

Project KSHEMA: A Write up
Dr.Nirmala Srinivasan, Trustee, ACMI, Founder President, AMEND

Problem Defined

KSHEMA (Manasika Kutumbha Swasahaya) as the name itself suggests , is the OUTREACH project aimed at helping the families, guardians and caregivers of persons under treatment for mental illness such as Schizophrenia, Bi-polar disorder , OCD etc. The concept community care is a myth in India. There is only 24X7 family care. But the devastating effects of the illness leaves families confused and chaotic unable to handle the new demands and challenges. Being a care giver myself, I can say that reconciliation and acceptance on the part of family members is a distant hope even after many years of care giving. Research shows that in addition to clinical interventions, family support is a significant input to cope with the responsibility of providing care for a person with chronic mental illness. Hence the families have to be educated about other non-medical aspects such as understanding mental illness, providing a patient friendly family environment, communication skills, crisis management, rehabilitation methods etc. Most importantly, they need to come to terms with the emotional impact of the illness experienced by them; and of course, its implications for the quality of care to affected family members. Additional information on legal rights and benefits facilitate other decisions that are critical to the human rights needs, safety and security of affected persons are also significant inputs in the course of the illness. But unfortunately, the dearth of mental health professionals in the country makes Family education a rare luxury accessible only to a few and especially in urban areas.

Genesis of KSHEMA

The entire concept of KSHEMA was spawned by the ground realities in our country characterized by acute shortage of mental health professionals. This calls for innovative and cost effective solutions that are not usually available from the community models of the West. India is blessed with family resources and affected care givers such as the members of AMEND self help group are no doubt the best change agents to bring about interventions in the life of their peers and their wards. However, in the present assignment undertaken by ACMI, the project was executed by professionally qualified and trained staff with exposure to providing care.

Types of intervention can either be group KSHEMA or individual family centered intervention.**Listening to the families rather than instructing them will help us to identify the main issue and respond accordingly. Topics covered are as follows.**

- Nature of MI ; medicines, drug discipline, side effect management etc.
- Rehabilitation and reintegration issues related to daily schedules/ marriage/ job opportunities debates etc.
- Preventing and Handling emergencies
- Overcoming stigma
- Caregiver wellness
- Other information pertaining to government benefits and schemes in Karnataka only. (Since these vary from State to State, our program is meaningful only to the resident families of Karnataka). These are the rights given to the mentally ill persons under Persons with Disabilities and Equal Opportunities Act. Procedure for getting identity card, BPL, maintenance allowance, self employment loans, interaction with the police etc. will be told to all the participants.

The conventional models of care giver intervention focus almost exclusively on coping skills unlike the KSHEMA package which is a multi faceted ranging from educational , empowerment and enablement skills.