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Community Mental Health Practice- Features and Characteristics

Seeing an Indian rural context and non availability of mental health facilities such as psychiatric care, related drugs and experts the suggested method is not only necessary but deemed practical!

The points explained in the table below rationalises and justifies the practice of Community Mental Health over Clinical Mental Health practice

	Community based Mental Health Practice	Clinical based Mental Health Practice
1	Applied in Community set up	Applied in Clinical Set up
2	The method is evolving and adopted after seeing visible changes practically experience by both the clients and their families. The method is in operational for some times and implemented in few known communities.	The practice is based on regular scientific researches and improvement which is being used by only professional & experts brought in. This practice has been in operational for many ages.
3	The practice is quite cost effective and stable, the interventions are not only focuses the client but also family, community and the environment in which s/he lives.	The practice is costly and interventions are solely directed at the person who is mentally ill.
4	The approach not only minimizes stigma/ discrimination but also allows families to ask/seek support from one another consequently sustains the value of community inter-dependence & harmony.	The approach invites stigma/ discrimination and the person/family with illness always feels isolated or discordant from the community where they live.
5	Any lay person in the community can use this method	Only professionals & experts can use this method
6	In this practice, the interventions can be customized based on person –familial interests, means and available resources by simply describing or interpreting the events/ patterns/ trends that commonly occur in the family or community set up.	In this practice, expert only follows DSM (Diagnostic System of Management) manual which is based on pre-applied and pre-instructed interventions.
7	The approach mainly focuses in the “Recovery of Social Outcome Functions” of the client like: 1. getting involved in daily chores 2. getting involved in every day household work 3. timely eating and eating well 4. timely sleep and sleep sound 5. Behaviour is organised & sober	The practice mainly focuses in the reduction of symptomatic changes in client illnesses.
8	The approach broadens the choice of intervention. The affected persons- familial life conditions can occasionally be assessed in which person-family him/herself takes responsibility to suggests, choose and accept to follow through on the best recovery options and in the process family becomes the part in extending care.	The approach appears quite limiting. The interventions are suggested and planned by psychologist while keeping client in focus which many times are not followed through responsibly by clients and his/ her family members stay aloof and unclear.
9	The week emotional capabilities or milder psychosocial disorders can be easily define by lay health workers in culturally appropriate word-meaning and can address same by means of low intense psychosocial intervention. Consequently, minimize stigma and welcomes for early recovery.	The “biomedical Diagnostic model” encompasses mostly the use of potential drugs & complex psychological intervention by professionals. The sign of change is faster but clients often relapse and stigma thrive due to disease labelling.
10	In the community, the practice of community mental health not only establishes the client-familial relationship, bonding and caring attitude but also preserves and safeguards intrinsic community values of joining others in extending care.	The method of practicing clinical psychiatry only further and further strengthen and resolute the profession.