



Social

HISTORY OF PSYCHOSOCIAL REHABILITATION IN INDIA

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ABSTRACT

Psychosocial Rehabilitation (PSR) is a part of psychiatric treatment for persons with chronic mentally illness. In the past two decades, the importance of psychosocial rehabilitation is increasing gradually. The concept and approaches of PSR have been spreading steadily all over the world. It is a growing field in the developing countries like India. The information about history of psychosocial rehabilitation among the mental health professionals is inadequate. But one could see the route of this, even before our country got independence from British colonial rule. It is always happy to see pathways of any field or subject how it was evolved and developed. This is an attempt with available resources to bring out the history to the light.

Keywords:

Psychosocial Rehabilitation, History, Pre-Independence Period, Post-Independence Period.

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1. INTRODUCTION

Psychosocial Rehabilitation is a process, which provides opportunities for persons who are impaired, disabled, handicapped by mental disorders, to reach optimum level of independent living functioning in the community (WHO, 1996). It is initiated by a health or a mental health professional, in collaboration with the patients’ families and community, and supported by the policy planner, focused at developing and implementing an individualized program that seeks to maximize the patient’s assets and minimize his disabilities in the area of socio-occupational functioning, centering around the philosophy of mobilizing and utilizing resources available to the community, with the final objective of mainstreaming the client. The information about history of psychosocial rehabilitation among the mental health professionals is inadequate. It is always happy to see pathways of any field or subject how it was evolved and developed.

2. HISTORY

To understand the history of Psychosocial Rehabilitation in India lucidly, it can be divided into two stages viz., Pre-independence period and Post-independence period.

2.1.PRE-INDEPENDENCE PERIOD (till 1947)

The history of psychiatry in India was developed on similar lines as that in other parts of the world. The earliest records of mental health institutions showed the evidence regarding existed mental hospitals in India. There was a mental hospital at Dhar, near Mandu, in Madhya Pradesh, established by Mohammed Khilji in the 15th century between 1436 – 1469 A.D.

The Lunatic asylums in India were established after the British East Indian Company came to India. The principle behind these asylums was to separate the mentally ill from mainstream of the society. The Indian Lunatic Asylum Act - 1858, was enacted by the British government and which was in force in India during late 19th century. In these periods, the lunatic asylums were under the supervision of a medical officer who worked as Physician or as Civil Surgeon.

In 1895, Dr. W. R. Rice, I. M. S., Surgeon General, took a survey about functions and conditions of lunatic asylums in India. In the recommendations he stressed that the importance of Occupational Therapy for persons with mentally ill in the lunatic asylums as part of psychiatric treatment. It was landmark in the field of psychosocial rehabilitation in India. Then numbers of occupational therapy department were established in almost all the Lunatic asylums during this period.

Between 1870s to 1890s, there was a rehabilitation programme for the mentally ill at Mysore Lunatic Asylum, Mysore. The programme was called as “Work Therapy”. In this programme, the persons with mental illness were involved in the field of agriculture for all the activities.

In early 20th century major revolution was occurred in India in the field of psychosocial rehabilitation. The Indian Lunacy Act was enacted in 1912 by the British government. It was to develop conditions and functions of the lunatic asylums and improve the care of the mentally ill. The word Lunatic asylum was replaced by the name called “Mental Hospital”.

In 1929, The Indian Association for Mental Hygiene was founded by Dr. Barkeley Hill. One of the major objectives of association was to encourage the study of mental health in the community. Subsequently The Indian Psychiatric Society (IPS) was established on 7th January 1947 by a group of Indian Psychiatrists.

2.2.POST INDEPENDENCE PERIOD (1947 - 2015)

2.2.1. FIRST PHASE (1947 - 1975)

The major developments in the history of Psychosocial Rehabilitation were occurred in the post-independence period. Evidence shows that there was a Department of occupational therapy for the mentally ill at Central Institute of Psychiatry (CIP), Ranchi, Bihar, in 1950s.

In 1954, the involvement of family in the psychiatric treatment was initiated by Dr. Vidya sagar, at Amritsar Hospital in Punjab. He encouraged the family members to stay in the hospital and to participate in the process of treatment. It gave an impetus to the family members to understand the illness of their wards. The importance of rehabilitation programme for the mental ill was emphasized during the stay in the ward.

In 1960, the first day care centre for the mentally ill was established by the All India Institute of Mental Health, Bangalore. It offered various vocational training such as carpentry, weaving, tailoring, candle making etc.

In 1960s, the Mental Health Centre was started at Christian Medical College Hospital at Vellore, Tamil Nadu. The family members were stayed along with the patients and participated in the treatment. The occupational therapy was started in this center. The patients were involved in various vocational training like tailoring, basket making, carpentry and etc.

In 1962, the Day hospital was started in the Institute of Mental Health, Madras. It offered different vocational training for the mentally ill such weaving, tailoring, gardening, basket making and mat making.

In 1964, the first voluntary organisation for the persons with mentally illness was established by a group of people at Bangalore, called Medico Pastoral Association (MPA). The organisation had initially organised counselling services and group activities. While organizing programmes the felt need of group was identified by the organisation. In response to the needs of this group of persons, Halfway home was established by the association in 1972. This was a first Halfway home in India for persons with mental illness.

In 1970s, Home based rehabilitation programme for schizophrenics was started by NIMHANS, Bangalore. It was focused on patients who were not able to avail the mental health facilities due to distance of the hospital from home, social stigma, difficulty in drug compliance and the inability of the family in understanding the illness. The therapeutic interventions such as counselling, psychoeducation, home based rehabilitation activities, identify important signs of relapse were given to the family members by a trained nurse.

The ALMA ATA declaration was proclaimed in 1970. There were many components in the declaration and the 7th component was the promotion of mental health through primary health care system in the community. It focused on care of the mentally ill persons in the community.

2.2.2. SECOND PHASE (1976 - 2005)

The International Year of Disabled was celebrated by the United Nations in 1981. Subsequently it was celebrated by the Government of India in the same year. This gave a lot of impetus to the professionals to offer community based rehabilitation services for the people with disability.

In 1982, National Mental Health Programme (NMHP) was inceptioned by the Government of India. It was a landmark in the field of psychosocial rehabilitation. It was implemented with three objectives i.e., to ensure availability of minimum mental health care for all, to encourage

the application of mental health knowledge in general health care and to promote community participation in the mental health services. The last objective of the programme had three components and the second component was emphasized on psychiatric rehabilitation for the mentally ill persons in the community.

In 1982, a workshop on “Psychosocial Rehabilitation” was conducted by Dr. M. Ranganathan, at the National Institute of Mental Health And Neuro Sciences (NIMHANS), Bangalore. It was conducted for mental health professionals in the field of psychosocial rehabilitation. It was enriched the knowledge and skills.

In 1983, Schizophrenia Care and Research Foundation (SCARF) was established by Dr. Sarathamenon at Madras to provide various skills training for the mentally ill. In response to the needs of the community, the organisation launched the community based day care centre in 1985, near Chennai. It has been offering various vocational training such as printing, tailoring, mat weaving, soap making and candle making.

In 1984, there was a centre called “Family run rehabilitation center for the mentally ill” at Bangalore. It was managed by the family association of Air Force, Bangalore, with the help of National Institute of Mental Health and Neuro Sciences (NIMHANS). It offered vocational training and counselling services for the chronic mental ill persons. It was continued till 1989.

In 1985, the community based rehabilitation programme was launched by the United Nations. Initially it was focused on people with disabilities like locomotor disability, blind, and hearing impairment and multiple disabilities. Off late this concept was absorbed into the field of mental health.

In 1986, World Association for Psychosocial Rehabilitation (Indian Chapter) (WAPR - IC) was established by Dr. Sarathamenon at Madras. It has brought together the people who are working in the field of psychosocial rehabilitation like mental health professionals, families of persons with mental illness, and voluntary organizations working for the mentally ill persons.

In 1986, The Richmond Fellowship Society (India) was founded by Dr. Naranyana Reddy at Bangalore, to offer skills training for the mentally ill and develop the professional manpower in the field of psychosocial rehabilitation. Based on their experience and felt need of the community, the organisation started the model Half-way Home in 1989, Long Stay Group Home in 1995, and community based Day care with vocational training facilities in 1997 at Bangalore. In 1999, The Richmond Fellowship Post Graduate College for Psychosocial Rehabilitation, Bangalore was established and managed by the Richmond Fellowship Society (India). It is the first of its kind in India in the field of Psychosocial Rehabilitation. It offers two years regular course and degree in M.Sc. in Psychosocial Rehabilitation.

In 1987, Mental Health Act was enacted by the Government of India after a lot of endeavor by the mental health professionals. This was milestone in the field of mental health in India.

In December 1995, People With Disability Act (Equal opportunity, Protection of rights, Full participation) was enacted by the Government of India and was implemented in February 1996.

The persons with disability are Blind, Low Vision, Hearing Impairment, Leprosy Cured, Locomotor Impairment, Mental Retardation and Mental Illness. The reservation for the disabled is 3% in employment, education, loans and travels.

In 1999, National Trust Act was enacted and implemented by the Government of India. This act for persons with autism, cerebral palsy, mental retardation and multiple disabilities.

3. CONCLUSION

The psychiatric disorders are long lasting illness especially major mental disorders and affecting functioning of human being and finally leading various mental disabilities over a period of time. To dealing with mental disabilities areas such as self-care, work habit, time management, money management, interpersonal relationship, household activities, and attending social functioning there is a need for separate therapeutic interventions along with psychopharmacology called psychosocial rehabilitation. The history of psychosocial rehabilitation has its own long lasting roots that have explained above with available resources. It is throwing a light in the field of psychosocial rehabilitation to full fill lacunae and will help the mental health professionals and other allied professionals for knowledge and skills for practice.

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