





Deinstitutionalization represents more humane and liberal treatment of mental illness in community-based settings. Pragmatically, it represents a change in the scope of mental health care from longer, custodial inpatient care to shorter outpatient care, community based treatment

Case 1: Meena is a young woman living in Jamshedpur, India. She was the youngest sibling in a family of six. Meena was an outgoing young woman, until thirty years ago, when she started to become very withdrawn. She found it harder and harder to go to college and she said her college mates were lying and spreading falsehood about her. She lost her parents when she was only 4 years old. Meena was clearly very distressed, but she was becoming increasingly confused and distanced, usually rejecting their offers of help. After much persuasion, she reluctantly visited a psychiatrist and started taking medication. Luckily, her family made contact with a mental hospital in Ranchi. After a few months, her eldest brother took her to the mental hospital at Ranchi, India.

Meena was then admitted there, she was almost dumped there at the same hospital for almost thirty years. Hospital staff tried to contact her family, but the address given during admission time was not the original one. So, hospital was her home from that time. Then rehabilitation project has been started there at hospital three years ago, and rehabilitation staff traced out her family members after a hard labor. Then she has been send to her family after gap of thirty years. Every thing got changed at her home, her brothers were no more, sisters got married and even two of them were died. Children of her brothers take the power and decision making capacity at her home. They are now in their mid twenties or in early thirties. Few of them seen her but did not able to recapitulate their memories, as they were too young at that time.

She found herself as a guest at her own place. She took quite a few months to adjust her with the new family members. Meena received counselling and therapeutic support in a friendly environment. If the hospital staff have had her proper address then she might not need to spend her thirty years over there.

Case 2: Sumita, 30 years old single female from rural part of north - India. She was hospitalized for two years. She was diagnosed with Paranoid Schizophrenia. She is the only child of her working parents. Her father was an IAS officer and mother was a University lecturer. She lost them in a road accident, and then she was taken care by her uncle and aunt when she was 16 years old. She dropped out from high school almost after two years of the said accident. Made herself isolated from all, started aggressive behaviour. Complained of auditory hallucination was there. She took six months to be asymptomatic with bio – psycho – social treatment approach. She was on intensive therapy and then rehabilitation was started with her. Rehabilitation workers of the mental hospital able to trace out her uncle's place and did communicate with her uncle and motivated them to take her back.

After two years she got discharged and gone back to her family. As the stay duration was not bigger like case 1, she has not faced much problem to reintegrate her with her present family.

Strategies :

Deinstitutionalize clients from mental hospital to community is a challenging work . It needs sincere effort and very careful and serious monitoring to complete the total process.

Steps of the process are as:

- Sincere and committed team to work on rehabilitation field
- Good rapport building with the community, hospital, media administration and with other stakeholders
- Proper communication with the guardians or family members of the clients, help them to understand the need of deinstitutionalization of the client
- Proper monitoring and follow up visits after sending the client to her family
- Help the family members to identify their primary and secondary needs to help the client to sustain with her family
- Do liaisoning work with all stakeholders even after reintegration of clients will be done
- Inform medical team in time in case of emergency, so proper psycho education to the family members is needed
- Plan out short term and long term monitoring and follow ups to maintain proper link with the client, it will help client to adjust with her family properly
- Motivate family members to take back the clients early, make them understood on the differences in coping and adjustment capacity of the long term hospitalized clients with short term hospitalized clients. Duration of stay at hospital is having an adverse effect on the performance and level of productivity