

CASE REPORT

PSYCHIATRIC REHABILITATION: A FEW RECOVERY NARRATIVES

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Abstract

Psychiatric Rehabilitation Services (PRS) at National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru provides Recovery Oriented Services (ROSeS) to persons with mental illness which promote recovery beyond the mere alleviation of symptoms. A range of vocational sections (bamboo, candle, bakery, printing, mat weaving, tailoring, computer, plastic molding, weaving, leather, craft, horticulture, domestic skills, arts & recreational activities) are available to choose from. PRS is run by a multidisciplinary team comprising of professionals from psychiatry, psychiatric social work, clinical psychology, psychiatric nursing and vocational instructors (for training persons with mental disabilities and families in various vocations). The main objective of PRS is to encourage and empower persons with mental illness and caregivers to lead an independent, productive and dignified life with help of society, industry, community leaders, governmental and non-governmental agencies. The interventions promote reintegration of clients with mainstream society and improve the quality of life. The stories titled walking the road to recovery, rediscovering happiness, role model supporters, a journey toward wellness, smaller actions mean more than big intentions, and attitudinal barriers in rehabilitation are the recovery narratives of six individuals with mental illness in which they and their caregivers describe how the PRS team provided them with the support needed for recovery. Here the primary focus was on their personal strengths and resources than the deficits and symptoms. However, these narratives are indicative that recovery is possible for most of everyone as it is defined by the individual doing it. *ASEAN Journal of Psychiatry, Vol. 22(9), October 2021: 1-8.*

Keywords: Psychiatric Rehabilitation, Recovery Narratives, Recovery Oriented Services (ROSeS), Persons with Mental Illness, Quality of Life.

Introduction

Psychiatric Rehabilitation Services (PRS) at National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru provides Recovery Oriented Services (ROSeS) to persons with mental illness which promote recovery beyond the mere alleviation of symptoms. A range of vocational sections (bamboo, candle, bakery, printing, matweaving, tailoring, computer, plastic molding, weaving, leather, craft, horticulture, domestic skills, arts & recreational activities) are available to choose from. PRS is run by a

multidisciplinary team comprising of professionals from psychiatry, psychiatric social work, clinical psychology, psychiatric nursing and vocational instructors (for training persons with mental disabilities and families in various vocations).

The main objective of PRS is to encourage and empower persons with mental illness and caregivers to lead an independent, productive and dignified life with help of society, industry, community leaders, governmental and non-

governmental agencies. The interventions promote reintegration of clients with mainstream society and improve the quality of life.

Following stories titled walking the road to recovery, rediscovering happiness, role model supporters, a journey toward wellness, smaller actions mean more than big intentions, and attitudinal barriers in rehabilitation are the recovery narratives of six individuals with mental illness in which they and their caregivers describe how the PRS team provided them with the support needed for recovery. They are people who know

the struggles, challenges, joys, and successes of the mental health recovery journey by their experience.

Recovery Narratives

1. Walking the road to recovery

Mr. T lives with Schizophrenia. It has been 20 years he is taking medications. In his life the long journey of mental illness seems to be a road. His parents took him to the hospital at the age of 16 when he developed the symptoms first.

His socio-demographic profile is presented in Table 1 given below:

Table 1: Socio-demographic profile

Variable	Details
Age (in years)	37
Sex	Male
Education	ITI
Diagnosis	Schizophrenia
Religion	Hindu
Marital status	Single
Domicile	Urban
Socio-economic status	Middle
Family support	Good
Current employment status	Employed

Source: Data collected by the author.

Although mental illness is hard to overcome, his biggest supporters were his family and the PRS team. PRS team was pushing him, and at the same time holding his hand, while also teaching his family how to help and support him. PRS team is the model for him and his family and they always have fond memories of the team.

For him and the family, the road of recovery seemed to be an uphill climb. Many people whom they thought were friends did not want to do anything with him as if mental illness is something that they could also catch from him. They distanced themselves from him when he most needed them. Though he is trained in industrial training institute and interested in doing

job and earning money, he could not sustain in any job because of the delusions he had, as part of the illness. Studies on the influence of delusions on work in patients with schizophrenia have generally shown that the presence of delusion significantly influences their work performance coupled with stigma and poor social support [1].

One year back, he joined PRS and was undergoing vocational training in plastic molding and printing sections for almost two months, where he learned skills to cope with the symptoms. His sister Ms. S says that: “as his illness is chronic in nature we were not finding any drastic changes in him. Nevertheless, with the support rendered by the PRS team, he could get an opportunity to work as

computer operator in Sankara Nethralaya Hospital, Bengaluru for which PRS team oriented him about the basics of work, gave him a structured schedule to follow and also offered him short breaks to relax during work. PRS team also identified a fellow colleague at his workplace and made him a peer support. He was told to talk to the fellow colleague for any help or clarifications until he gets fully acquainted with the work. He was also told to follow the instruction of the fellow colleague as too many instructions from too many people might confuse him. Such a support from the fellow colleague was a great source of solace for him. Above all, one of the PRS team members used to visit him at the workplace every alternating day and get a feedback on his work from the employer.”

She continues to say that: “he successfully worked there for nearly four months and was able to adjust with the work and colleagues in spite of the symptoms. He was learning so fast and habituated to finish the work on time, in fact, he was asking

for more complicated work. He also made a lot of friends there. From the PRS team, he learned how to manage his anger, how to maintain a work habit and also various behavioral techniques to cope with the problem situation.”

Ms. S concludes: “I and my family are ever grateful to the PRS team who worked for my brother. We salute the entire PRS team for their dedicated work!”

2. Rediscovering happiness

Mr. P is 25-year-old, single male, educated up to SSLC from high socio-economic status of urban Bengaluru. He is diagnosed with Asperger’s Syndrome with Mild Mental Retardation. His father is a General Practitioner and mother is a Homemaker. He is the only child for his parents.

His socio-demographic profile is presented in Table 2 given below:

Table 2: Socio-demographic profile

Variable	Details
Age (in years)	25
Sex	Male
Education	SSLC
Diagnosis	Asperger’s syndrome with mild mental retardation
Religion	Hindu
Marital status	Single
Domicile	Urban
Socio-economic status	High
Family support	Good
Current employment status	Employed

Source: Data collected by the author.

When he was brought to the hospital for the first time, his symptom profile included inability to sustain attention and concentration for more than 5-10 minutes, increased talkativeness, over-familiarity, restlessness and increased psychomotor activity, and repeated hand-washing with dysfunction in the instrumental and vocational

areas.

At home, he was not interested to do anything. He was also very argumentative. He was referred to PRS for vocational training and job placement, where he attended both plastic molding and candle-making sections. That time, as the father had a long-term plan of employing him at the

medical records department of his own clinic, he was being referred to the Medical Records Department of the hospital, though it was not successful as he was not interested to attend it.

Later, PRS team found out from his father that he is primarily interested in agriculture and animal husbandry. Accordingly, PRS team came to an understanding with his father to send him to Thirumurthy rural development centre, Bengaluru for the residential training and placement.

In the beginning, though he was a little reluctant to join the Centre and interact with the staff over there, after a few days, he fully adjusted with the Centre. It has been more than 5 months he is at the Centre now, where he learned a range of skills including supplying milk to the dairy, maintaining accounts, gardening, and sericulture.

At present, Mr. P considers this to be “one of the happiest times in his life.” He says that: “I am happy to be here and would come back home after learning all these stuffs so that I can help my father in his big farm at Doddaballapur, Bengaluru. I want my father to bring my friends and relatives here so that they can also see this farm. I have a lot of good friends here; they all love me very much. We also go for picnic once in

a while. Here if someone falls sick, I am the one who arrange the vehicle and bring the Doctor. In that way, I am doing something good for the people. Moreover, I have become the most favorite among everyone over here.”

Mr. P’s words are indicative of the socio-vocational competencies that he has developed at the Centre through a structured training related to a specific job that he is interested in. Studies on the impact of vocational training in the competencies of mild mentally challenged adults have generally shown that vocational training has great impact in developing competencies in young adults with Mild Mental Retardation and other developmental disabilities like Asperger’s Syndrome [2].

3. Role model supporters

Mr. N is 46-year-old, single male, educated up to BA (Computer Science) from middle socio-economic status of urban Bengaluru. He was diagnosed with Paranoid Schizophrenia at the age of 18. He was working in a Private Company and as the symptoms worsened, he lost his job.

His socio-demographic profile is presented in Table 3 given below:

Table 3: Socio-demographic profile

Variable	Details
Age (in years)	46
Sex	Male
Education	BA (Computer science)
Diagnosis	Paranoid schizophrenia
Religion	Hindu
Marital status	Single
Domicile	Urban
Socio-economic status	Middle
Family support	Good
Current employment status	Employed

Source: Data collected by the author.

Following the loss of job, he turned to PRS where he worked in computer section as an Instructor for 5 months. Work in the computer section made him so confident about himself. At the section, he also learned time management. His mother says that: “he became active especially after he started working as an Instructor in the computer section, where he also developed a sense of responsibility. He got rid of his earlier problems such as anger, frustration and memory issues. Everything is because of the kind of encouragement and supervision he received at the computer section. He has also participated in various arts and drawing competitions while attending PRS.”

Five months later, he received a job in a Project at HCL through Enable India. The kind of job he had to perform was to digitalizing the profile of employees and maintaining files. He was performing satisfactorily in the Firm. He was also given a reasonable salary for his efforts. The attitude of the employers and colleagues towards him was positive; they were co-operative, supportive and helpful to him.

At home especially on holidays, he helps his mother in cooking. He also takes responsibilities for shopping and other things. He also opened a bank account in his name and started saving all his salaries in it. There is also a significant improvement in his interactions both within the family and outside. He goes out for the social functions and interacts with his friends and relatives.

His mother continues to say that: “illness can

come in our way anytime, but we have to fight back for the wellness and for that of course, we need people to support us. We have been however fortunate enough to receive such a support from everyone - from the relatives, neighbors, friends, and above all, the PRS team. People at Enable India have been also so kind to us and they helped my son in getting a placement at HCL. What I owe to all of them is something very sacred that mere words would never suffice to convey its depth. Now I and my family are committed to help others who find themselves in similar situations.”

From the way she shared her experience, it is evident that she primarily attributes his work engagement to the kind of support that they received from secondary and tertiary sources. Studies on the relationships between social support, work engagement and vocational outcome in patients with schizophrenia have generally shown that social support is positively related to work engagement and vocational outcome [3].

4. A journey toward wellness

Ms. S, 36-year-old, single female, educated up to SSLC from middle socio-economic status of urban Bengaluru was diagnosed with Schizophrenia at her young age. Along with regular drug adherence, she was also attending the computer section of PRS for quite a long time.

Her socio-demographic profile is presented in Table 4 given below:

Table 4: Socio-demographic profile

Variable	Details
Age (in years)	36
Sex	Female
Education	SSLC
Diagnosis	Schizophrenia
Religion	Hindu
Marital status	Single
Domicile	Urban
Socio-economic status	Middle
Family support	Good
Current employment status	Employed

Source: Data collected by the author.

It was through Enable India, PRS team placed her at the Sun ITES consulting private limited, Bengaluru, where she is employed in the Reception counter. The nature of her work includes maintaining attendance of employees in excel sheet, making entries of visitors in the register, and also reporting about the latecomers to the authority. The working time was from 8:30 am to 3:00 pm. When she first joined the Firm, she was given a less salary, but later she was being compensated adequately. Though the Firm had tried to engage her in a Project, as she does more than one login at a time, she was being temporarily disengaged of that responsibility.

She works in the Firm satisfactorily. The Firm is happy with her authenticity and assertiveness. The Firm is also happy with her communication, language (she is multilingual and speaks around 6-7 languages) and technical skills. She is also happy with what she is doing now, but she aims to re-join the Project that she was previously disengaged from. All employees at the Firm have a great regard for her though all of them know about her illness.

In a talk with PRS team member, she says that: “one of the things that was very hurting for me since I became ill was feeling like I was alone and that there was something really different and wrong with me. The contact with PRS team was a

major milestone in my road to recovery, because it provided me with a structured program through which I could accelerate the process of my recovery, where I was supported by a group of kind, helpful and understanding professionals that gave me the chance to see myself as a creative person than just a worthless chronic schizophrenic. From my personal experience, I can say with all honesty that apart from the PRS team, EnAble India and Sun ITES have been also so helpful for me in my journey toward wellness - both EnAble India and Sun ITES are truly disabled-friendly Firms that sincerely believe that disability, be it physical or mental, are not a limiting factor for those who yearn to learn and work.”

From her talk it is evident that, it is because of the strength-based approach of PRS team, EnAble India and Sun ITES, she felt more confident at work where they exclusively focused on her strengths and personal resources than weaknesses. Studies on strength-based approach in work performance have generally shown that a strength-based approach helps employees feel more confident, self-aware and productive which in turn, leads to higher employee engagement and increased work performance [4].

5. Smaller actions mean more than big intentions

Ms. N, 42-year-old, single female, educated up to BE from middle socio-economic status of urban Bengaluru was diagnosed with Schizophrenia at

the age of 26.

Her socio-demographic profile is presented in Table 5 given below:

Table 5: Socio-demographic profile

Variable	Details
Age (in years)	42
Sex	Female
Education	BE
Diagnosis	Schizophrenia
Religion	Christian
Marital status	Single
Domicile	Urban
Socio-economic status	Middle
Family support	Good
Current employment status	Employed

Source: Data collected by the author.

Along with regular medications, she was also attending the computer section of PRS for about 4 months. She was attending the section on a regular basis as day-boarder.

She is currently working in the documentation wing of HCL Technologies, Bengaluru for last 4 months. She is placed in this Firm by the PRS team through Enable India. The nature of work she is involved in here is scanning the profile of the employees and uploading them in the computer. The working time is from 9:30 am to 6:00 pm. The work is convenient for her and she is pleased with the work. Her fellow colleagues in the Firm are very supportive and helpful to her.

She is employed in this Firm on contract basis for a period of 5 months and the contract will end by next month. She is planning to make a request to the management to renew her contract in the next month or search similar jobs in some other Firm on ground of this work experience.

She is presently staying with her parents and siblings. They are very supportive. She is also able to help the family in all household chores during weekends without much difficulty.

She strongly believes that PRS team and her family are the main reasons for her recovery. She says that: "it is the computer section of PRS that gave me an opportunity to improve my technical knowledge and boost my confidence in taking up a work outside. It is from the PRS, I learned to communicate openly with peers. At PRS, I found friends who have things in common with me and we have bonded and talk about our problems."

Based on her personal experience, the kind of message what she wants to communicate to others is that take regular treatment, be active and engage always. Apart from her perseverance and determination, what makes Ms. N really exceptional is her strong belief that smaller actions mean more than big intentions.

From her message, one can easily make out that personal responsibility is a vital key to recovery and recovery will not happen until someone decides what changes need to happen in their life and they take steps to make them happen. Studies on the role of personal responsibility in recovery have generally shown that personal responsibility is a central to the idea of mental health recovery [5].

6. Attitudinal barriers in rehabilitation

Mr. A is around 75-year-old, single man, not formally educated from lower socio-economic status of urban Bengaluru. He is from a traditional Muslim family. He is diagnosed with Mild-Moderate Mental Retardation.

His socio-demographic profile is presented in Table 6 given below:

Table 6: Socio-demographic profile

Variable	Details
Age (in years)	75
Sex	Male
Education	Not formally educated
Diagnosis	Mild-moderate mental retardation
Religion	Muslim
Marital status	Single
Domicile	Urban
Socio-economic status	Lower
Family support	Poor
Current employment status	Unemployed

Source: Data collected by the author.

He is looked after by his sister who is 37-year-old having 80-year-old husband. She was married at a very early age and she was requested by her father to take care of her elder brother before his demise.

She has two sons and one daughter. Her first son is working as wheel operator in Dubai, another son is studying, and daughter is married. The family is financially not sound. She is ridiculed by her husband and children that she is wasting money on him. They do not want to provide him food and shelter.

PRS team has directed her to find a job for him in a cycle shop or grocery shop nearby the house. He was also given the option of making paper covers at home but the family refused to take up both options saying that she is a woman and her family

would not allow her to go out of the house to find jobs for him nor can she get him engaged at home. Hence the family is pleading for extended day-care.

He has reached maximum level of functioning beyond which he cannot progress. She says that: "I am good in making handicrafts and pickle, but what to do; I am not allowed to help my brother. My husband and children are not open to have him at home, I can do nothing more but to read Quran and offer prayers for him. This is the plight given to me by Allah, I have to accept it."

From her statement it is evident that, it is the attitudinal barriers of her family members that are coming in the way of his vocational rehabilitation, that are also associated with their culturally-based beliefs. Studies on attitudinal barriers to vocational

rehabilitation have generally shown that attitudinal barriers are one of the major underlying barriers to effective mental health rehabilitation and recovery [6].

Conclusion

What is given above are the recovery narratives of six individuals with mental disabilities who considered themselves successful in their path toward recovery despite barriers that may have held them back in life. Recovering from mental illness includes not only getting better, but achieving a full and satisfying life.

Here the primary focus was on their personal strengths and resources than the deficits and symptoms. There is no right or wrong way to recover - rather it is about living a life that has ups and downs, successes and failures, dreams and hopes - one that is fulfilling. However, these narratives are indicative that recovery is possible for most of everyone as it is defined by the individual doing it. Though the journey to full recovery may take time, positive changes can happen all along the way.

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