardianship
- AOD issues - Alcohol and Other Drug issues
- Domestic Violence
- Regular exercise for overweight due to medication

- Any other health issues
- Yoga Therapy - It is an emerging paradigm in India [3]

With 10 years of experience in hands-on management of Schizophrenia, I have developed and implemented this framework with spectacular outcome. This book is structured in following manner:

Chapter 2 - Symptoms and Possible Causes of Schizophrenia

Chapter 3 - The Framework in Australian Context

Chapter 4 - Evaluation of the Framework in Australian Context

Chapter 5 - The Framework in Indian Context

Chapter 6 - A Comparative Study between Australian and Indian Framework

Chapter 7 - Recommendation to improve the Indian Framework

Chapter 8 - Discussion

Ref [1]: Learning Resource Material: Work effectively in mental health settings, Tafe, NSW

Ref [2]: <http://www.yourdictionary.com/holistic> accessed on 19/02/2015

Ref [3]: <http://www.ijoy.org.in/article.asp?issn=0973-6131;year=2012;volume=5;issue=2;spage=85;epage=91;aulast=Bangalore>

2.0



Symptoms and Probable Causes of Schizophrenia

2.1 Symptoms of Schizophrenia

Schizophrenia sufferers suffer from hallucinations (auditory and visionary) and delusions. It alters the way a sufferer perceives the world.

An altered perception is a reality for schizophrenia suffers. They lose contact with reality. They hear voices and see unreal things. In their perception, they feel somebody is attempting to harm them or observing them. Thus, it is very difficult for them to lead a normal life. They have a very poor quality of life [4].

2.2 Probable causes of Schizophrenia

The onset of Schizophrenia is not associated with any single factors. There are several factors involved. Though the onset of

Schizophrenia seems to be earlier in men, women may develop the onset at any time.

2.2.1 Genetic Issues

Schizophrenia can run in family history. Only 1% of the population get affected by onset of Schizophrenia. It may be noticed that if one of the parents suffers from the onset of schizophrenia, the offsprings have a 10% chance of developing it whereas 90% do not.

2.2.2 Biochemical Issues

Some biochemical substances in the brain may impact its normal functioning causing schizophrenia, especially a neurotransmitter called dopamine. One of the possible causes this chemical imbalance is the sufferer's gene to cause this mental disorder. Complications during pregnancy or birth may be one of the factors triggering the onset of Schizophrenia. Dopamine neurons project to areas of the brain responsible for goal-driven behaviour and motivation and are believed to play a critical role in reward learning. The dopamine theory can explain the occurrence of aberrant reward learning for Schizophrenia sufferers in uncertain environments.

2.2.4 Stress Issues

It has been observed that stressful incidents may often trigger the onset of schizophrenia. Schizophrenia sufferers often suffer from anxiety and irritability. They are not able to concentrate on any issue. These factors may cause disruption in work or study and make the relationship and friendship worse.

2.2.5 Alcohol and other drug use Issues

Use of alcohol and other drugs may trigger the onset of Schizophrenia. Substance abuse is highly related to the onset of Schizophrenia. Use of alcohol and other drugs are detrimental to the clinical intervention of Schizophrenia sufferers. It has been observed that plenty of Schizophrenia sufferers smoke cigarettes a lot. This smoking is detrimental to their well-being.

Ref [4]: <http://www.helpguide.org/articles/schizophrenia/schizophrenia-signs-types-and-causes.htm>; accessed on 19/02/2015

Ref [5]: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-w-whatschiz-toc~mental-pubs-w-whatschiz-cau>; accessed on 19/02/2015

3.0



The Framework in Australian Context

The implemented framework has two broad categories - clinical intervention and non-clinical intervention.

3.1 Clinical Intervention

The following popular drugs are used for treatment of schizophrenia [6]:

Abilify

generic name: aripiprazole class: atypical antipsychotics

Abilify Maintena

generic name: aripiprazole class: atypical antipsychotics

Clozaril

generic name: clozapine class: atypical antipsychotics

Pronab Ganguly

Fanapt

generic name: iloperidone class: atypical antipsychotics

FazaClo

generic name: clozapine class: atypical antipsychotics

Geodon

generic name: ziprasidone class: atypical antipsychotics

Invega

generic name: paliperidone class: atypical antipsychotics

Invega Sustenna

generic name: paliperidone class: atypical antipsychotics

Latuda

generic name: lurasidone class: atypical antipsychotics

Loxitane

generic name: loxapine class: miscellaneous antipsychotic agents

Mellaril

generic name: thioridazine class: phenothiazine antipsychotics

Risperdal

generic name: risperidone class: atypical antipsychotics

Risperdal Consta

generic name: risperidone class: atypical antipsychotics

Saphris

generic name: asenapine class: atypical antipsychotics

Seroquel

generic name: quetiapine class: atypical antipsychotics

Seroquel XR

generic name: quetiapine class: atypical antipsychotics

Stelazine

generic name: trifluoperazine class: phenothiazine antipsychotics

Thorazine

generic name: chlorpromazine class: phenothiazine antiemetics, phenothiazine antipsychotics

Zyprexa

generic name: olanzapine class: atypical antipsychotics

Zyprexa Zydis

generic name: olanzapine class: atypical antipsychotics

Though I am not an expert in this field, my experience indicated that Clozapine is the most effective drug for this client though it increases the white blood cell count and needs regular monitoring.

3.2 Holistic Framework for Non-Clinical Intervention in Australian Context

Non-clinical intervention has the following elements:

- Counselling - Lifeline; Website: www.lifeline.org.au & Professional Counselling Services
- Suicide prevention - Lifeline

- Finance - Centrelink Disability Support Pension (Funded by Federal Government of Australia) and Special Disability Trust; Website: <http://www.humanservices.gov.au/customer/services/centrelink/special-disability-trusts>
- Accommodation – Community living - The **Housing and Accommodation Support Initiative (HASI)**; Website: www.housing.nsw.gov.au/.../Housing+and+Accommodation+Support+In
- Independent Community Living Association (ICLA); Website: <http://www.icla.org.au/home/>:
- Parramatta Mission; Website; www.parramattamission.org.au
- *Neami*; Website: www.neaminational.org.au
- Independent living skill - ICLA, Hasi at Home, Neami & Parramatta Mission
- Insurance need - MTAA Super provides an automatic death insurance and Total and Permanent Disability (TPD) insurance if you become their member in personal capacity; Website: www.mtaasuper.com.au/
- Public Trusteeship and guardianship - NSW Trustee and Guardian; Website: <https://www.tag.nsw.gov.au>
- Relationship - Relationship Australia; Website: www.relationships.org.au/
- Friendship - Compeer; Website: <http://compeer.org/>
- Entertainment - Encourage the client to practice the hobbies and make arrangement for progress

- Stigma - Counselling by professional counsellors and other relevant agencies such as SANE Australia; Website: www.sane.org
- Job - Supported job agencies such as RichmondPra; Website: <https://www.richmondpra.org.au/>
- Education -OTEN, Tafe, Open University, Distance learning
- AOD issues - Alcohol and Other Drug issues - Alcoholic Anonymous; Website: <http://www.aa.org.au/> and other rehab agencies such as GROW; Website: <http://www.grow.org.au/>
- Domestic Violence - Lifeline and other relevant agencies
- Regular exercise for overweight due to medication - The medication for schizophrenia causes over weight. This issue must be address by encouraging the client to do regular exercise either in a nearby Gym or at home
- Any other health issues - These issues must be addressed on a case to case basis.
- Coordination with area mental health services - they provide a case manager
- Day-care activities programme for cooking lessons and other entertainments such as GROW
- Self-support group such as GROW
- Carer support such as Carer NSW; Website: www.carersnsw.org.au

- Empowering the client to take their own decision so that a recovery plan can be formulated and implemented.
- Insurance Needs- MTTA super provides an automatic Death insurance and TPD if you become a private member; Website: www.mtaasuper.com.au/
- Yoga Therapy - This emerging paradigm is not available in Australia

Ref [6]: <http://www.drugs.com/condition/schizophrenia.html> ; Copyright © 2000-2015 [Drugs.com](http://www.drugs.com). All rights reserved

Xlibris

4.0



Evaluation of the Framework in Australian Context

The challenges faced by this client were:

This client is 30 years old male. He was diagnosed with Schizophrenia when he was 20 years old. Initially he complained that he can hear very distant voices. Two auditory tests were conducted. Both came back with normal results. Then a private Psychiatrist was consulted. He advised that area mental health services is the best option as it may involve involuntary hospitalisation including assistance from police. Subsequently area mental health services was contacted and they appointed a case manager for him. He was studying Bachelor of Science majoring in Psychology then. Subsequently he could manage to complete 75% of the course but could not finish the degree because of his mental health issues. In last 10 years he has been admitted into the hospital for 3 times - once with the assistance of police. At the onset of his disease, he was violent and refused to take medication - so he has to be admitted to the hospital. He was being assisted by case worker from area mental health services.

Though advised by area mental health services doctor to be on Clozapine, he refused to take it as it was explained to him that it may affect this white blood cell count. He was on Respiradal and Abilify. At that stage it was advised to him by his parents that he needs more specialised clinical consultation and Dr. Pat Mc,Gorry ,Australian of the year 2010, Website: www.patmcgorry.com.au/ in Melbourne was consulted. He advised to put him on Clozapine. The client agreed to his advice.

Presently he is on Clozapine 225 mg and recovered a lot. He is near normal now. He is the only child and presently lives with his parents. The main issues are:

- Financial Support

He is on Centrelink disability support pension. As he lives with his parents, he can manage with this support.

- Living skill

He works 3 days a week with supported income. But whenever he does not go for work, he sleeps up-to 12 PM. He can cook few simple items but does not clean his room and does not wash his clothes. His parents are working with him on these issues. He is on waiting list on Neami for low care Hasi at home programme.

Neami Website: <http://www.neaminational.org.au/>

- Recreation

He learns and plays guitar.

- Job

He works 3 days per week on an assisted job in a warehouse run by RichmondPra.

Website: <https://www.richmondpra.org.au/>

- Social interaction

All his previous friends have deserted him at the onset of his mental health issues. He does not have any friend now. His only companion is his parents now. He is close to his mother and is very much dependent on her. He sometime attends day activities programme with the support of case worker. Sometime Compeer organises a friend for him but the relationship does not last long

Compeer Website:

https://www.vinnies.org.au/page/Find_Help/NSW/Compeer_Friendship_Program/

- Alcohol

Though he takes a controlled amount of alcohol, he has stopped it on counselling by his GP.

- Exercise

He goes to the nearby gym regularly

- Education - He is considering starting Certificate IV in Mental Health with OTEN, TAFE, NSW

Pronab Ganguly

- Day care activities - He attends day care programme with his area mental health service case manager for cooking lessons
- Self-support group - He has agreed to attend sessions in GROW along with his mother

But for formal analysis, following evaluation techniques will be implemented:

A computer-based Web survey questionnaire will be formulated both on clinical and non-clinical elements of the framework. The clinical survey including the framework will be evaluated by 20 leading Psychiatrists for its effectiveness. The non-clinical survey including the framework will be evaluated by 20 practicing professionals in the field. The survey response will be automatically statistically analysed by back-end computing procedure to measure the effectiveness of the framework. The analysis report will be displayed in an easy to understand format with a click of a button.

4.1 Clinical Survey

surveyforclinicalinterventionofscihizophrenia.com

This website is password protected. This for practising professionals only. Participation in survey is by invitation only.

Questionnaire:

Affiliation: Textbox

Years of Experience - Radio-Button

Abilify

generic name: aripiprazole class: atypical antipsychotics

Effectiveness (1 being least Effective - 5 being most Effective) - Radio-Button

Harmful Side effects (1 being least Harmful - 5 being most Harmful) -
Radio-Button

Overall Rating (1 being least effective - 5 being most Effective)- Radio-Button

Clozaril

generic name: clozapine class: atypical antipsychotics

Effectiveness (1 being least Effective - 5 being most Effective) - Radio-Button

Harmful Side effects (1 being least Harmful - 5 being most Harmful) -
Radio-Button

Overall Rating (1 being least Effective - 5 being most Effective) - Radio-Button

Mellaril

generic name: thioridazine class: phenothiazine antipsychotics

Effectiveness (1 being least effective - 5 being most Effective) - Radio-Button

Harmful Side effects (1 being least Harmful - 5 being most Harmful) -
Radio-Button

Overall Rating (1 being least effective - 5 being most Effective)- Radio-Button

Risperdal

generic name: risperidone class: atypical antipsychotics

Effectiveness (1 being least Effective - 5 being most Effective) - Radio-Button

Harmful Side effects (1 being least Harmful - 5 being most Harmful) -
Radio-Button

Overall Rating (1 being least Effective - 5 being most Effective) - Radio-Button

Saphris

generic name: asenapine class: atypical antipsychotics

Effectiveness (1 being least effective - 5 being most Effective) - Radio-Button

Harmful Side effects (1 being least Harmful - 5 being most Harmful) -
Radio-Button

Overall Rating (1 being least Effective - 5 being most Effective) - Radio-Button

Pronab Ganguly

Any other Comments - Textbox

A sample screenshot is included below:

Questionnaire :: Survey For Clinical Intervention Of Schizophrenia

Affiliation

Years of Experience 0 - 5yrs. 6 - 10yrs. 11 - 15yrs. 16 - 20yrs. More than 20yrs.

Aabilify
Generic Name: Aripiprazole atypical Antipsychotics

Effectiveness * ** *** **** *****
(1 being least effective - 5 being most Effective)

Harmful Side effects * ** *** **** *****
(1 being least effective - 5 being most Effective)

Overall Rating * ** *** **** *****
(1 being least effective - 5 being most Effective)

Clozaril
Generic Name: Clozapine Class: Atypical Antipsychotics

Effectiveness * ** *** **** *****
(1 being least effective - 5 being most Effective)

Harmful Side effects * ** *** **** *****
(1 being least effective - 5 being most Effective)

Overall Rating * ** *** **** *****
(1 being least effective - 5 being most Effective)

Mellaril
Generic Name: Thioridazine Class: Phenothiazine Antipsychotics

Effectiveness * ** *** **** *****
(1 being least effective - 5 being most Effective)

Harmful Side effects * ** *** **** *****
(1 being least effective - 5 being most Effective)

This questionnaire will be sent to 20 Psychiatrists and their response will be analysed.

4.2 Non-clinical Survey

For non-clinical aspect following questions will be included:

Website: surveyfornonclinicalinterventionofschizophrenia.net.
This website is password protected. This is for practitioners only.
Participation in survey is by invitation only.

Affiliation - Text Box

Professional Experience in Years Radio-button

- Counselling - (1 being least important - 5 being highest important) - Radio-button
- Suicide prevention - (1 being least important - 5 being highest important) - Radio-button
- Finance - (1 being least important - 5 being highest important) - Radio-button
- Accommodation – Independent Community living-(1 being least important- 5 being highest important) - Radio-button
- Independent living skill - (1 being least important - 5 being highest important) - Radio-button
- Insurance Needs - (1 being least important - 5 being highest important) - Radio-button
- Public Trustee and guardianship - (1 being least important – 5 being highest important) - Radio-button
- Relationship -(1 being least important - 5 being highest important) - Radio-button

- Friendship -(1 being least important - 5 being highest important) - Radio-button
- Entertainment - (1 being least important - 5 being highest important) - Radio-button
- Stigma - (1 being least important - 5 being highest important) - Radio-button
- Job - (1 being least important - 5 being highest important) - Radio-button
- Education - (1 being least important - 5 being highest important) - Radio-button
- AOD issues - (1 being least important - 5 being highest important) - Radio-button
- Domestic Violence - (1 being least important - 5 being highest important) - Radio-button
- Regular exercise for overweight due to medication - (1 being least important- 5 being highest important) - Radio-button
- Any other health issues - (1 being least important- 5 being highest important) - Radio-button
- Coordination with area mental health services - they provide a case manager - (1 being least important - 5 being highest important) - Radio-button
- Day-care activities programme for cooking lessons and other entertainments such as GROW - (1 being least important- 5 being highest important) - Radio-button

- Self-support group such as GROW - (1 being least important- 5 being highest important) - Radio-button
- Carer support such as Carer NSW - (1 being least important- 5 being highest important) - Radio-button
- Empowering the client to take their own decision so that a recovery plan can be formulated and implemented - (1 being least important- 5 being highest important) - Radio-button
- Yoga Therapy - (1 being least important - 5 being highest important) - Radio-button
- Any Other Comments - Textbox

4.3 Survey Response Websites

Survey response website for clinical elements is:

surveyresponseforclinicalintervention.net.

Password: gan300guly. This is for general viewers.

A sample of the survey response is included below:

Survey Response for Clinical Intervention Of Schizophrenia

Survey Response

Overall Survey Analysis Report

Individual Survey Response

Survey Response :: Overall Survey Analysis Report

Years of Experience - [7.5]

Abilify
Generic Name: **Aripiprazole** Class: **Atypical Antipsychotics**

Effectiveness - [3] J

Harmful Side Effects - [J] J

Overall Raon-f - [3]

Clozaril
Generic Name: **Clozapine** Class: **Atypical Antipsychotics**

Effectiveness - [3] J

Harmful Side Effects - [3]

Overall Rating - [3] 1

Mellaril
Generic Name: **Thioridazine** Class: **Phenothiazin Antipsychotics**

Effectiveness - [3]

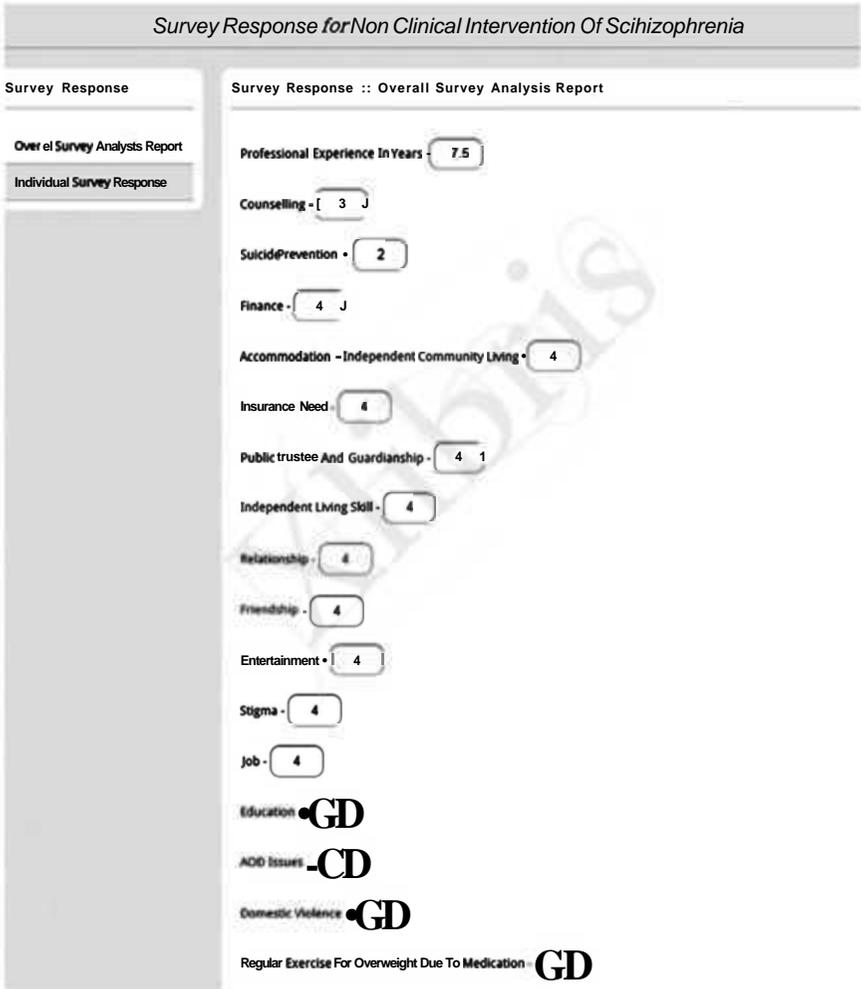
Harmful Side Effects - [3] J

Overall Raon-f - [3] J

Survey response website for non- clinical elements is:

surveyresponsefornonclinicalintervention.net

Password: gan400guly. This is for general viewers. A sample of the survey response is included below:



Overall Rating of the framework:

Questionnaire:

The website is: overallratingoftheframework.net

This website is password protected and participation in the survey by invitation only.

- Overall Rating of the Framework for Holistic Management of Schizophrenia - (1 being least important - 5 being highest important) - Radio-button

The survey response website is:

overallratingoftheframeworkresponse.net

Password: pronab600guly

5.0



Framework in Indian Context

The framework in India is for 5 major metropolitan cities e.g. Kolkata, Chennai, Bangalore, Mumbai & Delhi and is described below:

5.1 Kolkata:

- **Clinics:**
- MONER ALO - Dr. Tirthankar Dasgupta
www.moneralo.com
- Dr. Arindam Mondal
www.whereincity.com
- Mind And Mood Clinic
www.mindandmoodclinic.com
- Minds and Souls Rehabilitation and Research Foundation
www.mindsandsouls.org

Pronab Ganguly

- Dr. Kedar Ranjan Banerjee Psychiatrist Kolkata India
psychiatristkolkata.com/
- **Psychiatrists in Kolkata:**

<https://www.practo.com/kolkata/psychiatrist>

5.1 Rehabilitation Centres

Website: <http://www.turningpoint.org.in/index.asp>

www.turningpoint.org.in
ishitasanyal@hotmail.com

Ph: 033 24123660

Cell: 919830069106

5.2 Antara - Psychiatric Center

Website: www.antaraglobal.org/

Contact: Antaragram **Antara**, P.O. Dakshin Gobindapur **Kolkata**
700 0145. INDIA Ph.No - (91) 033 2437 8484 (91) 033 2437 0593
(91)033 2437 0439.

The Antara Society has revolutionised to protect mentally disabled person, who is mentally isolated from the society. Now Antaragram is a Psychiatric Institution with :

- Residential Treatment Centres,
- Occupational Therapy **and**
- Vocational Training Units,
- Outpatient Departments,
- Library and Reading Room,

- Residential Staff Quarters,
- Recreation Centres,
- Community Kitchen

5.4 Medical Insurance:

- **HDFC may arrange such insurance. Other healthcare and life insurance agencies need to be investigated**

5.5 Chennai:

5.5.1 Schizophrenia Research Foundation

Website: <http://www.scarfindia.org/>

Various Units **of** SCARF

Various units of SCARF includes:

- Outpatient clinic
- Day Care Center
- Vocational units for men and women
- Research wing with a computer cell
- Training and Education center
- Special services for women and elderly mentally disabled
- Child Guidance Clinic
- A residential facility for 35 persons
- Auditorium
- Library
- Administration and accounts

The services offered by SCARF includes:

- **Out-patient & In-patient care supervised** by a multi-disciplinary team of psychiatrists, social workers and psychologists.
- **Rehabilitation program** which is personalized based on the individual's deficits. This consists of Cognitive therapy, social skills training and cognitive retraining, group therapy and occupational therapy,
- **Family intervention** - Psycho education & supportive therapy for care givers.
- **Day care services & Supported Employment for patients.**
- **Free Medication** is optional for clients based on the family income
- **ECT (Electro Convulsive Therapy) services** is optional for clients based on their medical requirements
- **Vocational Training** at the Vocational Training Center
- **Bus Service** for local transportation of the clients from their houses to SCARF, morning and evening.

5.5.2 The banyan; website: <http://www.thebanyan.org/index.html>

5.6 Bangalore:

AAROGYA

<http://www.aarogya.com/support-groups/schizophrenia/4674-schizophrenia-rehabilitation.html>

NIMHANS

http://www.nimhans.kar.nic.in/pnr/pnr_p.htm

- > Psychiatric Division
- > PSYCHIATRIC REHABILITATION SERVICES

The Richmond Fellowship Society (India) - Bangalore, India ...

<https://www.facebook.com/.Richmond-Fellowship..India/1191820148>

Athma Shakti Vidalaya

Website: <http://psychotherapyindia.org/>

- Schizophrenia Treatment Centres in Bangalore:

http://yellowpages.sulekha.com/schizophrenia-treatment-centers_bangalore_contacts

Bhargava Mind Clinic

<http://www.bhargavamind.com/>

Services

1. **Cognitive Behavioral Therapy (CBT)**
Cadabam's Mind Talk

<http://www.cadabamsmindtalk.com/services.php>

5.7 Delhi:

Chaitanya Mental Health care centre (In Pune, Goa, Delhi etc)

<http://www.chaitanyarehab.com/index.php>

- Comfortable, Residential Rehabilitation Facilities for those suffering chronic mental disorder.

Pronab Ganguly

Currently, Chaitanya provides Residential Care facilities for about 450 inpatients through three of its facilities in Pune and one each in Goa and Kerala.

- Chaitanya has staff members of more than 100 that includes, Trained Mental Health Professionals like Psychiatric Social Workers, Psychiatrists, General Physicians, Psychologists, Occupational Therapists and trained Psychiatric Nurses.

Contact

Rony George, Director

Mobile No:

+91 9822308491

+91 9823435045

Email

chaitanya_rony@hotmail.com

info@chaitanyarehab.com

Sushupti Rony, Programme Manager

Mobile No: +91 9822895597

Email

sushupti_chaitanya@rediffmail.com

sushupti@chaitanyarehab.com

Awareness: <http://www.nibsindia.org/diagnostics.html>

Tulasi Psychiatric & Rehabilitation Centre- New Delhi ...

deaddictioncentres.in/rehabcentre/tulasi-psychiatric-rehabilitation-centre

Psychiatry Rehabilitation, Drug De Addiction, Child Guidance ...

www.shantihome.net/

DELHI PSYCHIATRIC SOCIETY

www.delhipsychiatricsociety.com/

World Brain Center: Rehabilitation Center in Delhi ...

wbcindia. in/[rehabilitations.html](#)

Psychiatric Rehabilitation Centre Delhi | Psychosis ...

www.goravgupta.com/

.: The Richmond Fellowship Society (India), Delhi Branch ...

www.rfsdelhi.in/

Nityanand Rehabilitation and Residential Mental Health ...

www.nityanandrehab.com

De Addiction Rehabilitation Centre In delhi, Mental Health ...

www.shantihome.in/

- **List of Psychiatrist in Delhi:**

Psychiatrists in Delhi - Practo

<https://www.practo.com/delhi/psychiatrist>

5.8 Mumbai

Manav Foundation

manavfoundation.org.in

lagruti Rehabilitation Centre in Goregaon East, Mumbai ...

www.justdial.com/Mumbai/...Rehabilitation-Centre.../022PXX22-XX22

SHRADDHA REHABILITATION FOUNDATION FOR ...

www.shraddharehabilitationfoundation.org/

Pronab Ganguly

Nityanand Rehabilitation and Residential Mental Health ...

www.nityanandrehab.com/

Introduction - Together in care ... and growth...CHAITANYA

www.chaitanyarehab.com/introduction.php

Sunshine Wellness Center - Rehabilitation & Detoxification ...

www.sunshinedetox.com

- Mental Rehab Centres in Mumbai:

http://yellowpages.sulekha.com/mental-rehabilitation-centers_mumbai_contacts

- List of Psychiatrist in Mumbai:

Best Psychiatrist in Mumbai - practo.com

Ad www.practo.com

6.0



Comparative Study between Australian Framework and Indian Framework

- Clinical intervention - medical treatment - Same as in both the context but in India there is no regular blood test for clients on Clozapine
- Suicide prevention - In Australia agency like Lifeline provides counselling service to address this issue but there is no such agency in India
- Counselling - In Australia Lifeline (Free Service) and other professional counsellors. In India, there is a basic service provided by private counsellors.
- Finance - In Australia, Federal Government provides A\$22000 (about INR 1000000) as Disability Support Pension thru Centrelink and on top of that A\$ 10000 (about INR 500000) can be provided from Special Disability Trust

without affecting Centrelink benefit. In India, there is no such scheme.

- Insurance needs - Different Industry Super funds provide automatic death and Total and Permanent Disability insurance in varying degrees if you become a private member. In India, HDFC may provide such a policy
- Public trustees and guardianship - In Australia such services are provided by NSW trustee and guardian. In India, there is no concept of public guardianship. However IDBI Trustee; Website: idbitrustee.com ; provides public trusteeship services
- Accommodation - Community living - In Australia, government assisted programme like Hasi, Group homes by government agencies and NGOs do exist. In India this is only provided in a very limited scale by rehab centres.
- Independent living skill - In Australia, agencies like ICLA arranges independent community living. In India there is no such scheme.
- Relationship - Relationship Australia and other agencies in Australia provides this kind of services. In India, rehab centres and private counsellors provide such services.
- Friendship - In Australia, Compeer, provides such services. In India there is no such agency.
- Entertainment - In Australia, day care programmes provide such facilities. In India, there is no such facility.

- Stigma - In Australia organisations like, Sane, RichmondPra, Grow & Beyond Blue promote such cause. In India rehab centres promote such cause
- Assisted Job - In Australia there is government funded assisted job initiatives thru agencies like RichmondPra. In India, there is no such scheme
- Education - There are online educational schemes like OTEN, Open Universities and private educational institutions in Australia. In India, this is an emerging field.
- AOD issues - Alcohol and Other Drug issues - In Australia self support groups such as Alcohol Anonymous and rehab centres work in this field. In India rehab centres work in this area.
- Domestic Violence - In Australia, this is carried out by Lifeline. In India, there is no such agency.
- Regular exercise for overweight due to medication - In Australia, it is promoted by area mental health caseworker and family. In India it is promoted by rehab centres and family
- Any other health issues - In both the countries, it is promoted by local GP
- Yoga Therapy - There is none in Australia. This is an emerging paradigm in India

7.0



Recommendations to Improve Indian Framework

- Case Worker - Case worker should be appointed to manage each client in a holistic manner
- Case Worker Training - Case worker should be trained by online accredited courses for the following by public and private educational providers:
 - o Certificate in mental health and counselling
 - o Diploma in mental health and counselling
 - o Bachelor in mental health and counselling
 - o Master in mental health and counselling
- Establishment of an apex body such as Indian Foundation of Mental Health to promote mental health awareness. Activities of this apex body include thru their website:
 - o Lobby government agencies for funding for different programmes

- o Sponsorship of individual sufferers from company, charitable trusts, general public and other relevant institutions without compromising client confidentiality
 - o Sponsorship of specific rehab programmes in regional rehab centres such as assisted job, free movie tickets and other types of entertainment for the mental health sufferers
 - o Promotion against stigma about mental health
- Establishment of national mental health help line similar to Lifeline in Australia in various regional languages. It will be coordinated by apex body and run by volunteers in line with Lifeline in Australia. The volunteers should be trained on an online course for a month on various aspects of mental health, suicide prevention, domestic violence and counselling. They should be made aware of the policies and procedure of the organisation and clear boundaries of their roles. They need to agree to a code of conduct. They will work 4 hours per week from home. They should have a mobile phone and a PC or laptop with Bluetooth connectivity. There should be a free 1800 helpline for which will trigger the volunteers' mobile phone once they log into the system developed for this purpose. A national database for various support activities need to be developed for this purpose. Once the universities make this type of work placement mandatory in their curriculum in Psychology, there will no shortage of such volunteers.
- Assisted Job - Regional rehab centres should start assisted job scheme for the clients where they will be paid nominal wages. This will build up client confidentiality and self-esteem. They should seek sponsorship from government agencies, companies, charitable institutions, public donors and other relevant institutes.

- Entertainment- Each rehab centres should distribute free movie, theatre or other suitable cultural function tickets to their clients.
- Education - Suitable or relevant online and offline education arrangement should be arranged by rehab clinics
- Yoga Therapy - This emerging paradigm should be investigated and implemented if found useful.
- Public Guardianship - It needs to be arranged in India similar to Australian framework

8.0



Discussion

Though universal in nature, framework is based on resources available in Sydney. This framework needs customisation depending on the geographical location and available resources. Again with implementation of this framework and advancement in more meaningful clinical intervention for Schizophrenia, I firmly believe that with time Schizophrenia suffers will have more and more meaningful and productive life.

