

**9th NATIONAL SUMMIT ON GOOD,
REPLICABLE PRACTICES AND
INNOVATIONS IN PUBLIC HEALTHCARE
SYSTEMS IN INDIA**

KERALA

MENTAL HEALTH IS A PRIORITY

Sl No	SDGs -Mental Health	Strategy/Intervention implemented
1	Early detection of emotional and behavioural problems in children	SCHOOL MENTAL HEALTH
2	To reduce high suicide rate	‘ASWASAM’ , ‘AMMA MANASS’, ‘JEEVARAKSHA’
3	To reduce morbidity due to depression	
4	To reduce treatment gap	
5	To reduce treatment dropouts	‘SAMPOORNA MANASIKAROGYAM’
6	Integration of mental health in primary care	
7	Rehabilitation of mentally ill	SANTHWANAM - Community Rehabilitation HOME AGAIN - Community Rehabilitation

KERALA : 'SANTHWANAM MENTAL HEALTH REHABILITATION PROJECT'

PROBLEM STATEMENT:

Rehabilitation and mainstreaming of patients with severe psychiatric illness: key issues

Patients under treatment for mental illness who do not have active illness and are in remission. These patients need not be in hospital but should be cared for at home so that they can slowly be brought to the mainstream.

But very often, after being discharged, end up being a burden on their families.

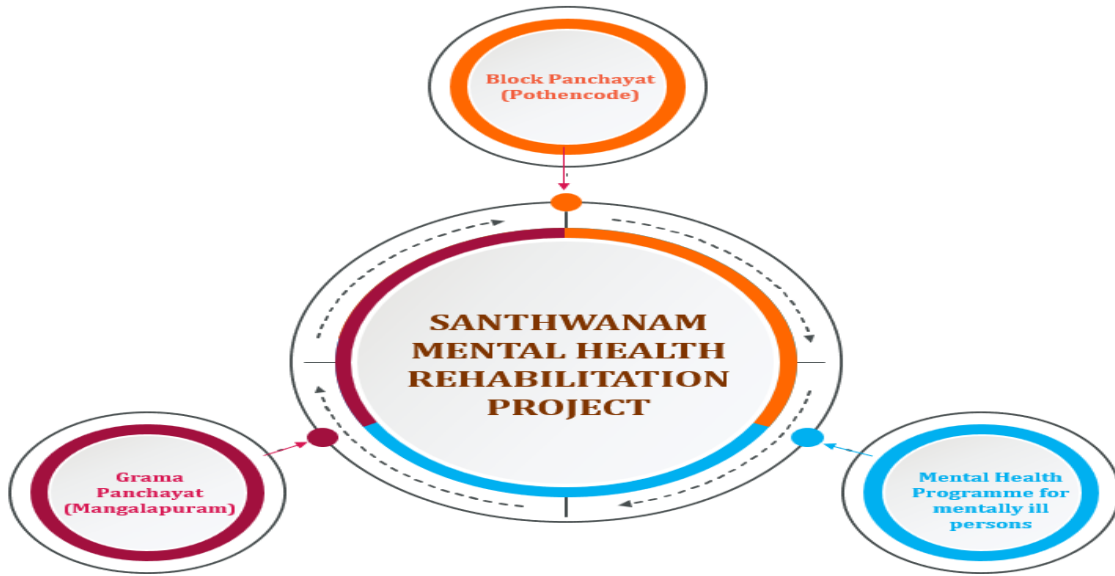
Unemployment and rejection could drive them to alcohol or drugs; they could miss medication and finally end up in hospital again.

Occupational therapy helps them to build their self-esteem, confidence and also help them to come into the main stream of life like any other individual.

The Role of Occupational Therapy in the Rehabilitation and Reintegration of Patients with Psychiatric Illness



INTERVENTIONS



Santhwanam Mental Health Rehabilitation Project is a Day Care Centre for mentally ill patients in remission. It is a joint venture of Block Panchayat (Pothencode), Grama Panchayat (Mangalapuram) and Mental Health Programme for mentally ill persons.

- The first community based Occupational Therapy unit for mentally ill patients in the State was started by DMHP Thiruvananthapuram in the centre on 19th march 2012.
- Around 15 Patients are brought to the centre from their homes by 10.00 am dropped back by 3.30 pm in the vehicle hired (MLA Fund) for the purpose. These patients are given tea, snacks in the morning and evening and lunch by noon.



INTERVENTIONS



RESULT/OUTCOME

Skills Development for Self-Care

Equipping them with basic life skills that promote self-sufficiency. This could involve daily activities such as **cooking, cleaning, personal hygiene, and financial management**, which allow patients to regain control of their lives and feel empowered.

Dignity through Remuneration:

Individuals acquire **marketable skills** so that they can take on work, either within the center or externally, and **earn remuneration** for their contributions. This not only fosters a sense of **dignity** but also strengthens their **self-worth**, enabling them to reintegrate into society with purpose and pride.

Reduction in Family Stress and Burden:

By providing **professional care and support**, the rehabilitation center alleviates the burden on **families**. Loved ones no longer need to shoulder the entire responsibility of caregiving, which often leads to emotional and physical stress. With the assistance of trained professionals, families can see their relatives regain a sense of independence, reducing the overall **stress and burden** they experience.

Community Reintegration:

By fostering social interaction, engagement in meaningful work, and independence, the center provides a platform for individuals to **overcome isolation**, rebuild relationships, and participate in society.

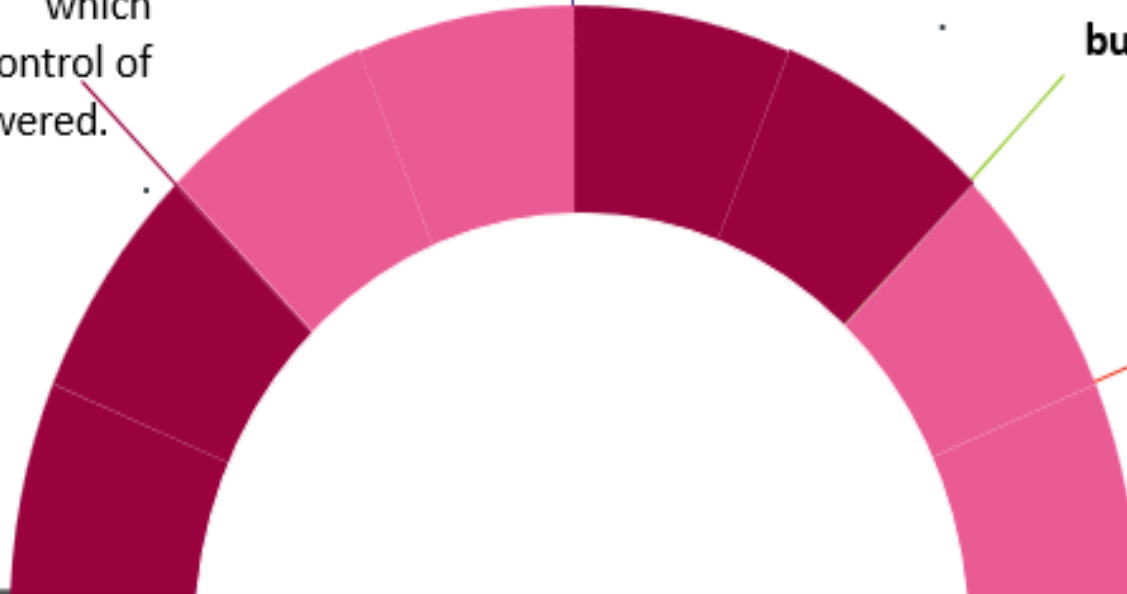


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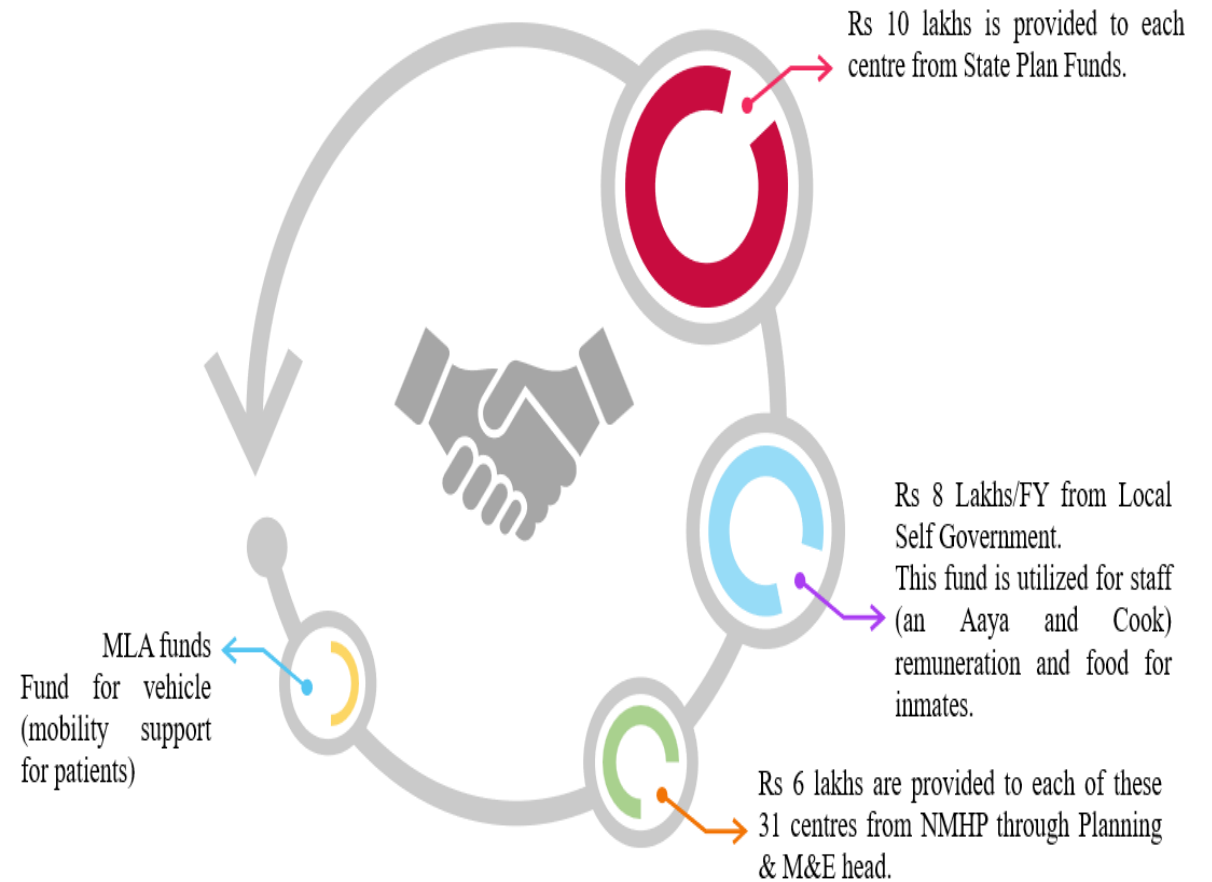
PHOTO GALLERY

- **Prayer**
- **Exercise**
- **Horticulture therapy**
- **Medicine cover making/
Lotion making**



COST IMPLICATION

- Fund allocated for this project is Rs 8 Lakhs/FY from **Local Self Government**.
- This fund is utilized for staff (an Aaya and Cook) remuneration and food for inmates.
- Fund for vehicle (mobility support for patients) is sourced through **MLA funds**.
- Treatment and medicines are provided for the inmates by **DMHP** free of cost.



SCALABILITY

- Based on its success, Day Care Centres with Occupational therapy units were started in all 14 districts of the State at Panchayat level.
- Currently 32 community based Day Care Centres are functioning in the State under District Mental Health Programme, in collaboration with Local Self Governments.
- Around 550 patients currently on community based rehabilitation with occupational therapy through these 32 Day Care Centres

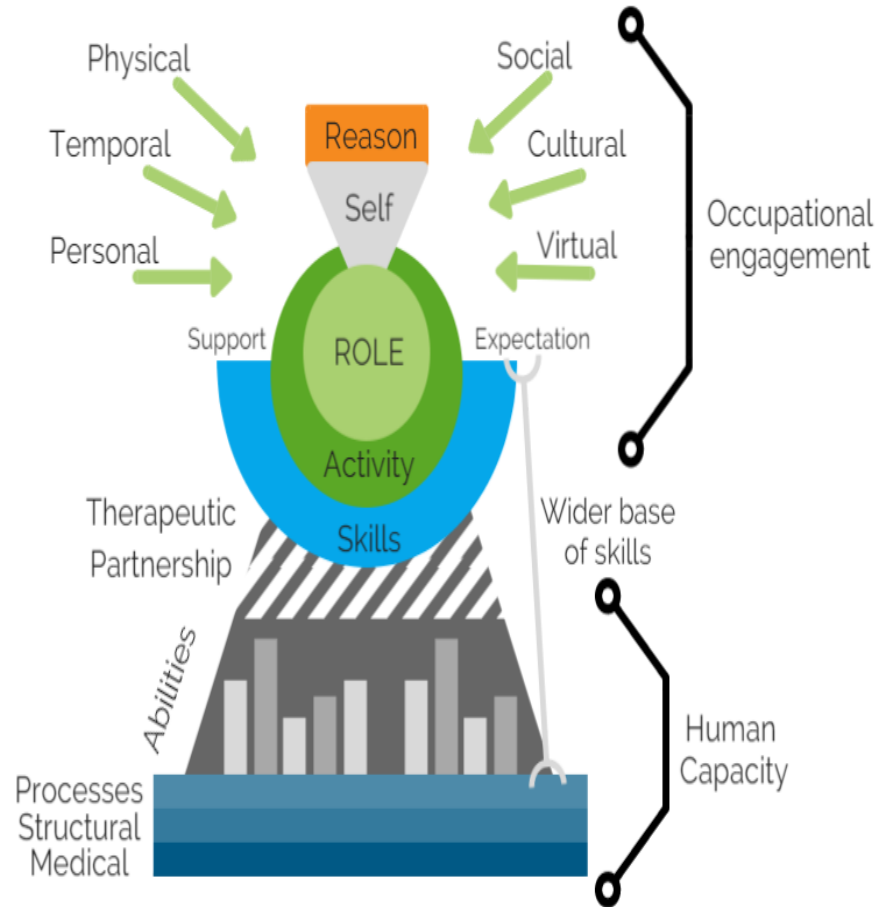


SCALABILITY

- Rs 6 lakhs are provided to each of these 31 centres from NMHP through Planning & M&E head.
- Rs 10 lakhs is provided to each centre from State Plan Funds.
- Space & Infrastructure for these Day Care Centres are provided by Local Self Government.
- CAN BE REPLACTED IN OTHER STATES



LESSONS LEARNT/ WAY FORWARD



❑ Mentally ill patients on treatment/remission can be brought to the mainstream through community based rehabilitation and occupational therapy, for which collaborative efforts are required from Mental Health Programme, Health Department, Local Panchayats and Elected representatives.

❑ Small scale Day Care Centres can be established in Grama Panchayats using LSG funds with technical support from Mental health Programme and this will ensure improved social skills, increased self esteem, compliance to treatment and reduce the chances of relapse.



THANK
YOU