

Psychiatric Social Work Program in Rural Community: A multi- sectoral initiative

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ABSTRACT

Background: Community based programmes with the combined focus on promotive and curative aspects are the planned objective of interventions and services organised by psychiatric social workers in a rural community for identification and treatment linkage provision for mental health problems. **Aim of the Study:** The aim of the survey is to find out the mental health related problems in the rural community and to provide psychiatric social work services in the rural community by providing linkages to community based psychiatric extension services. **Methods:** This research cum intervention program used a survey method, with the universe of the study consisting of all the persons residing in Samardoloni village in Sootea Block, in Sonitpur district of Assam. People, who are permanent members of their respective household of Samardoloni village, formed the sample for the present study. Household survey was done with data being collected through the semi-structured tool for socio-demographic data and clinical information. Psychiatric social work programme was conducted in the community for awareness' and de-stigmatization of mental illness. **Results:** In the survey, 271 households were assessed and it was found that in the surveyed village, forty-seven (47) persons were identified as having mental illness and other related problems; eleven (11) persons were having Epilepsy, thirteen (13) persons had Psychosis, eight (8) persons had Somatization disorder, five (5) persons had Child related psychiatric disorder and ten(10) people were having substance related disorders. Awareness program on mental health and illness was conducted in the community at three levels. First, at the Community-level, sensitization for acceptance and de-stigmatizations of mental illness, secondly, at the School-level, addressing various problems of child and adolescents for teachers and children, and thirdly, at the group level, targeted knowledge and information was given to the persons identified with mental disorders during the survey and were further motivated to access treatment at the local PHC where psychiatric treatment was available. **Conclusion:** Psychiatric social worker services can address various mental health issues through inter-sectoral collaboration with local rural functionaries. Focused activities for various groups can be useful at community-level for identifications, acceptance, de-stigmatization of mental illness and providing psychosocial care in the community. The role of a psychiatric social worker as a networker for linkage building and coordinating is emphasized apart from being a researcher and as an interventionist in psychiatric social work. Initiative resulted in treatment accession for 37 patients of the 47 identified. Community participation formed an integral component in mobilizing and utilizing community members and for early identification and linkage provision for treatment. The initiative impacted inter-sectoral systems to plan, coordinate, assess, educate, counsel and link- up and sustain within the community resources.

Keywords: Community, psychiatric social work, mental illness

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INTRODUCTION

Psychiatric social workers (PSWs) can play an important role in providing mental health services and mental health care for people in the community. Psychiatric social workers provide services at prevention, treatment and rehabilitation levels. In mental health settings, the emphasis is on preventive activities and promotion of mental health i.e., modifying stressful environmental, strengthening the ability to cope,

reducing the risk factors, providing education, focusing on skill development, creating awareness in the community, social action, and advocacy for right and justice for people in community.

Psychiatric social workers deal with individuals, families, groups, organizations and communities. It refers to a range of social work methods and technique besides , educational , behavioral, and cognitive interventions and vocational rehabilitation for increasing the role performance of persons with mental illness , enhancing their recovery process , involving the family and community. In the community they are also involved in research that focus on psychiatric illness and develop strategies for the implementation of various psycho social programmes to prevent, reduce and eliminate psychiatric illness in the community based on the research finding.

Community intervention approaches have been used successfully to promote community mental health program in the community.^[1] stated that community interventions target communities, use community resources and change strategies based in communities (community based); are oriented to the needs, perspectives, and priorities of communities and empower them to achieve their goals (community driven). In a study conducted by Pan, Ng, & Young^[2] to see the effectiveness of an early detection and intervention programme, results showed that different social work intervention components had different predictive effects on these changes. The community mental health intervention project is an effective early detection and intervention programme. This study aims to explore the potential of psychiatric social work intervention in the community for identification of mental illness, de-stigmatization and awareness building in regard to mental health problems through an educational effort, and network to advocate the use of community resources by linking services. .

Aim of the Study: The aim of the survey is to find out the mental health related problems in a rural village community and to provide psychiatric social work services in rural community.

Objective: To estimate the mental health problems through a survey in an identified village for initiating awareness and sensitization of people in the community for mental health and wellbeing.

METHODOLOGY

A cross-sectional survey was conducted in the village. The universe of the study was all the adult persons residing in Samardoloni village in Sootea Block, in Sonitpur district of Assam. People, who are permanent members of their respective household of Samardoloni village in Sootea, Sonitpur were the sample for the present study. Household survey was conducted to identify mental health related problems in village. All the positive cases were primarily identified and screening by psychiatric social workers and trainees and later were diagnosed by the psychiatrist at the extension services. Psychiatric social work interventions at various levels were provided in the community for awareness' and de-stigmatization of mental illness.

Tools for data collection: Semi-structured clinical and socio-demographic data sheet: Relevant socio-demographic and clinical details were collected using a semi-structured proforma designed for this study.

RESULTS

Mental health issues in the community : The survey identified mental health related problems in a village. Survey was done for 271 permanent households. Majority of the respondents were semi-literate, Hindus, engaged in agricultural activity and animal husbandry, hailing mostly from nuclear families. In the survey, it was found that in the particular village, forty seven (47) were identified as having mental illness and related issues. Eleven (11) persons were having Epilepsy, thirteen (13) persons had Psychosis, eight (8) persons were identified as having Somatization disorders, five (5) persons were having Child related disorders and ten (10) people were having substance related disorders.

The identified cases were linked with community mental health program in Sootea, Sonitpur district of Assam for further evaluation and treatment by psychiatrists following various motivational and awareness creation activities. All persons with mental health issues (37) except the persons with substance related issues (10) were enlisted for treatment at the psychiatric community extension services.

Psychiatric social work programme in the community: Following the survey, awareness program on mental illness in the community was conducted at three levels.

Three levels of sensitization were conducted in the community

1. Community-level sensitization for acceptance and de-stigmatization of mental illness.
2. School-level sensitization for education on child and adolescent problems for students and for teachers for understanding and identification of children with problems.
3. Targeted group level education and intervention for those who were identified as having mental disorder. Knowledge and awareness about signs and symptoms, treatment and follow up for various problems addressed individually and in group level. Psychosocial aspects of mental illness were addressed for recovery and well-being. Specific referral and support for treatment assessment at extension services made individually with Asha Worker accompanying the identified persons and family.

Community sensitization programme : The community sensitization programs were done by targeting different sub-groups within the community and through sensitization activities like bill pasting, pamphlet distribution, use of microphone announcements along with the village headman, announcements in health melas, community public meeting etc. In the Community-level sensitization programme around two hundred people attended the programme. Mental health professionals delivered awareness on mental health issues, stigma and about the availability of services for person with mental illness.

In School-level, sensitization programme was conducted; where 15 teachers from surrounding areas participated in the programmes. The programme focused on understanding and identification for the children with problems. An awareness programme for school children was also conducted for early adolescents.

In the Target group level (those who were identified as having mental disorder during the survey period) sensitization and awareness programme on knowledge, sign and symptoms, treatment and follow up.

Focused group discussion for the family members: Focused group discussion was conducted for family members of persons with mental illness identified during the survey. The following areas were discussed:

1. Needs of the caregivers were explored
2. Perception/knowledge regarding mental illness
3. Attitude towards illness
4. Stigma perception and management
5. Care burden
6. Follow-up care services
7. Importance of work engagement
8. Formation of self help support group Family psycho education

Psycho education was provided to the family members of people identified as having mental illness during the survey. The psycho educational program, based on an interactive educational method was followed. First, introducing the reasons for the 'meeting' and stating the theme. Second, the participants are encouraged to discuss around the given theme and the questions posed by the community worker and group members. Third, discussion was concluded and summarized by the community team members at the end.

Content covered: The content of the psycho education sessions would include four main areas related to the illness. It covered the causes, symptoms and prognosis of the mental illness, the treatment and management.

- 1) An overview about the mental illness
- 2) Course and prognosis of psychiatric disorder / what to expect in mental illness?
- 3) What causes mental illness?
- 4) What are the treatments available for people with mental illness?
- 5) Side effect about medications
- 6) Misconceptions about medications and mental illness.
- 7) Stigma management

DISCUSSION

From the above survey and intervention/programme done in the community, it can be inferred that psychiatric social work interventions can identify mental health issues, create awareness, enhance knowledge and can promote mental health and well-being of people and be the agent to network services.

Towards organizing the grassroots level activities multiple networking initiatives were undertaken prior to planning and implementing the initiative by the psychiatric social workers and PSW trainees. Multi-sectoral collaboration with village Headman of the Panchayats Raj System and BDO office, Asha workers from the PHCs and sub-centres of the Health system, Anganwadi workers from the ICDS services were enlisted to function as key informants and for local logistic support.

In the survey, community sensitization programs were done by targeting different sub-groups within the community and through different types of sensitization activities, for identification, acceptance, and destigmatizing mental illness. Further, psycho education was also provided to the family members of those people identified during the survey.

Thornicroft et al.^[3] has pointed out interventions which may be effective in reducing stigmatization and discrimination at the following levels are; individuals with mental illness and their family members; the workplace; and local, national and international. The strongest evidence for effective interventions at present is for (i) direct social contact with people with mental illness at the individual level, and (ii) social marketing at the population level. According to Link^[4] to achieve stigma programmes must be multi-faceted and multi-level, and must address deeply held attitudes and beliefs that are the fundamental causes of stigma.

Further, Chung and Wong^[5] suggested promoting contact between the public and individuals with mental illness as well as education to drive out misconceptions in community. Studies have been shown that family psycho educations can reduce relapse and can lower family distress and burden^[6-7]. Family psycho education is considered as an effective and inexpensive family intervention for people with schizophrenia^[8-9].

The patients enlisted in the survey were registered to the community mental health programme of the institute for treatment and for psycho social interventions. Thus, it can be concluded that psychiatric social interventions and programme can address the needs of patients and family members in a specific area through collaboration with various sectors functioning in the community effectively.

Challenges and implications

1. Planning and implementation of the programme for the particular village involved a duration of 26 working days. This seminal work provided an active and involved effort to plan, undertake need assessment, and intervene at micro and macro levels within the village area.

Viability of sparing time and effort can be a reality only if the onus of care of such a programme can be shared by all Social Work Centers imparting training and as a policy have extension activities. Other helping sciences can also initiate extension activities as socially committed departments or towards providing social exposure for trainees.

2. The programme undertaken was viable as the existing social and health sectors were actively pursued and linkages established. This in turn, is vital for awareness regarding prevention, services, and treatment in any rural population. An inclusive policy and programme for integrated activities by from Health and Social sectors is a prerequisite.
3. The programme had the active support from local youth and elders of the village. Local support teams or presence and involvement of NGOs can prove to be a boon in rural mental health activities for PSWs and others.
4. The programme by PSWs was a reality due to the availability and accessibility of Psychiatric Extension services as a community resource. This movement of services to rural areas from urban and hospital based system is a challenge that needs to be in-cooperated into policy decisions especially where training courses are available.
5. Further, these skills in identification can be transferred through short term training to community level workers (Anganwadi, ASHA workers, Youth volunteers) and thus sustainability aspects can be explored.
6. IEC activities can play a major role in awareness building by PSWs. Use of culturally acceptable local medias by PSWs can go a long way in impacting rural population. Mediums like street plays, puppetry, and folklore traditions can be used with in the IEC activities.

7. Field Action based research can contribute extensively for the growth of a profession like Social Work. A policy and program along with dedicated team for Community Psychiatric Social Work Services is an implication for organizing activities at the Primary, Secondary and Tertiary levels.

CONCLUSION

A survey was conducted to assess mental health problems in a rural community of Assam and to provide psychiatric social work programme based on the needs of the area. Working along with existing health and social functionaries, psychiatric social workers can address the needs of the patient/ family; identify mental health issues in the community. The services can be useful at community-level for identifications, acceptance, and de-stigmatization of mental illness and to provide psychosocial care.

Community participation formed an integral component in mobilizing and utilizing community members and for early identification and linkage provision for treatment. The initiative impacted inter-sectoral systems to plan, coordinate, assess, educate, counsel and link- up and sustain within the community resources.

REFERENCES

1. Wallerstein N, Polascek M, Maltrud K. Participatory evaluation model for coalitions: The development of systems indicators. *Health Promotion Practice*. 2002 Jul;3(3):361-73.
2. Pan JY, Ng YN, Young KW. The impact of caregivers on the effectiveness of an early community mental health detection and intervention programme in Hong Kong. *Early intervention in psychiatry*. 2014 Dec 1.
3. Thornicroft G, Brohan E, Kassam A, Lewis-Holmes E. Reducing stigma and discrimination: Candidate interventions. *International Journal of Mental Health Systems*. 2008 Apr 13;2(1):1.
4. Link BG. Stigma: many mechanisms require multifaceted responses. *Epidemiologia e Psichiatria Sociale*. 2001 Mar 1;10(01):8-11.
5. Chung KF, Wong MC. Experience of stigma among Chinese mental health patients in Hong Kong. *The Psychiatrist*. 2004 Dec 1;28(12):451-4.
6. Pharoah F, Mari J, Rathbone J, Wong W. Family intervention for schizophrenia. *Cochrane Database Syst Rev*. 2010 Dec 8;12.
7. Barbato A, D'Avanzo B. Family interventions in schizophrenia and related disorders: a critical review of clinical trials. *Acta Psychiatrica Scandinavica*. 2000 Aug 1;102(2):81-97.
8. Wolff G, Pathare S, Craig T, Leff J. Public education for community care. A new approach. *Br J Psychiatry*. 1996;168(4):441-7. doi: 10.1192/bjp.168.4.441.
9. Holmes EP, Corrigan PW, Williams P, Canar J, Kubiak MA. Changing attitudes about schizophrenia. *Schizophrenia bulletin*. 1999;25(3):447.