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PARINDEY FOUNDATION: TRANSFORMING MENTAL HEALTH ACCESSIBILITY THROUGH INNOVATIVE IMPACT EVALUATION AND COMMUNITY-CENTRIC SERVICES

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Abstract

The internship at Parindey Foundation provided hands-on experience in clinical counselling, focusing on understanding client histories, building rapport, and implementing therapeutic techniques. This report examines five case studies, highlighting diverse mental health and developmental challenges. Case 1 involved a 20-year-old male diagnosed with Social Anxiety Disorder, treated with Cognitive Behavioural Therapy and counselling. Case 2 featured a 17-year-old female presenting with trauma, depression, and visual hallucinations, suspected to have PTSD. Case 3 addressed a 28-year-old male with OCD and anxiety, emphasizing the importance of psychiatric follow-up. Case 4 described a 3-year-old girl with developmental

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delays and limited communication, showcasing early intervention techniques. Case 5 involved an 8-year-old female with challenges in social interaction, language, and repetitive behaviours, emphasizing structured routines and special education. The analysis underscored the significance of multidisciplinary approaches, including interviews, genograms, and behavioural observations, in tailoring interventions. Key skills developed included effective communication, empathy, individualized care planning, and collaboration with professionals and families.

Keywords: *Clinical Counseling, Social Anxiety, PTSD, OCD, Developmental Delays, Therapeutic Interventions, Case History, Rapport Formation, Early Intervention.*

Introduction

1. About Parindey Foundation

Parindey Foundation is a not-for-profit organization, that offers caring and thorough mental health services for people of every age. The centre provides a variety of services to support patients in reaching their best mental health and living a satisfying life. The mental health team consists of skilled psychiatrists, psychologists, and therapists dedicated to offering evidence-based treatment and care. They cooperate with patients to create a custom treatment plan that caters to their individual needs and objectives.

The goal is to establish a society where mental health is valued and stigma is eradicated. The goal is to serve as a guiding light for individuals facing mental health challenges and to advocate that reaching out for assistance demonstrates courage.

It aims to offer evidence-based psychiatric services to individuals of every age. They are dedicated to providing individualized and culturally aware patient-centered care. The goal is to assist our patients in achieving peak mental health and well-being, empowering them to

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live satisfying and productive lives. They also aim to improve psychiatry through research, education, and advocacy. The centre offers consist of diagnostic assessments, medication supervision, therapy, and counselling. It provides care for various mental health disorders, especially among underprivileged people.

The Parindey Foundation's approach includes both direct services and instructional activities. The company offers services on a sliding basis to ensure affordability and sustainability. The Foundation utilizes connections and collaboration to broaden the scope and influence of its work.

It supports a comprehensive method for providing mental health care. It recognizes that mental health involves more than just the lack of mental disorders; it also includes building resilience, developing coping mechanisms, and fostering personal development. To achieve this goal, we provide a variety of wellness programs that encourage self-care, stress reduction, and healthy habits for living.

2. Internship Journey

This internship started on 29th August 2024. Firstly, the structure, of course, was briefly explained. For the day, we started with Introduction to Clinical Counselling and the stages of counselling. We were having in detailed discussion about Rapport Formation and various techniques used for Rapport Formation. We learned how to establish and maintain an empathetic bond with the client. As the session ended, a Role play was conducted to demonstrate the difference between empathy & sympathy and an open-ended & close-ended approach.

We discussed what case history is, why a client's history is essential, and how to elicit the client's history without triggering their emotions or thoughts. We work on two things in case history, Interviews and Questionnaires. Through interviews, we gain information through

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verbal interaction, whereas questionnaires aim to rectify and draw a conclusion of those verbal facts through direct written questions. It is essential to gain personal information, socio-demographic details, source of referral, treatment history, history of present illness (HOPI), family history, informant report (reliability and adequacy), and Chief complaint (C/C) of the client. Also, some factors highlight the importance of case history: predisposing, precipitating, perpetuating, limiting, and modifying factors. An informant's report is necessary to understand the client's condition from the perspective of his/her close ones. As the session ended, we discussed Genograms. A genogram refers to a diagram illustrating the client's family relationships and history, how they are related, and their medical history. It is an effective technique that helps the therapist and the client see the hereditary patterns of behaviour and knowledge about family relations and medical history.

The client's history should also include the history of past illness/disorders, the client's performance at the workplace/school and other activities, sexual and marital history, forensic history, the general pattern of living, home atmosphere, client's development as a child, and legal history. It is essential to have a client's sexual and legal history to know whether they committed any crime or offending behaviour in the past and how is their relationship with their partner in terms of gratification of needs. We were taught about Premorbid Personality, which covers the client's outlook and behaviour towards social relations; hobbies that the client enjoys, predominant moods and character (attitude to self, to work, interpersonal relationships, energy, and standard in moral matters) client. Premorbid personality also includes fantasy life and habits of the clients. A role play was conducted to gain live experience on how to gather clients' histories without making them uncomfortable or angry.

Further, we learned what a is Mental Status Examination and why it is needed. MSE is a “structured assessment of the client's behavioural and cognitive functioning." This assessment starts when the client first appears. From then to the last session, the therapist should observe

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the client's behaviour, motor functioning, speech, general appearance, and attitude. Observing the client's changing or fixed verbal and nonverbal gestures is crucial to understanding their condition. To conduct MSE, there are various techniques such as observing, conversing, exploring, and Testing. Some parameters for MSE are general appearance (kempt, sick, or perplexed), age estimate (some people are not ready to tell their age so that you can assume their age), body built (endomorphs, ectomorphs, mesomorphs), touch with their surroundings-how does a client know about orientation, know anything or not (present, partial, absent), eye contact (absent, partial, present), facial expressions (expressionless, sad face, flat, hand movements, wrinkled forehead, hunched position), motor behaviour (slow in physical activity, hostile, unfocused, handshaking, sloppy motions, goofy smiles, sharp involuntary twitches, stiffness, unusual posture), touching the examiner, and gestures s/he is making. Again, a role play was conducted to gain live experience on how to conduct MSE on the client. The remaining parameters of MSE are Speech (how loud or softly the client talks about, i.e., intensity), smoothness, quality (whether polite, rugged, or low), speed of reaction (rapid or very low), speaking ease (easy words said by the customer, comfortable customer, suspended whispering, stuttering or displaying mutism) Cognitive functions entail more speaking than seeing and include the following: orientation (people with severe disorders do not usually know the time, place or even their known and closed ones), attention (ask them to repeat something after you to see if they can), and concentrate (ability to maintain stimulus over a long period), Memory includes event memory (the capacity to recall events from the previous 2-3 days), distant Memory (events from many years ago), immediate memory (events from just a few seconds ago), and abstract ability. Intelligence (comprehension, vocabulary, mathematical abilities). Mini-Mental Status Examination, known as the Folstein test, is a 30-item questionnaire widely used in clinical and research contexts to assess cognitive impairment. It is widely used to screen patients in medicine and allied health. Further, a role play was

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conducted to gain live experience on MMSE. On the same day, we were asked to present a case history.

We learnt about the general understanding of counselling and why counselling is needed. Further, the discussion discusses the differentiation between Counselling and Clinical Psychology. We studied personality factors and background qualities of a counsellor such as empathy with the patient/client, Confidentiality, Patience, Warm, Observant, Knowledgeable, Good Listening skills, and maintaining a therapeutic relationship with a patient. We also studied about professional aspects of being a counsellor. We were taught about ethnic aspects of counselling (autonomy, justice, beneficence, nonmaleficence, and fidelity) and ethical principles in psychology. We discuss how to deal with and counsel diverse populations without hurting their cultural, regional, and personal sentiments. Building a counselling relationship is the most important aspect of counselling (Working Alliance and Johari Windows).

We observed a real case study of a client, highlighting how to observe and write a client's HOPI accurately. Further, we explained Schizophrenia and the types of schizophrenia disorders. Schizophrenia is a psychotic disorder affecting a person's ability to think, act, and behave. Delusional disorder, previously known as paranoid disorder, is a severe mental illness in which the individual cannot distinguish between reality and imagination. It is less common than Schizophrenia and has no other symptoms of psychosis except delusion. Schizophreniform disorder, unlike Schizophrenia, lasts from 1 to 6 months instead of the rest of the life. Schizoaffective disorders are a combination of mood disorders and Schizophrenia may co-occur at different times. Hallucinations and delusions characterise substance or medication-induced psychotic disorder due to the direct effects of a substance or withdrawal from the substance in the absence of delirium. There was an explanation of the Specified & Unspecified Schizophrenia spectrum. We studied the DSM criteria for various illnesses, including Intellectual.

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On the next day, I again got an opportunity to take a patient's case history. This whole case history experience taught me how to be a precise listener who can grasp and note each patient's issue of what Psychological Testing is different from Psychological Assessment. Psychological Testing is a simple, uniform procedure, frequently unidimensional, usually takes hours or even a few minutes, and is nomothetic in nature. Psychological Assessment is primarily complex, contains various procedures (interviewing, observation, Testing), is frequently dimensional, much longer than a test, often needs collateral sources, and highlights the uniqueness of an individual/group/situation (idiographic nature). Assessment is further differentiated into two, i.e., Measurement and Non-Measurement.

On the last day of the internship, we were awarded our internship completion certificates and LORs. With this, the internship ended on a good note.

Methodology

The Parindey Foundation case study uses a qualitative and quantitative mixed-methods approach to assess the organization's influence on mental health services. The process includes both primary and secondary data collecting. Primary data is collected through organized interviews with beneficiaries, interns, and staff, with an emphasis on the accessibility and quality of services delivered. Secondary data analysis comprises the examination of institutional reports, financial papers, and performance measurements, allowing for a thorough evaluation of Parindey's service delivery model and financial efficiency. This dual approach provides a thorough grasp of the foundation's distinct tactics, notably its emphasis on inexpensive mental health treatment, education, and training. The case study also shows real-life (facts changed due to confidentiality) mental health cases to which the organisation caters. It provides a comprehensive overview of the foundation's activities, social achievements, and the replicability of its mental health treatment model.

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Case Studies

The below stated are the works assessed to us during the internship.

Case study 1

Demographic details

Name: Mr Z

Age: 20-year

Weight: 60 Kgs

Height: 5’7

Gender: Male

Current Employment Status: Student

Ethnicity: Hindu

Place of Birth: New Delhi

Date of Birth: 12 July 2001

Chief Complaints

Z came on his own and reported that he feels discouraged and is facing much worry over college, noting that he spends "most likely playing computer games in his room his day playing computer games and struggles recognising what is pleasant in a typical day. He occasionally goes to class and has tried not to contact his teachers to attempt to rescue his grades this semester. He does not interact with people through social media or any other way. Remarkably, his degree of stress enhanced when he started pursuing his undergraduate degree. As soon as he faces people, he starts sweating and feels like running away. Most of the time, avoid getting out of the room. He even avoided making eye contact and was afraid of speaking.

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Family History

He is the second child of his parents. He lives in a joint family setup. His father is working, his mother is a homemaker, his elder brother is a graduate student, and his grandmother is bedridden. He interacted with his family members, but their interaction has reduced in the last few months. He is closest to his brother and mother. His parents do not have any diseases or disorders. Although, his elder brother was diagnosed with Schizophreniform disorder when he was in 11th standard. He was provided with treatment and medication. Now he is well.

Treatment History

He Never had any significant health issues except cold, cough, and fever due to weather changes.

Premorbid History

He has consistently been a self-portrayed timid individual and has had a tiny and robust gathering of companions from nursery to secondary high school. He has been great in academics since the beginning. However, he has been secluding more, diverting solicitations from his friends to eat or hang out,

overlooking his wireless when it rings, and routinely playing hooky. His interest in how others see him drives him to participate in these evasion practices. He has a long-standing history of being awkward with everyone and struggles to lift his hand in class and move toward teachers. He loves playing video games and painting.

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Behavioural Observation

He is a thin-built individual, appeared to be physically age-appropriate, and presented himself as a tidy young adult. It is discovered that when meeting new individuals, he struggles to focus on the connection since he is occupied with stressing over their opinion about him – he accepts they will discover him "idiotic," "exhausting," or a "failure." When he loses his fixation, he stammers, is speechless, and begins to perspire, which serves to cause him to feel more uncomfortable. After the communication, he replays the discussion repeatedly, zeroing in on the "idiotic" things he said. His feeling of dread toward negative assessment and his musings and practices encompassing social circumstances were noticeable, driving his expanding feelings of sadness, seclusion, and uselessness.

Symptoms

- Anxiety
- Depression
- Social Anxiety
- Ruminations

Diagnoses and Possible Treatments

The client is diagnosed with Social Anxiety Disorder. He has a social tension problem, which should be the critical treatment target. He could be given Cognitive Behavioural Therapy for Social Anxiety Disorder and regular counselling sessions.

Case study 2

Demographic details

Name- Ms. X

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Age- 17 years

Gender- Female

Informant(s)- Mother & Maternal Uncle

Chief complaints

According to the client's mother, the client is always on her phone and unwilling to study. Her behaviour is defensive and aggressive. She does weird things like lying under the bed. While talking to the client, she expressed that she disagrees with her mother. Her mother does not understand her, "*maa sabse meri burai krti rehti hai*." She even feels like getting up from bed, does not want to talk to anyone, and feels utterly depressed. During the conversation, she constantly talked about her father and brother, who passed away a year ago. She said she could see her father and brother, talk to them, and feel their presence around her. She feels physical pain which brought a visualisation of his father. She was not worried about setting up the new house where she shifted after her father's death. She even tried to run away from the hospital, stating that her father was calling her. She had many cuts and bruises over her body, to which she first said, "*Bathroom ma gir gayi*." After one hour, when we asked her again, she said, "*Saree pehente Hua gir gayi*." We also felt she had some physical disability as one eyeball was much bigger than the other, and she had some issues with her left leg.

Family History

She is the second child of her parents. Her father passed away in May 2021, and her brother also passed away in October 2021. Her father was an alcoholic, and her brother dropped out of school when he was in class 8th. Her parents had an abusive relationship, whereas she was close to her father and brother. She does not have good relations with her mother because

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she feels her mother is always ranting about her to everyone. Also, she is on bad terms with relatives, especially her paternal aunt, as she is abusive and forces her to get married.

Treatment history

Not provided

Premorbid Personality

Since childhood, she has been a class topper and interactive student. However, she was made to drop out of school in class 8th (no reason specified). She was recovering from trauma due to her father's death but went silent as her brother died.

Behavioural Observation

She is a thin-built girl wrapped up in a sari and neatly tied hair. Her way of dressing and presenting was more mature than her age, whereas she has a childlike voice. When she arrived, she was continuously busy on the phone, irritated with her mother's behaviour and even had an argument. While talking to her, we realised she was manipulating her answers and was in a hurry to go home as she expressed to make tea for her father. She also wanted us to focus on her buries and cuts. She did not give a precise answer to any question. Moreover, while talking to her informants, we asked her to sit outside from where she escaped. Her hair was open when we talked to her again after an hour. When we asked all the questions again, which were asked before, she gave different answers. Also, we asked her to read the lines on board which she could not read at all. When asked about restarting schooling, she said she does not want to study or go to school now as her friends and classmates are much ahead of her. We asked her what to do on their mobile when she had no friends. She said she watches the cartoon

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and God pictures. There were many flaws in the problem shared by her and the informant. No, follow up after that, even after repetitive calls from the hospital.

Symptoms

- Hallucinations
- Depressed
- Traumatised
- abuse or self-harm
- Mood swings
- Unable to read or frame sentences

Possible diagnoses and treatment

The diagnoses of this client were not made as she did not appear for the second session even after repeated calls. However, in this case, the possible diagnosis can be Post-traumatic stress disorder comorbid with visual hallucination.

Case study 3

Demographic details

Name- Mr P

Age- 28 years

Gender- Male

Education- BSc Graduate

Profession- Government servant

Informant(s)- Father

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Chief complaint

- He does not want to go out
- Stressed due to work pressure
- Lost appetite; always confused about things
- constant willingness to go back home while outside
- Keep things always clean
- I do not want to get married
- Relapses of anxiousness & agitation

For the last one week, he has had no will to do anything, does feel like eating, does not want to go to work and quit it, and has excessive sleep. Lost interest in going out or interacting. He feels all these things since he has been posted to Kota for work. Then when he returned from there, he was all good whereas again he went to Jaipur there he fainted and went to a doctor for mental health recommendation. All these problems are hampering his life since last 18 months.

Family history

He is the elder child of his parents. He has one younger brother. Everything in the family is fine and do not have any family mental illnesses or medical history.

Treatment history

He had a laser surgery for weak eyes in 2017. Before that he was diagnosed with Obsessives compulsive disorder. He got medications from Medanta hospital which was very effective. He discontinued the medicines. However, after being posted, he felt like not going to work again so consulted a doctor in Jaipur. The medicines turned out to be addictive so discontinued it.

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Premorbid Personality

Since childhood he is not a very expressive, and wants to be on his own. He has always been kind and helpful to everyone. He played athletics but now no interest in it. Now he likes keeping things clean, internet surfing and newspaper reading.

Behavioural Observation

He appeared weak but was appropriately dressed and neat and clean. He was continuously changing his expressions with subjects. Although, he maintained eye contact. He answered all the questions well but was repetitive. We felt his concentration and attention lacking, and his speech was hesitant, low pitch, monotonous and sad. He also seems anxious while talking. Whereas the man has a good intellectual and emotional understanding, that's what is going on with him.

Symptoms

- Not willing to work or go outside
- Over concerned about the cleanliness
- No appetite and increased sleep
- Lost interest in everything

Possible diagnosis and treatment

The client has OCD as he is obsessive with cleaning. Also, he has symptoms of anxiety and depression. Consult a Psychiatrist with regular follow-up counselling sessions.

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Case study 4

Demographic details

Name- Ms. B

Age- 3 years

Gender- Female

Informant(s)- Father

Chief Complaint

- Limited verbal communication (uses only a few words)
- Difficulty in social interaction with peers
- Unusual repetitive behaviours (hand-flapping)
- Delay in achieving developmental milestones

Treatment History

Previously attended speech therapy sessions for a brief period.

Behavioural Observation

- Limited eye contact during interactions
- Demonstrates a preference for solitary play
- Engages in repetitive hand-flapping when excited or anxious
- Displays difficulty in following simple verbal instructions
- Struggles with fine motor skills, such as holding a pencil
- Tends to become easily frustrated when unable to communicate effectively
- Shows interest in visual stimuli like bright colours and lights

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Case study 5

Demographic details

Name- Ms. C

Age- 8 years

Gender- Female Informant(s)- School Teacher and Parents

Chief Complaint

- Challenges in social interaction and forming peer relationships
- Difficulty in maintaining attention and following classroom instructions
- Limited expressive and receptive language skills
- Displays repetitive behaviours such as hand-flapping and repetitive vocalisations

Treatment History

Ms. C has received special education services at her school to address her developmental challenges.

Behavioural Observation

- Struggles to initiate and maintain peer conversations, often staying silent or speaking in scripted phrases.
- Demonstrates an affinity for routine and becomes distressed when routines are disrupted.
- Engages in repetitive hand-flapping and vocalisations when excited or anxious.
- Displays difficulty in understanding figurative language and non-literal expressions.
- Tends to become quickly overwhelmed in noisy or crowded environments.
- Shows interest in specific topics (e.g., dinosaurs) and can provide detailed information.

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- Exhibits difficulties with fine motor skills, making tasks like handwriting challenging.

Analysis Description of Skills

During my internship at Parindey Foundation, I worked with Miss B, a 13-year-old girl with developmental delays, particularly in communication and social interaction. This experience allowed me to develop and enhance a range of essential skills for working with children facing developmental challenges:

- Effective communication techniques for non-verbal children, including augmentative and alternative communication (AAC) devices.
- Understanding the unique needs and challenges of children with developmental delays and adapting therapeutic approaches accordingly.
- Implementing strategies to improve social interaction and engagement, such as facilitating playdates and group activities.
- Conducting assessments to identify specific developmental delays and designing individualised treatment plans.
- Utilising visual supports and structured routines to enhance communication and reduce anxiety.
- Collaborating with speech therapists and other professionals to create a comprehensive intervention strategy.
- Offering guidance and support to parents in understanding and implementing therapeutic techniques at home.
- Monitoring progress through systematic data collection and adjusting interventions based on observed improvements or challenges.
- Employing patience and empathy to establish trust and rapport with the clients, promoting a positive therapeutic relationship.

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- Adapting to the client's unique needs and preferences to ensure a comfortable and practical therapeutic environment.
- Recognising the importance of early intervention in addressing developmental delays and supporting the client's overall growth and development.

Key Learnings

a) The internship at Parindey Foundation provided significant opportunities for learning and skill enhancement in the field of psychology.

b) The intern's foundational knowledge of psychology expanded, including exposure to aspects previously unfamiliar.

c) Listening skills were honed through case history collection and field visits, enhancing the ability to empathize, identify problem areas, and provide thoughtful solutions.

d) Observation skills improved, enabling the intern to extract critical information from extensive client narratives effectively.

e) Gained practical understanding of various psychological disorders, their symptoms, and effects on individuals through case studies and educational videos.

f) Acquired proficiency in conducting and scoring psychological assessments/tests with accuracy while ensuring clients' emotional well-being, followed by detailed report preparation.

g) Developed a clear understanding of the distinction between a client and a patient in psychological practice.

h) Gained insight into the transformative role of pharmacotherapy in improving mental health and maintaining stability.

i) Engaged with individuals from diverse socio-economic backgrounds, recognizing that mental health support is universally essential, irrespective of financial status.

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j) The internship reinforced the intern's ambition to become a psychologist, providing clarity and focus on career goals.

Conclusion

The Parindey Foundation illustrates an effective strategy for providing accessible and inexpensive mental health care in India, led by a purpose of compassion, inclusion, and social impact. Dr. Pankaj M. Parashar's strategic vision has transformed the foundation into a vital resource for those seeking mental health help in a nation where such resources are frequently unavailable and stigmatized (Parindey Foundation, 2024). The foundation's holistic approach, which includes direct treatment, training, and educational opportunities, fills a significant need in mental health resources while also addressing a major public health need through creative solutions.

A significant characteristic of the Parindey Foundation is its dedication to cost without sacrificing quality. By providing cost-effective services, the foundation guarantees that mental health care stays accessible to socioeconomically disadvantaged populations, therefore addressing a significant obstacle to mental health access in India. The foundation's methodology incorporates a diverse range of support choices, from professional services to emotional therapy, resulting in a comprehensive response that acknowledges the complexities of mental health issues.

Beyond providing services, the Parindey Foundation makes a substantial contribution to capacity building through its training and internship programs, which not only improve the profession in mental health but also provide people knowledge that lessens stigma in society (Parindey Foundation, 2024). The foundation supports the future of mental health services and promotes wider involvement with this vital area of healthcare by enhancing the field with qualified practitioners.

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The work of the Parindey Foundation demonstrates how important mental health services are to building a stronger, healthier community. By fostering social peace, productivity, and well-being, access to mental health support helps the entire community (World Health Organization, 2023). The foundation is a leader in the mental health field and offers a repeatable model for similar organizations because of its emphasis on diversity, education, and quantifiable effect.

The Parindey Foundation will encounter possibilities as well as obstacles in the future. Although there are opportunities for development due to the rising demand for mental health services, cautious scaling will be required to guarantee long-term success. The foundation may further its purpose and perhaps have an impact on national mental health policy by improving its service delivery, fortifying its partnerships, and keeping its emphasis on social impact.

In all, he Parindey Foundation is a revolutionary force in India's mental health field. Its all-encompassing and open methodology, along with its dedication to training, affordability, and quantifiable social effect, provides a groundbreaking model for mental health advocacy and service provision globally.

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