



کاروان حیات

KARWAN-E-HAYAT

Institute for Better Mental Health

ادارہ برائے بہتر ذہنی صحت

Newsletter

Jan 2012 | ISSUE 12 | Half Yearly

President's Message



A new year, like all beginnings brings with it hope and optimism. It also offers the opportunity to start afresh on a new footing. At the beginning of

tells you more about it in this newsletter.

The three year term of the last Board of Directors ended in October 2011. Elections were held and we now have a new Board of Directors comprising of 8 members. Mr Nasir Khan, a Nursing Supervisor joined us in December - a much needed addition to our staff at PCRC.

World Mental Health Day was celebrated at PCRC on October 15 with a variety programme in which our clients and staff both participated with enthusiasm. During this month doctors from KEH appeared every week in a programme on mental illness on Health TV. We are told that these programmes have greatly helped in spreading awareness about mental disease and its treatment in a large section of TV viewers. I am happy to report that Karwan-e-Hayat continues to appear on Health TV shows about mental illness.

I once read in the Reader's Digest, and I quote, "A piece of advice: Don't give it! ' Advice is mostly unwelcome and we should be wary of dispensing it freely. Nevertheless, sometimes it is important to share your experience of life with those younger than yourself, especially when it is time to make new year resolutions!

For any organization to succeed, the importance of teamwork cannot be emphasized enough. Everyone must be on the same platform, working towards a common goal. Work hard yourself and support the efforts of others. It is important to remember to put the interest of the organization you work for before your own interest. If your organization prospers, as a logical consequence, so will you. Begin this new year keeping this in mind and success will surely be yours.

Secondly, very good patient care should be the main objective of everyone working in Karwan-e-Hayat. After all this is what we are here for! The reputation of your organization depends on this. Remember to make this a priority in your work ethic. There is always room for improvement in whatever you do, so work to improve continuously and do not allow complacency to settle in.

I appreciate the commitment and dedication of our doctors and staff members in making KEH a premiere institution in mental health care. I request you to keep working hard so that we can reach new heights and regularly improve our services. In the end I would

Our Mission

To work for the prevention, relief and treatment of mental illness.

To work towards the rehabilitation of mentally distressed people, especially the underprivileged and deprived.

To raise public awareness about mental illness and to foster behavioral change in society.

To organize, train and maintain a team of dedicated psychiatrists, psychologists, occupational therapists and social workers to ensure a competent and on going mental health service

like to extend my gratitude to all our donors, members, friends and well wishers who continue to support Karwan-e-Hayat.

Masrur Ahmad
President
Karwan-e-Hayat

Korangi Community Psychiatry Center Opens

Karwan-e-Hayat has launched a new Community Psychiatry Center at Korangi that will allow it to further its goal of improving mental health by serving many more people in a new area. This is a pioneering initiative that will pilot test community-based care in Pakistan - a model that has now been widely adopted in the West. The Center provides psychiatric consultation and medication through its Out Patient Department (OPD) and regular follow-up visits by case workers at the patients' homes in nearby communities. The Center also includes day care facilities and related services for psychotherapy and family psycho-education.

The goal is to provide continued support to patients in their home environments until they are adequately functional and to work together with their families to help

them understand how to recognize symptoms and manage the illness. It is expected that home-based care will also reduce relapse rates and requires significantly

lower cost per patient compared with in-patient care. Research and monitoring are built-in to the project design to learn lessons and hopefully replicate the model in other areas.

The project is funded primarily by the i-Care Foundation, in which KeH is also partnering HANDS, whose community based workers are educating households in nearby neighborhoods and who will provide follow up to patients. The Pakistan Association of Mental Health (PAMH) has provided training to community staff and will also be involved in the research and evaluation component to measure results. KeH is hopeful that this project will help refine and develop a strategy that can help it expand coverage and serve ever more people effectively and at lower cost.

Imran Khalid Zafar,
Director Karwan-e-Hayat



From Left to Right: Standing- M. Imran - Rider, Khurram Baig - A.M Finance, M. Ibrahim - Social Worker, Sitting- A. Rauf Khan - Project Manager, Gul Rana - Psychologist, Dr. Fizza - Incharge Psychiatric Services, Tabinda - Community Team Leader.

Farzana's Story

Mrs. Farzana Panhwar is a biochemist by profession. She specialized in genetic engineering and biotechnology. She has lectured and travelled widely. Farzana has more than 200 published papers to her credit and she has co-authored 3 books, 25 manuals are still unpublished.

She says :

I was admitted to Panah Shelter Home through a court's order in July 2010. I was happy living there because the Chairperson, Justice (Retd) Majida Rizvi took special care of me. Then I developed a serious eye problem which inspite of visits to an eye- hospital continued to get worse. I retreated into a shell and refused to communicate with anyone. Worried about my condition, Justice Majida Rizvi sent me to Karwan-e-Hayat where I arrived in June 2011 and was admitted as an inpatient in the women's section.

Many people suffer from mental illness. Even when they suffer from the same disease, they will have different symptoms and the severity of the disease will vary with every individual. At Karwan-e-Hayat treatment is tailor-made for each patient by a team of psychiatrists, psychologists, occupational therapists, rehabilitation practitioners and social workers. When I came here, I immediately felt safe, cared for and very much at home. With a small dose of medicine and a large dose of kindness, I soon began talking again!

My eye problem was then addressed because my eyesight was still a great source of worry for me. At LRBT I went through extensive tests for two days. Now I am being given injections in one eye, but finally everything is under control. I now have a good pair of spectacles so I can see properly once again. I can read and use the computer. I feel my life has been handed back to me!

What is it that makes people better at Karwan-e-Hayat? Occupational therapy takes place in the Day Care Unit where you not only spend leisure time playing board games or watching TV, you also learn arts and crafts, music, useful things like cooking, stitching, laundry, computer skills, English

etc. There is something of interest for everyone. Exercise machines are available for physical fitness and yoga classes for both relaxation and energizing. The library is my favorite place in PCRC.

In group therapy, every morning, people who have become anti-social because of their illness learn once again to interact with each other and to express their emotions freely in brain storming sessions. At PCRC a new rehabilitation programme is in practice. I am a part of an Illness Management and Recovery group. I have learnt practical facts about my disease and I know many important people have lived with my symptoms yet spent a good life. This has given me courage and confidence for the future.

IMR is a self help programme to aid the recovery process. I am taught to make realistic short, medium and long-term goals and then to allocate a time frame for accomplishing them. Some of these I have already accomplished and some I am in the process of achieving. I was taught how to cope with stress by building a social support system and to develop an effective relapse prevention plan mainly by thinking positively and by using medicine regularly. I learnt how to combat the stigma associated with mental illness and I now also know that mentally ill people have legal rights for their protection.

It is not anybody's fault if you are mentally ill. This happens due to chemical imbalance in the brain. These chemicals are called neurotransmitters and their malfunctioning will send wrong signals to the brain. There are psychotropic drugs to correct this malfunction and therefore it is important that psychiatric patients take these medicines regularly.

The process of recovery at K-e-H Psychiatric Care and Rehabilitation Centre is slow for some patients and quicker for others, but everyone who comes here benefits in the end. I have regained my self confidence and rebuilt my personality. Once again I have a sense of purpose in my life and I look forward with hope to the future. I feel that now I am in a position to help others just as I have been helped with so much kindness and encouragement at Karwan-e-Hayat.

Karwan-e-Hayat Patient Statistics 2005-2011

The following table shows a rapid increase in the number of patients visiting Karwan-e-Hayat. Over 80% of these patients are very poor and receive free or largely subsidized medication, food and hospitalization.

	July 2005 to June 2006	July 2006 to June 2007	July 2007 to June 2008	July 2008 to June 2009	July 2009 to June 2010	July 2010 to June 2011	July 2011 to Dec 2011	TOTAL
Patients Treated	9757	12317	14953	16438	19226	17453	8755	98899
Day Care Patients	1075	1954	4371	8067	9724	8379	4668	38238
Patients Admitted	252	354	420	370	427	498	278	2599

The operating and capital cost for maintaining Karwan-e-Hayat's three centers and providing free or largely subsidized medical treatment, food, hospitalization etc. to the poor patients coming to K-e-Hayat is projected at Rupees 52 million for the year 2011-2012.

Events & Activities

August 14, 2011

Programme on Karwan-e-Hayat recorded by TV host, Rana Mubbasshir aired on TV 1 in a series entitled "Pakistan Chowk".

October 15, 2011

World Mental Health Day celebrated at PCRC with a variety programme presented by patients and their caregivers. Dr. Ajmal Kazmi gave the keynote speech on this year's theme, "The Great Push - Investing in Mental Health".

October 29, 2011

Special board meeting held to elect members of the new Board of Directors.

November 21, 2011

Karwan-e-Hayat's new Korangi Community Psychiatry Care Centre (KCPC) began functioning initially with OPD services.

November 26, 2011

Ms. Shakila Fareed Khan, Clinical Psychologist gave a talk on mental health to women workers of the Behbud Centre in Shireen Jinnah Colony.

December 15, 2011

Computer Laboratory for vocational training, generously funded by Mr. Bashir Janmohammed, Chairman, Janmohammed Dawood Trust began functioning at PCRC.

December 17, 2011

Staff information meeting for Karwan-e-Hayat employees held at PCRC.

Employees of the three centers of Karwan-e-Hayat attended a staff information meeting at PCRC Auditorium chaired by Mr. Saleemuddin Ahmed, Honorary Chief Executive of Karwan-e-Hayat. Mr. Masrur Ahmad, President and all directors were also present.

Mr. Saleemuddin Ahmed spoke about the purpose for setting up Karwan-e-Hayat in 1983 which was to provide free or largely subsidized treatment to poor and underprivileged psychiatric patients. He said that in the last eight years Karwan-e-Hayat has grown rapidly from one to three centres and the employee strength has increased from 4 to more than 120. However he said Karwan-e-Hayat should not be known for being one of the largest mental care providers in Pakistan but for being one of the best. It should be known for the quality of care given to its patients.

He said Karwan-e-Hayat should have good systems and procedures in place to be maintained diligently. Each employee should aim for top performance, integrity in the work ethic, punctuality and good time management and most important - generous and caring behavior towards the patients. In the end Mr. Saleemuddin Ahmed invited suggestions from employees for making improvements in Karwan-e-Hayat.

The Directors present gave their own comments and fielded questions from the staff.

December 29, 2011

Karwan-e-Hayat's Korangi Community Psychiatry Centre (KCPC) held a free medical camp at Korangi crossing.



COUNSELING: A VITAL COMPONENT OF PSYCHIATRIC TREATMENT

By Sadia Babar Baig

Sadia Babar Baig is the Psychiatric Rehabilitation Project Manager at PCRC. She graduated in Psychology, Social Work and English Literature from Kinnaird College, Lahore. She has experience in teaching, school administration and running a small business, but her abiding interest is psychiatry. She is currently undergoing training in humanistic counseling.



The term "Serious and Persistent Mental Illness" or "SPMI" is the currently accepted term for a variety of mental health problems that lead to tremendous disability. Although commonly associated with schizophrenia, the severely and persistently mentally ill include people with a variety of psychiatric diagnoses.

For contemporary psychiatry, deeply rooted in biological theories of mental illness, the focus on working with people with SPMI is often much broader than straightforward medication management. It involves treatment with a multidisciplinary team rather than just a physician. A biosocial rather than a purely medical approach is often used, with the belief that functional outcomes, especially social and occupational, are often more important than merely symptomatic outcomes. The treatment of SPMI patients includes medications, but it also includes a variety of psychosocial modalities such as various forms of counseling and a strong focus on rehabilitation, with services available to both mental health consumers and their families.

The Role of Counselling:

Counseling as the layman understands it, has come a long way from its Freudian origins. It is no longer just about analysis, interpretations, custodianship or advice, nor is the counselor the doctor in the white coat who knows better than the patient, rather he is a facilitator in the alliance/partnership with the client.

Counseling and therapy amount to helping the client to identify the source of his emotional or behavioral problems, *so that he can come to terms with whatever aspect of reality he is resisting*; to refine his understanding of his practical problems; to clarify his goals in relation to some developmental challenge; to overcome his emotional, behavioral or relationship difficulties or problems and thus to move his life forward.

There are many different approaches to counseling but there is strong evidence which proves that all systems of counseling and therapy produce broadly equivalent outcomes, and that the outcomes are produced by 'common factors', such as the nature of the relationship, and the promotion of re-thinking and re-deciding. Counseling takes place when a counselor sees a client in a private and confidential setting to explore a difficulty the client is having, distress he may be experiencing or perhaps his dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can be forcibly "sent for counseling".

By listening attentively and patiently the counselor can begin to perceive the difficulties from the client's frame of reference and can help him to see things more clearly, possibly from a different perspective. Counseling is a way of enabling choice or change or of reducing confusion. It does

not involve giving advice or directing a client to take a particular course of action. Counselors do not judge or exploit their clients in any way.

This process of providing effectively attuned responses to the client, which helps him to feel understood, often depends upon a mindfulness and intuitiveness, which depends less on words than on reading faces and body language, and responding with a good reflection of what is sensed.

When a client gets repeated experiences of this kind of emotionally attuned responsiveness, this may generate positive expectations of 'feeling felt' - feeling understood and accepted by others - which may grow into a model of a sensitive relationship of secure attachment. Or, as David Wallin puts it, "such experiences are lessons in how to have a comfortable and effective relationship - with oneself and one's emotions as well as with others".

Of course, we must not create unrealistic expectations here. Counselors and therapists, like mothers and fathers, are imperfect and error-prone humans. We cannot always 'get it right' for our clients. But we should aim high. We should aim to get close to understanding where our client is coming from, and we should learn how to identify and resolve any misunderstandings that may arise between us. Clients can learn from us that misunderstandings can be resolved, and "distress can be weathered because it can be relieved".

Counseling and Schizophrenia:

Schizophrenia is considered one of the most severe mental disorders and there is strong neurological evidence that indicates it is difficult to treat. The mainstream treatment for schizophrenia is dominated by the pharmaceutical industry and largely consists of controlling the symptoms with medication. However, many studies show that symptoms in schizophrenic patients can be alleviated by psychotherapy, since beside the genetic predisposition factor, there are psychosocial factors like social avoidance and mistrust that contribute to the development of this disorder. Individual psychotherapy that aims at building a meaningful bond and cognitive correction, has shown to be very helpful for schizophrenic patients. On average, a patient receiving combined psychosocial and pharmacological treatment does better than 65% of patients treated with medication alone. Schizophrenic patients sometimes have largely lost their sense of self, or live in a fantasy world. The therapist can emphasize "you" in conversations with the patient, as in "you feel X" or "you think X" so as to help the patient get back a sense of identity and gain a correct perception of reality.

CONTACT INFORMATION

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Bank Accounts Karwan-e-Hayat (PCRC)-Keamari.

United Bank Ltd. Account No. 010-1935-1
Swift Code No. UNIL PKKA, Branch Code(0462),
Keamari Branch, Jackson Bazar,
KARACHI.

Bank Accounts Karwan-e-Hayat -Jami

Allied Bank of Pakistan Ltd, Account No. 01-100-8225-4
Swift Code No. ABPA BKKA, Branch Code(0414)
Defence Housing Society, Corner Sunset/Gizri Boulevards, KARACHI.

United Bank Ltd., Account No. 010-1613-5
Swift Code No. UNIL PKKA, Branch Code(1620)
Sunset Boulevard, Defence Housing Society, KARACHI.

Karwan-e-Hayat Website: www.keh.org.pk

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