Original Article

Optimizing psychiatric social work interventions: Formulating guidelines for mental health settings

Fathima Shibin[1], Shanivaram Reddy Krishnareddy[1], Nagaraj Naik M[2], Pallerla Srikanth[3]

[1]Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India, [2]Department of Sociology and Social Work, Christ University, Bengaluru, Karnataka, India, [3]Department of Psychology, SRM University, Vijayawada, Andhra Pradesh, India

Abstract

Background: Psychiatric social workers typically play an important role in the treatment and management of psychosocial issues at different levels, such as individual, family, and community levels. However, despite the field having a long history, there are significantly fewer standardized guidelines for interventions in mental health settings. **Methodology:** This study aims to develop guidelines for psychiatric social work interventions in mental health settings. Psychiatric social workers with a degree of M.Phil. in Psychiatric Social Work, 2 years of working experience, and working in mental health settings were selected for this study. Using purposive sampling, 15 psychiatric social workers were selected for this study and were interviewed using a semi-structured interview schedule. The data were analyzed using the qualitative method of content analysis. **Results:** There is a high level of satisfaction rate among psychiatric social workers about their work and profession, however, they face challenges because of non-clarity of roles and responsibilities, lack of theories, and difficulties in implementing theories into practice. More training, discussion, supervision, and exposure to different cases help improve the interventions' quality. **Conclusion:** Although psychiatric social work interventions are effective in addressing the treatment gap by providing curative, preventive, promotive, and rehabilitative services, there is no uniformity in the interventions, which in turn, explains the need for standardized guidelines for intervention. The study explains the guidelines for psychiatric social work interventions at the community, group, family, and individual levels.

Keywords: Guidelines, mental health settings, psychiatric social work interventions

Introduction

Psychiatric social work is the discipline where the principles and methods of social work are used in the mental health setting, and it encompasses psychiatric knowledge and focuses on theoretical and clinical work.[1] It was treated as a prestigious part of social work and was least considered for research in the initial days of the development of the discipline.[2] Psychiatric social workers, play an important role in the multidisciplinary team in mental health settings by treating and managing psychosocial issues at different levels, such as individual, family, and community levels, to enhance the quality of well-being, treat and prevent mental illness, rehabilitate to the family and community, and promote mental health.[3-7] Psychiatric social work interventions mainly help reduce symptoms, and improve functionality, quality of life, and social inclusion when treating people with mental health conditions, promote the worth and dignity of the person with mental illness and their families, by combining with pharmacological interventions as they have increased recovery rate and fewer relapse chances than only medication interventions.[8,9]

Address for correspondence: Dr. Shanivaram Reddy Krishnareddy,
Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India.
E-mail: sha3457@nimhans.ac.in

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In India, the profession of psychiatric social work has witnessed profound changes in the past few years.[5] Psychiatric social workers help the mentally ill person and their families to reintegrate into the community, address the stigma by creating awareness about mental health and promoting mental health, and facilitate community participation. However, there are significantly fewer standardized guidelines for psychiatric social work interventions in mental health settings. The available guidelines followed by the professionals are developed in Western countries or by professionals of other disciplines. The guidelines are not considered as the substitute for professional knowledge and clinical judgment of the practitioners, instead, their applicability and usefulness depend on numerous factors, including the availability of adequate research evidence, the quality of the methodology used in the development of the guideline, the generalisability of research findings.[10] Because of the lack of standardized guidelines for psychiatric social work interventions, the newly appointed practitioners find it challenging to practice the uniform model of the interventions as the actual practice of the social work methods in mental health settings is very different from the theories, thus, affects the communication of the psychiatric social workers with the multidisciplinary team and also the feasibility of the interventions. These interventions, performed without referring to any guideline or manual, have little attention given to the practical implementation of the intervention, and the planning for the same will be inadequate.[11]

Developing the guidelines for psychiatric social work intervention in mental health settings would help future scholars, trainees, and professionals in this field to have proper reference and guidance material. This will help to maintain uniformity in the practice of the interventions, lessen the burden on psychiatric social workers, explain their roles and profession to the multidisciplinary team, the service providers, and the public, and reduce the gap between the literature and the actual practice of the interventions. Psychiatric social work interventions are need-based and individualized, so the guidelines cannot be used universally for all cases. However, it can help the professionals get a broader idea about the interventions and clarify concerns regarding their roles and functions in mental health settings.[12] The guidelines can also provide insights to community practitioners and public health physicians about the need for psychiatric social work interventions so that they can refer the cases to the social workers to provide interventions.

Material and Methods

The study "Optimizing Psychiatric Social Work Interventions: Formulating Guidelines for Mental Health Settings" aimed to develop guidelines for psychiatric social work interventions in mental health settings. The objectives of the study were to study the challenges faced by psychiatric social workers, to explore their suggestions for the profession, and to develop guidelines for psychiatric social work interventions in mental health settings. An explorative research design was used to collect qualitative data from 15 psychiatric social workers, using purposive sampling. Social workers who have completed a two-year course of M.Phil. in psychiatric social work with a minimum of two years of experience in mental health settings, such as psychiatric hospitals, psychiatric rehabilitation centers, psychotherapy clinics, and district mental health programs, were selected for this study, whereas social workers not specialized in psychiatric social work and working in any other settings were excluded. Institutional ethical clearance was obtained for the study.

A tentative guideline for psychiatric social work interventions was made after a thorough review of existing literature and manuals, in the first phase of the study. The review was performed to identify all the existing guidelines for psychiatric social work interventions and to consolidate them based on recent updates. The main interventions were focused on individual, group, family, and community-level psychiatric social work interventions. Based on the findings of the review, a semi-structured interview schedule was framed to collect qualitative data from the participants. After the face validation of the interview schedule, 15 participants were interviewed, 11 in-person and 4 online interviews, with each interview lasting for 30-60 minutes. The interviews were converted to transcripts and analyzed using content analysis. Institute Ethical Committee-Behavioural Sciences Division approval has been obtained for the current study.

Results

Sociodemographic details of participants

It was found that the majority of the participants of the study were females, of age group 30-35 years, with an M.Phil. as the highest education qualification and working in adult psychiatric settings with 3-5 years of experience. The findings of sociodemographic details are presented in Table 1.

Table 1: Sociodemographic details of the participants

Variable	Category	Frequency (%)
Age	25-30	3 (20%)
	30-35	10 (66.7%)
	35-40	2 (13.3%)
Sex	Male	6 (40%)
	Female	9 (60%)
Education qualification	M.Phil.	11 (73.3%)
	Ph.D.	4 (26.7%)
Years of experience	2	1 (6.7%)
	3	5 (33.3%)
	4	1 (6.7%)
	5	3 (20%)
	6	5 (33.3%)
Area of experience	Adult psychiatry	7 (46.7%)
	Psychosocial rehabilitation	4 (26.7%)
	Psychotherapy	1 (6.7%)
	Addiction	2 (13.3%)
	Family therapy	1 (6.7%)

Sociodemographic details such as age, sex, educational background, years, and areas of experience of participants are explained in the table

Table 1 explains the sociodemographic details, such as age, gender, highest qualification, area, and years of work experience of the participants.

Opinions and suggestions for the profession

The participants responded with satisfaction towards their profession and work as it helps them to stay connected with patient and their families, and be part of the multidisciplinary team. However, the majority of participants (53.3%) responded with grievances with the profession, which included non-clarity of roles and responsibilities, lack of recognition and respect, poor representation of the profession, less salary, and induced sense of inferiority and doubt.

"I really like the work of the PSW but when thinking about the financial aspects and the acceptance and recognition of others for this profession, I am doubtful about that"- PSW4.

"Our own work or interventions are getting delegated into separate disciplines, which makes it difficult for social workers to carry it on a daily basis"- PSW2.

Most of the respondents responded difficulty in implementing and applying the theory to practice, lack of theories on the application of social work principles and methods in mental health settings, the need for updating the old, conventional theories, and the difficulty in selecting a theory based on the needs of the patient. There is a lack of theories or literature that guides the psychiatric social worker in implementing the intervention.

"We don't have time to look at our theories and our interventions and we spend more time learning the psychiatry. So, that is where there is a lacuna and that we should be bridging between the interventions and the theories"- PSW12.

The main suggestions put forward by the participants to improve the profession were training, guidance, exposure to different settings, supervision, and discussions with supervisors, more clarity on social work concepts and theories, and providing support to the service providers to improve the quality of the interventions, and uniformity in the psychiatric social work interventions, promoting unity among the professionals, quality assessment, standardization of the guidelines, and publication of more evidence-based research to improve the psychiatric social work profession.

"We have to keep ourself updated every day because new articles will keep coming and the access to them is also very easy. The experts will only orient us to the therapies, we have to build based on that based on our long experiences and reading theories. We should undergo through many training to know about the theories"- PSW7.

"Quality assessment by self and the supervisors"- PSW4.

Guidelines for interventions

The participants responded to certain guidelines that can be used while implementing psychiatric social work interventions, to increase the quality of the interventions and provide clarity about the mode of implementation. The various level of interventions and the related guidelines is explained in Table 2.

Table 2 explains the different themes identified related to the various psychiatric social work interventions, at the individual, family, and community levels. The additional verbatims provided by the professionals have mentioned in the Supplementary File.

Discussion

Because of the recent trends in the profession and increased recognition after the Mental Healthcare Act 2017, the demand for Psychiatric Social Workers has increased and thus is the profession's scope. Being part of a multidisciplinary team and the appreciation from patients and their families encourage and motivate psychiatric social workers to move forward in their profession, the respect and response they get from patients' families make them feel competent and satisfied. Despite this satisfaction, psychiatric social workers expressed certain grievances such as non-clarity of roles and responsibilities, loss of identity, no respect and recognition, poor knowledge of society about psychiatric social workers, no standardized guidelines for interventions, lack of theories specializing in psychiatric social work, and thus induce a sense of inferiority and guilt, getting paid less salary. This result is in supposition with the previous study[13] which states that the job satisfaction of social workers depends on their salary scale, defined roles and responsibilities, work environment, promotional opportunity, recognition and respect, and presence of adequate resources.[13,14] Thus, the migration rate among psychiatric social workers in India is increasing or they move to other professions to get more respect, thus, widening the already existing treatment gap.

Job satisfaction and the quality of services by psychiatric social workers can be improved by providing more training, guidance, and exposure to the interventions with adequate supervision and discussion with supervisors, clarifying the social work concepts, theories, and principles, and improving the mental health of psychiatric social workers. Promoting unity among psychiatric social workers, uniformity in the interventions, quality assessment of the interventions provided, standardization of the guidelines, and more publication of evidence-based research will improve the profession. Regular supervision, reinforcing the strengths of the social workers, and focus groups as support groups will improve self-esteem and job satisfaction, which improves the quality of interventions.[14]

Psychiatric social work interventions are effective in the promotive, preventive, curative, and rehabilitative aspects of mental health. These interventions also try to reduce the existing treatment gap in the community[5,7,9,15] and to improve the quality of life and psychosocial functioning of the person with mental illness and their families.[14,16,17] However, it was also noted that there was no uniformity in the intervention mode, leading to confusion and poor understanding of the interventions

Table 2: Interventions and related guidelines

Levels of intervention	Related Guidelines
Common guidelines	• Need assessment and interventions based on the needs of the patient and family. • Sessions on alternative days • Based on either existing theories and guidelines or the recent changes or updates in the psychiatric social work field. • Patient and family made comfortable • Interactive in a language that the family understands. • Feedback and follow-up of the discussion and the activities that need to be done. • The psychiatric social workers be mindful of their anticipatory worries, compassion fatigue, and self-care.
Community interventions	• Promotional interventions include collaboration with community members and Non-Government Organizations, awareness programs, community reintegration, and support groups for patients and family members. • Prevention interventions include training for early identification, mental health camps, and follow-up.
Group interventions	• Participants play an active role. • Based on the needs expressed by the participants. • Innovative methods and contents. • Group is a platform for the participants to express themselves without restrictions; it is all about sharing and discussing.
Family interventions	• Psychoeducation. • Addressing caregiver burden. • Family therapy. • Addressing the family dynamic difficulty. • Family reintegration and home-based care. • Educating on social welfare benefits, enhancing support, etc. • Be non-judgmental and neutral. • Understanding of the family's sociocultural and homeostasis background.
Individual interventions	• Psychotherapies. • Activity scheduling. • Vocational rehabilitation. • Skill training. • Rehabilitation. • Social casework principles. • Strength-based and right-based approach.
Psychosocial assessment	• Comprehensive, individualized assessment. • Based on which the interventions will be planned. • Covers factors related to the patient, family, and community.
Psycho-education	• On illness, sleep hygiene, disability, and breaking the bad news. • Session should be more interactive. • Feedbacks. • Pictures and brochures can be used.
Supportive psychotherapy	• Sessions are objective based. • Techniques such as ventilation, validation, reassurance, positive regard, etc.,
Activity scheduling	• Collaborative intervention. • The patient selects activities. • Diverse activities are selected and family and psychiatric social workers monitor them. • Reinforcement.
Social skill training	• Based on the social skill assessment. • Through group activities such as discussion, role-play, brainstorming, and exposure in the peer group.
Home visit	• Before the visit, there should be an objective for a visit; the family has to be informed about the visit, their consent was taken, and understand the community's culture. • During the visit, interventions must be provided based on the objective. • Documentation.
Agency visit	• Objective-based, and the psychiatric social worker has a list of the agencies that fit the objective. • For placement, vocational rehabilitation, liaison, and networking with agencies. • Documentation.
Motivation enhancement therapy	• Only be done when the patient is ready to change. • Assertiveness training, reinforcing, FRAMES and DARES principles. • Follow-up.
Relapse prevention therapy	• Identify the causes of the relapse and appropriate interventions are planned. • Enhancing coping skills, problem-solving skills, stress management, anger management, and environmental modification.
Socioeconomic assessment and welfare counseling	• Need of the patient and family. • Educate them about the various welfare benefits, how to register, and the need for proper use of documents.

The various areas of psychiatric social work interventions in mental health settings and the related guidelines is depicted in this table

among the newly recruited psychiatric social workers. Thus, putting pressure on the need for a standardized guideline for psychiatric social work interventions in mental health settings. The intervention guideline can be used as a reference or guide

by the psychiatric social workers in India for their interventions. As it is developed by professionals working in the same field, the connectivity is high. Limitations of the study are the sample size which was very small compared with the strength of psychiatric social workers in India, and as all the participants were working in the same tertiary mental health setting, there is a chance for sampling bias and bias in the information. The study covers a vast topic and area, and the time allotted was very limited. Also, there was very little literature on psychiatric social work for the researchers to refer to.

In this period of growing importance of the promotion of mental health, it is crucial for not only mental health professionals but also for other health professionals to be aware of the roles and duties of psychiatric social workers in mental health settings as their interventions expand beyond the walls of institutional care. This awareness would make the referral services much more effective and optimal utilization of the community mental health resources. The comprehensive and multidisciplinary efforts will help to reduce the treatment gap in society.

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Conflicts of interest

There are no conflicts of interest.

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Supplementary File

Opinions and Suggestions for the Profession

Satisfaction in the profession

"PSW can work in all the four areas like promotive, preventive, curative and rehabilitative aspects of mental health treatment. So, in that way, our role is very vast and we have a wide scope. So, I am satisfied"- PSW9.

"Overall speaking it is a very good profession because it connects us with the people very closely. So, the social problems and everything we know, you can see it in your day-to-day life that what is happening"- PSW3.

Grievances about the profession

- Non-clarity of the roles and responsibilities.
  "Psychiatrist's medicine, we can't give, CP's psychotherapy we can't give, our PSW intervention everyone can give, why so? We are not clear with our specific areas"- PSW10.
  "Our own work or interventions are getting delegated into separate disciplines, which makes it difficult for social worker to carry it on a daily basis"- PSW2.
- No recognition and respect.
  "I am dissatisfied about the idea that the PSW hasn't got the reach in the public just like other mental health professionals"- PSW4.
  "They kind of felt that we, social workers, don't have much knowledge about mental health, it took months to bring some changes in their attitude towards us. They just felt like you are too young to have experience and knowledge in mental health"- PSW2.
- No guidelines for interventions and poor representation of the profession.
  "Being in the social work profession, I felt like we need to establish the system properly because we knew the system had the problem. There is a lot of scope for us, people need us, but it is not established outside"- PSW2.
  "I had felt like there is no proper guideline. Everyone is practicing based on their subjective experiences and knowledge, no one is following a uniform performa. I feel it will be better if there is a uniform performa instead of everyone practicing on their own way"- PSW4.
- Induce a sense of inferiority, and doubt.
  "We are not a well-defined discipline and also somewhere, we have this sense of inferiority because we don't know exactly what we are doing"- PSW1.
  "There was no fixed working time and no relaxation, so my mental health started affecting. It made me have thoughts about my career. There was so much responsibility and I alone was representing the SW unit, I felt I was just trapped"- PSW2.
- Dissatisfaction with the salary.
  "After M.Phil, it was very difficult for me to find a better job, according to the MPhil posting and if jobs were available, it was for very less salary"- PSW2.
  "I really like the work of the PSW but when thinking about the financial aspects and the acceptance and recognition of others for this profession, I am doubtful about that"- PSW4.

Challenges faced while implementing theory into practice.

- Less theories on the application of social work principles and methods.
  "Most of the theories that we have for psychiatric social work are based on family-based intervention. There are very less theories based on individual level, so when I was working with individual, I felt difficulty"-PSW1.
  "The application of primary methods and principles of social work in PSW profession is very limited. I feel like when we are working in a mental health setting as a PSW, the social work methods have limited application"- PSW4.
- Implementation, conceptualization and application difficulty
  "I had difficulty to identify whether it can be applied in individual level or family level, which theory to be used for conceptualisation and after conceptualising using a theory, how to plan interventions or techniques based on that same theory"- PSW4.
  "When the patient is alone and he doesn't have much support from the family members, then it becomes very tough. So, in such areas, we do have really a lot of theories, but practically it becomes very hard"- PSW8.
- Focus on conventional theories
  "Because our generation and the way we evolve keeps changing, we need to adapt, we need to change accordingly"- PSW2.
  "What I really felt was when it comes to social theories, very less is based on the Indian perception like the cultural basis. So many times, we are following theories from the Western concept. We are still following the old theories, there are some updation which has happened in each theory. Now, there are some theories which are more into Indian contexts but not every theory"- PSW3.

- More focus on psychiatric theories than PSW theories
  "When we work as a multidisciplinary team, we tend to get more of psychiatric theories, which helps in terms of understanding the illness and to do the medications part. But being a social worker, that understanding you require, but that will not be going to help you in terms of… to plan your intervention"- PSW3.
  "We don't have time to look at our theories and our interventions and we spend more time learning the psychiatry. So, that is where there is a lacuna and that we should be bridging between the interventions and the theories"- PSW12.
- Theory should be selected based on the need of the patient.
  "Mostly, I felt that we are not following any theory as such in mental settings, we are always following an eclectic approach. We cannot use only a single theory while seeing a case"- PSW5.
  "What I learned was that we need to know about the various theories and we need to identify the situation of the patient and then we have to apply the theory accordingly"- PSW14.

Suggestions and recommendations

- Based on improving interventions
  "During the training, the institution has to arrange more sessions for practical exposure along with the theory. There should be more exposure on individual, family and group-based interventions"- PSW1.
  "Training should be more towards the practical aspects than the theoretical information. Giving a diverse explosion in terms of the realities of community, rehabilitation and mental health settings. Proper supervision and training should be given for each intervention"- PSW11.
- Based on improving the profession as a system
  "Use an approach or theory for all the cases, rather than just going and doing interventions. We should have an evidence based or empirical base for everything that we do"- PSW5.
  "*I really think there should be also reflection and publication that should become a must. If you think publication is a difficult thing, at least bring in and talk about the different tools and techniques they should study circles and think tanks that should come out*"- PSW15.

Guidelines for Interventions

Common guidelines

"Stick on to basic things and plan the intervention based on the interest of the patient and family members, we can't force them with our interests. If they have an interest, let them take up that interest, explore more about it, train them in that"- PSW7.

"I used to give practical example. In my practice, I used to feel like instead of giving all the time lecture, better is to provide it with practical examples. That they can understand more better compared to the lecture and the theoretical class"- PSW10.

Community-based interventions

"Need assessment for identifying the main area of intervention in the community and to identify the availability of resources in the community to fulfil these needs. Resource mapping can be done to identify the resources in the community and power dynamics"- PSW4.

"I must go with the prepared mind that anything may happen in community. But as a PSW, I should respect their culture, treat them with full dignity and should not show partiality and judgemental attitude. I show go with empty mind and accept the people as they are"- PSW9.

Group-based interventions

"*The type of the group is based on the need of the participants, if the initial 2-3 sessions are focusing on assessing the need of them, we will get to know what they want actually, based on that we can tailor our interventions on what they are lacking, or discussing on their ideas on healthy lifestyle or healthy relationship*"- PSW7.

"I would ask them to see the differences that made from the first group work to the second one. I would motivate the group members to see how motivating it is for you, what are the changes you can see, how much importance group work is for you"- PSW2.

Family-based interventions

"*When it comes to family, each family will have their own homeostasis. So that is very important to identify and every time the family dynamics in front of the therapist will keep changing. So, being a therapist, it's very important to develop the skill of not taking alliance with any of the participant in the family therapy*"- PSW3.

"When we are treating the family, we should always keep in mind that if a family is having a problem, they will also have the solution for that. Every family will have resources in the form of strengths, different coping styles. The PSW should be able to identify and utilise those resources. PSW should not blame or criticise any of the family members who are coming for therapy"- PSW9.

Individual-based interventions

"I would say we have to break the pre-planned intervention itself. With my experience, at times, I feel that it may not work for them. So, it should be an individualistic or tailor-made interventions for each individual is something that I really recommend"- PSW3.

"*Follow the casework principles which will help us to understand the patient very well. Then we will get to know what area we need to focus on. We need to accept the patient for they are and for what they do, empathy should be expressed to the patient*"- PSW14.

Psychosocial assessment

"Thorough assessment should include what is their way of saying their idea, their way of conceptualisation, everything we need to understand to show empathy towards them. Based on the findings of PSA, we try to take up a call on the intervention. What is their understanding about the situation, their motivation, why are they here, what is their model of illness, is there any IPR issues coming etc we can just put back these thoughts to themselves and see because they will be having some suggestions, we don't have suggest them and give information"- PSW7.

"I would prefer the life course approach for the assessment. Life course assessment means assessing the psychosocial issues, challenges and difficulties of the different stages of life from birth to death, with more emphasis given on the current life stage of the individual. Different performa should be there for the different life stage and for each gender group as the questions will change. So, the assessment performa will be more like an individualised performa"- PSW9.

Psychoeducation

"It should not be a lecture session, but an interactive session. It should be a teach back technique where we discuss about a concept and family what they understood from that. Understand their various concerns, the reason for the patient's resistance to treatment, what need to be done"- PSW11.

"I will be doing psychoeducation using the biopsychosocial model, and we will be following the already existing models of psychoeducation. What they are mainly focusing is on the illness and importance of medication, side-effects and regular follow up. Some models also talk about sleep hygiene practices"- PSW14.

Supportive psychotherapy

"While doing supportive psychotherapy, which is nothing about integration of all other psychotherapies, we should have good interviewing skills, encouraging skills and intervening skills"- PSW1.

"Understanding the person in the context of the issue and the environment, what exactly the person is looking for- ventilation, advice or support, etc. Non-judgemental, ensuring confidentiality is ensured while providing intervention"- PSW11.

Activity scheduling

"I will talk to the family about the token economy and reinforcement and need for supervision from their side, not close supervision"- PSW5.

"Whole day schedule is given to the patient based on the culture and culturally accepted activities are given. It would be better if the patient come with their own activity schedule"- PSW10.

Social skill training

"*Assessment needs to be done to evaluate the need for the social skill training and the areas that need training. Most of the cases have difficulty in communication, self-esteem, confidence in initiating conversation, vocation related social skills*"- PSW4.

"I won't focus or plan for unrealistic goals in social skill training. I start with small and smaller goals and gradually with the progression of the therapy as per the patient's ability, I set higher goals"- PSW5.

Home visit

"It is basically learning about the community, how far the community is disturbed or sees this as a disturbance, how far they understand that this is a mental illness. We should check how far the community responds to our intervention"- PSW2.

"By home visit we can evaluate and follow up on how much these interventions are being performed at home and what are the difficulties the family is facing. We can check with the family members whether they are using the services provided by us in the right way, how is the home environment, what are the difficulties they are using, the changes they noticed, both positive and negative"- PSW6.

Agency visit

"We can list out the NGOs doing these activities, go through their profile to know what are the activities they are providing, then we can match the NGO and our case, we can select an NGO for the visit. During the visit, we should actively observe for the activities they are really performing, the practical difficulties that they face"- PSW6.

"There should be a purpose for the agency visit and the same has to be informed to the agency before the visit. Periodical visits to the agencies where we have placed our patients need to be done so as to know if the patients have any difficulty there, how the agency is treating them"- PSW5.

Motivation enhancement therapy

"Motivational interviewing develops motivation and commitment in the patient and when these are good, we can focus on strengthening it. We try to identify the stage of change the patient is in, using motivational interviewing. Instead of arguing with the patient, we have to show empathy. It's not only about identifying where they are lacking and providing information on that"- PSW7.

"I can't force the patient to do MET. So, to determine that I will start by asking the patient to write the advantage and disadvantage, pros and cons of the behaviour and then ask if the patient is motivated to change. There should be regular follow-up after the discharge and the patient returning to the community in the action phase of MET. There is no meaning in doing MET for you are not following up with the patient as there is a high chance of relapse"- PSW5.

Relapse prevention therapy

"Identifying what is the causes for relapse? What are the maintaining factors for the relapse? Is it individual or is it family or is it a community or is it a peer group? Or drug adherence? I have to avoid that and I have to work on…. I have to deliver relapse prevention, based on that"- PSW3.

"I believe that relapse is a part of the intervention or the SUD. It is common in the treatment, so we should accept that relapse has happened and help the patient on how to overcome it in the future in a proper way"- PSW6.

Welfare counselling

"First we can educate the benefits that they are eligible for. Promote some advertisements with the involvement of celebrities will have more reach"- PSW9.

"Welfare benefits' awareness can be given along with how to apply for it. How to apply for disability benefits and disability pension. Procedure for the registration and the benefits can be discussed about. How to use the certificate properly"- PSW6.