MARUDYAN

SUPPORT & CARE FOR

HOMELESS MEN WITH PSYCHOSOCIAL PROBLEMS
IN A SHELTER FOR THE HOMELESS

Standard Operating Processes

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ISWAR SANKALPA

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The Marudyan team is doing a splendid job and this document is a tribute to that hard work.

Preface

It has been more than two years since Iswar Sankalpa opened the doors of Marudyan in Borough VIII of Kolkata to take care of the homeless men with psychosocial problems in the city. This facility, a shelter, runs inside a Kolkata Municipal Corporation building at Northern Park in Ward No. 70. Iswar Sankalpa already operates Sarbari, a shelter for homeless women with psychosocial disabilities in close cooperation with KMC. A shelter for homeless men was considered a requirement in-line with Sarbari. Over these two years, treatment, care, and support processes have been set up at Marudyan and it regularly provides service to 25-30 residents.

With Marudyan, Sankalpa has added another dimension to its service for homeless men with psychosocial disabilities that included Naya Daur and Drop-in-Centers. What value addition does Marudyan provide to the already existing care model of Sankalpa? What processes transform a regular shelter for the homeless men into a shelter that meets the needs of homeless men with psychosocial disabilities? This document, commissioned by Sankalpa, captures the current processes adopted by Marudyan and lays out a path to standardize them to meet the needs of the population it purports to serve. Spelled out in a simple language, these standard processes could guide others to suitably modify shelters for homeless people in their cities to take care of the homeless with psychosocial needs. Along with Sarbari, this document clarifies the processes for shelter for adults with psychosocial disabilities that can be run in the large cities of our country and similar other contexts.

For those interested in undertaking transformation of their existing shelters into Marudyan like facility, this document spells the brass tacks of the daily work. They would understand what and how of the work required to take care of men who are homeless and have a psychosocial problem, at the same time. Since homelessness and psychosocial problems in the homeless men is a widespread problem in large cities, the applicability of the document is universal; however, the context is largely relevant to cities like Kolkata and countries like India.

Often, homeless men are visible on the street but become invisible once they are secluded inside shelters. What happens with them in those places; what are the different processes that facilitate recovery and wellbeing in these shelters? How are the human rights ensured? This document gives a view of the world inside Marudyan for those who do not know what transpires inside the four walls, may

they be benefactors, well-wishers, common people, mental health professionals, municipal corporation employees, policymakers, administrators or any other stakeholder in mental health.

This document informs the family members of residents the care that is taken of the residents inside Marudyan and how similar processes could be adopted and extended at homes in taking care of the returning person.

Lastly, this document should be used by the new staff joining Marudyan to understand the processes involved in the work and understand their own role in this intricate, rewarding process of care.

Methodology

Marudyan is a very different space; unlike any other that Sankalpa operates. It is a world inside one room. Unlike, the more spacious and populous Sarbari, with which it should not be compared, Marudyan is smaller, easier to understand and very visible. All the activities are conducted in the same hall which people occupy throughout the day and night. The caregivers and shelter coordinator maintain a daily rhythm that provides a sense of purpose and enthusiasm to the residents.

The author observed the daily routine of activities, held discussions with all the staff members and interviewed a few residents who received services there. The author also referred to the case files of a few of the residents and held informal discussions with the Assistant Director and other senior staff members of the organization.

Notes of the observations were taken in hard copy, discussed and validated with staff to ascertain if they captured the true essence of what happens in Marudyan. Several deliberations were held with the staff and this helped outline the processes including minute details. Staff, residents, and others shared their thoughts with an implicit trust and faith that makes their information authentic and places a responsibility on the author to present it accurately to the reader.

Scientific literature was referenced to the extent applicable to Marudyan from PubMed and Google Scholar using different keywords. All relevant references are presented in the text. This is not a scientific publication therefore only limited referencing has been done and the language does not claim to be scientific at all. It is written in a simple language to enable the reader to understand and hopefully replicate the processes.

The write up on processes has been supplemented with process maps, drawn in a licensed version of Edraw Max version 8.6

Interaction with residents, staff, and observations at Marudyan were emotionally taxing, soul-stirring and brought one back in touch with the frailties of human life. No wonder there is an emotional overtone in the work of the staff at Marudyan and the manner in which they relate to the residents. Strength to all those who engage day in and day out in this task.

Table of Contents

... homeless people are looking for a place that respects them as fellow humans and adults...

Introduction

If you have recently joined the Marudyan team or are currently working in it, then you know that the project deals with a select group of homeless men with a psychosocial disability - those who are not fit to stay on the streets and therefore receive service from the Naya Daur program of Sankalpa. These homeless men with a psychosocial disability may be physically unfit or their psychosocial disability severe enough to disrupt their ability to take care of their own self on the streets or they don't have a caregiver assigned from the community due to their peculiar circumstances which compromises their security, safety, and recovery on the streets. Streets, therefore, are not the place where they can recover and could even die or be harmed grievously unless special care is provided to them.

Marudyan is a space that provides them with a healing atmosphere and nurses them back to health & wellbeing. At Marudyan, the treatment, care, and recovery processes are not focused on the recovery from psychosocial disability alone but on the recovery and well-being of the whole individual. Many team members of Marudyan work together to ensure recovery and wellbeing of the individual.

But, Marudyan, is not a hospital. The processes distinguish it from being one. Marudyan is one of the members of the triumvirate along with Naya Daur and the Drop-in-Centers that service homeless men with psychosocial disability in the city of Kolkata. The larger goal of Sankalpa's programs is to identify the specific needs of each of the homeless person with a psychosocial disability and rehabilitate them. The processes adopted are therefore individualized even though many residents stay inside Marudyan.

Perhaps, nowhere else, or at least not in many places, is there similar work. This is because, in Marudyan, Sankalpa has transformed a regular shelter for the homeless men into a place for recovery and wellbeing for the most severely afflicted of homeless men with psychosocial disabilities.

As a member of the Marudyan team, it is important at this juncture, to read and familiarize yourself with the position of Iswar Sankalpa on homelessness and their approach to working with homeless people with a psychosocial disability. You should begin with reading about Naya Daur, the program that provides street-based care and support to homeless persons with a psychosocial disability. The shelters - Marudyan and Sarbari are not the default responses of Sankalpa but serve a specific need of the client population.

Finally, as the staff of Marudyan, you should be conscious of the Quality of interventions and their outcomes. The processes of care are described in detail to ensure quality and positive outcomes. Remember, an outcome is not guaranteed, but the processes that aim towards it should be consistent in their execution. The purpose of this document is, therefore, to inform you on these processes of care, treatment, and support at Marudyan so that variance or personal interpretations in implementing them is reduced. The transactions in Marudyan are inside the walls and you, as the staff are the main flag bearers of quality and rights of all those who live and work there.

In this chapter, you would get familiar with the nature & character of Marudyan. You would know about its history in brief, underlying philosophy and in details about how the work is and should be executed. As a member of the Marudyan team, you have to perform a specific role and have responsibilities. It is suggested to read the document in full before formulating your role in this work.

Each process is written to be complete by itself. They are, of course, linked with each other in a chain of care. At the end of reading this document, you should be able to implement the processes, for which you as a member of the staff are responsible, in the standard manner. The practice of working according to the steps mentioned in this document would help you master the processes in treatment, care, and support of homeless men with psychosocial disability inside a shelter.

1. PROGRAM OVERVIEW

1.1 About the Project

The name Marudyan means “an oasis” and rightly so! Marudyan is a station for men who are both homeless and have a psychosocial disability at the same time. Marudyan started after Sankalpa’s experience with Sarbari - a shelter for the homeless women with a psychosocial disability that Sankalpa had been running in close cooperation with the Kolkata Municipal Corporation (KMC). The KMC had offered the building designated to be a shelter for the homeless to Sankalpa to start Sarbari. A similar offer was made to start a shelter for homeless men with a psychosocial disability, who faced similar problems. Sankalpa took up the challenge as a natural extension of its work in Naya Daur, where it had often felt the need for closed premises for continued care of some of its clients. For these men, care on the streets compromised their recovery for several reasons, most importantly, due to threats to their own safety. So, on April 1, 2015, Marudyan was commissioned in a KMC Building in Northern Park in Ward No. 70 of Borough VIII in Kolkata.

The building was originally meant to be a night shelter for homeless men. Sankalpa with the cooperation from KMC transformed the ‘night’ shelter into a round the clock shelter for homeless men with a psychosocial disability.

Marudyan is located in a residential neighborhood. No feature suggests segregation of the building from other buildings in the neighborhood, Next to Marudyan is a popular public park, a bustling marketplace and a few public and private hospitals.

Marudyan is located on the ground floor and has one large hall with one attached toilet and a bathroom, a kitchen, a small backyard garden and access to the roof, often used to dry clothes. All activities of the shelter are in the large hall. During the day it is the activity room, at mealtime it is the mess and during nights the sleeping place for residents and staff. KMC is responsible for the upkeep of the shelter. The bed capacity is 30 and it is almost always packed to its capacity.

1.2 Problem Statement

Men have psychosocial disabilities different from women. Cultural influences effect the manner in which homeless men are treated on the streets as compared to the homeless women. Often, men are considered more violent, have substance abuse problems, are more impulsive and therefore considered anti-social whereas women are more vulnerable to sexual exploitation. But, homeless men like women face similar problems - malnourishment, abuse, disregard, disrespect, theft, sexual exploitation, etc.

Not all homeless men with a psychosocial disability are alike – some of them are very active and move around from place to place while others keep to themselves; some enjoy reasonable physical health while others have poor health, some are vigilant, while others could not care less, some have a co-existing physical disability or an intellectual disability.

In some men, mental illness or psychosocial disabilities are an antecedent to their homelessness. Many recall a major psychological trauma that probably triggered the psychosocial disability and then the homelessness, others came to the city searching for jobs or were already living in the city when they suffered a trauma and became homeless, the psychosocial disability appeared somewhere in between with no clarity on its chronology. In many cases, treatment was either inappropriate or absent. Many men with occupational injuries or other severe accidental injuries end up being on the streets. Either, the injury was grievous and compensation inadequate to take care of them or caregivers were not in a position to take care of them for the long duration it was required due to their own economic situation. Whatever may be the case, the person on the street primarily due to an injury could later suffer from a psychosocial disability.

Each has his own way to survive on the streets or rather the streets help them find ways to survive. A few beg; but a majority of them bide their time, in their own world; communicate only when required in their own way and somehow live! There is little sense of time, regularity of schedule or any sign that suggests they are part of society. Often, people offer them alms and they get food from the many places in the neighborhood. On a daily basis, even this food is unhealthy. More often than not, there are no meaningful conversations with anyone around and there is a sense of isolation from the society.

Men usually wander away from their houses and willy-nilly came to Kolkata most often having lost the knowledge of their way back. It is natural then that they get both confused and suspicious when staff from Sankalpa approaches them and starts interacting. This interaction is started by offering articles like food packets and gradually the interaction turns into a daily meeting where other issues are discussed between the staff and the homeless man with a psychosocial disability. It is the predictability of this daily engagement that creates trust in the homeless person towards the Sankalpa staff. They speak about their past rather than just casually chat with them.

While they do get food on the streets and survive, they often lose the sense of their purpose in life. Their psychological condition does not allow them to organize their life and restart. At times, they are unable to take care of themselves and lie in a corner by themselves. They are susceptible to all kinds of abuse and it is here that the interventions of Sankalpa comes into the picture and provides the treatment, care and support through its Nay Daur, Drop-in-Center and Marudyan programs.

1.3 Philosophy of the Shelter

Marudyan is a space to heal men with psychosocial problems (hereafter called as residents) and support them to re-chart their course in life. In this shelter, residents regain their self-identity, learn new skills and start rebuilding their life afresh. The role of a shelter in addressing some needs of the residents who were once on the streets has to be however understood against the background of the work of Sankalpa in its Naya Daur Project.

Sankalpa started its work with a homeless person with a psychosocial disability (the person) in the community as part of its Naya Daur project. In this project, the Naya Daur team uses resources (food, clothing, shelter, job, bathing facility, caregiving, etc.) available from the community to take care of the person. Admitting any and every homeless person with a psychosocial disability in an institution, like a mental hospital or a shelter, it was believed, would reinforce the isolation of the person from the community and impair the rehabilitation of the person.

In Naya Daur, therefore, the person would continue to stay on the streets in the community and receive treatment, care, and support from Sankalpa. Food and

clothing were provided by different members of the community through community engagement by Sankalpa staff. Such community engagement took place in different localities/areas of Kolkata city which were the project areas of Naya Daur. With regular treatment and care, people showed signs of significant improvement. A Drop-in-Centre opened by Sankalpa helped in imparting skills to the clients that could help them find a job or earn an income.

However, a few clients of Naya Daur could not be cared for on the streets due to their poor condition. Such men were offered stay in the shelter. The conditions that qualify for residential treatment in the shelter are elaborated later. Till the person satisfies these conditions, they continue to stay at the shelter and once they recover they are discharged from the shelter. The shelter is clearly aimed to be a transit point. Stay at the shelter can vary from a short stay of a few weeks to several months long. Many a times, it might be difficult to find an exit point for a person and in such cases, the stay at the shelter could be very long.

Staying in a place where care is being provided could foster dependence and the risk of losing skills of independent living at Marudyan is real. The shelter staff has to be conscious of maintaining a balance between security, safety, and care of the resident on one hand and their independence on the other hand.

1.4 Goal statement of the project

The goal of Marudyan is to enable homeless men with a psychosocial disability to get reintegrated into mainstream society and lead a meaningful life.

1.5 Objectives of the project

The objectives of Marudyan are:

- First of all to provide a safe environment for the homeless men with psychosocial disabilities and
- Secondly to provide interventions that enable their recovery and wellbeing

1.6 Components of the service at Marudyan

There are three components or parts to the interventions provided at Marudyan:

1. Stable Environment: The residents live in this one place according to a schedule to inculcate a sense of time and belongingness in them

2. Mental health interventions: These include both pharmacological and non-pharmacological interventions (psychological therapies) to address the psychosocial disabilities of the resident and help him recover from them

3. Skill building: Training on vocational & functional literacy skills to help the residents find productive work and a source of income both during their stay in the shelter and post their discharge.

Characteristic features of the service provision at Marudyan are:

- continuous negotiation with the beneficiary to understand his needs and tailor the service to the needs;
- a space of love and empathy to build the self of the resident and then instill skills and
- a belief in the empowerment of residents to lead a meaningful life

Men admitted into Marudyan are referred to as Residents by the staff of Sankalpa; the same term is used in this document. On their recovery, some residents go back to their families or to another suitable destination. Those who do not recover or don't have another place to go continue to stay at Marudyan.

Marudyan has five full-time staff – the coordinator or manager of the shelter, one full-time Counsellor and three caregivers (males). The coordinator is overall responsible for Marudyan. Of the three caregivers, one is a resident caregiver and the other two have a 12-hour shift duty. They are responsible for the day to day workings of the shelter. One of the caregivers is residential. Other professionals – a psychiatrist, vocational trainers, and educators are shared with Sarbari while accounts are maintained by the Sankalpa office accountant.

1.7 Stakeholders of the project

The project works at the intersection of homelessness and psychosocial disability in the context of urban cities. The departments of health, social justice, and social welfare are direct stakeholders. The agencies involved in urban planning who are responsible for the care of the homeless people in the city are an important stakeholder of the project. The city police, mental hospital, shelters for homeless are also an important stakeholder in the project. Non-profit organizations working either with a homeless person or those with a psychosocial disability are also interested parties. The families of residents who lose their loved ones to the psychosocial disability are an important stakeholder. They need to raise their voice

in deciding the provision of care and support when such a devastating incident happens in their lives. Funders who provide financial support to such causes and are looking at solutions to the problem that is scalable are also external but direct stakeholders in this process. Academics, researchers, and policymakers who are looking at different solutions to the problem of homelessness and psychosocial disability in cities of different countries are important stakeholders in the problem.

1.8 Information parameters of the project

The project traces the journey of a resident from the time of admission to discharge, charting his response to different interventions of the care package. The condition of the client is captured through direct observation & engagement with the client by the staff, clinical notes of the visiting psychiatrist and the resident psychologist and the psychometric scales administered by the psychologist each quarter. All the different parameters together inform the progress (against expected) of the person against the plan developed for the client. These parameters are captured in the case file of the resident.

In addition, as a service, the shelter collects information on different service quality parameters. These parameters may be used in future to create a template for generating a report card on the status of the shelter and its residents.

1.9 Challenges

The high number of homeless men with a psychosocial disability on the streets of a city like Kolkata far outnumbers the facilities available to take care of them. There is also an inadequate allocation of resources to such services. Overall, an ecosystem for serving this type of client is lacking. Due to the lack of an ecosystem funding is sporadic in nature, and trained human resources are difficult to come by. Resources to run Marudyan are primarily raised by Sankalpa while KMC provides some budgetary support, in addition to the building and its maintenance.

Although much has changed on all fronts, funding remains inconsistent and unpredictable. There is yet no citywide policy to deal with a homeless person with a psychosocial disability.

1.10 Evaluation / Audit of the project

External and Internal evaluations of the project are conducted as a part of the new Results-based approach adopted by Sankalpa which emphasizes measurement of

results against resources spent. Internally, work is reviewed for each quarter which forms the basis for improvement and identification of gaps. Reports are also sent to different stakeholders, many of whom routinely undertake audit of the project

1.11 Overall Process Map

After admission into Marudyan, the treatment team works on three main areas or domains of a resident - activities of daily living, socialization, and work. Assessment of the resident, treatment planning, and periodic review is done at a joint meeting of the different professionals involved in the treatment and care of the resident, keeping the residents' medical, psychological and social needs in view.

Psychosocial support & drug treatment are given an equal emphasis. The cost-effectiveness and importance of these measures in the treatment of schizophrenia is notable[1]. Further, the services are tailor-made for homeless men where there is no immediate availability of family for support or information and the resident has experienced varying levels of trauma, neglect, and abuse in the past.

A process map showing the overview of Marudyan and its service components is attached as **Annexure 2**

The section that follows elaborates the processes followed at Marudyan

[1]Burton, Neel; Psychiatry Second Edition, pp. 70; Wiley-Blackwell Publishers

2. The Marudyan Framework

Each resident has a story to tell and you as the staff of Marudyan should know their story. The story does not start from the streets of Kolkata but precedes it. Sometimes this story is in gaps, but whatever it be, the staff dealing with the resident should first make an attempt to know the resident in person.

This chapter provides a framework - a structure to understand the story of the resident and then the care processes inside Marudyan. The care is divided into four phases, starting from the entry of a resident into the shelter to his exit from it. The fourth phase or the exit phase is not applicable to all residents since not all fulfill the conditions for discharge.

Each phase has several milestones which mark significant achievements in that phase and signify progression of the client along the recovery pathway. The four phases that have been identified are:

Phase 1:

In this phase, you will admit an eligible candidate into Marudyan, simply the ENTRY PHASE

Phase 2:

In this phase, you will plan and provide the initial treatment, care, and support to the new resident in Marudyan. This is the period of acute or initial care

Phase 3:

In this phase, you continue to care for the resident who has now been put on a stable treatment plan and appears to be settled. This is the period of stabilization of the resident

Phase 4:

In this final phase, you will discharge the resident from Marudyan and pass on his care to the Reintegration team. This phase marks the EXIT from Marudyan

After Phase 4, either the Reintegration team of Sankalpa provides follow-up treatment services to the client (if the client is restored to their family) or the

outreach team follows-up the client (if he is reintegrated to some location in the field area of the outreach program). These processes are described in the Chapter on Reintegration

Milestones

To indicate the progress of a resident during each phase, milestones have been developed. It is possible to develop several more milestones depending on the ability of the project to measure and track them. Each milestone indicates a significant change in the condition of the resident from the previous state.

Since the project undertakes regular measurement of certain parameters of resident care, it should be possible to measure milestones at fixed intervals of time.

Table of milestones		
AXIS = FOR RESIDENT OUTCOME		
Phases	**Key Term**	**Brief Description**
Phase 1:	**Admission**	**Providing entry to the person in Marudyan**
Milestone 1	Complete admission	All processes of admission process completed as per the SOPs
Milestone 2	Crisis Resolved	Optional – If the person presented with physical or psychological crisis, then the crisis is resolved
Phase 2:	**Acute Care**	**Care during first few days after admission**
Milestone 3	Initial assessment	The first assessment of the resident is completed to draw an initial intervention plan
Milestone 4	Initial Management Plan	An initial management plan for the resident is developed and he is initiated into it

Milestone 5	Stabilization of symptoms	The resident improves on the initial management plan (true for positive symptoms, physical ailments, injuries)
Phase 3:	**Stabilization Phase**	**The client has responded to acute/initial care, showing early signs of recovery and is now marching towards recovery**
Milestone 6	Stable treatment plan	The resident is on a treatment plan that is more or less stable with little change expected. This is likely to be the treatment plan for a significant period of time
Milestone 7	Consistent Work Participation	The resident is consistent in his work participation in at least one or more vocational activities that are either a potential source of income or productive engagement for his time
Milestone 8	Social Participation	The resident shows good social relationships with others in the shelter
Milestone 9	Self-Initiative	The resident shows self-initiative at work, enthusiasm and a good comprehension of his own requirements
Milestone 10	Found Employment outside Marudyan	The resident has found a job outside Marudyan
Milestone 11	Sustain employment outside Marudyan	The resident has been able to sustain the job outside Marudyan for at least 6 months
Milestone 12	Episode free period	The resident has shown smooth recovery with no relapse/crisis/deterioration in condition for at least a period of past 6 months

Phase 4	Discharge	The resident is discharged from Marudyan
Milestone 13	Destination Unit = Acceptable	The resident has an identified destination unit which shows acceptance by the recipient, of the resident and into the environment
Milestone 14	Discharge Process	The discharge process has been done as per SOPs

Suggestion:

A milestone map should be made for each resident. The data should also be presented visually to see at a glance how many milestones were achieved by the resident relative to peers. Over time as experience from different residents accumulates, one would be able to predict the time to achievement of different milestones and look for a variance from the same.

A separate checklist has been added in the annexure for shelter's functioning **(See Annexure 10)**

Marudyan Format – Exhibit

				Phase 3	Stabilisation Phase		
				Milestone 12	Episode free period		
				Milestone 11	Sustain employment outside Sarbari		
				Milestone 10	Found Employment outside Sarbari		
		Phase 2	Acute Care	Milestone 9	Self-Initiative		
Phase 1	Admission	Milestone 5	Stabilisation of symptoms	Milestone 8	Social Participation	Phase 4	Discharge
Milestone 2	Crisis Resolved	Milestone 4	Initial Management Plan	Milestone 7	Consistent Work Participation	Milestone 14	Discharge Process
Milestone 1	Complete admission	Milestone 3	Initial assessment	Milestone 6	Stable treatment plan	Milestone 13	Destination Unit = Acceptable
	AXIS = FOR RESIDENT OUTCOME						

3. Phase 1 / Registration into Marudyan (Relocation)

A homeless man with a psychosocial disability could be admitted into Marudyan from anywhere in the city of Kolkata. This process of bringing in a homeless person from street to Marudyan is called "Relocation / Registration".

3.1 Criteria for Registration at Marudyan:

Essential Criteria:

- The man should be homeless with a suspected psychosocial disability and

Other criteria:

- He should be an adult (age range = 18 years to 45 years); Marudyan is not meant for children or juveniles or elderly;
- He is unable to take care of himself on the streets for any reason
- His health has visibly deteriorated since the previous contact
- He has been nonadherent with the treatment, of late
- He requires round the clock care due to his psychosocial or physical ill-health which is not possible on the streets
- His security is threatened
- He lives in a location where there is no possibility of community support. For example, under a bridge - then in the absence of community support the person is offered to come to Marudyan
- Could be resident of another shelter for the homeless in the city

3.2 Sources of Registration:

You could receive the new admission from any one of the following sources:

1. City Police

2. Staff of Sankalpa or a member of the community as part of community engagement

3. Medical Camps organized by Sankalpa

4. Other NGOs or other organizations

A homeless man with a psychosocial disability on the streets of Kolkata is identified either by the police or by the staff of Iswar Sankalpa. Sometimes, people from community inform the above two about a homeless person and after assessment of the situation of the person, a decision may be taken to refer him to Marudyan.

It is important to separate the sources of registration since as a staff of Marudyan you will follow different processes in case of relocation by police and that by the staff of Iswar Sankalpa is different.

Let's start by describing the process most commonly seen:

3.2.1 Referral by Police

When the police take custody of a homeless person with a psychosocial problem, they first bring him to their police station in the area. They call this **Rescue**. Here, they record the details of the rescue and provide a reference called the General Diary Extract (GDE). This is the official entry of the rescue of the person in police records.

With the GDE entry, they then, take the man to Marudyan for admission. The police could either themselves identify a homeless person with a psychosocial disability or are informed by the community members of a locality about a person.

At times, the vagrancy department undertakes drives in the city and evacuates homeless people from their locations and take them to different shelter homes across the state. A homeless person is produced in front of a magistrate who then allows their custody to one of several homeless shelters across the state of West Bengal. These special drives pose a tough challenge for both homeless people and those working with them (people from the community as well as organizations like Sankalpa) since suddenly the person disappears from the street and tracing him becomes difficult. This process remains opaque, unpredictable and custodial. At the time of rescue (as it is called) no assessment of mental health status is done and the homeless person with a psychosocial disability could find himself locked without appropriate treatment and care for a long time, in a homeless shelter of the state.

However, when the police bring the person to Marudyan they come along with the GDE. The police do not distinguish between a homeless man with or without a

psychosocial disability. They simply bring a homeless man to Marudyan. Later, we shall discuss how you as receiving staff at Marudyan will have to negotiate with the police to identify if the homeless man has a psychosocial disability and is suitable for registration in Marudyan.

3.2.2 Referral from community outreach program of Sankalpa

The second source of referral is from the staff of Iswar Sankalpa who, as part of the Naya Daur program, identify homeless men with a psychosocial disability on the streets in their project areas. They offer the person, a choice of admission to Marudyan only if he fulfills the criterion mentioned above in registration.

3.2.3 Referral from a Medical Camp:

As a part of its outreach program, Sankalpa organizes medical camps in a field area of Naya Daur or sometimes Urban Mental Health Program. In these camps, a psychiatrist, a psychologist, a social worker are present along with other staff of Sankalpa. They provide consultation to the local residents who seek their advice in this camp. In addition, a homeless person (men and women) with psychosocial disability from the area is brought to the camps sometimes by community members and at other times by staff of Sankalpa. A homeless person with a psychosocial disability is brought into the camp for the following reasons:

1. Assessment of the mental and physical health of the person and consider starting him on treatment;

2. Assist the homeless person to attend to his personal hygiene – helping him bathe, change into a fresh pair of clothes, shave and crop hair

3. Feed him a proper meal

These activities are a demonstration to the community that homeless men with psychosocial disabilities should be cared for as a person. The team interacts with the community about how homelessness and psychosocial disability are interlinked and inform them about the availability of the services of Sankalpa to address both these issues.

After these care processes are over, the senior staff speaks with the homeless person and assesses his condition. If the person meets the admission criterion of the shelter, he is offered admission to the shelter. If the person decides to go back to

the street and is free to do so, then the outreach team follows up on his care provided he stays in the field area of the Naya Daur program.

If however, the person agrees to go to the shelter, he is taken from the camp itself by the shelter staff in the project ambulance.

The criterion for referring to the shelter is the same as those from the Naya Daur program.

< SEE ANNEXURE 3a, 3b: Processes involved in referral by police specifically>

3.2.4 Admission by another NGO / organization

Sometimes, another organization that runs shelter homes for homeless men brings a new client who has developed or has a psychosocial disability. These homes are not geared to handle psychosocial disabilities hence they refer out to suitable facilities.

3.3 What is the benefit of relocation into Marudyan?

All homeless person with a psychosocial disability on the streets is not the same. There is wide variation based on their primary psychosocial disability, duration of homelessness, violent victimisation, age, substance use disorder, any other co-morbid illness, etc. Hence, Marudyan may not offer equal benefits to all homeless people and some might do well in the Naya Daur project. Many clients of Naya Daur have recovered, found jobs, new families in the community or have gone back home from the streets. Hence, to reiterate, Marudyan is a specific facility set up to serve homeless men with a psychosocial disability who are not in good health and cannot benefit from the services of Naya Daur.

The direct benefits for a person who relocates to Marudyan are:

1. Marudyan prevents or puts a stop to further exploitation of a person with a psychosocial disability. Out on the street even though many men are in community care, their safety cannot be guaranteed; real-life experience has proven so. Thus, clients who are at risk of their personal safety benefit with admission to Marudyan.

2. Marudyan provides a location where treatment can be done instead of aimless wandering on the streets. This is especially applicable for those few homeless person

with a psychosocial disability who move around a lot, making it difficult to engage with them within the Naya Daur project framework. At Marudyan, the movement is restricted.

3. Most importantly, the person starts getting a meaning or a purpose in life. The interventions improve his health, clears up his psychological thoughts and instills skills in him. He thus has a better chance at life than when he was on the streets.

The support services of Marudyan and the relations the resident builds at Marudyan provide him an insight into his own present condition. Goal-directed activities incrementally build capabilities in the person. The captive location allows the person to be enrolled in a skill development program, form better social relationships with others around him.

The different activities in Marudyan provide an expression to the resident and make him happy. During all these activities he receives appreciation and encouragement. Importance of appreciation and affection cannot be overstated as we shall see in the document throughout. This social contact in a nurturing environment makes the world of difference to the person's wellbeing

3.4 Exceptions to Criterion based relocation:

In some situations, police might request you (Marudyan staff) to admit a person for a short time, say for a night. It could be due to the poor condition of the person, usually poor physical health. Since many homeless men could qualify this exception, it is important for you to follow the relocation criterion and only in exceptional situations, as a shelter for homeless men, permit short term stay for a homeless man even if he does not have a psychosocial disability.

3.5 Why the admission criteria

The processes in Marudyan distinguish it from a general shelter for homeless men. Admission to any homeless man would not be the optimum utilization of this setup and would reduce chances of recovery of a homeless man with a psychosocial disability if the facility is mixed with others who do not have the disability.

Hence, you should ensure that admission criterion is strictly followed at Marudyan. As a staff, you should negotiate with police and others when, a new client brought in by them, does not fulfill the admission criterion. Only, if the situation is serious

then you should allow admission to a person not qualifying the criterion, only for short term. The process map captures the pathways of such a process.

So the men who benefit the most from the set up at Marudyan are those:

- Who are highly symptomatic for a psychosocial disability
- Who are young
- Who speak and understand either Bengali or Hindi
- Who have a shorter duration of homelessness
- Were responding to the treatment on the street in the Naya Daur program but were irregular with it
- Were responding to treatment on the street but their safety was threatened or did not have any community support around them
- Who does not have a substance use disorder

It should be made clear that these characteristics do not profile who you should select for relocation and deny the others. Men of all ages are admitted here. However, it is an observation of the staff that older men who have spent several years on the street lack the confidence even after their recovery. There is somewhere a gap that is difficult to overcome and they take a long time to recover.

Similarly, the issue of language is only because the staff is well versed in Bengali and Hindi. For residents who speak some other language, interpreters are asked to help, but regular transactions, therapy cannot be held in any other language, however, this is not a disqualification criterion.

3.6 Processes in registering an eligible client

Now you will be able to appreciate that If police bring a person for registration at Marudyan, an additional process is performed which is not required for any other source of admission. This is the process of negotiating with the police after judging the suitability of the man for new admission. We shall discuss the steps involved in registering a new resident in Marudyan:

3.6.1 First, Admit based only as per criterion:

Negotiate with police / any other party who brings in a new person:

When police bring a man to Marudyan, you should admit based on admission criterion. Police often does not seem to understand this. You will have to negotiate with them and impress on them the reason of the refusal of admission to the man they brought. Exceptions are made however as stated above. You may face two scenarios in this process:

Scenario 1

If the man meets the admission criterion and it is daytime, you should request the police to first take the man for an opinion of a psychiatrist at a government hospital/government mental hospital

If you impress upon the police the need for this, the police will do so. After assessment, the person is brought back with a prescription to Marudyan and admitted there based on the above criteria for registration

Scenario 2

If the man is ineligible then, he is either returned to the police who are informed of a suitable alternative location for him or kept at Marudyan for a brief duration till a suitable alternative location is found by Sankalpa.

All above tasks are done by the caregivers at Marudyan

3.6.2 Second, talking to the person & taking care of him

1. As soon as you receive the new resident, speak to him. Ask him for his identification details – name, where was he from, was he hungry, was he thirsty?

2. Give him something to eat and water to drink. He is very likely to be hungry and thirsty. If he looks of old age, ensure he has something to eat. Do not worry if he refuses. He might want to drink from his own vessel, in such case pour the water in his vessel.

3. Record temperature, pulse, and Blood pressure

4. Screen for any obvious physical injury or a wound. Do a head to toe examination. Attend first to any obvious physical complaint. Most commonly, you would find –

maggot infestation in wounds; open wounds, infested scalp and groin areas. If it is daytime you should request the accompanying police or another person to take him to a government hospital for care, but if there is no such opportunity attend to his wounds.

5. Give him a bedroll and direct him to a place to sleep. One does not know how long he has been on the streets. Now that he has found a secure place let him sleep, undisturbed.

6. Then complete the registration formalities, as following:

- Open a **new client file** and fill in the case intake sheet. Name the client with whatever name he is giving of himself or the name told by the accompanying person. You don't need to undertake a detailed case history at this stage. That would follow later. For now, the main objective is to put the person at ease and let him settle
- Mark the time and date of admission and make an entry in the admission register
- If the admission is by the police, note the GDE and receive the letter that police station in-charge has written addressed to the Secretary, Sankalpa requesting admission for the homeless person. File the letter in the case file
- Receive the signature of the person who has brought the new resident in a format that states that the person has been brought by so and so.

7. Inform the doctor

Scenario 1: The resident is taken to the government mental hospital by the police

If this happens, then undertake the following actions:

- Note the prescription provided by the government doctor
- Call the in-house psychiatrist and inform him of the new resident, his condition and the treatment prescribed by the government doctor
- On the advice of the in-house psychiatrist start the treatment
- In case the in-house psychiatrist is unavailable for consultation, wait to consult him. If this does not seem possible in near future, start the treatment as prescribed

Scenario 2: The resident is not taken to the government mental hospital:

In this scenario, within a short time of the new admission, you, as the caregiver, should undertake the following actions:

- Inform the psychiatrist, over phone, about the condition of the new person. This should be the rule.
- The psychiatrist would then inform you the initial (temporary) treatment plan over the phone. If possible, the psychiatrist will visit the new admission on the same day and chart the treatment. Otherwise, the initial plan is conveyed over phone till the psychiatrist is able to examine the client in person at a later date.
- As caregiver start the treatment.

Preferably, as a caregiver you should be trained in **basic nursing** and should be able to train to administer both intravenous and intramuscular medicines if prescribed by the doctors. You should also be able to communicate the condition of the new admission to the psychiatrist for him/her to make an assessment of the case. You require suitable training:

Training in principles of Basic Nursing
Training in assessment of a person with psychosocial problem

3.6.3 Third, Intimate the Police about the new admission

General Diary Entry (GDE):

On admission of a new resident to the shelter, irrespective of the source of admission, you (the caregiver/shelter supervisor) should inform your local police station.

This information is registered by the police as a General Diary Entry (GDE). You should write a letter (in duplicate) in prescribed format describing the person, when (date and time) he was brought to the shelter, name, and details of the person who brought the new client and from where the client was brought and submit it to the police station.

The letter would be received in the police and based on this they would then make a GDE in their records. You have to note the GDE on the second copy of the letter

you have submitted. If possible, add a photograph of the person. Usually, by the time of admission, the photograph is not ready, so you could provide this later to the police.

The GDE is very important since it is a legal reference which is used in different scenarios such as:

(i) Resident leaving Marudyan on their own against advice and then taking help of police to bring the resident back;

(ii) Taking the help of the police to retrace the family of the client on his recovery ;

(iii) At the time of death when the last rites have to be performed; etc.

Irrespective of the source of admission, the above process of recording GDE is a standard procedure which is followed in all cases.

The adoption of GDE based process in contrast to the Reception Order issued by a Judicial Magistrate is an administrative convenience which makes taking care of a homeless person with mental illness easier for following reasons:

1. In the event of death of a resident either at Marudyan or at a hospital, last rites are done as per government procedures for homeless person instead of Sankalpa having to perform last rites

2. GDE is a regular procedure for police and does not involve much time and effort from their side, this makes it convenient for homeless person to be addressed by police

Caveat: Legitimacy of the above procedure should be clarified. As far as being standard procedure, this is currently adopted at Sarbari and is working well there. It is possible to replicate the same at Marudyan.

3.6.4 Fourth, Photograph at admission

Within 2-3 days of admission, a photograph of the resident is taken. This is kept in the case record. This is a baseline photo and later would be compared to another photo taken at discharge (Admission & Discharge photo).

The differences in the two photos show the change as a result of care at Marudyan. If a resident leaves Marudyan on his own without informing anyone against advice,

then the photo is used to inform police and trace the resident and bring him back to Marudyan, provided the person is willing to return.

These four processes mark the end of the registration process or Phase 1 of the treatment, care process in Marudyan. Before we proceed to Phase 2 processes, a short mention of the Client Case file is presented below.

Creation of a Client Case File

Each new client is given a new file number. This file number is **unique** to a client at Marudyan and overall at Sankalpa i.e., no two clients of Sankalpa can have the same file number. Technically, a homeless man with a psychosocial disability is only hereafter called a **resident**.

Residents who were earlier part of the Outreach program and were referred from it may have an existing file number. The same file number is continued at Marudyan. At the time of registration, you may not know their old file number so just open a file and note in it that this client is from "Naya Daur". Later, you can find out and place the file number on the file. They are admitted here for in-house care.

Any other person coming into the service network of Sankalpa for the first time is issued a new file number which then stays with the client irrespective of which project or team she is located under.

File is an important instrument at Marudyan. It is a repository of all transactions with the client. It is also the archive of information that resident reveals from time to time. The file has 9 sections. All the sections are shown in **Annexure 7**

4. Phase 2 / Initial Care of the New Resident (Acute Care)

Phase 2 starts with taking care of the now "resident" of Marudyan. This is the care provided during the first few days of stay at Marudyan and differs from the care during a stay in the later period.

In this phase, formal professional care starts. The processes involved in acute care are:

1. Initial assessment of the resident by mental health professionals and

2. Preparation of an initial management plan for the resident

4.1 Initial Assessment of the resident

As soon as you receive the new resident, begin initial care. We will call it **Initial treatment** because it is part of the overall care process. Overall, the objectives of this phase are:

1. To form an understanding about the new resident as a person (who is the person, what is his story till date?);

2. To assess and initiate treatment, and

3. To resolve any crisis or severe condition the person might have at that time

During this phase, you should initiate drug therapy for the psychiatric condition and any other physical illness and attend to personal hygiene of the resident. Non-pharmacological therapies do not start at this time

The first impression on the new person is very important. The initial treatment process contains two parts - a **care process part** and a **technical part.** We shall discuss the two below:

4.1.1 Processes in the "Care Process Part":

1 Individual Attention and a flexible routine

First few days of admission are critical for the resident. He is often angry, withdrawn, confused. He would often spend time all alone. You and your colleagues (Caregivers and other staff) have to allow him some time to settle on his own. Allow him to follow his own routine. As a Caregiver, your role would be critical in the initial phase.

During the first few days, if he is violent, allow him to sleep apart from other residents, but in the same hall. Give individual attention and focus on basic activities of daily living such as sleeping, eating, bathing, etc. Call out to him separately and ask him – *"dada, did you take bath?", "Dada, did you eat, what did you eat?",* etc.

You should expect him to sleep a lot. He has perhaps found a place to let his guard down and rest. The medicines that you would have started also cause sedation (see later).

So let the 1st two weeks be as per the residents' own pace.

Allow him to wake up whenever he wants, take bath at his own convenience. Exert no force to ensure that bath is as per schedule of other residents. Whenever he wakes up, request him to brush his teeth and he could go back to sleep again.

At this stage, you as caregiver should provide emotional support to the resident. You should initiate talking gently to the client. Address him by the name or call him "dada", "bhaiyya". Offer food and water and use them as a means to strike communication.

If he expresses a desire to sleep, it is ok, let him sleep as much as he wants. In case he gets up at odd hours and is hungry, always keep some food for him. Bear with his anger or indifference and continue to speak softly.

A new resident might find it difficult to adjust to the shelter where many other men also stay and share the space. Being on the streets for long usually, instills a sense of freedom into most men. This initial phase of maladjustment could persist forever with some residents largely due to a longing for a family or a place they can call their own home. The desire to go home is very strong in most residents if not all.

The initial stage, therefore, is very important. Many times, the address is revealed during this stage, however, tracing the address is not started since the client has not recovered.

Remember that you don't ask for an address, you simply ask the resident his story. If he seems to engage in a conversation, ask about him; who is he, where is he from, what is his pet name (if any) and who all are there in his family? Do not mention anything about illness or his stay in the streets. Tell him about the shelter, others who are staying there, something about yourself and your colleagues. All this information would help him settle into the new place.

2 Fellow shelter residents or Peer Volunteers:

Older residents who have recovered help the new resident during this period including helping him perform Activities of Daily Living (ADL). The help extends from helping in taking bath and other ADL activities to eating meals.

As Caregiver or Counsellor, you should speak to the peer residents and ask them if the new resident has revealed any information to them. At the same time, you should oversee that the peer residents do not treat the new client harshly. Despite your best effort, this would happen sometimes, in such a case, immediately counsel both parties and restore peace.

4.1.2 Processes involved in the "Technical part":

1 Initial Case Interview & Intake Form / Case History

If you are one of the Mental Health professionals (Counsellor, psychiatrist, social worker), you should assess the client as soon as you are informed of him about the new admission. The caregiver will inform you and in any case, you should have the habit to check the visitor's register at the entrance gate to see if any new admission came the night before. At Marudyan, the visitor's register is kept inside the premises and this should be reviewed by you.

As the senior staff member, you should attend to the new admission immediately on your arrival the next morning. If the resident is not in a condition to respond, then leave him alone for a few days while maintaining contact by offering food, water, etc.

Elicit the history as per guidelines of the intake form or **a case history form**. This case history form is a detailed form. However, not all information is retrievable at the first contact with the resident. You will have to speak with him several times and continue to populate this form with whatever information you receive from time to time. This is important! Do not record information in different pieces of paper in the file, but on this very form so that all information is in one place. If there is a lack of space in the form, then add a plain paper and enter information there, but keep similar information in one place

ALWAYS KEEP SIMILAR INFORMATION IN ONE PLACE IN THE FILE

As the psychologist, your first case interview with the resident should be more of a rapport-building exercise. This activity is critical to the psychologist's role since it introduces you to the resident and helps both of you in understanding each other. Further, the role of a psychologist is not well understood by the resident, you have to present yourself as a friend the resident can speak to about issues in his mind. Repeated interviews and discussions with the resident help you build an understanding of him. As the psychologist, your impression about the resident is captured in the **Psychologist's format** filed in the client file.

2 Psychometric Scales, at Admission, by the Psychologist

In addition to the initial case interview, as a Counsellor / psychologist, you should administer a series of Psychometric scales on the client.

The set of selected scales are:

- Positive and Negative Symptom Scale (PANSS)
- Global Assessment of Functioning (GAF)
- Indian Disability Evaluation Assessment (IDEAS)
- Life Skills Profile* (LSP)

* This scale should be administered by the Caregiver and not by the Psychologist

The score on these scales is marked as baseline scores or scores at admission. This will be a reference for the score generated when same scales are repeated at each quarter during the stay of the client and finally at discharge (Endline scores or scores at discharge). Scores on the scales inform the status of the client at that point in time, and comparative analyses traces progress of the client over time

As the Psychologist / Counsellor, you should administer all the scales. If required, take support from the Psychiatrist. Record the score on the scale in the respective paper format. Then file them in the relevant section of the resident file. The different sections of the files have been shown in **Annexure 7**. These scales are an important objective record of the progress of the resident (discussed later).

3 Initial assessment by the psychiatrist

The psychiatrist initiates treatment of the resident during the acute phase. The treatment could be new for the client. Under influence of medicines, he could sleep a lot during this time.

The psychiatrist visits Marudyan on a fixed day every week but is available over the phone. At the earliest possible, the psychiatrist interviews the new resident. If this is in person, then you as caregiver and counselor should be available during the

first interaction. You should preferably introduce the resident to the doctor as "

This is Harish and he came to us yesterday! Harish, this is Dr. Abir. You can tell him whatever he asks you. I will also be sitting here, so do not be afraid.

4. Laboratory Tests

The lab tests are based on an initial assessment by the doctor. This is a good process and in line with current recommendations.

If there is any physical health need, the resident is taken to the nearby government hospital.

After the assessments are over, a management plan is prepared to provide care to the resident during the acute phase.

4.2 Initial Management Plan

The treatment process is handled by the Psychiatrist and the Counsellor (Psychologist). The occupational activities are handled by the Vocational Trainers. A separate team provides training on literacy. Caregivers assisted by Peer Volunteers play a pivotal role in all these processes. Caregivers lead the leisure activities.

After an assessment of the resident, an initial management plan is prepared. This has three parts:

(i) Pharmacological therapy as prescribed by the psychiatrist

(ii) Non-pharmacological therapy consisting of psychological therapies and vocational training as designed by counsellor/psychologist & vocational trainers

(iii) Participation in daily activities, leisure activities and learning social skills led by caregivers

The management plan is overseen by the caregiver and the Shelter Coordinator. Its main components are (i) and (iii) from the list above. Both of these are discussed below:

4.2.1 Pharmacological Intervention:

During the acute phase of treatment, the drug treatment is started after the initial assessment by the psychiatrist. The medicine is given by the caregiver, under his direct observation.

The prescription is noted by the doctor in the case file of the resident. The prescribed medicines are supplied by the central pharmacy store of Sankalpa at Sarbari. The process of requesting a supply of medicine from the drug store is described in more details during the next phase.

With the introduction of antipsychotic medications (most clients suffer from schizophrenia), positive symptoms of residents are controlled, to an extent. This allows residents to participate in different therapeutic and skill building activities.

4.2.2 Non-Pharmacological Intervention:

The non-pharmacological intervention is non-dominant during the acute phase. As a counsellor, your main emphasis is to build rapport and to attend to any acute crisis faced by the client otherwise you should serve as a patient ear for the resident.

Vocational training is not started in the acute phase and will be in focus only in the subsequent phase

Develop a technical protocol for therapy during the acute phase of treatment. This will guide non-specialist doctors to start therapy in shelters that adopt the Marudyan model

4.2.3 Involvement in activities of the shelter:

Involving the resident in activities of the shelter is of paramount importance. If the client takes only medicine and is left on his own, he would get isolated, involved in his own thoughts. To prevent this, you as the caregiver should involve the client in the regular activity schedule of the shelter. In this, the caregiver is supported by the counsellor.

As a caregiver/counsellor, you should introduce the resident to the schedule of the shelter. Leave it to the resident to participate or not, but continue to encourage him to participate. Encourage the resident to come for the activities as they happen. Make him sit, facing the group when the activities are on so that he is able to observe other residents participating in the activities.

Peer Volunteers should be encouraged to get the new client involved. If the new client, however, is not keen to participate, let him be in his own space but continue to encourage participation.

After a few days, the new client would get involved in some of the activities. If he does not actively participate, you should make him sit in a circle when playing a game like "passing the ball", and if he does not resist your effort to get him involved then consider that as an encouraging sign and make him participate. It is not necessary that he will actively come forward and participate.

Endpoint

Over time, as the new resident adopts the routine of the shelter, it marks the end point of the initial phase of acute stay. This phase might last from a few days to a few weeks.

Gaps

1. Mental State Examination

A Mental State Examination (MSE) is not done at this stage. However, MSE could provide baseline value of "Insight" which is assessed later during discharge by the Drug Attitudes Inventory in the Fit for restoration form. Hence, it is recommended that not only an MSE be done, but that caregivers be trained in conducting it

TRAIN CAREGIVERS IN DOING MSE

Scenario: Admission to a hospital:

If any beneficiary has a serious medical problem, you as the caregiver should shift him for inpatient care to either one of the hospitals with which Iswar Sankalpa has a tie-up or any other available nearby, preferably a government hospital. The assessment of this requirement can be made by the doctor but the caregivers should also know how to identify signs of serious illness. The final decision to shift has to be made in consultation with the doctor and the shelter coordinator.

If hospital admission if required, then the following process is followed:

1. The caregiver takes the resident to a hospital and admits him there. The ambulance of Sankalpa or a call taxi is used for transportation.

2. The caregiver takes the responsibility of the resident and Marudyan is provided as the address of the resident in the hospital.

3. Caregiver continues to visit the resident at the hospital regularly. Another resident could stay with the resident in the hospital.

4. All expenses are paid by Sankalpa, at discharge.

Suggestion:

It is suggested that a group health insurance policy such as the ones offered by New India Assurance Co. Ltd should be taken to cover such hospital expenses.

5. Phase 3 / Period of Stabilization

After spending the initial period of stay at the shelter, the resident moves to the period of stabilization. The characteristic feature of this period is that during this phase, the resident settles down in the shelter i.e. participates regularly in most of the activities; takes treatment regularly and the resident is stable on a treatment. His drug regime is predictable and has not been changed often. He is also on a regular schedule of psychological therapies and vocational training.

This period lasts till the client is fit or suitable for discharge. Whether the client gets discharged is subject to several conditions being fulfilled, but the terminal point is fit for discharge.

During this phase, the multi-disciplinary team of Marudyan comes to the fore and a rainbow of different activities unfold which keep the residents busy and inculcate different skills in them. These activities build capability of the residents and help them overcome the deficit due to their psychosocial disability

5.1 Phases of care

This phase is described in four parts or sections; each section captures a different dimension of care during this phase. These sections are:

Section 1	Quality attributes of the service delivery	This section details how the service is delivered, the values and behavior of staff who deliver different services
Section 2	Management instruments	This section explains the key management instruments that keep the entire range of activities in sync with the objectives of the shelter
Section 3	Package of Services	This section describes the different activities that happen daily in Marudyan and how they are organized
Section 4	Miscellaneous Information	This section describes different things that are not clearly captured in any of the above three sections

An outline of the above sections and their content is provided in **Annexure 8**

5.2 Signs of Recovery

Let us begin with the signs of recovery. How would you know that a client/resident is responding to treatment/intervention or is on the path to recovery?

The signs of recovery are very visible and easy to discern. Following are some signs that indicate improvement in residents:

- An improvement in the personal appearance & personal hygiene of the resident without prompting
- A sense of time such as following a normal sleep-wake cycle
- Eating food by himself
- Talking normally
- Comes on his own to take medicines, without prompting

- No visible strange behavior
- Wears own clothes properly
- Understands communication
- Interacts with other residents and is able to stay in the shelter
- Does not react angrily when someone says something
- Shows self-initiative in activities
- Improvement in work performance, e.g. Earlier the resident was making 10 paper packets of medium quality and now makes 50 packets of better quality, in a day.
- Does not require repeated prompting & monitoring to complete a task or series of tasks
- Is confident in his engagements
- Socialises with others; establishes and maintains interpersonal relationships
- Wears a smile
- Knows how to approach someone and start a conversation
- Knows "Who I Am"? (Initially, at admission, a client is asked his name but is not able to answer, however on recovery gives his name promptly)
- Has some Insight about his psychosocial condition and the need for treatment

Earlier, my brain was not working properly hence could not remember anything, could not work, I was beaten. So, how did you recover now? I recovered because you give me much love, it has healed me. How do you know I love you? You give me medicine! Love is essential! If one explains with love, the other person listens[2].

[2] Extracts of a conversation between a resident and a caregiver as heard by the author

Studies have shown that it is very important for people with psychosocial disability (mental illness to be precise) in recovery to feel they are cared for[3]

5.3 Time to Recovery:

On a daily basis, you as the caregiver, counsellor, vocational team member (whenever present) should observe residents for signs of their recovery. You should remark about this sign to the resident, congratulate him and also relay this information to doctors during their review.

As discussed later, the multi-team review at Marudyan is a best practice. It integrates information from daily observations into the treatment planning. As caregivers, you should share your observations with the shelter coordinator, the counsellor and vice versa since this team largely manages residents on a day to day basis. The usual time for recovery of a resident is 3-6 months since admission. Early signs of recovery such as improvement in self-care and personal hygiene could be seen sometimes even after 2 weeks; improvement in functionality, however, takes up to 3 months. For the client to take self-initiative, move and mix around with other people, speak with them, however, takes around 3 months and readiness for discharge although depends on each case is usually around 6 months.

5.4 Section 1: Values in delivering care

5.4.1. No use of force

Allow the residents to settle in at their own pace, and do not use force of any kind. Once residents start improving, they exhibit anxiety about their future, and there is also a longing to go back home to the family. There is hope that at least one day, they would go home. This hope might not be fulfilled ever or within the time frame the client expects, leading to anxiety, and despondency, which has to be tackled at the shelter. This situation results in conflicts which could frustrate the caregivers and therapists, however, no force is used at Marudyan to quell conflicts.

As the senior staff member at Marudyan, you should personally engage with all residents and notice their behavior. If you find a strange deviation from routine, then you should call the person on the pretext of some work and ask if all was ok!

[3]Svavarsdottir SJ, Lindqvist R & Juliusdattir S (2014) Mental Health Services and Quality of Life. International Journal of Psychosocial Rehabilitation. Vol 18(2) 72-88

It is possible, that a resident might have been threatened with dire consequences if he disclosed, about the misbehavior towards him, to someone else, hence your observation is most critical to notice changes in behaviors and find evidence of wrongdoing. In Men's shelter, some residents could also resort to using of violence against each other. You should not break up the fights with a show of greater violence but mediate with constant request and affection. At the end of the day, the love and affection will reign supreme.

For Shelter Coordinator:
There is not much information in literature how to guide your services to ensure there is no act of violence against residents behind your back. You could consider developing a resource document on this.

Gap:

As the senior staff in the shelter or as the Counsellor, you should encourage residents, if they face any problem or have any complaint, to speak with yourself. If they complain of being hit by someone then it is the duty of the senior staff member to address the problem by hearing out both sides. However, it is to be made clear to Caregivers that use of physical force is a not to be tolerated at all.

More for the staff and visitors I suggest you put up a board or a charter that clearly states what the resident is entitled to in this place

At the same time, be aware of the violence that the staff could be themselves subjected to. Hence, more often it is the need to maintain an environment of mutual trust and calmness than getting into fault finding; but when required do not hesitate to plug the leak.

Marudyan does not have a Board of Visitors. It is advised that as a process some oversight is created by the senior management to address possible human rights violation at Marudyan of all parties involved.

5.4.2 Residential Staff:

One of the three Caregivers is residential and stays with residents. One or the other caregivers are available round the clock.

The residential caregiver takes days off to visit family. The staff does not wear any uniform; they are dressed plainly. The rationale is to distinguish Marudyan from a hospital. The uniform could act as a barrier to interaction. Many residents have had

past experience with mental health facilities, and it is important for them to feel they are in a home-like setting. This helps in the therapeutic process and ability of the resident to build relationships, a skill they might have lost out on the streets. For a 24-hour facility where residents know who is responsible for what, the uniform is not important hence, this is a good process.

What do you need to do as a residential caregiver?

As a residential caregiver you would have been informed of your duties and responsibilities by the HR department. However, you should read the following section to understand the spirit of the service. Your role is captured in **Annexure 6**.

1. You should learn to perform the Life Skills Profile (LSP) which you and counsellor would be administering on the residents. It is a scale which your seniors will teach you. The score should be recorded in a paper format. File the paper format in the case file of the respective resident. The LSP informs you how the resident is doing on different dimensions.

2. You will work the closest with the shelter coordinator, so it is important to have a good rapport with him/her.

3. Knowing your residents as a person is very important. So ask them about their stories; read their file well, to know them. Know their psychological problems as well as their social problems.

If you come to know of something new, then record such observation in your report and file it in the client file in the section made for you. Write the report in your local language (Bangla in this case).

4. Also, bring up this new information and relay it to the person who would need it most – counsellor or reintegration team member if it is related to the address or anyone else. Bring such information also in the monthly shelter meeting; do not hold it within you. To prevent forgetting information, record it in your register or best in the case file of the resident in your section, as I have already mentioned.

5. When you take leave of absence, inform in advance so that your colleague knows in advance and can cover up for your absence

6. When dealing with residents try not to be partial towards anyone. All residents are different and some may express themselves more and shower affection on you. It is only human for you to feel reciprocal affection towards them, but remember the client who needs you most is the one who is withdrawn, who has restricted his

life to himself, does not talk, does not perform the activity. This is the person who would most benefit from your care and attention.

7. There could be occasions when you will face violence; you should be trained on how to handle violence. Here is a resource you could use or ask one of your colleagues to work on it together (Tisher, Gordon, & Landry-Meyer, 2000).

5.4.3 Attitude of Staff

The common belief amongst staff is that the residents have lost their family support; have lost their way in life consequent to the psychosocial problem and other life circumstances and are shattered within.

There is an inherent belief in the individual capability and therefore much emphasis is on the development of skills of each individual so that they are able to live a life of independence and dignity.

Inherent to the above approach is to treat the residents with respect. When residents were homeless on the streets, they received food and clothing from the community but were isolated and lived their life, all by themselves.

Many have suffered abuse (physical, mental violence) inside families. Most of them recall **a critical traumatic event** that either triggered their situation or worsened it. Therefore the overwhelming feeling amongst Marudyan staff is to provide a loving and caring environment where residents can forget past trauma and reconstruct their lives.

The kind of treatment received by residents at the shelter is important for their recovery. The more painful the past, the more important present treatment becomes. Therefore, there should be a constant proactive inquiry into residents' perception of their treatment at Marudyan

It is not necessary for residents to return to their families, even after recovery. They could earn their livelihood and live anywhere. It is more important that they have their self-esteem; feel accepted, loved and safe.

A few residents and even staff have a special bonding with the different residents. This sets Marudyan apart from any other shelter. The staff shows good attendance at work, has good well-being and displays good productivity. This is a reflection of the good mental health of the organization.

Staff members receive affection from residents. Residents ask them if they have had lunch, they prompt them to go and eat and not work so hard. This show of affection and concern is an important process in human interactions.

A few staff feels that this work of theirs is a service to mankind; others regard Marudyan as a shelter where homeless clients with mental illness are brought for treatment. This is also the explanation they give when their own family members or friends ask about the nature and place of their work. Due to the paucity of facilities like these despite a high number of the homeless person, it is difficult to explain to the members of the society where one works. It is important for you as the staff to be able to explain first to yourself and then to others the nature of work that you do.

5.5 Section 2: Management Processes

5.5.1 Quarterly Treatment or Management Plan:

During stabilization phase, a Quarterly Treatment Plan is prepared for each resident. Salient features of the treatment plan are:

1. It has an objective or goal for the quarter

2. It has a role for each kind of treatment – pharmacological and non-pharmacological, vocational, within in the plan, in one place

3. The plan is based on the review of residents' overall wellbeing.

As the shelter coordinator, you are responsible for this plan. You are therefore the case manager for the clients.

The treatment plan for the initial acute phase differs from that of the stabilization phase. During stabilization phase, there is a higher transaction with the resident, the key mechanism of which is the group sessions.

5.5.2 Multi-professional team review of the client

Psychiatrist, Counsellor, the shelter coordinator and caregivers together, as a team, review the status of a resident. The caregivers share their observation on day to day behaviour of the resident; the counsellor shares findings from the different sessions with the resident. The doctor interviews the resident. This allows a holistic view of the status of the client.

Procedurally, the doctor notes his observation in the file and drug treatment separately on a prescription pad. The senior staff then makes a note of the drug prescription plan, notes any revision in the drug plan and then the medicines are given by the caregivers. The caregivers note the medicines for each client separately in a register and then prepare individual drug envelopes for each client with a supply of at least one week of medicines in it. This allows the caregiver to hand over the medicines to the residents easily daily.

This team review allows the entire team to have a similar understanding on the status of the resident. Having a similar understanding on the client and having a uniform, singular plan of action is paramount to teamwork and client recovery.

"Rehabilitation of a resident is teamwork"

All residents are reviewed once a month. Residents are taken in different batches every week and the circle is completed in a month.

The Psychiatrist visits Marudyan every Thursday to review the residents. It is important to maintain a predictable schedule to allow other activities to be organized

How, as a Counsellor, you could improve on this process?

As the Counsellor, you can further improve the process by inviting the client/resident to participate in his treatment design. This proactive invitation to participate would increase his self-confidence and self-esteem.

The treatment designed with the participation of the resident would also help you and your other colleagues in identifying his needs and incorporate them as far as possible.

The needs of the person under treatment should be seen in line with the cognitive understanding of the professional disciplines as well as the objective of the organization.

Also, remember it is not easy for a resident to speak in front of the doctor during the review, so you have to give him the strength to speak and understand his treatment.

During stabilization phase, residents get involved in vocational activities that provide them another therapeutic space to explore their own thoughts and another set of professionals to engage with. During these activities, the residents reveal information about their past. This provides more information on them. In any case,

involvement in activities is essential for the residents. Else, there is nothing to do. We will discuss this in details later.

5.5.3 Psychometric Scales (Quarterly):

In line with the Quarterly treatment plan, residents are evaluated by administering a set of psychometric scales. The Counsellor or the shelter coordinator administers the Psychometric scales. Scales are administered quarterly, starting from admission till discharge. Each scale has a dedicated form. Scores are recorded on the scoring sheet and filed in the individual case file. Data of the scale score is also entered into a spreadsheet called the Vital Indicator Tracking System (VITS), every quarter by the shelter coordinator.

This spreadsheet has scores of all the recordings of scales on every resident. The scores on the same scale are compared over time to gauge improvement or lack of it of the resident. The time series of the scale scores along with a review of the client by the team of multiple professionals provide a reasonable idea of the status of the client and his response to the treatment.

Suggestion

Currently, however, there is no analysis plan for the scores of the scales. Therefore it is not utilized in treatment planning. It is suggested that a protocol is developed and adopted that sets out the rationale for selection of scales and their analysis plan.

5.5.4 Directly Observed Services

Medicine and food are given to the residents under direct supervision or observation of the caregivers. Additionally, each residents' personal appearance is also personally monitored and supervised by the staff.

Dispensing medicines to the residents by the caregivers under direct observation is an important management process. As mentioned above, each client has a dedicated medicine bag with one week of medicine stock in it. All clients are queued up, and one by one each is given the dose from their respective bags. The clients gulp down the medicine in front of the caregiver.

If you are the caregiver who is allotted the responsibility of giving medicine to the clients, undertake the following steps to complete the process:

A. Preparation:

1. Dedicate one drug box/bag for one client. Stick the name of the client on the outside of the box and the prescription on its inside

3. Fill up one week's medicines in the box

4. Prepare the boxes for all residents on any one day of the week. You could split it up depending on the review of the residents.

B. Dispensing the medicines

5. With help of peer residents, organize the residents in a line

6. Ensure that residents have water to drink with them.

7. Call out the name of each resident one by one and give them their medicine in their hand and ask them to swallow it in front of you. Inspects their mouth to see that the medicine has been swallowed.

The direct observation of medicines is an important control mechanism. It also tells you if any client has missed a dose in that week.

Limitation:

Recovered residents are also subjected to the same process of dispensing medicine. Hence, they do not know how to take their own medicine themselves. They are not able to recognize the medicines. The general feeling is that residents should not be handed their medicine due to fear of misuse or no use. When some of these residents get discharged and go home, they continue to be dependent on a family member to give them medicine and sometimes medications are discontinued due to this dependence.

The same issue is with providing personal articles like combs to residents or allowing them to serve their own food. Combs as an example are handed over to the residents to make their hair. When allowed to handle combs independently, they are usually misplaced or there is a refusal to share with others, hence the forced practice of the caregiver giving the comb to the residents under his observation and taking it back after combing and passing on to the other and so on.

The same is the case with the food. Residents are served food. If allowed to take food on their own, some of them either overfill their plates which they cannot finish and the food is wasted, or a few others overeat which leads to health problems. A few residents have metabolic disorders like diabetes but do not have insight about it. They over-serve themselves. Hence, residents are served food by peer resident under the supervision of the caregiver.

The challenge faced by Marudyan caregivers is where to draw the line. A few residents have a tendency to hoard things and take their availability for granted, while others know how to set limits. This leads to wastage or misuse. Therefore, supplies are monitored and given under supervision.

5.6 Section 3: Package of Services

A set of five different services are provided to the resident during their stay at Marudyan that helps in their recovery from the state in which they came in at admission. These services are:

1. The Activities as per the Daily Activity Schedule
2. Physical Activities / Exercises
3. Psychological Therapies
4. Vocational skills through Training
5. Basic literacy through Functional Literacy training

5.6.1 Daily Activity Schedule

Marudyan has a Daily Activity Schedule (DAS). The objective of the schedule is to perform activities of daily living, socialization, and involvement in work. **(Schedule is shown below this section)**.

It is important to follow a routine in the shelter. Men coming in from streets have lost a sense of time and predictability in their lives. A regular routine brings some discipline in their lives and a focus.

You as the caregiver are the main person responsible for these activities. The schedule contains the following activities:

1 Activities of Daily Living / Personal Grooming

Across Sankalpa's programs for homeless, personal appearance is an important feature of self-care and self-discovery. In all the programs of Sankalpa, there is an emphasis on adopting a routine to improve personal hygiene & grooming, wearing appropriate clean clothes and keeping one's surroundings clean.

Shared bathroom and toilet are available for the residents. Each Morning, residents are supposed to take bath. Fellow residents (Peers) help those residents who find it

difficult to bathe themselves such as those who are in their first few days post admission, or are elderly or unfit.

As a Caregiver, you along with Peer volunteers should oversee and ensure that all residents take their bath, brush their teeth, comb their hair and wear clean clothes. Periodically check for nails and clip them. These minor things are very important. In case of Marudyan, the personal hygiene is an issue because all - residents and caregivers are gathered in one room all the time. The internal conditions are suitable for growth of pathogens such as head louse, body louse, mites, etc. that can cause pediculosis and scabies. It is also a risk factor for Tuberculosis. So preventive measures that ensure personal hygiene and environmental sanitation are extremely important at Marudyan.

Develop a checklist for periodic decontamination of the area including material such as a mattress, bed sheets, etc. This should be celebrated as cleanliness day for the shelter and should be held at least once a month.

Prompt those who do not do perform these activities out of their own initiative, show them the directions, and encourage them to take bath. As a process, there is prompting for some to follow directions, but many others follow their routine independently.

As the caregiver and any other staff of Marudyan, it is important to pay significant attention to how the residents appear and carry themselves. You should encourage and compliment residents on their personal appearance.

"Ramesh, today you appear handsome, clean and neat", "today you have combed your hair well, let me take a picture of us together"

Good personal appearance also improves chances of a job outside the shelter.

During the morning personal grooming session, as a caregiver, hand out combs to residents. Ensure that all of them have combed their hair properly. However, there is a flip side to this facilitation. This and similar other actions create dependence.

Suggestion:

The effort could be made with select residents to hand over the combs to them and prompt them to maintain their own hair. This is only to match with their conditions at home (post discharge) when they will have to claim the comb and dress their own hair.

It is important at Marudyan to appear clean and wear clean clothes. The clothes for residents are donated by donors. They are altered to fit the residents. A new set of

clothes are bought during Durga Puja (October) each year. But even for outsiders coming to shelter or for the residents going out of the shelter, personal appearance is an extremely important marker of health.

At any point in time, as caregiver ensure that each resident has 2-3 sets of clothes. If there is wear and tear, repair or replace the clothes.

Residents wash their own clothes and dry them on the rooftop. Extra clothes are provided as per need. Ensure that clothes are changed daily. It is possible, that there are a few residents who would change 3-4 sets of clothes daily. You will have to counsel them and ask the reason for doing so and bring them down to using one set of clothes and keeping them clean through the day. A few residents, sometimes, select their own clothes to wear for the day.

During their initial days of stay at Marudyan, residents are unable to manage clothes and dirty them often. If brand new clothes are used, many sets would be required in a day hence it is better to alter donated clothes and use them. Later, residents who earn a stipend or other income buy a few of their own clothes. Residents have to be provided with space to store their own clothes. This could be a closed locker for some or simple clothesline for others. You as the caregiver have to decide depending on the ability of the resident to maintain the locker.

Clothing is correlated with socialization. Men who go out of Marudyan wear better clothes than those who stay inside. This aspect though saddening is a reality. Those without a family or friends to visit them from outside have no social interaction with anyone besides the caregivers and visitors to the organization. How does one create social interactions for such residents? Frequent visits by guests could make a difference in enthusiasm else there is little to cheer. Clothing is an important contributor to enthusiasm.

It is to be thought how to create more social interaction opportunities for residents especially the ones who have recovered.

Encouragement and compliment play a significant role in motivating residents to wear good clothes.

You will have to support residents who have an Intellectual Disability (Intellectual Developmental Disorder) with extra care. Ask the peer volunteers to help you in taking care of them in all activities.

Residents who have recovered or are on their way to recovery may regard other residents as "mad" especially those who currently have prominent positive symptoms

and therefore not befriend them easily. It is important to speak to these residents and inform them that the symptoms will subside with treatment and that the resident should help in earlier recovery for the person who is suffering instead of mocking or maintaining distance. One should not get angry at the mocking resident or remind him of his own past.

In Marudyan, the stand out feature is the bonhomie between different residents which is very different from Sarbari where this demonstration is less. There is a lot of casual chit-chat amongst the residents, sometimes a few of them become fast friends and are inseparable.

Some people do not communicate with others. You should involve such clients in group activities and group them with the more vocal client. This decision is taken by the counsellor / shelter coordinator.

When engaged in activities, residents do not speak much but when free they indulge in casual conversations. There is a lot of conversation with caregivers and the shelter coordinator.

As a caregiver you should create an atmosphere of fun and frolic and not criticism and mockery. This is only possible when you yourself are at peace with the idea of working in the shelter. This is, therefore, an important observation during recruitment. The current caregivers have a calling for the cause and have created an atmosphere that reflects their own compassion. Without the compassion, all other activities would fail.

2 Household Chores & Cooking

All household chores at Marudyan should be performed by the resident staff and residents – like serving food, cleaning the space, filling water, etc.

This is not only to make their current environment orderly, to foster in self-sufficiency but also to promote participation in household work once they return home or any other location. If the man is unable to go out of the house to earn a living but can participate in the household activities, it would be some contribution and the families would not feel the person is of no worth since he does not work at all.

You as the caregiver should ask all the residents to participate in the maintenance and upkeep of the shelter. The shelter should be a reflection of its residents. It should be clean at all times and it should have a reasonable stock of essential items. There should be beautification of the shelter as well, just like home

Ensure that all residents, who are fit enough, participate in different activities of the shelter - mopping, brooming, dusting, cooking, etc. Allocate residents for collection of drinking water, the arrangement of grocery, cooking, etc. Some residents should help in distribution of food while each resident should clear their own plates and clean the eating area.

Some residents volunteer to do specific activities, welcome them.

This demonstration of self-interest is an important sign of recovery as well as an open environment in Marudyan

Cooking at Marudyan

Cooking is an important activity since fresh hot food cooked two times daily and served hot is not only nourishing but also involves the residents and keeps them busy. The shelter coordinator is the food in-charge.

Cooking is done in the small room which serves as the kitchen. One of the two caregivers during the day should supervise cooking. Different activities are allotted to a set of residents – some wash the material, others cut and while a smaller group cooks. The aim is to involve two new residents in an activity, but a core group prepares food. All the raw material is supplied from the central Sankalpa stock kept at Sarbari. A menu is prepared for a week and food cooked accordingly. The in-house cooked food has several advantages:

- it is cheaper than to buy food from outside;
- the food is fresher, healthier leading to weight gain in most residents

On occasions of birthdays of any resident/staff or other special days, you should all together cook special meals. Do not serve food cooked outside to the residents.

This is also an important skill that most men would relearn or learn for the first time that would be of help to them. They would be able to cook their own food and not rely on outside food which does not have the required nutrition.

At times well-wishers donate cooked food for residents. It is served to residents. Donors could also donate money to cover the cost of one-time meal at Marudyan. The meals could serve as the occasion for forming a relationship with outsiders.

Serving the food:

1. Food should be served by residents who have been given this duty

2. As a caregiver, instruct the residents to first clean up the eating area. Then only ask them to bring the utensils with cooked food in the eating area.

Ensure that all residents have rinsed their set of utensils prior to eating.

Request them all to seat in a line to take food and then the food is served to them. They could also walk up to the serving place and take the food and return to their eating position

3. As caregiver keep an eye on the process. Ensure that no resident takes food more than what is likely to be consumed or is healthy for him. It is better to restrict serving sizes and allow for multiple servings than serving large quantities in one go.

4. Although residents are allowed to sit anywhere in the room, it is better to fix the eating place to be able to clean it up later.

5. After the food, the area is cleaned up and the residents in charge for utensils take them away for washing. All residents wash their own utensils.

6. After having fed the residents, caregivers eat.

The evening tea and snacks are also served in similar fashion

No Monotony!

As caregiver, you have the freedom to change the daily schedule of activities as per the need and interest of the group to prevent boredom. Energizers; Day Outs; television, etc. provide entertainment during a break from the activity schedule.

Daily Activity Schedule

Time	Activity
06:00	Wake up time
	Brush teeth
	Prayer
	Medicines to be taken on empty stomach is dispensed
	Sample collection for laboratory test (if any)
07:30	Tea and Biscuit
	Bathing & Toilet
	Clean up dormitories, clean windows, doors, etc.
08:30	Morning Medicine
09:00	Breakfast
	Cleaning of breakfast room
	Personal grooming
10:30 – 11:00	Yoga / Energizer
11:30 - 13:00	Group 1: Vocational Activity groups Group 2: FLP Group 3: Client Review
13:00 – 15:00	Lunch & Afternoon Siesta
15:00 – 17:00	Vocational Activity groups & FLP
17:00 – 18:00	Evening tea and snacks
	Attendance of residents
18:00 – 20:00	TV time & time for Care Giver to document their daily work
20:00	Evening Medicines
21:00	Dinner, Cleaning dinner room
22:00	Set up Bed Rolls; Residents retire for the night
	Caregivers' Dinner time
23 – 2330	Caregivers retire to bed

5.6.2 Physical Health & Physical Activity

The physical health of a person with a serious psychosocial disability is generally poor. Mortality levels remain about twice those of the general population. They are at greater risk of health problems such as heart disease, respiratory problems, and diabetes. The factors contributing to these health problems include higher levels of smoking, obesity, physical inactivity, and a nutritionally poor intake of food[4]. Marudyan has prevented or reduced the risk of the three main risk factors – smoking, lack of exercise and poor dietary choices. In the daily schedule of activities, there is a lot of physical exercise and residents are involved in the upkeep keeping them busy the day through. The food currently being made at Marudyan is nutritious. The only risk factor is of personal hygiene which has been discussed earlier.

As shelter coordinator, you should ensure that physical health of residents is screened regularly. You should prepare a checklist for same where the following is carefully monitored:

- BMI of the residents
- Any sign of infection
- Eyesight and if required, hearing

You should also request the psychiatrist to quickly examine residents who you think requires a screening for physical health. The weight chart should be maintained every quarter for residents and a **separate register** is maintained for same.

Another fact related to physical health is dietary advice and selection of menu. When a new admission comes to the shelter, his nutritional status is usually compromised both due to neglect on the street and also due to a preference for poor dietary choice by persons with schizophrenia. Their diet is compared to be close to that of Social Class V[4]. Good nutritious food at Marudyan helps the client regain his body strength, however lack of activity poses a significant risk.

Further, persons with schizophrenia also face following threats to good physical health:

- weight gain and obesity are side effects of anti-psychotics;

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[4] Pearsall R, Thyarappa Praveen K, Pelosi A, Geddes J. Dietary advice for people with schizophrenia. Cochrane Database of Systematic Reviews 2016, Issue 3. Art. No.: CD009547. DOI: 10.1002/14651858.CD009547.pub2. Social Class V according to the registrar general of UK is the lowest working class. Class V workers are unskilled and have a significantly low income (The free dictionary)

- deranged lipid profile, hyperglycemia and diabetes are further complications in a person with schizophrenia;
- Someone with predominantly negative symptoms would find it difficult to participate in physical activity or take care of her physical health. Hence, care of physical health is essential. One way to do this is to exercise.

Since residents are restricted to the four walls of Marudyan they could get very frustrated and this could induce lethargy, disinterest and a lack of stamina. Activities that are physical in nature are therefore much required - Energizers, Dance Movement Therapy and Yoga are three activities that should be regularly conducted with the residents. In addition to their health benefits, they also bring a lot of fun into the day. Vocational activities like gardening also have some amount of physicality to them.

1 Energizer:

You as the caregiver should organize the Energizer.

It is a group session and should be conducted every morning. It involves the following activities:

- Dance to popular music
- Ball Games
- Freehand movement

Energizer is very important. The movement and related activity enthuse the residents. In some cases, it helps their memory as well; many residents have recalled their past after the activity.

You should arrange for a music system and required music for the dance exercise. You should play the music and then ask residents to participate. You should dance with them yourself and bring them in. Do not worry about clearing the area. That can happen while the activity is going on.

Bring the residents with negative symptoms into the group. Continue to host this activity for at least 45 minutes. Involve other staff members also in the energizer.

The energizer helps everyone vent their feelings. It infuses energy, enthusiasm and excitement amongst participants who otherwise could feel burdened by the predictable monotony of daily schedule.

2 Dance Movement Therapy (DMT)

DMT is a recognized form of art based therapy that residents of the shelter participate in **once in a week**.

It involves dance sequences under the guidance of a trainer of DMT who leads the dance. Over time, the shelter coordinator or one of the caregiver can be trained in DMT and then can organise the sessions in Marudyan

If you are unable to find a trainer in DMT, ensure that some other activity is introduced. You could try drama, painting or any other activity that would help people disengage with the daily schedule and engage with a new activity

3 Yoga

Two times in a week, residents perform yoga for 45 minutes under the supervision of a qualified Yoga trainer. However, as staff working day in and day out for the shelter, your fitness is equally important. Hence, first and foremost, as the shelter coordinator organize yoga and if possible meditation session for the staff.

Ask a yoga instructor to come into the shelter and teach the staff.

As shelter coordinator, you should ensure that sessions are held as per schedule and not skipped. You as the supervisor should allocate duties such that by rotation all your staff participates in yoga

As a caregiver you should identify residents who could participate in a yoga session. You yourself should be available when the session is in progress to help the residents perform yoga and communicate instructions. Not all residents are able to participate in yoga or in all exercises, but those who can, encourage them to participate.

If possible, you as caregiver should take 10 minutes of yoga classes for all residents and staff each morning, after you have been trained.

4 Day Out

All residents in batches go out of the shelter to spend a day out. **Every month**, a group of 10 residents goes out of the shelter for their day out. If for any reason, day out is not possible, then in its place a movie is shown.

Day out is an important activity when residents get to be with the outside world. It provides leisure, entertainment, and social interaction. It also helps in many things such as shopping at marketplaces, ordering food, eating out in the public, money

transactions, how to use public transport, crossroads, etc. Residents look forward to their Day out.

As a Caregiver or shelter coordinator, you are responsible for organizing the day out and accompanying the residents during the day out. You have to organize the day, venue, and logistics. Get the approval from senior management, get a budget sanctioned and then implement the plan for the day.

Socialization for homeless men is a difficult area. People consider homeless men with a psychosocial disability as violent and having substance abuse problems. They, therefore, like to maintain their distance from them. This is also the reason why staff has to accompany residents on their day out.

As a caregiver, you could discuss with the residents if they would like to visit some special place. You should show them pictures of some of the places. The process of involving residents more in the care and service right from planning and execution would help them develop trust and faith and build relation, first with the caregiver and then with others. This hope, trust, and faith are most important requirements for recovery

5.6.3 Psychological therapy

Therapeutic services are provided as part of the daily schedule. The drug therapy is planned by the psychiatrist, psychological therapy is planned and delivered by an in-house psychologist (counsellor).

1. Objectives of the psychological therapies are:

1. to explore thoughts and emotions of the residents and subject them to reality testing

2. to provide emotional support as required to the residents

3. to develop social skills in the residents

4. to motivate the residents and keep their self-esteem, self-confidence high and

5. to provide residents an insight into their condition and the importance of treatment adherence

6. Crisis management

2. What is your role as a counsellor in Marudyan?

As a psychologist or counsellor, you have five main responsibilities:

1. Work with the psychiatrist in formulating a working diagnosis for the resident and assist in treatment planning for him

2. Provide psychological therapies to residents as per treatment plan charted out by you

3. Review the progress of the resident against the treatment plan and make necessary modifications to it

4. Administer psychometric scales on all residents to note their status

5. Provide psycho-education to family members/care givers when they come to the shelter for the restoration of resident (when the family is ready to take the resident back, they have to be informed of the condition and prepared to handle the person back home). Along with the reintegration team, you as the counsellor should engage in this task.

The psychological therapies are an integral part of treatment and are reflected in the treatment plan.

3. As the Counsellor, how do you plan and administer the therapies?

You should start by identifying and formulating an overall goal of the treatment. The treatment team that comprises of yourself, the psychiatrist, caregivers and shelter coordinator should be guided by the goal, but a separate goal should be stated for the therapy that you propose to give to the resident. Hence, the specific goal of the therapy should be stated by you. State this in the treatment plan.

Then, break this overall goal down into quarterly goals or a time-bound smaller goal or objectives. It would be easier to do so after having started work with the resident and discussing the situation with your colleagues or peers.

Identify the domains or dimensions in which you will work with the client. The psychometric scales will, each quarter, give you an idea of the progress made by the resident on different domains. You should maintain good notes of your work with the resident. Summarise the progress made with the resident on the path to recovery in your notes, preferably create a quarterly summary on three headings – what was the intended goal for the quarter, what work was conducted and what result was visible. Follow it with a goal for the next quarter and continue in this fashion. At the end of six months revisit your notes and see if the progress was made

as expected. If not discuss in the quarter review meetings or hold a case conference for the client.

The individual case file has an entire section for you to record your detailed and summary notes. Documentation is as important as the work itself since it forms the basis of learning from your colleagues and some of the remarkable achievements could be documented and archived. You could even aim for publication of stellar cases.

4. The goal of treatment:

Create or set a goal in the treatment plan for each quarter based on the problems faced by the client during the review period and in line with the overall treatment goal.

A good practice is to help the client write a goal for himself in his own language. Many a times, residents might not know how to articulate it - take the help of their friends in the shelter with who the resident spends time or anyone else who knows him. The goal could be as vague as – "I want to get better and go back to the street" or more specific such as "I want to earn money to construct a house in my village and live there". It is, therefore, your task to make this into a more workable goal, a more specific goal towards this work can be done

Of course, this can only be done in the stabilization phase of treatment and not in the acute stage. The client's own goal statement would inform you of what is important to the client. If there are several items written under goal, sit with the client, caregivers and prioritize them. Do not work on more than two goals in a time period, say a quarter.

5. Monthly review:

All residents should be reviewed at least once a quarter. Each month, make a list of residents to be reviewed in that month to make your work manageable. If for any reason a resident cannot be reviewed in the schedule month, replace him with another resident, but complete your target.

Note the progress of each resident against the goal for that quarter in the respective case files.

At the end of the review, share a summary of your observations with the client. Also, share them with the caregiver. This will bring transparency to your work as well as

bring everyone on the same page. You may also be able to figure out things you might have overlooked and therefore pay attention to them.

Share your observations with other psychologists at Sankalpa and receive feedback and guidance. This would build your capacity and skills. Please observe the rules of confidentiality and privacy while sharing any details with your peers.

Set yourself a daily target for psychological therapies. Prepare a schedule for clients, one month in advance and hand it over to the caregiver. Ensure that schedule is followed and your sessions are included in the monthly plan of the shelter.

You are advised to note progress against plan and if there is some outstanding item that was not achieved in one month, then carry it over to the next month's plan of action. Do not let go of a goal till it is achieved or achieved the best it can be.

6. Psychometric Scales, every quarter:

Besides therapies, you also have to administer the psychometric scales, each quarter. The sequential scales inform of changes in the intervening period. Before, you administer the scale for the current quarter, do the following:

1. Previous Score: In your notes, mention the score from the previous recording of the scale, example if you are going to administer scale for quarter 3 of the year, note the score of the resident on that scale obtained during quarter 2

Score in Current Quarter (Q3)	**Comparative score in previous quarter (Q2)**
Record your findings	Note the findings from the scale form

2. Discussion of the previous score: Briefly summarise the information the previous scales are telling; example: according to scores of quarter 2, the client shows low levels of insight into his own condition

3. Expected Change: Note the improvement you expect to see in the client end of the month; example: the plan after the quarter 2 scales was to work towards improving insight of the client on his own condition. I expect to see an improvement in this domain.

It is against this backdrop, that you should administer the new round of scales. You should then match if your desired result is reflected in the scales score.

Example: *I expected an improvement in the domain of insight on his own condition and I find a significant improvement in the same. Therefore it can be concluded that the client has responded to the treatment and his insight into his own condition has improved significantly in scales (score in quarter 3 compared to quarter 2).*

Ideally, you should ask a colleague psychologist to do the scales on your set of clients and vice versa. This would be very objective.

You should then discuss why progress was noticed or not noticed as per expectation. As has already been mentioned, each scale has a paper format in which data is filled in and then transferred onto an excel sheet called Vital Indicator Tracking System (VITS).

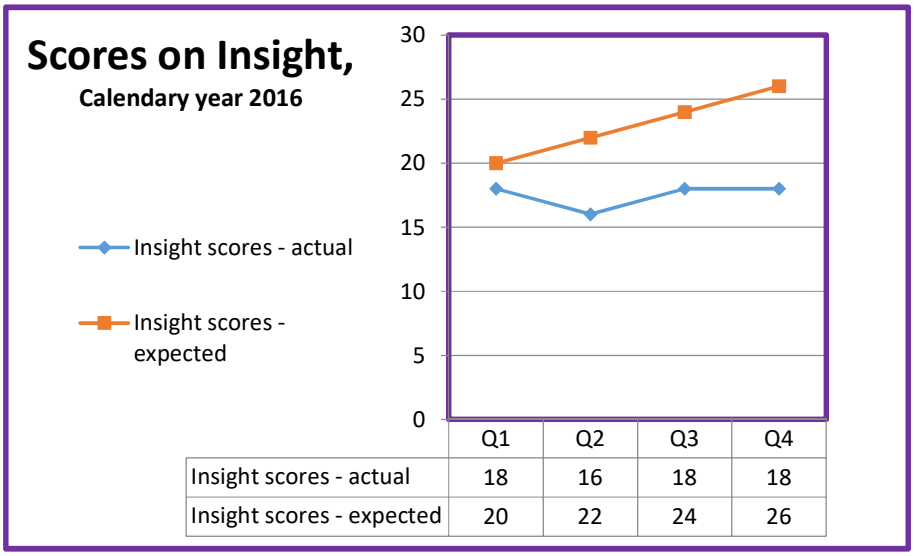
Below are the questions you should ask while working on scales:

1. What information do I get from the score of the scale administered on a previous date on the resident?

2. I have worked with the resident on x and y issues and I expect to see an improvement in these dimensions on the scales (if you can quantify this expectation, it is even better)

3 Let me ask a colleague to administer the scale, let me then review the scale results. Does it match with the result I expected or not? What are the reasons for the same? Shall I need to review the treatment for the quarter or continue with my plan and give more time for achievement of the target? I need to perhaps discuss with the review team

If possible, plot the actual score against the expected score, on a graph. This would give a visual picture to the work you are doing with the client. Do not worry that the plot is accurate, this is just for visual information. Plot a time series.



	Q1	Q2	Q3	Q4
Insight scores - actual	18	16	18	18
Insight scores - expected	20	22	24	26

Most residents should receive a minimum of two individual sessions a month. However, the number of sessions is determined by the issues identified and strategies decided to address those issues

Suggestion:

The Counsellor should adopt a protocol for counseling, a therapeutic framework. This is suggested for two reasons:

1. Many issues of the client are identified during sessions but not all are worked upon. Attention is devoted to those that are daily emergent issues; underlying problems are often ignored. Thus, it is suggested to identify a method by which all or relevant issues of the client are addressed systematically.

One method could be to list out all the issues that were identified in the client and record their status at the end of each month, on a checklist. This would prevent earlier identified issues being un-addressed at the cost of new ones. This may be called the **laundry list** of issues. Tick the ones that are currently being worked on. It should be clear that all issues cannot be addressed but the laundry list would make it clear if any vital issue is being missed out.

2. Most professional training courses might not equip the psychologist to handle the client profile as seen in the shelter. Since there is a limited information about the context of the person such as family, past events, etc. the emphasis has to be work on the present and move to the past as and when one finds openings. This approach has to be learned by the psychologist when they come to Marudyan. A

framework will enable this learning rather than each psychologist finding their own way

7. Individual Session & Group Work

At Marudyan, the Counsellor works with the residents either in one to one sessions (Individual Sessions) or in groups (Group Sessions). The selection of the session depends on the objective of the session. In practice, Group Sessions or Group Work is more widely used than individual counseling

I. Individual Session

A one-to-one session with a resident is important to build a therapeutic relationship between the counsellor and the resident. The technical aspects of an individual session are not discussed here. Conducting an individual session in Marudyan is a challenge due to the constraints posed by the physical infrastructure. The facility is housed in a single hall. The counsellor has to find a private space usually a corner to conduct the individual session with the resident. This is essential to ensure the privacy of the client and ensure his focus and attention on the session. At this time, other activities of the center should not disturb the resident.

Some other aspects that are equally relevant for the Counsellor to hold the individual session with the resident is:

1. Conduct an Individual session only when a resident is willing. Since there is no natural understanding in the resident about the individual session, this is like a conversation between the two of you. Conduct the session when you have adequately prepared the resident to talk. You will have to initiate him to talk with you

2. Hold the session for 20-25 minutes. If required, stretch it to 40-45 min, not beyond

3. If the resident seems ill at ease, request a colleague like a shelter coordinator or a caregiver to participate in the session to put the resident at ease

4. The sessions are need-based. In a session, you as the counsellor should note the following, besides other things, about the resident:

- Personal Appearance of the resident;
- Emotions / Thoughts of the resident

As the counsellor, your initial sessions would focus on rapport building with the resident. Gradually, therapy sessions may be done. Prepare a schedule for counseling of the clients and share it with the shelter coordinator. Commonly, you should target 5-6 individual sessions with different residents, every day.

What is the main objective of the session?

One of the main objectives that you as the counsellor should have is to help a resident improve his **participation** in different activities of the shelter. The other objectives are to know more about the client and understand his problems and then address them. Some items could be -

- Ask the resident what is going through his mind.
- Ask about his past.
- Suggest actions for the problems faced by residents.
- Try to retrieve details, including the address of the family from the resident.

Hold support sessions (Individual or group) for residents who have been victims of violence. Provide motivational counseling for those who need it especially those engaged in vocational training or employment.

Documentation

Record the details of the counseling session in a tailor-made format in the case file. There are separate formats for an individual session and group work.

File the notes of the individual session in the individual file of the clients while the notes of the group session are recorded in a dedicated register, separately. You could even record this data in the client's file.

Teamwork

As the counsellor, you should periodically enquire from the Vocational and Functional Literacy trainers if they were facing any issue with the residents. You should then address such issues in either group work or individual sessions.

During their stay in the shelter, residents come to know the role of the different staff members. At times, they might not listen to your advice, since you might not be directly involved in a task related to which they have a problem. In such a case, you should seek out the help of a relevant staff including the psychiatrist to advice the resident. Example, the resident knows that the vocational trainer is the supervisor of the work and incentives are paid according to the trainer's feedback. If such a client is finding it difficult to complete some parts of work then, he might be inclined to

listen more to the trainer than to you. It is, therefore, important to participate in the different activities with the client and understand the contours of the problem and work with your colleague to solve the issue faced by the client. If the client listens to the vocational trainer's advice that does not agree with your advice, approach the shelter coordinator and discuss a way out.

Bring all such observations of the client and his response to treatment together at the multi-professional team review, once a month.

Treatment Plan

As the psychologist, prepare the treatment plan detailing out the **core activities** you plan to undertake in the month and the quarter. You should inform the doctor of the treatment plan.

Suggestions:

Shared understanding in the treatment team about the therapies:

While the psychological therapies treatment plan is documented in the file, this is not currently reviewed by the doctor during the team review of the resident. In doctor's prescription, there is seldom any mention of the need for any psychological therapy. If a framework as suggested above is adopted and the doctor also oriented on the same, the acceptance and consensus on the complete would be more.

Common Meeting of the Psychologists:

Once a month, a meeting of all the psychologists working in Sankalpa should meet in a meeting anchored by the Assistant Director. The objectives of the meeting should be:

- Review of status of residents and presentation of key interventions as against the plan for each psychologist
- Presentation of the data of the psychometric scales and comparison of the progress of clients on a quarterly basis

The introduction of non-pharmacological therapy:

During the stabilization phase, in addition to the pharmacological therapy, a resident receives non-pharmacological therapy. He is involved in several activities at the shelter and starts interacting with several people around him. The progress of the resident can be gauged by his involvement and participation in different activities and from his behavior, appearance, etc.

For the external stakeholders of the project, the progress of a client is communicated through its documentation. It is, therefore, suggested that a **face sheet or report card** of a client summarizing the status of the client is prepared.

This report card should, in a single glance, communicate the major issues, milestones of the resident's stay in the shelter. Any outsider can then easily understand the progress made by a resident. It could also make treatment more focused, perhaps. Such a graphical tool has already been discussed above.

Social Skills Training:

Residents need to be trained on Social skills; develop the ability to divide complex tasks into simpler ones, imbibe communication skills; all of which would help in their reintegration post their discharge. Currently, social contact is provided by peer residents and the staff. Role play is a good medium to teach social skills to the residents within the shelter. There are different training resources available to train residents on social skills. One such resource is the "Social Skills Training for Severe mental disorders" – A Therapist Manual by Patrick Kingsep and Paula Nathan. This can be downloaded from the link - http://www.cci.health.wa.gov.au/docs/SocialSkillsTraining.pdf

The resource requires cultural adaptation.

II. Group Work

The group work activities are done only during the stabilization phase. Group Work is the main instrument of intervention at Marudyan. All residents, except the ones who are physical unwell or do not wish to get involved, participate in group work. The caregiver leads the group work.

Currently, the group work includes group activities such as dance, physical exercises and vocational training where all residents participate as a group

Suggestion:

The shelter team should use group work for social skills training especially to improve the ability of the residents to express their views amongst a group of people. This is to prepare them for their life post-discharge. When residents go back to their family or another setting, they should be able to put their viewpoints across (family is akin a small group setting). The small group work at Marudyan should prepare them for the same.

Would I be able to make my point in front of my family, in front of so many people?

In addition to the Individual sessions and group work, management of crisis require psychological therapies by the counsellors and other staff members.

III. Crisis Management:

The first few days of stay of a resident at Marudyan is very critical and differs substantially from the later stay in the same place.

The Marudyan staff is trained in crisis management. At times, residents are angry, aggressive, refuse to cooperate, refuse to eat, are withdrawn, non-cooperative, apathetic, etc. In such situations, the caregivers and the shelter coordinator defuse the crisis or attempt to do so.

As a caregiver, you should be trained to handle the crisis. In the face of a crisis, ensure the safety of the resident and yourself above all other concerns. Continue to talk to the resident about the crisis situation and let him know the real situation. Ask him to cool off and then all of you can sit down and discuss the problem. Do not physically intimidate him or threaten with any repercussions for the action. On the other hand, if the resident is withdrawn encourage him to participate.

After the crisis is over, sit with the resident and try to identify the triggers for the crisis. Try to resolve the problem. This will build trust and faith and thereby prevent or reduce the likelihood of any future crisis of similar nature with the resident. You will also know what factors are likely to trigger a crisis and prevent them or train the resident to face these factors.

If medicines are to be used to handle any emergency or crisis, then use them only if you are trained to do so, else, call for help. Take the resident to a nearby hospital or call the psychiatrist for advice. Do not give the medicines because you have seen someone else give it for a similar situation

The experience of a crisis is unpleasant for all involved – the resident himself, staff and other residents. Support them all in overcoming the unpleasant experience. To the resident, reassure that his progress towards recovery would continue despite

this setback. Other residents also come and console, reassure the resident. They share their own personal experiences of a similar situation in the past. Some residents come and console the affected resident– "*don't worry, you will be ok*".

At times, doctor and the counsellor forewarn the caregiver of an impending relapse. All measures should be instituted to prevent a crisis and all of you should be prepared to handle the situation.

5.6.4 Vocational Activities:

1. Introduction

Work is treatment. Psychosocial disability compromises both functional and working capacity of an individual[5]. At Iswar Sankalpa, vocational activities were earlier referred to as vocational therapy and more recently as vocational training and skills development. Vocational activities or rather pre-vocational activities which they really are, are an important part of the process of recovery and rehabilitation of the resident. Involvement in activities is enriching for the staff and residents, much so for the latter. There is much energy and focus on the activities.

During the stabilization phase, the objective of the vocational activities is to teach residents the skills to work and earn an income. This improves both the functional and the working capacity of the residents. At the shelter, work involvement earns the residents a stipend.

Combining work skills training with other forms of therapy/treatment helps most residents become functional; a task which either medicines or therapies alone cannot achieve. They all complement each other.

Sankalpa has learned from its past experience that person with psychosocial disabilities who went back home after discharge survive in their families only if they were productive i.e. could take care of themselves; could take their own medicines and most importantly worked either outside the home and brought an income or participated in household work.

[5] Mental Health and Work: Impact, Issues and Good Practices: WHO, 2000

2. Objectives:

Vocational activities are goal-directed; the goal being to prepare a product to be sold. The main objectives of participation in this goal-directed, purposeful activities are:

- To train the residents in skills appropriate to vocations that would enable them to earn an income both during their stay at Marudyan and post their discharge from Marudyan;
- To help residents forget their painful past including abuses if any
- To assess the response of residents to treatment. The improvement in residents' work performance and his self-interest / self-initiative in work are important signs of improvement
- To improve their self-confidence, self-respect, self-esteem, and dignity which only work and associated stipend can give. A client receives incentive/honorarium related with each activity. He can then use this earned money to buy items of his choice – items of personal use, clothes, gifts for family members, etc.

Vocational activities can be held in two sessions – the first session is after breakfast, from 11 AM to 1 PM and the second session is post lunch, from 3 PM to 5 PM. New admissions and elderly residents might or might not attend these activities.

3. Range of the Vocational Activities

Vocational activities consist of following:

- Making paper bags out of newspaper
- Arts and Craft (making greeting cards, painted earthen lamps, etc.)
- Gardening
- Cooking

Vocational trainers use both **individual and group training approach** to train residents in appropriate skills. During their work with a group of residents, they also identify the ones who are showing keen interest and learning faster than others, these are given more individual attention by the trainer.

4. Initiation or Introduction of a client to a vocational activity:

During the acute phase of their stay in the shelter, a resident observes other participants in engaged in different activities.

First thing in the morning

At Marudyan, the vocational activities are conducted by vocational trainers who teach at both the women shelter and the drop-in centre. There is no in-house team. Hence, the vocational activities are subject to the trainers coming in. The range of activities is also limited compared to Sarbari.

Suggestion:

It is suggested that a vocational **mini unit** is operated inside Marudyan. This would allow those residents who are good at working an earlier chance to start working. All their other activities can then be organized around their work in the unit. A small screen could divide the large hall into two areas, with one holding the daily activities as per daily schedule while the other area serving as the workplace. This place should have machines (e.g. sewing machines) or some other activity that generates a physical product as output (paper cup making machine, etc.).

Once the routine activities of the daily schedule are completed, you should invite all residents to participate in the vocational activities.

How do you initiate or introduce a client to vocational activity?

The five steps of introducing a resident to a new activity are:

- Demonstrate the end product to the resident
- Inform the use it would be put to and therefore what kind of finish is expected
- Show the entire process from start to finish once
- Then, break the entire process into three parts with some steps in each part
- Re-demonstrate the first part to the residents and ask them to repeat with you. In a similar manner proceed to finish the remaining two parts over a few days.

Example:

If for example, the vocational activity of the day is to make paper bags, then you should first demonstrate all residents the complete process of making the bag. You should then hand over the raw materials to residents for a trial run. Observe them work on the trial run; the vocational trainer can input wherever residents are finding

it difficult to work things out. The steps should be revisited and revised. Thereafter encourage those who are learning quickly while allowing the slow learners more practice time. Residents might be slow and commit mistakes, this could dishearten you as well as them, and so it is important for you to be patient. It is important in these initial few days to be very encouraging and ensure participation rather than the result.

Give this activity an interesting name. Tell the residents why you all are doing this activity. Tell them of the rate of incentive.

You should divide the residents into groups and give them to work things out. If despite persuasions a few residents are disinterested in the task, offer them some other activity.

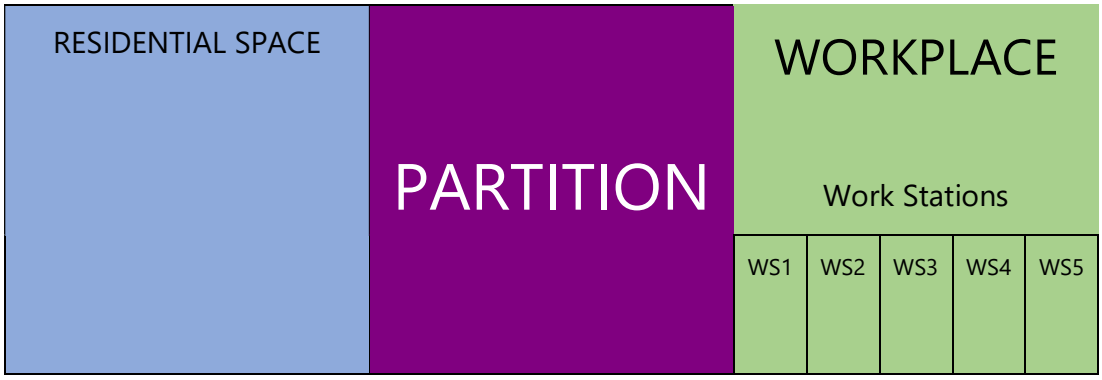
5. Maintenance of a client in a Vocational Activity:

Residents typically have their ups and downs and therefore need to be supported during work. A resident could participate regularly at work for a week and then drop out for a week or more. Therefore, one of the most critical processes in vocational activities is to maintain a resident consistently in vocational activity.

What do you need to do?

Create a workplace / workstation

It is important to create a place that is a dedicated workplace. If there is a paucity of space, ask all residents to fold up their beds and keep them in a corner. Then inform everyone that all are going to start work. The place would serve as a workplace, till lunch, and rules of workplace would be followed. Once this announcement is made, hang a board – WORKPLACE (in local language) and then start working.



Create workstations which are simply spaces with all tools required to work, these could be folding tables with sewing machines, raw material, etc. If you have access to aprons, let all of them wear an apron. The idea is to create a feeling that we are at work and we need to follow some rules around it. There should be color, different decoration in the workplace to create happiness, yet a purpose.

For each of the resident, create an individual work plan. Divide the residents into three stages:

Stage 1 resident: who is just starting out and will learn the processes of the work, this resident will be given a yellow badge on his apron

Stage 3 resident: one who is independently able to complete a process or entire product manufacturing, receives stipend and is chasing a target, this resident wears a blue badge

Stage 2 resident: intermediate between stage 1 and stage 3 and should wear a green badge.

1 A Yellow Badge, for illustration

Prompting the start

In the morning when the session starts, you as a caregiver, shelter coordinator should prompt the residents into starting activities of the workspace.

You have to do this more prominently for a few residents than others. However, it should be noted that each person has an interest in one or the other activity, so it is also important to identify their interest areas and not simply force down an activity. Having said that, interest is not a pre-requisite, sometimes interest awakens while doing the activity, therefore the target is to get the people do an activity.

Involve all the staff in prompting residents to start the activity, but once it starts then prompting is not required for most.

Take a break! Contact Counsellor

Residents who are inconsistent and/or complain of lethargy, disinterest, sleep, apathy; can't sit for work; do not enjoy work or wish to go home saying they don't like it here are asked to take a break from the activity and restart later.

As the vocational trainer, you should speak to the resident and put him at ease. Keep in mind that:

- All residents, or at least the majority, long to go back to their families, even those whose address is yet not traced. While working, if the thought of going back home comes to their mind, they lose motivation to work and it becomes difficult to motivate them back. It is difficult to explain to people who have no traceable address why their family could not be found and where they belong to.
- Sometimes a resident has a physical illness or a condition that interferes with his work participation. You should address the condition appropriately. Involvement of the residents in work is one of the important targets for the program, hence all impediments to it should be actively addressed.
- Residents sometimes have a problem interacting with a group. While they are able to complete their individual tasks, they are unable to work together to create a product. They could start blaming each other for delays. As a caregiver, identify these situations and address them, seek the help of the shelter coordinator or vocational trainer in doing so. It is important to tell each resident that their own role is important but so is cooperation else the entire work would suffer.

Chronic absentee

If a resident is chronically complaining or is **consistently absent** from work, or suffering from depression then take the help of the shelter coordinator or the counsellor or psychiatrist. Report this during the clinical **review of the client.**

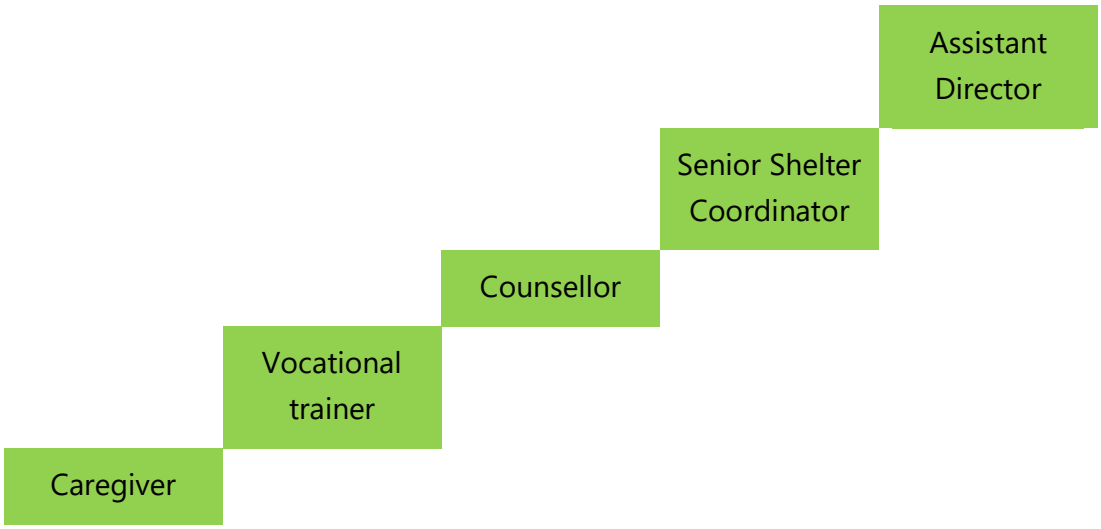
What about someone who is genuinely not interested in activities?

A client who is not interested in VT activities is advised to go and participate in Household chores (House-keeping, cooking) or in the literacy program. He is asked about his interest areas. If possible, work accordingly may be provided, but limitations must be kept in mind. Do not start so many diverse activities that their management becomes difficult, at the same time do not restrict participation.

6. Supervision and its link with rehabilitation

The caregivers, vocational trainers have to supervise the work of the residents to ensure the quality of products and to keep an eye out for emerging issues amongst residents and addresses them during regular vocational activity.

If there is an issue that vocational team cannot handle, then the counsellor/shelter supervisor or the assistant director should be called in to help. This is the **Escalation Protocol** (depicted below). One of the members of the vocational team keeps an eye on the smooth flow of work else things could get disrupted.



Suggestion on Supervision:

- You should score each the residents in the following categories regarding work participation:

Activities	**Can work with minimal or no supervision**	**Can work under careful supervision**	**Cannot work without supervision**
Activity 1 – Household Chores			
Activity 2 – Cooking			
Activity 3 – Making paper bags			

Inside the shelter, most of the men can be grouped into one of the above categories for different activities. This is how you should grade them. Once the families come

to receive their family member from the shelter, let them know at which stage of each activity the client is. This will be a guide for them to allow participation at home.

- **Brief the families on the need for supervision**: On their discharge from Marudyan, the families taking back the men should be briefed on the requirement of supervision for the resident. This should be as per the chart. The families should be told that supervision should be supportive otherwise the resident would lose interest in performing a task. This could then lead to lethargy, disinterest leading to further ridicule by family. In the past, men who have not received supportive supervision from their families have suffered and therefore the emphasis on supportive supervision by the families.
- **Identify who is paying for the medicines**: At least the cost of their medicines could be recovered through their earnings or support in household work. ***It must be realized that only with family support residents at home can become independent and not on their own.*** But opportunities are very important, if reintegrated men do not get opportunities to practice their learned skills back home, they would soon be forgotten.
- **Phone follow-up**: When the reintegration team follows up with the client over the phone, they should elicit information to make a decision about the category in which the client is for different activities. They will also understand if the client is deteriorating compared to the discharge status.

Suggestion on switching between tasks:

- When a resident reintegrates with his family, he is expected to perform several different activities – earn a livelihood, manage money, engage in social contracts (like get their children married, etc.), oversee construction of their house, etc. Though he may know how to do these activities, he could on particular days not have the motivation or energy to complete the activity. This fluctuation could be repetitive in nature. In the absence of an insight into this mood swings, families have a lot of anger, frustration against the client which unsettles the person further. Hence this need to engage in different activities and ability to switch on and off from one activity to another needs to be carefully looked at.
- It also proves that it is the work involvement and performance at work which would be an acid test if the treatment and rehabilitation are truly on course towards recovery. Unless the challenge comes from work, frailties are not

exposed. Thus, based on work performance and behavior at work, treatment might need modification.

7. Success measures of Vocational Training

The vocational training helps residents learn skills that would make them less dependent on others, to an extent. However, this goal is achieved for a few and not for all. Therefore, the success of vocational training is in providing a purposeful set of activities to the residents that keep them busy, learn new skills, improve self-esteem and earn money for themselves, with little or no monitoring.

Long stay in a place is very demanding and for the Marudyan staff to maintain consistency in operations, enthusiasm and create income is an exemplary achievement. The FLP is an important addition, which when it matures would be a value add.

8. Organizing the work place

This has been discussed above in details since it was relevant to be discussed in the above location. Some additional points are:

- The work space should allow free movement of residents from one work station to another. It should allow them to demonstrate their interest and self-initiation. Example, raw materials should be kept at distance from each other so that the client has to make an effort to reach out to them.
- If there is a plan how the work place is to be organised and the residents are briefed on it, then they would follow the directions to keep the things back in their place. This will prevent injuries and loss of material. Like personal appearance, ability of client to organise and keep workplace clutter free is also a reflection of state of mind.
- A dedicated space should be created for the raw materials. The resident should be instructed to bring the raw material from their respective locations. The ability of the residents to follow the directions would prove if they have understood what all is required in the product and the care giver would know if the client has understood the processes or not. It is also an indication of level of cognition of the client

The work place is a place for continued learning. The resident could learn counting as the finished products are counted for packing. There are several benefits of a well organised work place.

Gardening

In a small piece of land, Marudyan residents indulge in gardening, once a week or more often as required. They even grow some vegetables. Residents love gardening. But, it is not yet developed to the level that the residents can learn it as a vocation. One would have to analyze if this vocation can be offered as training to some residents. There is a demand for gardeners in the city and the training could help them find work

9. The process of paying incentives

Recording the output

Money is paid as an incentive to residents in return for accomplishing their work targets.

- As the Vocational trainer, you should maintain the work record for each resident. You should be assisted by the caregiver to update records in your absence.
- A dedicated register should record the work output of each day of each resident against the targets set.
- There should be an assessment and a recording of the quality of the work and other items such as self-initiative, ability to follow instructions, maintenance of the work place, etc.
- A **checklist** should be prepared that should not exceed 5 items for this purpose
- The data should always be shared with the resident to allay any anxiety in their mind of incorrect recording of their work. This should be done by the vocational trainer each month
- You, as the Vocational trainer should submit a summary from the work record register to the accounts department who shall then pay as per the pre-decided rates.
- The rate list of paying out incentives should be decided by a work committee and passed by the shelter committee. This should be periodically reviewed and revised.
- The rates should be informed to the residents.
- Once a month, the payment is made to the residents.

Making the payment

The payment of incentives may be done either by the Vocational trainer or the caregiver in presence of the shelter coordinator.

- The residents should be requested to sign / thumb print against their name and amount in a register.
- Explain to them the calculation of the amount of money they have earned and the balance in their account
- Do not hand over cash, unless small amounts are needed by the resident for some immediate purpose. There is a possibility of it getting misplaced, or stolen hence, it is better that it not be handed over unless there is a need.
  The monies of residents is deposited by the accountant in their savings bank account. All beneficiaries however, do not have a bank account. This is work in progress and the aim is to get accounts for all where their earned money can be deposited. Currently, for those who do not have an account, the money is kept with the organization in the main office in the name of each resident.

10. Limitations of vocational activity

Paper bags made by Marudyan are sold in the local market where they are bought by the local shop keepers. The idea of making paper bags came from a survey of the local shops by the social worker and others asking them what item they could buy if made at Marudyan. The specifications of the paper bags are therefore, according to the need of the local shop keepers.

Other products can also be made, but it is not easy to identify and then make them competitive with the other similar products in the market. Hence, while it is important to earn an income, one must remember the true objective of the vocational activity. It has been suggested in other documents on the need to develop vocational activity as a separate unit within Sankalpa to undertake all processes required to earn an income for the residents.

Residents have worked more or less with support and under supervision. The supervision is extended to work and many other aspects of their life. On their return home, some level of supervision has to continue so that residents continue to work and not become a burden on the family.

Walking a thin line!

Vocational Activity is a balancing act between the need to train residents and keep them involved in productive work and earn an income through product sale to

recover part of the costs. This is not an easy act to do. Products can only be sold if their quality and number meets the expectations of the end customer. This may not always be fulfilled by the work of the residents. The stress on training residents could be at times under pressure from making products for an order. Hence, a few trade-offs have to be done.

Suggestion:

Residents who show consistent work participation should be studied and supported further to develop a vocational training program for them. This program should explore permanent or similar work options for them and then train them on it. Such a training program including prevocational training and support during work would have a wider application to other organisations working in a similar field. One thing is clear that vocational training department focuses on skills and ability of the beneficiary which is very important to their self-esteem and confidence. It is therefore required to include a scale that measures **self-esteem and confidence** of residents along with the other scales currently used.

11. Employment outside Marudyan

Residents working outside Marudyan as their main occupation are allowed to stay in the shelter, while they work outside. Such opportunities present for a few residents. Some residents have been engaged in work in the neighbourhood such as washing cars in nearby residential locality, or in some restaurant and therefore move out of Marudyan during the day only to return at night or as per their shift duty.

Such opportunities are identified by caregivers who scout the local neighbourhood for work opportunities. The social worker and others like the shelter coordinator are also involved in this scouting for work opportunities. When such an opportunity presents itself, you as the care giver, counsellor and shelter coordinator should work in following phases in collaboration with the reintegration team:

- The Initial Introduction phase:
    - Once a job is found, prepare the employer towards his / her responsibilities as an employer. Use the format to orient him on what help he should be extending towards the resident. These include the following conditions:
        - The employer will take responsibility for the safety of the resident specially that he is not lost again (homeless)

        - The employer will take responsibility for treatment of the resident to the extent of providing leave from work to the resident to attend doctor review). The employer will purchase the medicines for the client;
        - If the resident has any other inter current illness, the employer shall be responsible for its management and shall not abandon the resident by sending him back to Marudyan after expelling him from work
        - The employer will make payment to the resident as per mutual agreement before starting work.
        - Explain these conditions as required both for the smooth working of the client as well as for the work to be completed. Inform the employer that he would be setting an example for others to follow by employing the person and these conditions are similar to the conditions on which others are working for him
    - In the beginning, you should escort the resident to the work location and introduce him to the employer. You should also go when the duty time ends to bring the resident back.
    - Pack the food for the resident so that he does not rely on eating outside.
    - Advise the employer that the resident should not have an easy access to any substance that can be abused.
    - Provide your mobile number to the employer to contact if something goes wrong.
    - Once the resident are familiar with route and mode of transport, they should travel on their own.
    - If a batch of residents are employed somewhere at a distance then a vehicle may be provided by Sankalpa.
- Maintaining support during work:
    - Meet with the employer to seek feedback on the work performance of the client. If there are any conflicts, work towards resolving them at the earliest.
    - This negotiation can also be done by the reintegration team, you should contact them and inform of the problems if they could rectify.
    - You have to monitor essentially two things:
        - performance at work of the resident and

        - fair treatment of the resident at the work place by the employer and other colleagues
    - Inform the counsellor when any of the following situation emerges:
        - Expressed emotion at work place, past memories and desire to meet near and dear ones, worries of future, performance anxiety, lack of motivation at work
        - **As the Counsellor**, you should organize an individual session with the client at the shelter, at work place or a meeting with employer alone or a face to face with client and employer. The shelter coordinator could also handle this task. The care giver should avoid handling it
        - However, it is not easy for men to work outside Marudyan and this is an area that needs more work; indeed it is very challenging.

A word of caution & Suggestions:

- A side effect of ideal care giving, **an atmosphere of comfort** for residents at Marudyan is disconnect with the reality that exists outside. Now these conditions are necessary for their recovery but the inter-personal affection and care is not seen in the work places outside. It is therefore necessary to prepare residents to work outside where they would be faced with different challenges to overcome.
- However, outside employment should be encouraged despite initial discomfort or problems faced. Staff should support and insist that the residents continue to engage with challenges faced outside, this is important.
- This process, currently, is a little weak and many a times residents leave their jobs citing one trouble or the other. **The continuity in a job is difficult**. The consistency with an outside job is an important outcome indicator that should be used in each quarterly treatment plan and strictly followed up. Reasons for quitting jobs should be explored and addressed, if possible

- For person with a psychosocial disability, of the several barriers to employment, **social exclusion** is most difficult to overcome and is usually associated with shame, fear and rejection. Therefore the work of the counsellor and caregivers is to continue to discuss with the resident their experience in working outside to keep their self-confidence, self-esteem high.

Interventions that build insight, communication skills are currently missing and need to be added.

Work provides different psychological experiences that promote mental wellbeing. It provides time structure, social contact, collective effort and purpose, social identity and regular activity[6]. If a resident works inside Marudyan, many of these experiences are provided barring social contact that is reserved for those who work outside it.

For most residents inside Marudyan, social contact is restricted to the staff.

- How could social contact be promoted?
- How could collective effort and purpose be promoted is an area of enquiry that should be actively looked into?

- In the context in which Iswar Sankalpa operates, the biggest challenge is that most of the current jobs available to the residents are in the unorganized sector where regular job benefits are absent. The attitude of employers in this sector however is more accommodative towards a person with psychosocial disability and the stress on work absenteeism, role performance and adequate payment is not so rigid. Employment is a major goal for adults in the productive age group. For a person with a psychosocial disability it is difficult to find and retain a job. The rate of unemployment amongst them is nearly 90% hence even one successful employment is of an immense value. Ensuring that a person stays employed through intensive effort is translating his rights into a reality. Hence the call to look into this aspect of work and develop more processes around it.

- The new economy might provide different work opportunities for residents such as hospitals, retail shops, tourism, IT, care for the elderly and children, etc. Training programs could be developed to simulate work opportunities in the market and train residents (a few of them) towards such work. Small work stations set up inside the shelter could be used to train residents in roles such as a hospital attendant; a help in a retail store, etc. Partnerships with Skills Development Centres should be sought to mature this. Some of the other services that can be looked if supported by a donor or the state are cleaning services in schools (interiors + exteriors), offices, maintenance of

[6] Mental Health and Work: Impact, Issues and Good Practices: WHO, 2000

parks, gardens, etc. It is therefore required that closer attention is paid to both structure and function of employment-related work at Sankalpa

Iswar Sankalpa is already experimenting with self-help groups; however, it could look into the idea of a social firm and study it from a long-term perspective. The website link provides more information on it - http://socialfirmseurope.org/

5.6.5 Functional Literacy Program (FLP)

The Functional Literacy Program is a relatively new addition to Marudyan. The need was felt because many residents were either illiterate or had forgotten their past literacy skills. Literacy skills are required to manage money, keep accounts if men are to be employed outside. Many who were working in vocational activities could not even count their money, sign their names. Hence, FLP was started and has emerged as an important activity of skill building.

The FLP Coordinator leads the activity. The residents are assessed for their current literacy levels and divided into four groups:

1	Group A	Most educated
2	Group B	Intermediate between A and C
3	Group C	Least educated
4	Group D	Those with an intellectual disability / other multiple issues

Based on the location of a resident in the group, a plan is prepared to improve the literacy level. A resident is taken from basic, intermediate to a higher level of literacy skills and knowledge depending on his current group. At each stage, a participatory assessment is done to understand the progress of the resident.

Teaching Curriculum, lessons, and assessments:

Teaching is done with the help of games, various interactive methods and pen, and paper.

As FLP matures, more residents would be trained in basic, intermediate and advanced literacy skills. This would be of great benefit to their reintegration where they could go for the job of a teacher, a teaching assistant in their villages, small towns, or provide private tuitions, jobs that are easily available.

5.7 Section 4 / Miscellaneous

Residents have a deep desire to go home, and why not? Even though in some cases they have been abused at home, the desire to return back is strong! They constantly say – "*I want to go home, take me home"*.

Residents who have not been home since long (have been homeless for many years) yearn the most, to go home. Sometimes, they have not even revealed their addresses yet, they insist on going back home. Residents say they like their stay at Marudyan, yet, they want to go home.

On the other hand, some clients served by Naya Daur program are very angry with their families and do not want to return to them. Any mention of the family makes them very angry. A few of them have made a conscious choice of not returning to their family even though they are free to do so.

Many residents have significant assets (cash and fixed) in their name prior to them being homeless. After recovering at Marudyan they inform the members of the staff about their assets. For the staff, it is a challenge to get them their assets back. At times, families are willing to receive the resident back into their family only to ensure that the assets in the name of the resident are transferred in the name of another family member. The resident is then conveniently abandoned on one pretext or the other. At other times, there is complete refusal to recognize their claim and hand over the assets.

There are also procedural issues such as documentary proof that residents might not have or were lost during their journey. Insurance policies, dormant bank accounts mostly in other cities are all challenges faced by the reintegration team.

The reintegration team is responsible for all legal processes involved. Iswar Sankalpa has made efforts to secure government-issued personal identity cards such as Voters ID cards for all residents. This provides them not only with an identity but gives a legal document that allows other procedures such as reclaiming lost or dormant assets. However, in absence of strong legal service backing their efforts whatever reintegration team has achieved is incredible.

6. Phase 4 / DISCHARGE PROCESS

After a resident recovers **and** a suitable destination is found he is discharged from Marudyan. The discharge process involves a hand over of the resident from the Marudyan team to the Reintegration team. The latter will hereafter provide follow-up care to the (ex) resident.

At discharge, the core process is to check if the resident & his family have adequate insight into his condition and the need to continue treatment and empowerment, perhaps more importantly. It is important to communicate with the family that their near and dear one who is now going back with them has capabilities, skills, and has achieved his own discharge. At home, they should focus on his abilities and give him opportunities to work while continuing with his treatment.

The decision to discharge is a team decision involving the psychiatrist-in-charge of the case, shelter supervisor, the counsellor, caregivers & the reintegration officer. A client has to fulfill discharge criterion to receive a discharge.

6.1 Criterion for Discharge:

1. The resident should show an urge or a desire to return home. This is a very important requirement. If there is no urge to return home then even though other criteria are met, it is advisable to postpone the discharge until such time the desire is evident

2. Symptomatically stable: The symptoms of the resident have to be under reasonable control. The guiding principle is - Would the client be able to cope up at home on treatment?

3. The client should be functional, the signs of which are:

- He speaks and responds relevantly
- He has self-initiative to work
- He is able to do take care of himself (personal hygiene, etc.)
- He eats properly without prompting

4. The resident knows that he has to take medicine regularly (insight into medicine is very important). If there is no insight on treatment and the resident is sent home, he could become troublesome for the family. Similarly, if the family forcibly takes him away before development of adequate insight into treatment, result is not good

5. Is the resident likely to cooperate with others in the community/family?

6. Would the resident be able to find and perform at work (including domestic chores) and contribute to the family?

7. Does the resident have any money in his name (from the incentives earned at Marudyan? This is the desired criterion, not mandatory

8. Discharge to family: the resident is discharged to family only if their address is traced and they are willing to take him back

6.2 How to decide from the criterion?

There is no cut-off in the above criterion. The staff assesses the different variables and then decides on the discharge. If the resident fulfills above criterion and the address of the family is traced, he has a separate interview with the reintegration officer.

It is to be noted that even if the address is traced, the client is not discharged till he is ready for discharge. Further as stated above, there should be an urge to return as well. Hence, a combination of recovery, urge to return and retrieval of address decides when the client goes back home.

6.3 Preparing the resident for discharge

Once the decision to discharge is taken, preparation is done to prepare the resident for discharge. It includes the following processes:

6.3.1 Termination Counseling

As Counsellor, you will undertake the termination counseling with the resident. This would be scheduled 2-3 days before the actual or planned date of discharge.

- The aim of the termination counseling is to inform the resident of the decision to discharge and check for insight on treatment compliance; expected role in the family, etc.

- If you find the resident is unclear on any of these, then you should educate him specifically on the issue and try to build insight.
- You should re-assess after 3 days, if there is an improvement then you should proceed for discharge else you should postpone the date of discharge until the time the resident shows insight into treatment and role in the family

6.3.2 Exit Counseling

As the Counsellor, you will undertake the Exit counseling which is a further reinforcement of messages delivered during termination counseling. It is done on the day of discharge. Emphasize insight on treatment adherence, role in the family.

The exit counseling ends the counseling relationship of the client with the Counsellor and marks the shift of therapeutic relationship from Marudyan team to reintegration team and its counsellor.

6.3.3 Psychometric scales at discharge.

At discharge, the Counsellor should administer the same set of psychometric scales that were administered at admission.

This is a final check for you to confirm the validity of the decision to discharge; the improvement should also show up on the scales. If the client has been under your care, then you should ask one of your colleagues to administer the discharge scales, to reduce the bias. The scales help the reintegration team in supporting the client on dimensions that are found wanting even post-discharge.

As mentioned earlier, scales do not get analyzed in any meaningful way currently.

6.4 Preparing the recipient for acceptance:

Homeless men who have recovered from their psychosocial disability have variable fates depending on the following variables:

(i) whether their family is traced and

(ii) whether their family is willing to take them back

Discharge Destinations:

The destination is the location where the resident will live post his discharge. Not all residents go back to their families, nor are all families traced. Therefore, there are

other locations that residents go to when recovered and discharged from Marudyan. These are discussed below:

6.4.1 Restoration = Discharge Destination: Family

Restoration: When residents go back to their family (destination); the process is called "Restoration" by Sankalpa staff, a kind of code to reflect the destination

Scenario 1:

If the family is traced, two scenarios are possible – either they are willing to take the resident back or they are not.

In the first scenario, you should impress on the family to continue with the empowerment of the resident; treat them well and focus on their talents and skills. They should not be critical, suspicious, or harp too much on the mistakes of the past which might have been committed under the influence of untreated illness. You should tell the family the importance of continued treatment adherence and continuity.

Scenario 2:

In the second scenario, repeated home visits or phone calls to the family or both are done by the reintegration team. At each visit or call, the family is informed how their near and dear one with their support could lead a near normal life. Perhaps this would change their decision, success is often mixed!

Families of residents wish them well but don't act accordingly. They might give medicines but don't talk with the resident leading to their isolation. The families get tired taking care of the psychosocial disability of the client hence families also need continued support, reassurance, and training. This is possible through the repeated home visits by reintegration team. Given the scale & spread of restored clients, this is indeed a difficult task for the team.

Recently, reintegration team has introduced a form called **RESTORATION FORMAT** which is a checklist of conditions that need to be fulfilled before the client is discharged. More on this is discussed in the chapter on Reintegration processes.

Processes followed during Restoration (to family)

Whether the family comes to Marudyan to receive residents or they are taken by the reintegration team to their family, in both the scenarios, the main processes followed are same:

1. Take detailed past history of the resident from family members:

On meeting the family, you as a member of the reintegration team should ask the past history of the resident, in detail. This should include:

- When did the problem start to know the duration of illness,
- Details of treatment sought, if at all, at different places,
- Whether the client had wandered away earlier before the current episode;
- Enquire the scenarios around disappearance of the client from home to identify possible triggers at home or elsewhere
- Enquire about any trauma he might have faced at home, in social relations, ongoing dispute, etc. This is important information and asked only from close reliable family members.

The information is noted down and later is filed in the case file of the client. This information helps you build complete case information of the client. It would also help during the phone follow-up to address triggers that lead to relapse or maintain the client in the house

Scenario:

Many families, when they come to take the resident at Marudyan or when the reintegration team takes residents back to their families for restoration request Sankalpa that the client continues to stay at Marudyan. They promise to frequently visit the resident. They see that the resident has been taken good care of (nutritional status, appearance, clothes, etc.) at Marudyan.

You, as the staff of reintegration team or Marudyan should inform the family members that:

- Marudyan was a shelter a transitory location and not final destination for any person
- Residents themselves did not want to stay there and yearn to go back home (referred to as urge to go home in earlier section)
- You should comfort the family by informing that the client has recovered and would not be a burden on them that they are afraid of provided treatment is continued and some other support given
- You should also inform of your continued availability to support the family

2. As staff of Marudyan or reintegration team, inform the family about the treatment the client is taking at discharge. Inform them to continue treatment (medication) and seek regular review by a psychiatrist.

If you have the information, then inform of the closest location where they could go for follow-up care.

If you are visiting the family, then take any adult member of the family to the closest facility and speak to the doctors; explains them the case and seek their cooperation in maintaining treatment continuity for the resident. You should leave your contact details with the doctor.

Handover the discharge summary to family member. This contains in brief the features of the stay of the resident at Marudyan and the prescription at discharge. It also mentions that date and place (if possible) of follow up. You should also mention mobile number of the member of the reintegration team who would be following up on the client as well as that of Marudyan.

You should attach to the prescription the work performance of the client and if required issue a certificate to whosoever concern on the nature of the work that resident can do.

Any money that the residents have earned is handed over to them in the presence of their family

3. Inform about work capabilities of the client and emphasize job or work engagement:

You should share with the family, the work that residents have been doing and the work that they could continue at home under supervision.

Request the family to involve residents both in household work and if possible in some remunerative work. Tell them that this is crucial for maintaining recovery of residents. Their income would supplement that of the household

4. Phone numbers for any help:

Tell the family that reintegration team was available all the time over the phone. Whenever the family wanted to contact them, they could phone and speak with them.

6.4.2 Resettlement = Discharge Destination = Any other than family

Resettlement: If either, the family is not traced or they are unwilling to take the resident back, the family as a destination is ruled out. An alternative destination is thus required and several options are available. All of these are together called RESETTLEMENT. These are:

- Continued residence at Marudyan
- Discharge to Community

Destination: Community

Sometimes a resident is discharged back to the same community (location) he came from, at registration. Typically, this is a case of a man who was a client of the outreach program; was responding to treatment but had become irregular on treatment. The plan was to bring him to Marudyan for some time to regularize treatment, hasten recovery and then discharge back to the community where he had been living.

The follow up, in this case, is done by the Naya Daur team. They check if the client has a safe place for a night stay in the community. They also find work options and identify someone who would keep a vigil on the client for his safety.

Naya Daur team creates a circle of protection by identifying caregivers from the community for clients. Sometimes, clients who are sent back to the community have members of their family staying nearby the destination. The clients do not want to go back with them, yet, they provide food and other support to the client.

6.5 Conclusion

The discharge marks the completion of the journey of a man with a psychosocial disability who was homeless at a point in time, at Marudyan. Iswar Sankalpa tries to maintain regular contact with him through the reintegration team. I have added a section on the role of Shelter Supervisor to provide clarity on this key position. In addition, two important events that are responsible for the running of the Shelter have been added in the same section.

Overall, other members of the staff would understand their role by reading the processes; there are exhibits that clarify the role of different staff and processes

7. Management of the Shelter

7.1 Role of Shelter Coordinator

The Shelter Coordinator is overall in-charge of the facility for its maintenance and achievement of its objectives. Apart from oversight on regular processes mentioned in details above, the supervisor also has some other responsibilities. The role and responsibilities have been divided into distinct groups:

7.1.1 Role of Liaison:

1. As someone performing this role, you should liaison with the Ward Councilor to get proof of residence (a letter to that effect) for residents of Marudyan. This is a pre-requisite to apply for Disability Certificate for residents

2. You should liaison with the Kolkata Municipal Corporation to ensure general upkeep and maintenance of shelter premises and bring to their notice any problem such as electricity breakdown, whitewash, etc. to keep the shelter in a healthy condition

3. You should liaison and interact with other forums, groups that work on similar shelters, funders who support such work, technical think tanks, etc., and advocate to transform a few of the general shelter for homeless into Marudyan like spaces.

4. You should develop contacts that provide employment opportunities for residents to work outside the shelter

7.1.2 Role of complying with legal requirements:

1. You should ensure that all legal requirements are complied with at all times

7.1.3 Role of Administration:

1. You should call and coordinate the Shelter Management Committee meetings

2. You should convene the shelter staff meeting (monthly) & the House Meeting with the residents

3. You should convene other meetings to attend to emergencies

4. You should present to the senior management a summary report on the progress of the shelter

5. You should keep strict control over budget and issue purchase orders for medicines yourselves or in your name

7.1.4 Roles of a Team leader:

1. You should undertake planning for the future activities of the shelter, create budgets and ensure other sources of funding for the shelter

2. You should execute the annual work plan of the shelter and track the progress as per plan and budgets

3. You should assign caregivers to attend to hospitalized client or to accompany residents to work

4. You should yourself participate in awareness activities, advocacy and networking meeting with stakeholders

5. You should represent shelter at different conferences, forums

6. You should personally monitor the progress of residents and supervise work of all line staff

7. You should create rapport with residents and mechanism to address grievances of both residents and staff. These should be transparent and unbiased

7.2 Shelter Committee

A Shelter Committee is mandatory in a shelter. Councillor of the local ward is the chairman of the 10 member committee.

The committee's mandate includes issues related to:

1. Upkeep of the shelter;

2. Appropriate care of residents and

3. Any other issue relevant to the objective of the shelter.

At each meeting, the shelter supervisor updates the committee on the progress made in the shelter. The committee meets once in two months. The minutes of the meetings should be carefully filed. You should be very serious about these meetings.

7.3 House Meeting

The house meeting is called by the shelter supervisor where all residents and staff discuss issues related to living in the shelter especially any concern of shelter residents. If the residents do not like the daily schedule of activities, they could be changed post discussion in the house meeting.

If there is any new rule that has to be announced then it can be done in the house meeting. It is an instrument to listen to what the residents have to say about their life in the shelter.

7.4 Shelter Monthly Meeting

The shelter team and reintegration team participate in the monthly shelter meeting. The agenda of this meeting include:

(i) Planning of the activities for the next month;

(ii) Issues faced by any of the different departments;

(iii) Discussion about difficult cases and

(iv) Any other important event in current month with ramifications for the coming month.

During this meeting, difficult cases are discussed amongst team members and their input is taken. A plan of action for the case is then prepared. For difficult cases, Caregivers are asked for their feedback.

During the meeting, feedback on the consistency of work performance of different residents should be provided. With all input, strategies for overcoming the problem are discussed. One person takes down the minutes of the meetings and records action points.

An update of the previous months' critical or key event(s) is shared with the team e.g. proceedings of a disability certification camp organized by Sankalpa and follow-up actions, etc. in coming months.

Issues related to the physical infrastructure of shelter are also discussed. The meetings are a convergence point for the shelter team and reintegration team who requests the former for a list of residents suitable for discharge (fit for restoration).

Additionally, during these meeting counsellors discuss with the vocational trainers and FLP trainer if any of their residents require counselling or similar support.

Physical health needs of shelter residents are also discussed example those who require cataract operations, refraction testing, etc.; how that would be arranged, etc. and action plans are prepared.

The schedule for next month's major events such as Day Out, shelter monthly meeting, House meeting, FGD, small group discussion is decided.

The meeting lasts about an hour and 45 minutes and ends with the signature of all for the record. Minutes are prepared in a separate register.

Suggestion

Firstly, the doctor is not a part of the meeting and secondly, the Annual Work Plan is not referred to in this meeting. The doctor should be briefed by the shelter coordinator about the meeting since participation is not possible. This is more an operations meeting and not a review meeting.

Review Meetings:

The schedule of review meetings is not known. It is important to schedule short and focused review meetings as well. This meeting and the monthly capacity building activity (discussed later) are the two opportunities when shelter and reintegration teams meet together and discuss issues. In view of their work, this is a good enough frequency of meeting together. Shelter team could consider adding separate "Case Conferences" once a quarter to upgrade technical skills through discussion of cases.

8. Conclusion

The 30-bed shelter is almost always full to its capacity. The staff has its hands full, each day. Yet, in this busy setting, new relationships develop and old ones are underlined. Residents go through a crisis, good days and normal days. Residents and staff have a relationship built on trust, faith, and hope. This is essential to recovery, especially in a residential setting. All mix together and some enjoy friendships.

The caregiver floats across all different functions. There is no formality in the process of care and no tight boundaries. All members are involved in all the different activities inside Marudyan such as personal care, dispensing medicines, accompanying to the place of work, watching films together so on and so forth.

Recovered residents help in different activities – cooking and serving food, dispensing medicines, serving food to shelter visitors and any other task. This is pivotal to the 24x7 care. When a new admission comes in the shelter, older residents help in taking care of him and help him adjust to the shelter. Some residents who have intellectual disability, are aged or have a severe physical disability are helped by co-residents in bathing, eating, dressing appropriately and in other activities.

Awareness sessions on mental health in nearby housing societies and clubs in neighboring areas of the shelter are conducted to inform people of the work in Marudyan. The sessions discuss homelessness and psychosocial disabilities.

These awareness sessions are important. Some members of the audience later visit the shelter and could become a well-wisher or a donor. If someone visits the shelter and their experience is gratifying, they inform others and the word spreads around. This opens new routes for donations, especially food and clothes. Overall patrons for Marudyan can be developed who have a strong connection with the shelter and come regularly with donations and other support

Rarely, residents try to leave Marudyan on their own. They could be under the influence of an auditory hallucination suggesting them to leave and warning of impending doom if they do not. A few residents could find it difficult to live within the four walls of the shelter, follow a fixed schedule; they are used to roaming around freely on the streets and find it difficult to adjust in the shelter.

Usually, people in the neighborhood inform Marudyan if they see a resident, they think is not well and moving on his own. But a few times, residents are successful in leaving without informing anyone and are then back on their own.

If such residents cannot be traced with local help, help from the local police is sought. A recent photograph of the resident, other personal details are handed over. The local police inform all the other city police stations. If the resident is traced, efforts are made to bring him back to Marudyan. The process then starts all over again, the person is then called a **Re-admission** instead of New Admission, this being the only difference. Other residents help allay the fear, suspicion, and anxiety of the resident to prevent him leave again

The life at Marudyan is dynamic, peppered with all experiences that a human life brings. The atmosphere is informal, boundaries between residents and caregivers fluid, love and affection served as essential parts of the treatment process. Disappointments are shared as is a success. The processes in care are perhaps easy to capture in a written document but sentiments that run this place are difficult to express.

As a reader and user of this document, be aware that processes in the provision of care will fall into place, today or tomorrow, only and only if right attitude, love, and compassion for fellow humans guide treatment, care and support.

There are many stories of Marudyan, its residents, and staff. Their lives inspire, shock but almost always touches one deep inside. Spending time with the residents, speaking with them is perhaps what is most needed in mental hospitals in our country. Perhaps this need is higher in the families where communication has come to a crisis. The experiences of humans tormented by life circumstances provide us a glimpse of how we have come to shape our mutual transactions. Repeated again and again, love and compassion are perhaps as important as and perhaps more than the tools of modern science in the recovery of a person with a psychosocial disability.

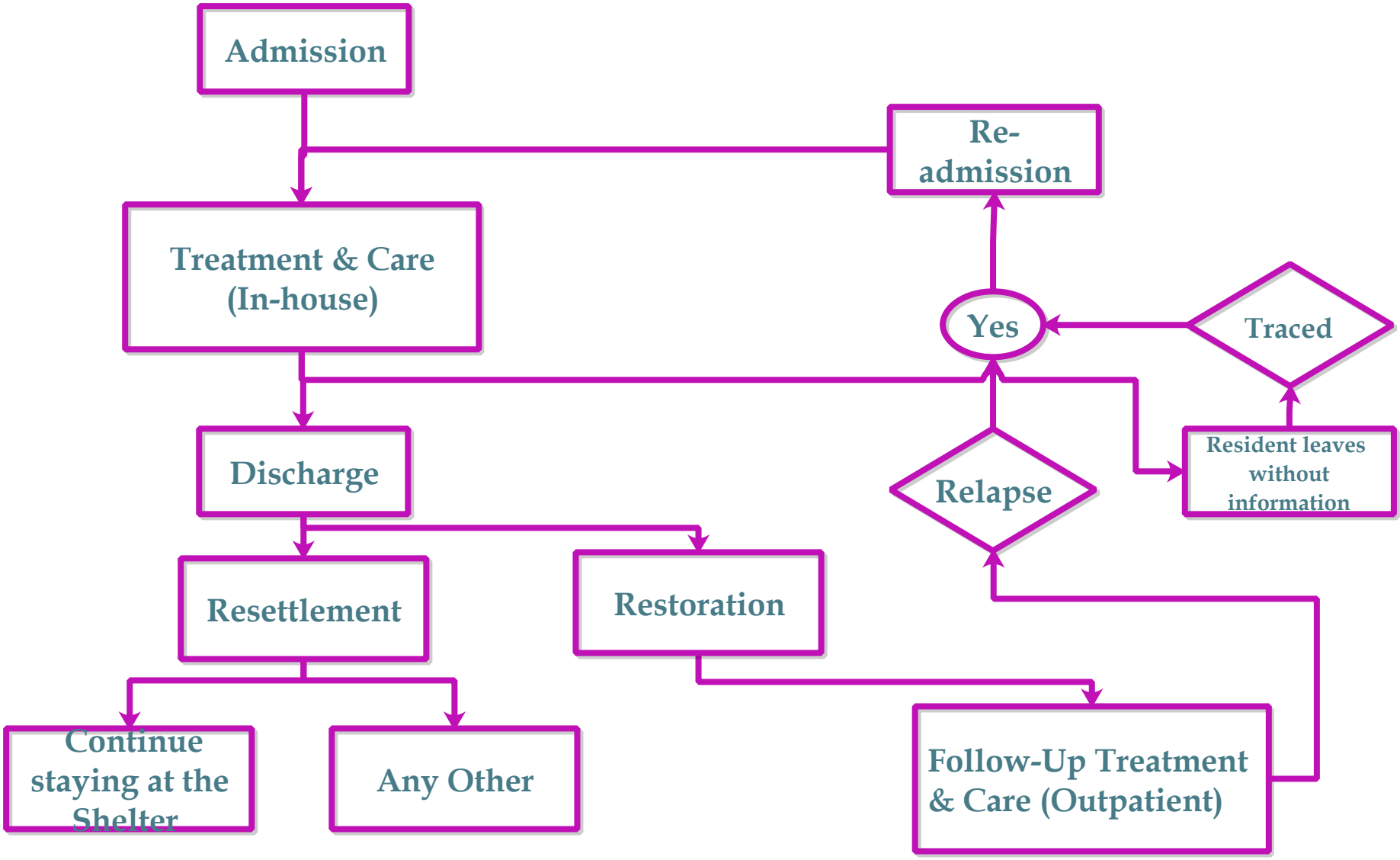
If you happen to read this document, do visit Marudyan to understand the processes in closer details, for yourself!

END OF THE DOCUMENT

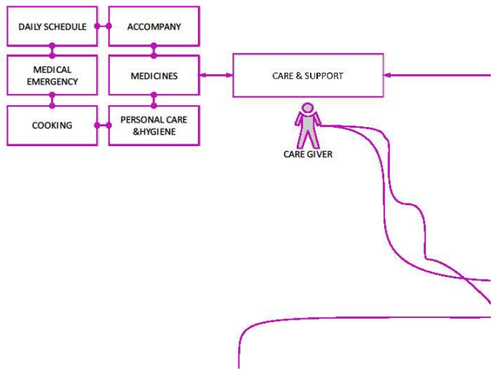
Annexures

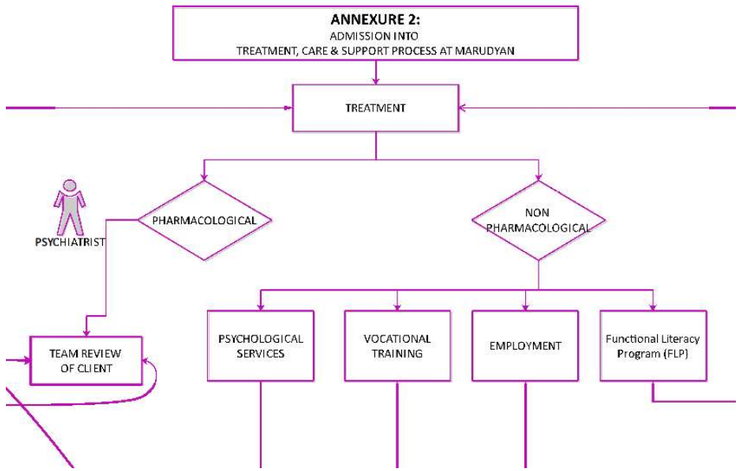
Annexure 1: Overview of Marudyan

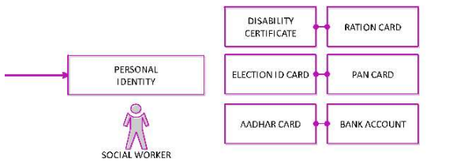
Annexure 1
An Overview of Marudyan

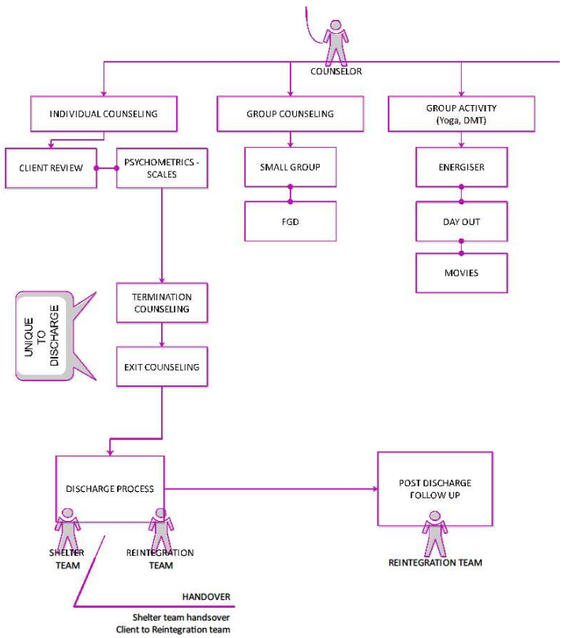


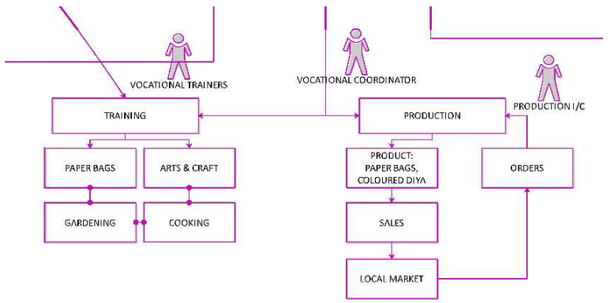
ANNEXURE 2:
ADMISSION INTO
TREATMENT, CARE & SUPPORT PROCESS AT MARUDYAN

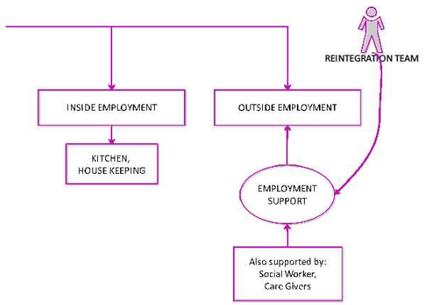


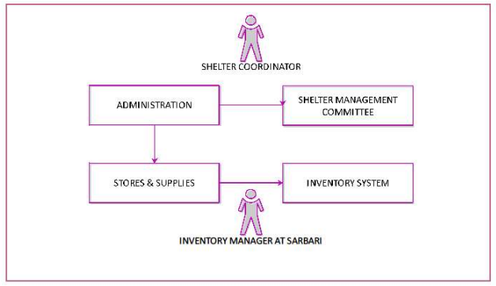


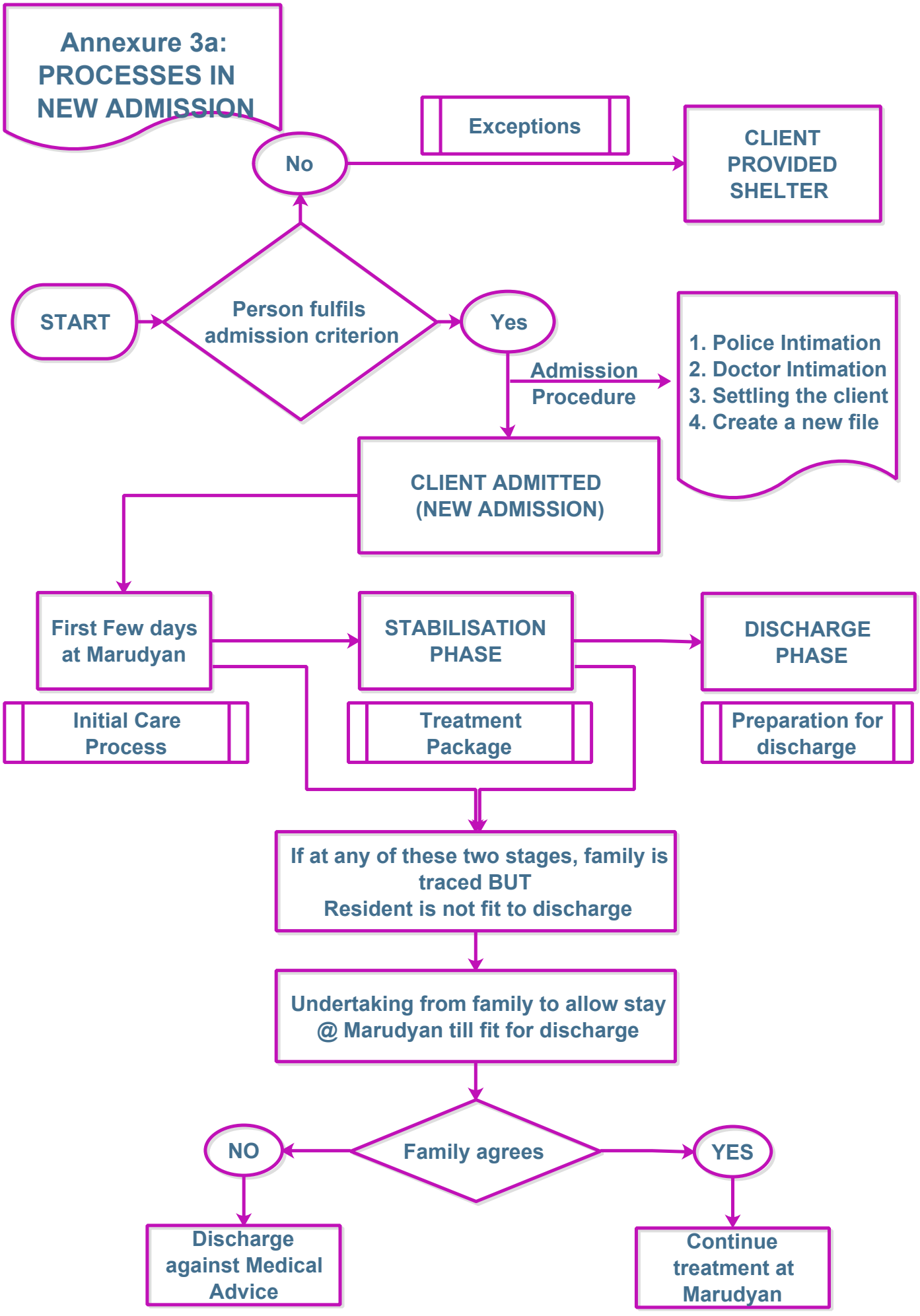











Annexure 3a:
PROCESSES IN
NEW ADMISSION
START
Person fulfils admission criterion
No
Exceptions
CLIENT PROVIDED SHELTER
Yes
Admission Procedure
1. Police Intimation
2. Doctor Intimation
3. Settling the client
4. Create a new file
CLIENT ADMITTED (NEW ADMISSION)
First Few days at Marudyan
Initial Care Process
STABILISATION PHASE
Treatment Package
DISCHARGE PHASE
Preparation for discharge
If at any of these two stages, family is traced BUT
Resident is not fit to discharge
Undertaking from family to allow stay @ Marudyan till fit for discharge
Family agrees
NO
YES
Discharge against Medical Advice
Continue treatment at Marudyan

Annexure 3b

POLICE REFERRAL TO MARUDYAN

START

POLICE IDENTIFIES A HOMELESS MAN

GENERAL DIARY ENTRY AT RESPECTIVE POLICE STATION

MAN TAKEN TO MARUDYAN FOR ADMISSION WITIH:
1. LETTER FROM POLICE STATION IN-CHARGE WITH NOTATION OF GDE

PERSON RECEIVED AT MARUDYAN & INITIAL ASSESSMENT

INITIAL ASSESSMENT INCLUDES TALKING WITH THE MAN IN PRESENCE OF POLICE

SOME MEN NARRATE , SOME DON'T

MEETS ADMISSION CRITERION

Yes

AGREEMENT FOR ADMISSION

Police requested to seek opinion @ mental hospital OPD

Yes

ADMITTED WITH PRESCRIPTION

No

ADMITTED WITHOUT PRESCRIPTION

VITALS TAKEN

PSYCHIATRIST INFORMED AND ADVICE SOUGHT

CAN PSYCHIATRIST VISIT TO SEE CLIENT?

Yes

CLIENT EVALUATION & PRESCRIPTION

No

TELEPHONIC ADVICE

TREATMENT STARTED

END

LOCAL POLICE STATION INFORMED AND GDE NOTED

NO

Negotiaton with the police t take the man to another appropriate place

Police requests for temporary shelter (for the night)

Yes

TEMPORARY STAY AT MARUDYAN

RECOVERY FROM ACUTE PROBLEM

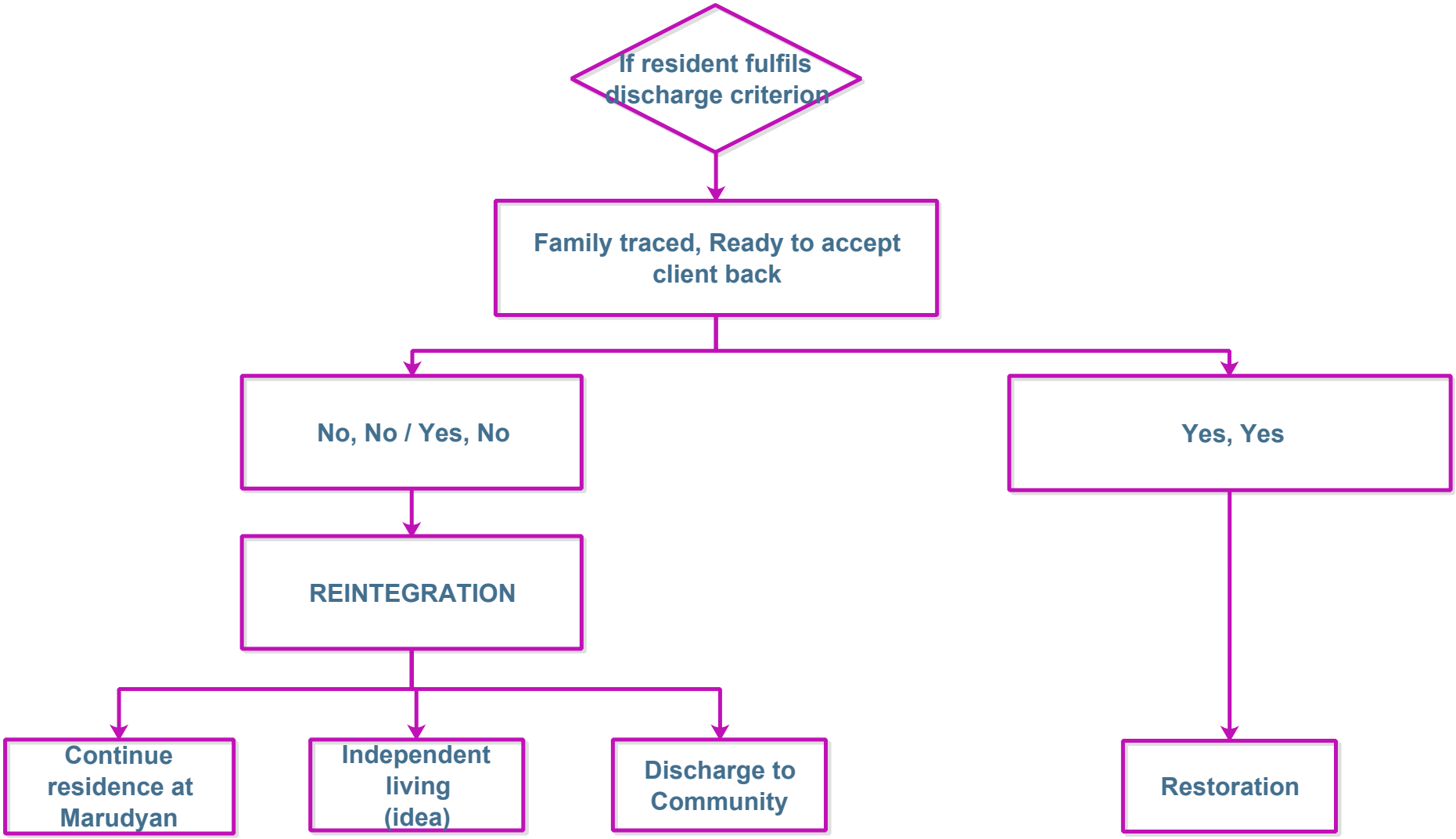
No

POLICE TAKES AWAY PERSON TO A SUITABLE DESTINATION

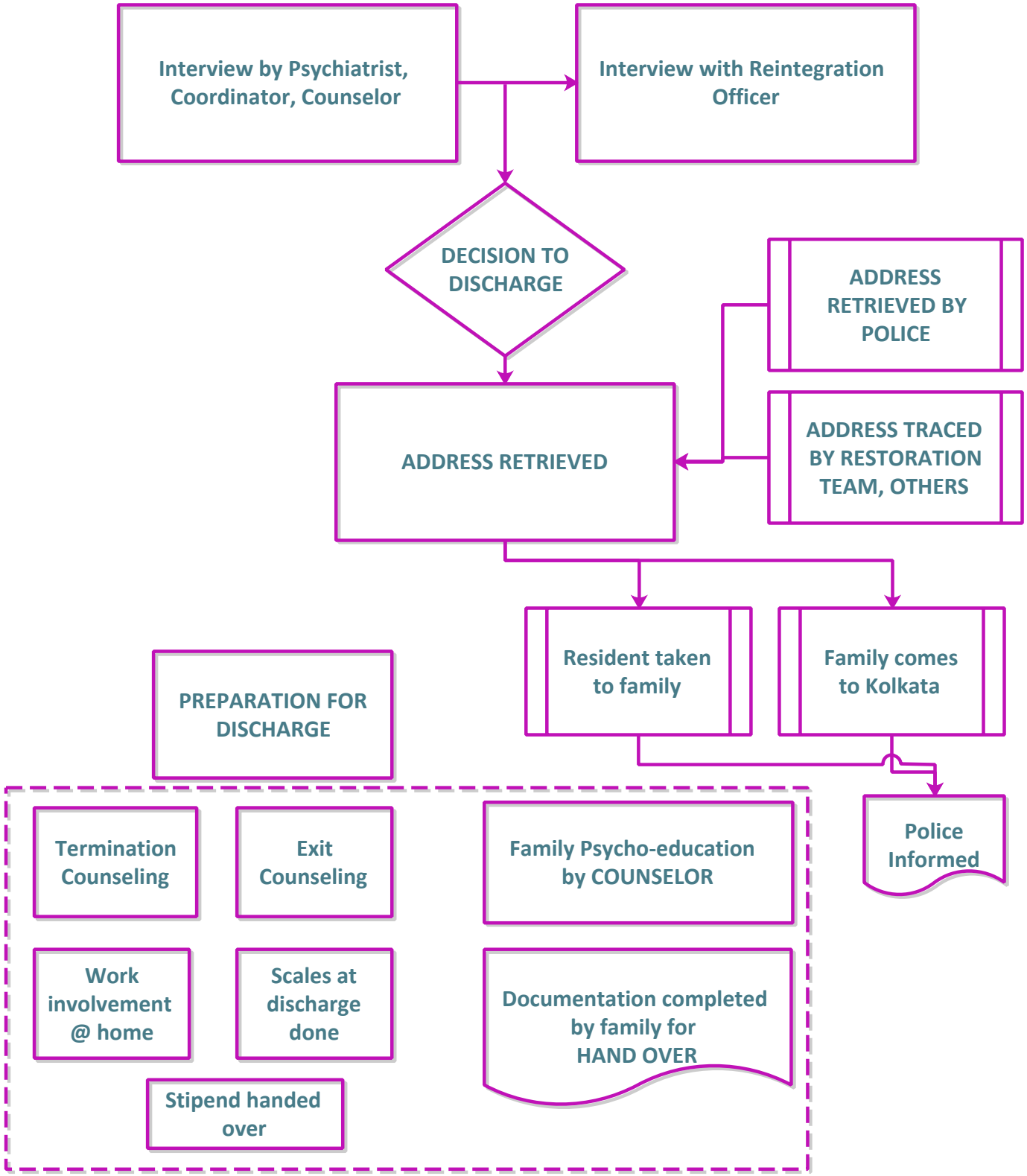
A SUITABLE FACILITY

IS TAKES PERSON TO

Annexure 4a
Overview of discharge process



Annexure 4b:
DISCHARGE PROCESS



Annexure 5
ROLE OF COUNSELORS

COUNSELOR

DIAGNOSIS AND MANAGEMENT OF CLIENT

CLIENT SUPPORT

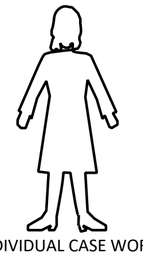
AWARENESS & ADVOCACY

TREATMENT REVIEW & PLANNING WITH PSYCHIATRIST AND CARE GIVER

INDIVIDUAL CASE WORK

GROUP WORK

AT DISCHARGE



INDIVIDUAL CASE WORK

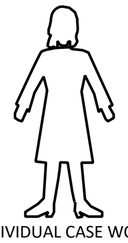
EXIT INTERVIEW

Psychometric Scales @ Discharge

TERMINATION COUNSELING

VITS

AT ADMISSION



INDIVIDUAL CASE WORK

ENTRY INTERVIEW

CASE HISTORY

COUNSELING TREATMENT PLAN FOR CLIENT(S)

QUARTERLY Counseling Plan (Formulation & Review)

Psychometric Scales @ Admission

VITS

DURING STAY

INDIVIDUAL CASE WORK

GROUP WORK

AWARENESS & ADVOCACY

MONITORING PROGRESS TO PLAN

MOTIVATION DURING VOCATIONAL ACTIVITIES

AWARENESS SESSIONS IN NEARBY SOCIETIES & CLUBS

INDIVIDUAL COUNSELING (Monthly once) as per plan

GROUP SESSION: DMT, Yoga & Art Therapy

MOTIVATION DURING EMPLOYMENT

FACILITATE DOCUMENTS - AADHAAR, DISABILITY CARD

Psychometric Scales @ Quarter; During Stay

VITS

HOUSE MEETING

NEGOTIATION WITH EMPLOYER

ATTEND ADVOCACY MEETING WTH GOVT. FOR ENTITLEMENTS

DAY OUT

ENERGISER

Annexure 6

ROLE OF CARE GIVERS

Annexure 7
RESIDENT CASE FILE

Caregiver Report
TYPE A:
1. Identified Problem
2. Action taken
3. Observed Change

TYPE B:
Monthly Observation Report of each resident

Counselor Report
MONTHLY:
1. Counseling Report
2. Life Skills Profile

QUARTERLY:
1. Treatment Plan
2. Summary of monthly counseling

Small Group Session Report

Monthly Scales
1. Life Skills Profile

QUARTERLY:
2. PANSS
3. GAF
4. IDEAS

Vocational Therapy Report
1. Date wise record of work
2. Monthly Observation (FORMAT)- summarise progress on different parameters (objective + subjective)

FLP REPORT
1. Clearly stated assessment parameters;
2. Monthly scores of each resident
3. Individual observation on each client in a format

Medical Record
1. 1st page: Photo of client and brief intake summary
2. Doctor's Notes & Prescriptions
3. Record of hospitalisation in any other hospital
4. Laboratory reports

Resettlement Report
1. Photo ID of guardian of the client
2. Any government ID of the the client
3. An undertaking from the Ward Councilor certifying the relationship of the guardian with the client and the address of the guardian
4. Declaration by the family that client has been receied by them (Format)

- Entry - Exit Report & Family Identfication Process Reports

Annexure 8: Outline of the sections in Phase 3 of care in Marudyan

Phase 3 / Stabilisation Phase	Section 1 <Values>	1. No Use of Force
		2. Residential staff
		3. Attitude of staff
	Section 2 <Management Processes>	1. Quarterly treatment plan
		Multi professional team review of 2. the resident
		3. Directly Observed Medicine, Food and Personal Grooming
		4. Quarterly Psychometric Scales
	Section 3 <Package of Services>	1. Daily Schedule
		2. Physical Activities
		3. Psychological Services
		4. Vocational Services
		5. Functional Literacy
	Section 4 <Miscellaneous>	1. Effect of ideal care giving at Marudyan
		2. Want to go home
		3. Legal Issues

Annexure 9: Suggested Case entry format for the Quarterly Plan:

1. What is the recovery goal of this person (rephrase it – my plan – what is my goal?
2. When should I achieve this goal (time frame)
3. In order to achieve this goal what all do I need to do? Who all are going to help me achieve my goal?
    a. Treatment adherence:
        i. Drug treatment
        ii. Psychological treatment
        iii. Vocational treatment
    b. Work performance / engagement
    c. Social interactions
    d. FLP
    e. Financial Literacy
4. When do I see how I am progressing towards achieving the goal?
5. Would I like to revise my goal?

Suggestions in general:

1. Summarise the case:

    a. It is essential to summarise the key events with the person at regular intervals irrespective of the service location – shelter, restoration, follow up, etc.

    b. Broad headings of summary should be decided by a small technical team appointed for this purpose

    c. A new page should be added which is the Key Events page. This should record any key event that happened with the person during period of summary, this page should be built over time. Key events need to be defined but our goal is to document those which have a bearing on the quality of life of the person, such as in treatment domain they could be change in class of a drug from one to another, or trial of clozapine, or failure of CBT, etc. It could also include attempted self-harm, bout of

severe depression, or death of a parent. Any event that has a strong bearing on future of person should be recorded in a separate page. Once the client is discharged, some of these key events should be recorded in discharge summary specially the drugs that have been tried in the past, or any specific precipitating or perpetuating factor. This will inform the follow up psychiatrist or physician and even family to take care of the person better.

2. Assessment of pre-morbid personality: Since it is advised to adopt the process of writing the residents' personal recovery goal on the case sheet, it is important to make an assessment of her / his premorbid personality.

3. An annual or frequent enough review of resident's needs and their assessment of their needs being met should be facilitated in the shelter. Studies have shown that residents view of their needs being met is an important indicator of quality of services as well as has relationship with their quality of life. The professionals feel that they have provided good service which residents might or might not agree with. This process also gives a voice to person with psychosocial disability which is essential to prevent social isolation that they are vulnerable to. Accurate measurement of service need and achievement of objectives or goals mentioned in the individual plans is necessary.

Annexure 10: Checklist for Shelter Working

1	All legal compliances are in order (add the list of items which should be in order, small list is added)
1.1	Registration of the psychiatric facility is valid (Not expired)
1.2	Inspection from different authorities has given green signal to shelter
1.3	All due qualifications of the staff are with the administration
1.4	UNCRPD compliance checklist has been made and is in effect
1.5	Is the shelter compliant with requirements of the new Mental health care bill
2	Staff
2.1	Vacancies are below the threshold of tolerance limit
2.2	Appropriate staff for appropriate position (Qualification wise)
2.3	Staff has updated knowledge & use evidence based methods in treatment of residents
3	Pharmacy & Store
3.1	Inventory systems in place and follow best practices
3.2	Stores are monitored by regular audit
4	Food
4.1	Nutritious, balanced diet is given to residents Optional – Diet is planned by qualified person
4.2	Resident requiring special diets have access to same
4.3	Policy for accepting outside food and testing its safety is in place. As also police for disposal of excess food, if any

5	Grievance Redressal Mechanism is in place for staff and residents and is regularly used
6	Annual plan is prepared for shelter and functioning is as per it
7	Shelter Management Committee meets as per its schedule and mandate
8	Long term financial support for shelter in place
9	Policy for visitors coming in to Marudyan in place
10	Emergency Mechanisms such as fire drill, immediate evacuation, fire extinguishers, etc. in place

	Annexure 11: Forms, Manuals, Policies, Handouts, Auto reports, Flags		
	Forms	**Create / Modify**	**Comments**
1	Resident Quarterly Status Report	Create	This should summarize what transpired in a period of three months
2	Milestone Report of the resident	Create	This should capture journey of resident based on milestones achieved
3	Psychometric Scales Assessment Report	Create	This should capture key features of the scale data, compared to previous quarter
4	Shelter Checklist	Create	Should capture how the shelter as an entity has performed based on a quality checklist
	Manuals		
1	Physical Health Check Up & Management Guideline	Create	
2	Essential Learning for Marudyan staff on Psychotropic medicines	Create	
3	Induction Manual	Modify	Advised to have a detailed manual
4	Framework for Psychological services	Create	What standard therapies would be used for different residents
	Policy		

1	Treatment participation policy	Create	How the resident would be involved in his treatment planning, this is to create insight as well as to know his own needs
	Hand outs		
1	Project hand out to Stake holders	Create	
	Auto Reports from MIS		
1	Summary report for each resident what main events transpired in a period of past three months, preferably illustrated	Create	
2	Residents who faced crisis of any sort	Create	
3	Residents Milestone report	Create	
	Lists / Data bases		
1	Volunteer data base	Exists	
	Flags		
1	Residents who slipped a few milestones in a quarter	Create	

<THE END>