Findings of the study
A mental illness or mental health problem as seen earlier is a health condition characterized by alterations in thinking, mood, or behavior (or some combination) associated with distress and or impaired functioning.

The positive symptoms such as hearing imaginary voices, delusions, laughing or crying spells, violence etc. can be managed with anti psychotics, anti depressants or anti anxiety pills individually or in combination. In severe cases Electro Convulsive Therapy where a mild current is passed to the brain is administered to control these symptoms.

However the negative symptoms that usually appear after the control of positive symptoms are difficult to manage with only medication. These symptoms can be sleep disturbances, appetite disturbances, social withdrawal, lack of motivation, impoverished speech, flat affect, poor interpersonal relationships, difficulty in expressing self, lack of personal care, might take too long to do daily tasks like bathing and cleaning, loss of interest in activities once enjoyed etc.

It has been proved in some of the studies done earlier that psycho-social care brings about a drastic change in the functionality of the individual suffering from mental illness.
For this purpose the researcher has studied 102 patients suffering from chronic mental health problems, undergoing pharmacological treatment. All the 102 patients are members of day care centres or halfway homes providing psycho-social rehabilitation.
The study:
The questionnaire administered to 102 mentally ill clients was as follows:

**Questionnaire**

1. Diagnosis:
   - ☐ Schizophrenia ☐ Bipolar mood disorder ☐ Obsessive Compulsive disorder
   - ☐ Depression ☐ MR with psychosis ☐ Others

2. Present age:
   - ☐ < 15yrs ☐ 16-20 yrs ☐ 21-25 yrs ☐ 26-30 yrs ☐ 31-35 yrs ☐ 36-40 yrs
   - ☐ 41-45yrs ☐ 46-50 yrs ☐ 51-55 yrs ☐ 56-60 yrs ☐ 61-65 yrs ☐ 66-70 yrs

3. Sex:
   - ☐ Male ☐ Female

4. Education:
   - ☐ Illiterate ☐ Primary ☐ Secondary ☐ Graduate ☐ Post graduate
   - ☐ Others
5. Marital Status:

☐ Single  ☐ Married  ☐ Widowed  ☐ Divorced

6. Age of onset of illness:

☐ < 15 yrs  ☐ 16-20 yrs  ☐ 21-25 yrs  ☐ 26-30 yrs  ☐ 31-35 yrs  ☐ 36-40 yrs

☐ 41-45 yrs  ☐ 46-50 yrs  ☐ 51-55 yrs  ☐ 56-60 yrs  ☐ 61-65 yrs  ☐ 66-70 yrs

7. Positive symptoms at onset:

☐ Hearing imaginary voices  ☐ Laughing spells  ☐ Crying spells

☐ Fear

☐ Muttering to self  ☐ Bizarre thoughts  ☐ Delusions

Derailment of associations  ☐ Childish silliness  ☐ Agitation

Violent behavior  ☐ Breaking things  ☐ Hitting others  ☐ Abusive behavior

☐ Dressing unusually  ☐ Self neglect  ☐ Appetite disturbances

☐ Sleep disturbances  ☐ Suicidal ideation

☐ Wandering  ☐ Washing  ☐ Counting  ☐ Checking  ☐ Sadness

Mood swings
8. Treatment started with:

☐ Medication  ☐ Hospitalization  ☐ Both  ☐ None

9. Were ECTs given?

☐ Yes  ☐ No

10. Did you visit a faith healer?

☐ Yes  ☐ No

11. Did the symptoms reduce following treatment?

☐ Yes  ☐ Somewhat  ☐ Not at all

12. If yes, it reduced due to:

☐ Medical interventions  ☐ Non medical interventions

13. Were there negative symptoms following treatment?

☐ Yes  ☐ Somewhat  ☐ Not at all

14. If yes they were:
Sleep disturbances □ Appetite disturbances □ Social withdrawal □ Lack of motivation □ Impoverished speech □ Flat affect □ Poor interpersonal relationships □ Difficulty in expressing self □ Lack of personal care □ Takes too long to do daily tasks like bathing, cleaning etc. □ Loss of interest in activities once enjoyed □ Others

15. Were you referred for rehabilitation?
□ Yes □ No

16. You were referred for
□ Day care center □ Half way home □ Counselling □ Vocational training □ Occupational therapy

17. You were referred for rehabilitation by
□ Psychiatrist □ Psychiatric Social Worker □ Recovered client/friend □ Read about rehabilitation

18. What are your expectations of rehabilitation?
☐ To keep the client occupied ☐ To reduce burden on family
☐ Job ☐ Marriage ☐ To reduce positive symptoms ☐ To reduce negative symptoms ☐ To enhance social skills ☐ Not clear
☐ Any other

19. What was the age of starting rehabilitation?
☐ < 15yrs ☐ 16-20 yrs ☐ 21-25 yrs ☐ 26-30 yrs ☐ 31-35 yrs ☐ 36-40 yrs
☐ 41-45yrs ☐ 46-50 yrs ☐ 51-55 yrs ☐ 56-60 yrs ☐ 61-65 yrs ☐ 66-70 yrs

20. What activities did your member take up?
☐ Vocational activities ☐ Occupational therapy ☐ Art / Craft
☐ therapy ☐ Dance therapy ☐ Music therapy ☐ Individual counseling
☐ Group therapy ☐ Animal assisted therapy ☐ Educational activities
☐ Recreational activities ☐ Kitchen skills ☐ Yoga ☐ Others

21. What activities did he enjoy the most?
☐ Vocational / Occupational ☐ Recreational ☐ Educational
☐ groups ☐ Alternative therapies ☐ Group activities ☐ Individual
☐ activities ☐ Any other
22. Did the client benefit from rehabilitation?

☐ Yes, significantly  ☐ Somewhat  ☐ Not at all

23. If yes what were the obvious benefits?

☐ Wakes up easily

☐ Improvement in personal hygiene such as having a bath, shaving, using cosmetics etc.

☐ Reduction in time while using the toilet, taking bath, dressing etc.

☐ Better presentation of self that includes dressing, cleanliness, clothes, hair, feet, nails, footwear etc.

☐ Improvement in linguistic skills and numerical skills

☐ Improvement in body language that includes eye-to-eye contact, facial expressions, posture, etc.

☐ Enhanced conversational skills like initiativeness to talk, spontaneity, reaction time etc.

☐ Ease with traveling independently

☐ Relative ease at handling simple tasks like finding an address, handling money, running errands, ability to handle bank or post office work etc.
☐ Enhanced interpersonal relations

☐ Ability to express positive emotions with ease and spontaneity

☐ Reduced medication

☐ Ease at understanding simple instructions and ability to do household tasks as and when assigned

☐ Improvement in concentration, attention and motivation

☐ Enhanced motor skills like writing, walking etc.

☐ Reduced irritability and anger spurts

☐ Any other (please specify)

24. Does the client do other things besides attending rehabilitation?

☐ Yes ☐ No

25. If yes, is he/she is doing (or done)

☐ Household chores ☐ A short term course ☐ Night school/college

☐ Studying further ☐ Working part time
26. What services do you think could further benefit him/her?

- Job Placement
- Sheltered workshop
- Career guidance
- Subsidized medication
- Any other

27. Did the client have a relapse after taking up rehabilitation?

- Yes
- No

26. What is the present mental status of the client?

- Recovered
- Partial remission
- Symptomatic
- Any other
Findings of the study:

1. Diagnosis:

It was observed that of the 102 clients administered the questionnaire, 62.2% were diagnosed to have schizophrenia, followed by 13.3% with depression, followed by 6.1% with bipolar disorder. 15.3% were others who were diagnosed with some form of mild mental illness. (Refer table 1)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>61</td>
<td>59.8</td>
<td>62.2</td>
</tr>
<tr>
<td>Bipolar Mood Disorder</td>
<td>6</td>
<td>5.9</td>
<td>6.1</td>
</tr>
<tr>
<td>Obsessive compulsive disorder</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Depression</td>
<td>13</td>
<td>12.7</td>
<td>13.3</td>
</tr>
<tr>
<td>MR with psychosis</td>
<td>1</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Others</td>
<td>15</td>
<td>14.7</td>
<td>15.3</td>
</tr>
<tr>
<td>Total</td>
<td>98</td>
<td>96.1</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 1
2. Present age of the clients:

17.6% clients undergoing rehabilitation were in the age group 31-35 years and 41-45 years each. 16.7% clients were in the age group 26-30 years, followed by 11.8% clients in the age group 21-25 years, followed by 7.8% clients each in the age group 16-20 years and 36-40 years. (Refer table 2)

<table>
<thead>
<tr>
<th>Present age</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-20 yrs.</td>
<td>8</td>
<td>7.8</td>
<td>7.8</td>
</tr>
<tr>
<td>21-25 yrs.</td>
<td>12</td>
<td>11.8</td>
<td>11.8</td>
</tr>
<tr>
<td>26-30 yrs.</td>
<td>17</td>
<td>16.7</td>
<td>16.7</td>
</tr>
<tr>
<td>31-35 yrs.</td>
<td>18</td>
<td>17.6</td>
<td>17.6</td>
</tr>
<tr>
<td>36-40 yrs.</td>
<td>8</td>
<td>7.8</td>
<td>7.8</td>
</tr>
<tr>
<td>41-45 yrs.</td>
<td>18</td>
<td>17.6</td>
<td>17.6</td>
</tr>
<tr>
<td>46-50 yrs.</td>
<td>7</td>
<td>6.9</td>
<td>6.9</td>
</tr>
<tr>
<td>51-55 yrs.</td>
<td>6</td>
<td>5.9</td>
<td>5.9</td>
</tr>
<tr>
<td>56-60 yrs.</td>
<td>3</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>61-65 yrs.</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>66-70 yrs.</td>
<td>3</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 2
3. Gender of the clients:
71.6% of the clients attending the rehabilitation programme were males while 28.4% were females. (Refer table 3)

<table>
<thead>
<tr>
<th>Gender of the clients</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>73</td>
<td>71.6</td>
<td>71.6</td>
</tr>
<tr>
<td>Female</td>
<td>29</td>
<td>28.4</td>
<td>28.4</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3

4. Literacy level of the clients:
48.5% of the clients attending the rehabilitation programme were literate upto the secondary level, followed by 37.6% of the clients being graduates, followed by 8.9% who were educated up to the primary level. 2% each were postgraduates and others. Only 1% was illiterate. (Refer table 4)

<table>
<thead>
<tr>
<th>Literacy level</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>1</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Primary</td>
<td>9</td>
<td>8.8</td>
<td>8.9</td>
</tr>
<tr>
<td>Secondary</td>
<td>49</td>
<td>48.0</td>
<td>48.5</td>
</tr>
<tr>
<td>Graduate</td>
<td>38</td>
<td>37.3</td>
<td>37.6</td>
</tr>
<tr>
<td>Post-Graduate</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>99.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4
5. Marital Status:

71.6% were single clients while 16.7 were married and 11.8% were divorced. (Refer table 5)

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>73</td>
<td>71.6</td>
<td>71.6</td>
</tr>
<tr>
<td>Married</td>
<td>17</td>
<td>16.7</td>
<td>16.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>12</td>
<td>11.8</td>
<td>11.8</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5

6. Age of onset of the illness:

21% of the clients each reported that the age of onset of the mental illness was 16-20 years and 21-25 years. 19% of the clients had an onset in the age group 26-30 years followed by 17% in the age group less than 15 years, followed by 14% in the age group 31-35 years. Only 1% had a late onset at 46-50 years. (Refer table 6)
<table>
<thead>
<tr>
<th>Age of onset</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15 years</td>
<td>17</td>
<td>16.7</td>
<td>17.0</td>
</tr>
<tr>
<td>16-20 yrs.</td>
<td>21</td>
<td>20.6</td>
<td>21.0</td>
</tr>
<tr>
<td>21-25 yrs</td>
<td>21</td>
<td>20.6</td>
<td>21.0</td>
</tr>
<tr>
<td>26-30 yrs</td>
<td>19</td>
<td>18.6</td>
<td>19.0</td>
</tr>
<tr>
<td>31-35 yrs</td>
<td>14</td>
<td>13.7</td>
<td>14.0</td>
</tr>
<tr>
<td>36-40 yrs</td>
<td>5</td>
<td>4.9</td>
<td>5.0</td>
</tr>
<tr>
<td>41-45 yrs</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>46-50 yrs</td>
<td>1</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>98.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 6

7. Positive symptoms at onset:

Of the 102 clients, 54.9% of the clients reported to be hearing imaginary voices or what we call as experienced auditory hallucinations, 28.4% had laughing spells, 20.6% had experienced crying spells, 55% experienced fear, 36% were muttering to self, 42% experienced bizarre thoughts, 24% had delusions, 4% had derailment of associations. Childish silliness was observed in 15% of the clients, whereas agitation was observed in 26% of the clients. 35% of the clients displayed violent behavior and 14% of the clients hit others,
15% broke things, 37% of the clients were abusive, while 12% dressed unusually, 24% of clients neglected self, 20% of clients experienced appetite disturbances, while 59% experienced sleep disturbances, 24% had suicidal thoughts, 11% of clients wandered away from home. 9% and 4%, of clients would repeatedly wash, or check respectively. 47% of them experienced sadness while 59% experienced mood swings.

8. Treatment started with:

Of the 102 clients who were diagnosed with mental illness, treatment started with medication for 52.9% and hospitalization for 2.9%. Both medication and hospitalization started in the case of 42.2% clients. In spite of acute onset no treatment was taken by 2% of the clients. (Refer table 7)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>54</td>
<td>52.9</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td>Both</td>
<td>43</td>
<td>42.2</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 7
9. Whether ECTs (Electro Convulsive Therapy) was given:

Of the 102 clients ECTs were given to 69.6% of the clients and 25.5% were not given ECTs. 4.9% chose not to respond to this question since they were not sure. (Refer table 8)

<table>
<thead>
<tr>
<th>ECTs given</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>71</td>
<td>69.6</td>
</tr>
<tr>
<td>no</td>
<td>26</td>
<td>25.5</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>95.1</td>
</tr>
</tbody>
</table>

Table 8

10. Whether the clients visited a faith healer for treatment:

60.8% of the clients responded by saying yes and 36.3% by saying no whereas 2.9% did not respond. (Refer table 9)

<table>
<thead>
<tr>
<th>Whether visited a faith healer</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>62</td>
<td>60.8</td>
</tr>
<tr>
<td>no</td>
<td>37</td>
<td>36.3</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>97.1</td>
</tr>
</tbody>
</table>

Table 9
11. Whether symptoms reduced following treatment:

35.3% responded by saying yes, 57.8% responded by saying somewhat, 3.9% responded by saying not at all and 2.9% did not respond and said they were not sure. (Refer table 10)

<table>
<thead>
<tr>
<th>Whether symptoms reduced following treatment</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>36</td>
<td>35.3</td>
</tr>
<tr>
<td>somewhat</td>
<td>59</td>
<td>57.8</td>
</tr>
<tr>
<td>not at all</td>
<td>4</td>
<td>3.9</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>97.1</td>
</tr>
</tbody>
</table>

Table 10

12. If yes, the improvement was due to:

The improvement in symptoms in 93.1% clients was due to medical interventions, in 1% of the clients it was due to non medical interventions and due to both in 2% of the clients. (Refer table 11)
13. Negative symptoms observed following pharmacological treatment:

25.5% clients responded by saying yes, 33.3% by saying somewhat, and 39.2% by saying not at all. (Refer table 12)

### Table 11

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical interventions</td>
<td>95</td>
<td>93.1</td>
</tr>
<tr>
<td>Non-medical interventions</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Both</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>98</td>
<td>96.1</td>
</tr>
</tbody>
</table>

14. Negative symptoms observed were:

Of the 102 clients interviewed, 26.5% had sleep disturbances, 8.8% had appetite disturbances, 31.4% had social withdrawal, 24.5% had lack of motivation, 10.8% had impoverished speech, 12.7 experienced flat affect, 20.6% had poor interpersonal relationships, 25.5% had difficulty in expressing self, 20.6% lacked in personal

### Table 12

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>26</td>
<td>25.5</td>
</tr>
<tr>
<td>somewhat</td>
<td>34</td>
<td>33.3</td>
</tr>
<tr>
<td>not at all</td>
<td>40</td>
<td>39.2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>98.0</td>
</tr>
</tbody>
</table>
care, 15.7% took too long to do activities like bathing, cleaning etc. and 25.5% experienced lack of interest in activities they used to enjoy before the onset of the illness.

15. Whether the patients were referred for rehabilitation:
94.1% responded by saying yes and 4.9% responded by saying no. (Refer table 13)

<table>
<thead>
<tr>
<th>Referred for rehabilitation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>96</td>
<td>94.1</td>
</tr>
<tr>
<td>no</td>
<td>5</td>
<td>4.9</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>99.0</td>
</tr>
</tbody>
</table>

Table 13

16. Referred for:
37.3% clients were referred for day care services, 51.0% for a halfway home, 14.7% were referred for counseling, 3.9% for vocational training and 6.9% for occupational therapy.

17. Referred by:
75.5% of the clients were referred for rehabilitation by their psychiatrist, followed by 13.7% by psychiatric social worker, followed
by 4.9% by a recovered client and 7.8% read about rehabilitation on
the internet or in the news papers.

18. **Expectations of clients from rehabilitation:**
68.6% clients felt rehabilitation would help to keep the clients occupied, 15.7% wanted to reduce burden on family, 42.2% expected they would get a job following rehabilitation, 6.9% wanted to get married following rehabilitation, 19.6% felt it would reduce positive symptoms, 26.5% felt it would reduce negative symptoms, whereas 40.2% felt it would enhance their social skills.

19. **Age of starting psychosocial rehabilitation:**
Of the 102 clients 22.2% clients started rehabilitation in the ages 31-35 years, followed by 19.2% in the ages 26-30 years, followed by 15.2% in the ages 41-45 years, followed by 14.1% in the age group 21-25 years, followed by 9.1% in the age group 51-55 years. Only 2% each started rehabilitation in the age group < 15 years, 56-60 years and 61-65 years respectively. (Refer table 14)
<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15 years</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>16-20 yrs.</td>
<td>8</td>
<td>7.8</td>
<td>8.1</td>
</tr>
<tr>
<td>21-25 yrs</td>
<td>14</td>
<td>13.7</td>
<td>14.1</td>
</tr>
<tr>
<td>26-30 yrs</td>
<td>19</td>
<td>18.6</td>
<td>19.2</td>
</tr>
<tr>
<td>31-35 yrs</td>
<td>22</td>
<td>21.6</td>
<td>22.2</td>
</tr>
<tr>
<td>36-40 yrs</td>
<td>5</td>
<td>4.9</td>
<td>5.1</td>
</tr>
<tr>
<td>41-45 yrs</td>
<td>15</td>
<td>14.7</td>
<td>15.2</td>
</tr>
<tr>
<td>46-50 yrs</td>
<td>1</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>51-55 yrs</td>
<td>9</td>
<td>8.8</td>
<td>9.1</td>
</tr>
<tr>
<td>56-60 yrs</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>61-65 yrs</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>97.1</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 14

20. Activities taken up in rehabilitation:

Of the 102 clients 60.8% of the clients undertook vocational activities, 26.5% undertook occupational therapy, 31.4% undertook art / craft therapy, 54.9% undertook dance therapy, 60.8% undertook music therapy, 80.4% had individual counseling, 78.4% had group therapy,
followed by 15.7% who undertook animal assisted therapy. Besides 68.6% had educational activities, 55.9% had recreational activities, 31.4% had kitchen skills and 84.3% had yoga.

21. Activities enjoyed the most:
It was reported that of the 102 clients interviewed, 16.7% enjoyed vocational / occupational activities, 62.8% enjoyed recreational activities, 11.8% enjoyed educational groups, 10.8% enjoyed alternative therapies like yoga, dance, animal assisted therapy etc., 61.8% enjoyed group activities, and 25.5% enjoyed individual activities.

22. Benefit of rehabilitation:
Of the 102 clients, 52.9% benefited significantly from rehabilitation, 45.1% benefited somewhat and 2% did not benefit at all. (Refer table 15)

<table>
<thead>
<tr>
<th>Benefits of rehabilitation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, significantly</td>
<td>54</td>
<td>52.9</td>
</tr>
<tr>
<td>Somewhat</td>
<td>46</td>
<td>45.1</td>
</tr>
<tr>
<td>Not at all</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 15
23. **Obvious benefits of rehabilitation:**

Of the 102 clients, 74.5% could wake up easily, 76.5% had improvement in personal hygiene, 67.6% had reduction in time while using the toilet, taking bath, dressing etc., 58.8% had better presentation of self that includes dressing, cleanliness, clothes, hair, feet, nails, footwear etc., 43.1% had improvement in linguistic skills and numerical skills, 56.9% had improvement in body language that includes eye-to-eye contact, facial expressions, posture, etc., 51% had enhanced conversational skills like initiativeness to talk, spontaneity, reaction time etc., 41.2% had ease with traveling independently, 29.4% had relative ease at handling simple tasks like finding an address, handling money, running errands, ability to handle bank or post office work etc., 44.1% had enhanced interpersonal relations, 34.3% had ability to express positive emotions with ease and spontaneity, 52.9% had reduced medication, 54.9% had ease at understanding simple instructions and ability to do household tasks as and when assigned, 64.7% had improvement in concentration, attention and motivation, 54.9% had enhanced motor skills like
writing, walking etc., and 72.5% had reduced irritability and anger spurs.

24. Other activities besides rehabilitation:
35.3% did other things besides rehabilitation such as household chores (20.6%), short term course (12.7%), studying further (5.9%), and working part time (8%).

25. Other services that would benefit the clients:
58.8% felt that job placement would benefit the clients, 14.7% felt that a sheltered workshop would benefit them, 12.7% felt that career guidance would benefit them whereas 19.6% felt that subsidized medication would benefit them.

26. Was there relapse after rehabilitation:
82.4% reported by saying no and only 10.8% reported by saying yes.

(Refer table 16)

<table>
<thead>
<tr>
<th>Relapse after rehab</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>11</td>
<td>10.8</td>
</tr>
<tr>
<td>no</td>
<td>84</td>
<td>82.4</td>
</tr>
<tr>
<td>Total</td>
<td>95</td>
<td>93.1</td>
</tr>
</tbody>
</table>

Table 16
27. **Present mental status:**

52% clients were under partial remission, whereas 17.6% were recovered, whereas 5.9% were symptomatic. (Refer table 17)

<table>
<thead>
<tr>
<th>Present Mental Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovered</td>
<td>18</td>
<td>17.6</td>
</tr>
<tr>
<td>Partial remission</td>
<td>53</td>
<td>52.0</td>
</tr>
<tr>
<td>Symptomatic</td>
<td>6</td>
<td>5.9</td>
</tr>
<tr>
<td>Any other</td>
<td>17</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>92.2</td>
</tr>
</tbody>
</table>

Table 17
Case Studies

Case 1:

Name: Shafiq Ahmed (Name changed to protect identity)

Religion: Muslim.

Marital Status: Married. (Consanguinous marriage)

Gender: Male.

Age: 23 years.

Date of Birth: 23rd October, 1983.

Family profession: Saree Printing

Family Income: Rs. 15,000/-
Education history: 10th fail (scored 25% in the exam)

Family history: Shafiq's family consists of his father (who is 52 years and is working in saree printing mill) and his mother (who is 48 years and is a housewife). His parents had 7 children (of which, two were males, including Shafiq and Aslam, and they have 5 sisters. No psychiatric illness has been reported in the family. The family has very little knowledge about the disorder and the male members don’t take much interest in his condition.

Description of symptoms:

*Initial Symptoms:*

*Holding* hands of girls, going behind girls, fighting, talking too much, irritation.

Symptoms as observed: Salvation, rigidity, fear, lack of confidence etc. (when client first came to Kshitij, a day care centre where psychosocial rehabilitation is given to clients suffering from various mental disorders)
Symptoms according to patient:
Fear, Anger, hearing voices, headache, suspiciousness, sleep and appetite disturbances

According to the relatives:
Suspicious of little children, angry, hated anyone coming to their house, complains of feeling sick because of the other people, irritation.

Onset: Gradual (fever followed by vomiting and stomach ache) from the month of June 07 onwards

Course of illness: Continuous

Duration: Since 4 months as in October 07 when he first came to the day care centre.

Treatment Given:
First taken to Dr. Sajid with no improvement
Then taken to psychiatrist in J.J. Hospital with no improvement
Then taken to Dr. Matcheswalla with no improvement. He asked the family to consider ECTs and admit the patient in the in-ward. Family was reluctant and thus changed psychiatrist again.

This time went to Dr. Anita Sukhawani. Some improvement shown but Dr. Anita also asked family to consider giving ECTs. Family was reluctant. She then referred them for rehabilitation at Kshitij along with medicines.

Past history of any psychiatric illness: No

Premorbid personality: Stubborn, laughing and talkative, extrovert

Childhood History:

Birth History: Normal, The child cried immediately after birth:

Any another illness /Problem after birth: Delayed milestones.

Academic history: Poor in school performance

Any Other Medical illness in the Past – Typhoid
Social History with:

Family and relatives: Good

Friends: Fair

Outsiders: No

Hobbies:

Football, athletics

Mental Status Examination on first observation:

General Appearance and behavior:

General Appearance: Dress, Adequate

Attitude towards Examiner: Cooperative

Comprehension: Impaired

Gait and posture: Abnormal, stiffness (Way of sitting, standing and walking)

Motor Activity: Decreased. Abnormal involuntarily movements like tremors

Social Manner and non verbal behavior: Decreased

Rapport: Established
Hallucinatory behavior: Odd gesturing in response to auditory hallucinations

Speech: i. Rate and quantity of Speech: present but rate is slow.

   ii. Volume and tone of Speech: Decreased and low

Mood: Depressed

Hallucinations: Present (Auditory)

Orientation: Time: Present

   Place: Present

   Person: Present

Memory: Immediate – good

   Recent – good

   Remote - good

Judgement: Intact (test as well as social)

Insight: Grade II

**Psycho-social Intervention:**

The client was referred for the rehabilitation. Initially his mother used to drop him up and pick him up. He used to sit in a one corner and didn’t mix with the group.
Shafiq was approached in a very polite and friendly way. Initially tasks of his interest and easy tasks were given to decrease fear of failure and build a good rapport. To satisfy emotional needs and infantile needs piece puzzles, reading, painting activities were given. To satisfy dependency needs, slightly unfamiliar activities were given initially requiring instructions at each step, e.g., box-making. Activities to develop self worth included personalized bookmark, encouraging during competitive games. Need to satisfy interpersonal relationships were taken care of through group activities like debates, quiz, ball games, and discussions. To deal with performance skills, initially simple activities moving on to slightly complex ones were given, grading concentration and work tolerance. Prompts to enhance verbal skills along with movement therapy to improve posture were also given.

In the meantime the counselor counseled him constantly and family therapy was done with his parents to reduce expressed emotions. To enhance voice modulations animal assisted therapy and dance therapy were introduced to which he responded positively.
Subsequent evaluations in June'07 showed reduction in psychomotor retardation, enhanced verbalization, expressions of emotions, no delusions, improved posture, increased performance skills and enhanced self-esteem.
Case II:

Name : Mr. N. C.

Religion: Hindu

Marital Status: Single

Gender: Male

Age: 26 years

Family Profession: Father retired from service, brother working in a multinational company as an Engineer.

Family Income: Rs. 17,000/- per month

Educational History: 10\textsuperscript{th}, failed in Maths

Family History:
No family history of mental illness. N's family consists of his father who is retired, mother who is a housewife and his elder brother who is an engineer. The family has very little knowledge about the disorder except his brother who is regular with the psychiatrist and has learnt management of the client.

Description of symptoms

Initial symptoms:
Restlessness, stereotypes, constant shaking of right hand.

Symptoms observed:
Poor motivation, insecured, fear, lack of confidence, rigidity, awkward hand movements.

Symptoms according to the patient:
Nothing specific.

According to relatives:
Clumsiness drowsiness, slow reaction time, depressed.
Onset:
Gradual.

Course of illness:
Continuous

Duration:
Since December 2006.

Treatment given:
- First taken to Dr. Manoj Bhatawadekar and started medication.
- Then went to Vatvani's Health Care Centre at Borivli.
- Then taken to Maitri support group and was counseled.
- Referred to Kshitij.

Past History of Psychiatric illness:
None

Premorbid personality:
Introvert, shy, reserved

Childhood History:
Birth: Normal
Academic: Poor in school.

Social History with:
Family and Relatives: Good
Friends: Fair
Outsiders: No.

Hobbies: watching T.V., listening to music, drawing.

Mental Status Examination on first observation.
General Appearance, Dress: Adequate.
Attitude towards the examiner: Co-operative

Comprehension: Impaired
Gait and posture: Abnormal, rigidity and stiffness
Motor Activity: Decreased
Social Manner and non verbal behavior: Absent.

Rapport: established.

Hallucinatory behavior: Absent

Speech: Rate and quantity of speech present but rate is slow.

Volume and tone of speech decreased and monotonous

Mood: Euthymic.

Hallucinations: Absent

Orientation: Time - Present

Place - Present

Person - Present

Memory: Immediate- Fair

Recent - Fair

Remote - Fair

Judgement: Social : Absent

Test : Absent

Insight : level 1

THERAPEUTIC INTERVENTION

The client was referred to the day care centre for rehabilitation.

Initially his brother used to drop and pick him up from the centre.
Client was less interactive and de-motivated. Client also exhibited rigid posture.

Client was made familiar with the new place and was made to understand for what purpose he is here. Initially tasks of simple level were given to satisfy emotional needs. Activities to satisfy oral needs were given. To satisfy dependency needs activities including instructions were given. To improve attention and concentration simple to complex activities were given physical activities to improve posture was given.

Besides this he was made to participate in all group discussions, debates and quizzes. He was also assigned diary writing and news headlines. He was given instructions in dance therapy and animal assisted therapy.

Subsequent evaluations show enhanced verbalization, social interaction increased participation, enhanced independency and improved posture.