

Keys for mindsca

The rough edges of psychiatric rehabilitation are continuing to be chipped away and this can only be to every benefit, observes Robini Nilekani

An outsider walking into the symposium's afternoon session would have been forgiven for thinking the delegates had all partaken too much of the good food. All of them were lying flat on their backs, legs stretched out, arms at their sides, breathing peacefully. And this was supposed to be a serious symposium on 'Innovations in psychiatric rehabilitation' held in Bangalore from November 23-25 under the aegis of the Richmond Fellowship Asia Pacific Forum.

In essence, however, that unusual scenario summed up, to many participants, exactly where the concept of psychiatric rehabilitation is headed today. It was a yoga session the delegates were attending and they were practising *Shavasana* under the guidance of psychiatrist and yoga teacher Usha Sundaram. Gone, it appears are the days when psychiatrists, psychotherapists and counselors rely exclusively on medical or classical therapy skills to restore a mentally disturbed patient to his social setting. Now yoga therapy, art therapy, dance therapy, community outreach programmes, etc. are all valid, if not essential, ingredients in many mental health programmes.

This remarkable evolution in the approach by mental health professionals has been only recent in origin, possibly no more than a decade old. Till then, as all critics of psychotherapy argued vociferously, therapy for the mentally ill was constructed on the foundation of the individual belief system of the therapist, not necessarily on that of the patient's own perceptions/realities. Today, by including various self-help measures, the involvement of the family and the community and, of course, by allowing free self-expression without judgement through such creative forms as art and dance, have helped rehabilitate not only the patient but also the slightly muddled reputation of psychotherapy itself.

So, at the symposium, the tone was a far cry from the once familiar 'psychotherapists do not need to learn anything more about psychotherapy,' as one psychologist from Calcutta put it. In-

stead it was an opportunity for the delegates from diverse areas of mental health such as psychiatry, psychology, psychiatric social work and academics to share their ideas and experience about new... (or rediscovered ancient) methods of rehabilitating the mentally ill. Says organising secretary of the symposium and consulting psychiatrist Dr S. Kalyanasundaram, "It brought together for the first time medical and non-medical people working in rehabilitation under one umbrella. There were participants from not only all corners of India but also from the Asia Pacific region, creating an impetus for collaborative, cross-cultural work in the future."

Psychiatric rehabilitation is defined as the process through which a person is helped to adjust to the limitations of his disability. Rehabilitation means empowering the patient to attain his full potential within his environment. Today, psychiatrists and psychologists have fully accepted that the responsibility of their profession ends only when their client (patient) is rehabilitated in the full sense of the above description. As Dr Kalyanasundaram explains, "Earlier, psychiatrists used to believe that rehabilitation began when medicine had failed. Now, we believe that rehabilitation begins from the very first interview with the client."

According to Dr R.L. Kapur, "Mental health care needs to go beyond the preserves of mental health professionals. A civilisation to survive has to draw upon its spiritual heritage, its values of compassion and selflessness, for its foundation rests on the mental health of its members." By itself, this would be an unremarkable truism that most would subscribe to. Coming from the mainstream medical community, it takes on a new significance. Dr Kapur has been a pioneer in the work on coping strategies for the mentally ill and their families and he articulated his ideas a quarter of a century ago. But now, the medical community all over the world is acknowledging its limitations in the alleviation of illness, both mental and physical. This, most

professionals agree means that while expectations of them are high, they also need help. The doctor's omnipotence is a thing of the past.

Of course, this reciprocal responsibility is not at large: it must be at the level of individual health of its members. Precisely what men are advocating to do is that it involves not only the patient's family but also the agencies, employment, guidance centres, social agencies both govt and non govt. The client can be empowered by the opportunities offered by the agencies of intervention. Some of these are some useful (and some not so useful) occupation only. It has to be said to be common.

But, of course, this is the real situation. The mental health professionals in the country are in the rural areas, the ones being only a small part of the scenario. When the mental health care is not the concept of the mental health care, much in its own right, about 1 per cent of the population is generally in need of psychiatric help, it is not with the under budget allocation.

At the symposium, the mental health resources into the mental health of the community. The best of the kith and kin, the traditions of the transcultural communities (in the community ideology) sustaining in its not just curative.

For what can be done, papers was the