Introduction

The overall goal of Psychiatric Rehabilitation is to assure that persons with Psychiatric Disability can perform those cognitive, emotional, social, intellectual and physical skills required to live, learn, work and function with as few symptoms as possible in the community. The treatment methods to achieve this goal, involves teaching persons the specific skills and providing professional and community support (Liberman, RP, 2009). Psycho Social Rehabilitation (PSR) is defined as a process that facilitates individuals who are impaired, disabled and handicapped by a mental disorder to reach an optimal level of independent functioning in the community. It implies both improving individual competencies and introducing environmental changes in order to create a life of the best quality possible for people who have experienced a mental disorder or who have had an impairment of their mental capacity which produces a certain level of disability. Psycho social interventions need to be provided in addition to pharmacotherapy for people with a chronic mental disorder, to re-establish their connection with their own sense of self, to connect with their families and significant others and to live in the community or in the environment productively (Shihabuddeen Ismail, PS Gopinath, 2003). This process helps them to lead an independent life with better utilization of the available mental health services.

Despite major advances in Psychopharmacology and Neurosciences, Psychosocial outcomes for persons with severe Mental Disorders continue to be grossly unsatisfactory all over the world (Isaac M, 2009). For many, persons with Mental Health Disorders, Psychosocial Rehabilitation services are unavailable due to various barriers especially in developing countries like India. It is usually mentioned that Rehabilitation in India is in its infancy stage but the question remains of when is the infant going to grow? The plight of the persons diagnosed with Mental Disorders can be better; if Psychosocial Interventions are used on a regular basis as an integral part of Mental Health Care. However, majority of the Mental Health providers do not seem to include these required / necessary interventions along with pharmacological / somatic interventions, after being aware of the benefits of the bio-psycho social approach. Psychoactive medications are primarily effective for symptom control and relapse prevention while psychosocial treatments are primarily effective for personal, social and vocational functioning. Pharmacological and psychosocial treatments must be inextricably intertwined to achieve optimal rehabilitation outcome.
In this paper, an attempt has been made to critically evaluate the aspect of the pace of development of PSR and what better efforts we can all as Mental Health Professionals put in for the benefits of our consumers. The aim of doing so is purely to bring about social change that might help India deal with barriers of integrating psycho social interventions along with mainstream psychiatry.

**Discussion**

The awareness of efficacy of including psycho social interventions from the first day of meeting with your client and the caregivers has been highlighted by many practitioners in India (Shihabuddeen Ismail, PS Gopinath, 2003, Kalyanasundaram, S; Vrghese M, 2000). Organizing World Congress on psycho social rehabilitation in India recently is another big foot in terms of awareness and acceptance of the concepts. Hospital based psycho social interventions and innovative conceptualizations are repeatedly being published in peer reviewed journals (Shihabuddeen Ismail, Anand, S, Gopinath, PS, 2008, Shihabuddeen Ismail; Pai, N, B; Krishnamurthy, K, 2005). Despite all this, one may wonder what actually controls the pace of development of PSR in terms of inclusion. The availability of a variety of mental health services has also steadily increased in India, but still there is a wide gap between the existing morbidity and the available services. In India, at a given point of time, nearly 15 million people are diagnosed with serious psychiatric illness, and another 30 million from mild/moderate psychiatric problems (Barua, A, 2009). Mental Health Professionals are less when compared to the number of people who require the services of mental health. Apart from the psychiatrists being less available in India, paramedical practitioners such as Psych. Rehab Specialists, Clinical Psychologists, Psychiatric Social Workers and Psychiatric Nurses are even lesser in number. We would like to emphasize on not only on increasing the training and thereby availability of Mental Health Professionals in India but more important - if they are available; how professionals can be effectively included in terms of service provision. We feel that specifically in the latter area we can work on and address the obstacles that prevent us from doing so. Professional resistance we feel needs to be addressed foremost. We may be talking of an integrated approach and quote the evidence of the effectiveness of an integrated approach in mental health, but still somewhere or the other the resistance is sensed. Such resistance may be due to lack of awareness of the exact paramedical services or due to perceived threat of role conflicts. Many professionals are not clearly aware of the role that each specialized para-medical professionals can play in the treatment program. Regular meetings of the Mental Health Professionals in all organizations with various client profiles (not only including diagnostic difficulty profiles) and what intervention/service each mental health professional can contribute may be an effective strategy in dealing with such professional resistance. Each mental health professional can effectively learn from the other, without their egos being hurt and see the benefits of PSR themselves. Communication gap we feel can play a role in contributing to professional resistance, which needs to be addressed in a healthy manner without disrespecting another professional. We need to finally remember that the onus of the client lies...
Another concern that can contribute to professional resistance is that there is hardly any inclusion of psycho social interventions in post graduate training in Psychiatry. Infact, if psychosocial interventions are introduced in undergraduate days only it would be an important step in increasing awareness in all medical fields apart from the Mental Health Professionals being more receptive and sensitive to the need for Psychosocial services. Liaison Psychiatry or Liaison Clinical Psychology would grow further. Often the credentials are predominantly evaluated based on the skills in pharmacotherapy descriptions by the trainee due to lack of time and so on. When doing their residency in mental health, one should be exposed to working in a team of Mental Health Specialists rather than having to work separately only with their field and meeting the other mental health professionals once in a while. Its high time also to include mandatory chapters of psycho social rehabilitation, Clinical Psychology, Psychiatric Social work etc. in the syllabus of Post Graduate level and to utilize the available Psycho.rehab specialists or para medical professionals to train the candidates. This can also play a role in decreasing the burn out of the busy psychiatrists. Its appreciable to note that in India few organizations do provide Masters course in psycho social rehabilitations or M.Phil in Clinical Psychology or Psychiatric Social Work but, mostly these professionals are absorbed outside India, due to various reasons. Encouraging young and dynamic professionals also need to be included to get more innovative approaches that helps changes as per the felt need by them. Looking at the need of the hour, it would be advisable to start Psychiatry Rehabilitation unit with all the varied Mental Health Professionals in all Psychiatry Departments (Shihabuddeen Ismail, Mehar H, 2008) whenever such practitioners are available. There should also be mandatory inclusion of positions for PSR specialists, Clinical Psychologists, Psychiatric Social workers in Governmental firms. That would encourage many of the people to come forward and choose such training programs, and thus the shortage of personnel in this area can be dealt with. Some may also feel that Rehabilitation occurs predominantly in the community than the hospital. Certainly possible steps can be taken to provide comprehensive Mental Health Services even in hospital settings. Moreover majority of Mental Health consumers prefer General hospital Psychiatry Unit for treatment due to affordability, availability and accessibility factors (Shihabuddeen Ismail; Mehar, H, 2009). Unfortunately they receive partial treatment due to exclusion of psycho social interventions. Its also the right of the individual to receive complete or comprehensive treatment procedures when they approach us. The emphasis is not to say that such services should be available only in hospitals but we need to work on both settings- hospital and the community looking at the need of the hour. If each Psychiatric hospital adopts a community also where once in a while professionals can go for assessment and evaluations periodically it can help in integrating PSR in mainstream Mental Health.

There are ample benefits of integrating Psycho Social Rehab services to mainstream Psychiatry. When various Mental Health Professionals work together, a
comprehensive assessment and consultation of the client is possible, thus improving the quality of care of the treatment users. A multi-disciplinary team enhances the professional skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources, and approaches used by other Mental Health Professionals. Learning about effective team work is another benefit that the professionals can pick up. Comprehensive treatment would help the users in gaining maximum benefits, that will also reduce the misconceptions related to treatment efficacy. Once these barriers are dealt with, there will be better available services in the future for which automatically the treatment users might even join as collaborators in India.

Another effective way of integrating PSR, Clinical Psychology, Psychiatric Social work in mainstream Mental Health is the Mental Health Associations. There are various associations of Mental Health Professionals- some for Psychiatrists, some for Clinical Psychologists, some for Psychiatric Rehab Specialists, Counselors, Psychiatric social workers and so on. If these associations work together with each other a lot can be achieved. What we are emphasizing is on good multi disciplinary team work approach, which we feel is the need of the hour. Another method of ensuring that the associations work together is to give registration only to those Mental Health Associations who continuously work as a team with the other Mental Health Professions in an integrated manner. This would enlighten the role of all the Mental Health Professionals and emphasize the need to work together as a team.

**Conclusion**

Mental Health issues has been gaining importance slowly in India and the pace of progress is not adequate currently to meet the demands of mental health services in India. Treatment of psychiatric disorder will have maximum effect or better prognosis only when Consultant Psychiatrists, Psych. Rehab Specialists, Clinical Psychologists , Psychiatric social workers and Psychiatric nurses work towards the rehabilitation goal in a coordinated way (Shihabuddeen Ismail; Gopinath PS, 2003). The essence of PSR is the need to be innovative and ingenious with whatever limited resources available (Gopinath PS, Rao Kiran, 1994). Integrating Psychosocial services in mainstream Mental Health is beneficial for the treatment users and the Mental Health Professionals. However, challenges do exist. Barriers for integrating Psychosocial Services in Mental Health need to be addressed for effective implementation. Integrating Psychosocial Services to mainstream Mental Health can be an effective way of dealing with issues and concerns in the Mental Health Services in India.

**References**


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