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Karmapatham (The Innovative Path to Freedom of Persons with Mental Illness): A Programme Based on the Functional Staircase Model for Occupational Rehabilitation in Psychosocial Rehabilitation Centres

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Abstract
Background: *Psychosocial rehabilitation practices should focus on the functional development of persons with mental illness, enabling them to lead meaningful lives through community participation and to exercise the freedom to determine the direction of their lives. The* ***Functional Staircase Model (FSM)*** *provides a structured trajectory for progressive functional development in occupational rehabilitation. The subsequent development and field application of the FSM at two centres, one urban and one rural, provided a structured functional foundation for the further development and implementation of Karmapatham* (The Innovative Path to Freedom of Persons with Mental Illness) *as an occupational rehabilitation programme adaptable to psychosocial rehabilitation centres.*
Objectives: *To present the development, philosophy, objectives, programme components and implementation approach of Karmapatham as an FSM-based occupational rehabilitation programme for psychosocial rehabilitation centres.*
Methods: *Karmapatham uses the person's current functional level within the FSM to identify the next competency to be achieved and facilitates its development through purposeful activities. Progression is individualised and competence-based, with assistance and responsibility adjusted as functional abilities develop. Multidisciplinary teams at participating centres were trained by occupational therapists and psychosocial intervention experts. The functional trajectory remains visible to residents, rehabilitation staff and family members, providing a shared understanding of the present level and the next stage of development.*
Results: *Initial field implementation in contrasting urban and rural psychosocial rehabilitation settings provided practical experience supporting the feasibility of implementing Karmapatham. Following its initial field implementation, Karmapatham was adopted by psychosocial rehabilitation centres affiliated with the Centre for Social Sciences Education and Research (CSER). At present, 34 psychosocial rehabilitation centres in Kerala affiliated with CSER have adopted Karmapatham as an FSM-based occupational rehabilitation programme.*
Conclusion: *Karmapatham provides an implementation-oriented approach for translating the functional trajectory of the FSM into routine psychosocial rehabilitation practice through purposeful activity, progressive competence, graded assistance, increasing responsibility and participation. Its multicentre adoption provides a practice base for further systematic evaluation of functional and rehabilitation outcomes.*

Keywords:
Karmapatham; Functional Staircase Model; occupational rehabilitation; psychosocial rehabilitation; functional development; persons with mental illness; community participation.

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I. Introduction

Psychosocial rehabilitation has progressively moved beyond a narrow emphasis on symptom reduction towards recovery, personal development, meaningful occupation, social participation and community inclusion. Recovery-oriented approaches view rehabilitation as a process through which persons with mental illness can develop or regain a meaningful life, identity, agency and participation despite continuing mental-health difficulties [1–4]. This perspective places functional development and participation in everyday life alongside clinical care as important dimensions of rehabilitation.

The challenge is particularly relevant for persons who experience prolonged institutional or residential care. Although such settings provide essential care and support, institutional routines may unintentionally foster dependence and restrict opportunities for autonomous decision-making, meaningful occupation, responsibility

and participation in ordinary community life. Psychosocial rehabilitation therefore requires approaches that create progressive opportunities for individuals to exercise abilities, assume responsibility and participate increasingly in family, occupational and community contexts. Such approaches are consistent with the recovery-oriented emphasis on autonomy, participation and citizenship [5,6].

Contemporary mental-health and community-based rehabilitation approaches similarly emphasise person-centred care, recovery, empowerment, social participation and community inclusion. Rehabilitation therefore requires opportunities for people to develop and exercise functional abilities within meaningful everyday environments, alongside appropriate clinical and psychosocial support [7–9]. Within this perspective, occupation can extend beyond being an activity prescribed within a rehabilitation programme and can become a medium through which functional competence, responsibility, social interaction and participation are developed in real-life contexts.

In India, the Rights of Persons with Disabilities Act, 2016 and the Mental Healthcare Act, 2017 [10, 11] provide important rights-based foundations for dignity, participation, rehabilitation and community living. These developments reinforce the need for rehabilitation approaches that extend beyond clinical stabilisation towards functional autonomy, meaningful occupation and participation in everyday life. The practical challenge is therefore to organise rehabilitation environments in ways that provide graded opportunities for persons to learn, practise and demonstrate functional competencies rather than remaining dependent on care and supervision.

Within this context, the Functional Staircase Model (FSM) of Occupational Rehabilitation was developed as a structured framework for progressive functional development among persons receiving psychosocial rehabilitation. The model provides a functional trajectory through which a person's current level of functioning and direction of further development can be identified. It addresses the practical gap between clinical stabilisation and the development of functional competencies required for greater independence, occupational participation and community life. The development and empirical application of the FSM have been reported in the author's previously published study, *Bridge Gaps, Build Lives: Psychosocial Metamorphosis through Transcultural-FSM Occupational Rehabilitation Model* [13]

The development of Karmapatham has a related but distinct history. An early conceptualisation of Karmapatham was incorporated into training and educational materials developed for psychosocial rehabilitation practice in Kerala. This earlier formulation presented Karmapatham as an occupation-centred approach to psychosocial rehabilitation. The subsequent development of the FSM provided a structured functional trajectory through which progressive occupational rehabilitation could be more systematically organised, communicated and implemented.

Karmapatham is therefore conceptualised in the present paper as an occupational rehabilitation programme based on the Functional Staircase Model for application in everyday psychosocial rehabilitation practice. The FSM provides the framework for identifying a person’s current functional position and the direction of progression, whereas Karmapatham provides the programme through which purposeful occupations, graded responsibilities, appropriate assistance and opportunities for participation can be organised. The functional level provides a practical reference for identifying the next meaningful occupational competency, while the rehabilitation environment provides opportunities for the person to learn, practise and demonstrate that competency.

A distinctive feature of Karmapatham is its use of the psychosocial rehabilitation centre as a living occupational environment. Everyday occupations within the centre can provide authentic opportunities for participation, responsibility and functional development, while progressively more complex outdoor, occupational and community activities can extend the person's functional world. Individuals are not required to progress according to a rigid time schedule; rather, activities, assistance and responsibilities are adapted according to current abilities and demonstrated competence. As competence develops, unnecessary assistance can be reduced and responsibility progressively increased, supporting movement towards greater functional autonomy and participation.

Karmapatham is designed to use existing rehabilitation resources and opportunities rather than requiring a separate specialist intervention for every occupational task. Professional expertise remains important for assessment, programme planning, activity grading, training, supervision and evaluation, while appropriately trained rehabilitation personnel, facilitators and family members can support routine implementation within the person's everyday environment. This structure is intended to make the functional principles of the FSM applicable within routine psychosocial rehabilitation services while allowing adaptation to individual abilities and institutional contexts.

The programme has subsequently been implemented across psychosocial rehabilitation centres in Kerala. At the time of preparation of this article, 34 psychosocial rehabilitation centres affiliated with the Centre for Social Sciences Education and Research had adopted Karmapatham as an FSM-based occupational rehabilitation programme. The implementation experience provides a practice base for examining the feasibility of translating a structured functional trajectory into routine rehabilitation practice and for developing a systematic evidence base. However, programme uptake and implementation should not in themselves be interpreted as evidence of

effectiveness; prospective and multicentre research is required to examine functional progression, occupational participation, independence and other rehabilitation outcomes.

Accordingly, the present paper focuses on the development, conceptual structure, programme components and implementation of Karmapatham as an occupational rehabilitation programme based on the Functional Staircase Model. It complements rather than duplicates the author's previously published work on the FSM. The present paper does not reproduce the methodology or outcome evaluation of the FSM study and does not claim to provide a formal effectiveness evaluation of Karmapatham. Rather, it describes how the FSM can be operationalised through meaningful occupation, graded participation, progressive responsibility and reduced assistance within psychosocial rehabilitation settings, with opportunities for extending functional participation to family and community life.

II. Genesis and Development of the Karmapatham Programme

2.1 Early Conceptualisation

The conceptual development of Karmapatham can be traced to the training and educational materials developed for psychosocial rehabilitation practice in Kerala. A chapter on Karmapatham was included as Chapter 8, "Karmapatham: Pravarthanaadhishtitha Saamoohya Punaradhivasathinte Mathruka (Occupational Rehabilitation)," in *Dishaasoochi – Part 2* [12], a handbook prepared for caregivers working in psychosocial rehabilitation centres. This early formulation expressed the idea of a purposeful pathway through which persons receiving psychosocial rehabilitation could progress through meaningful occupational participation, increasing responsibility and greater functional independence.

The underlying orientation was not to regard occupation merely as an activity provided within a rehabilitation programme, but to use meaningful occupation as a medium through which functional abilities could be developed and exercised in everyday contexts. This orientation subsequently became more systematically organised through the development of the Functional Staircase Model (FSM), which provided a structured trajectory for understanding progressive functional development.

2.2 Development of the Functional Staircase Foundation

The Functional Staircase Model (FSM) of Occupational Rehabilitation was developed to address the practical gap between clinical stabilisation and functional recovery. It conceptualises functional development as progression through observable levels of everyday functioning, beginning with basic self-care and interpersonal participation and extending towards increasingly independent occupational, outdoor and community participation. The central emphasis is on demonstrated functional competence in real-life activities rather than clinical status alone.

The FSM therefore provides a structured reference for identifying a person's current functional position and determining the next appropriate area of development. Its assessment framework, including the Binary Assessment System of functional level achieved or not achieved (BAS), was designed to support the observable identification of functional progression and facilitate planning by rehabilitation professionals and caregivers.

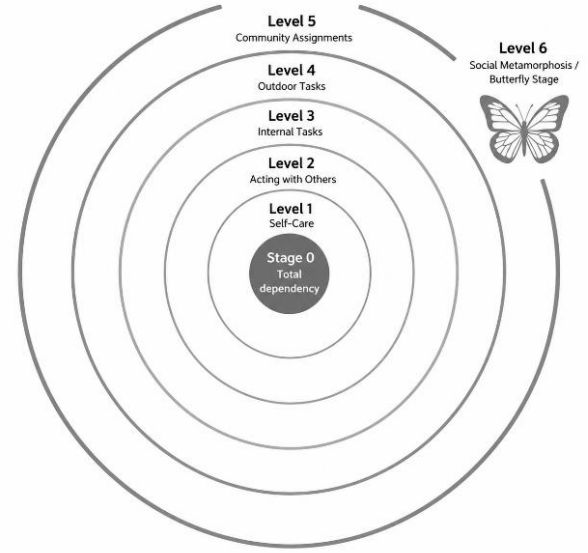

Figure 1. Functional Staircase Model showing progression from Stage 0 (Total Dependency) through Levels 1–5 towards Level 6 (Social Metamorphosis/Butterfly Stage). Source: Nazeer Garzia [13].

The methodology and empirical evaluation of the FSM have been reported separately in the author's previous publication [13]. The present article does not reproduce that empirical study. Rather, it builds on the FSM as the functional foundation for Karmapatham, an occupational rehabilitation programme with its own protocol and steps for adopting and implementing the FSM in routine psychosocial rehabilitation practice. The present paper therefore focuses on the development, philosophy, programme components, protocol and implementation approach of Karmapatham rather than duplicating the methodology or outcome evaluation of the FSM.

2.3 Occupation as the Medium of Rehabilitation

A central premise of Karmapatham is that occupation can function as a medium of rehabilitation rather than merely as an activity provided within a rehabilitation programme. Meaningful occupations provide opportunities for persons to initiate actions, make decisions, practise skills, assume responsibility, interact with others and experience the consequences of their own performance. Through appropriately graded occupational opportunities, functional competencies identified within the FSM can be practised and demonstrated in contexts that resemble everyday life. Thus, rehabilitation is embedded within purposeful doing rather than being confined to separate training exercises.

In this approach, the same occupational environment can accommodate persons at different levels of functioning. An individual requiring substantial assistance may participate in a simple component of an activity, while another person with greater functional capacity may undertake the same or a related occupation with greater independence, complexity or responsibility. The therapeutic significance lies not merely in completing the occupation, but in the progressive development of competence, autonomy and participation through occupation. This provides the practical link between the functional trajectory of the FSM and the programme implementation of Karmapatham.

2.4 Field Implementation

Following the development and application of the FSM, its principles were introduced into psychosocial rehabilitation practice in different service environments. Two centres played a particularly important pioneering role in this early field experience: Mar Gregorios Snehaveedu Psychosocial Rehabilitation Centre, Nalanchira, Thiruvananthapuram, and Jyothinivas Psychosocial Rehabilitation Centre, Vazhavatta, Wayanad. The former provided an urban rehabilitation setting, while the latter represented a rural setting. Their directors and multidisciplinary rehabilitation teams contributed to the early implementation of the approach and its translation from a functional framework into routine rehabilitation practice.

The experience across these contrasting settings was important because functional rehabilitation cannot be separated from the environment in which occupational participation occurs. The implementation demonstrated the practical relevance of using observable functional levels to identify residents' current abilities and to consider appropriate opportunities for developing subsequent competencies. The rehabilitation environment itself could provide opportunities for participation, responsibility and graded occupational engagement, with activities adapted according to the person's functional capacity.

Importantly, these early implementations provided field experience demonstrating the practical feasibility of implementing Karmapatham in contrasting urban and rural psychosocial rehabilitation settings. Their principal significance for this article is their contribution to the practical development and refinement of the Karmapatham programme, rather than constituting independent controlled trials of programme effectiveness.

2.5 From Functional Model to Programme

The field experience created the basis for distinguishing between the functional model and the programme through which the model is implemented. The FSM provides the trajectory of functional progression; Karmapatham provides the organisational and occupational structure through which that trajectory can be translated into everyday rehabilitation practice. Karmapatham also provides a defined programme protocol for adopting the FSM, guiding the identification of the resident’s current level, selection of the next competency, organisation of appropriate occupational opportunities and review of demonstrated progression.

The FSM defines the functional trajectory and criteria for progression, whereas Karmapatham defines how rehabilitation teams organise meaningful occupational opportunities to facilitate that progression in routine practice.

In Karmapatham, the person's current functional level is used as a reference for identifying the next meaningful competency to be developed. Purposeful occupations are then selected and graded according to the person's abilities, with appropriate assistance, supervision and responsibility. Progression is not intended to follow a rigid time-bound sequence. Rather, advancement is guided by demonstrated competence, individual readiness and the progressive reduction of unnecessary support.

The programme consequently links functional assessment with occupational opportunity:
Current functional level → next functional competency → meaningful occupation → graded assistance and responsibility → demonstrated performance → reduced assistance → progression.
This process allows the same occupation to remain meaningful while its level of complexity, independence and responsibility changes. The programme therefore focuses not simply on whether a task can be completed, but on the person's increasing capacity to initiate, perform, sustain responsibility and participate with progressively less external assistance. Where a person demonstrates readiness or competence in an alternative functional domain, the programme may also provide opportunities to develop that competency without requiring strict sequential progression through every intervening level, consistent with the Functional Bypassing principle of the FSM.

2.6 Karmapatham as a Pathway towards Freedom

The term Karmapatham is used in the programme to represent a purposeful pathway or course of action towards greater freedom. Within the Karmapatham programme, guided by the Functional Staircase Model, freedom is not defined simply as discharge from a rehabilitation centre. Rather, it refers to the progressive reduction of dependency and expansion of the person's capacity for self-care, meaningful occupation, responsibility, decision-making, social participation, community engagement and, where feasible, sustainable family or independent living.
The broader developmental direction can therefore be expressed as:
Dependence → Participation → Independent performance → Contribution → Greater autonomy
This orientation is consistent with the programme's emphasis on occupation as a medium of rehabilitation and on the progressive expansion of the person's occupational world. At higher levels of functioning, appropriately supported participation may also enable a person to contribute to the rehabilitation environment through peer participation, companionship or other meaningful roles. Such participation is intended to complement rather than replace professional and staff support.

2.7 Translation into Routine Rehabilitation Practice

A central feature of Karmapatham is the use of the psychosocial rehabilitation centre as a living occupational environment. The ordinary requirements of the centre can provide naturally occurring opportunities for meaningful participation, while the same occupation can be performed at different levels of independence and responsibility by persons with different functional capacities. This allows the environment to remain shared while the degree of assistance, complexity and responsibility is progressively adapted to each individual.

The programme is also intended to be feasible within ordinary rehabilitation environments. Existing daily occupations, staff resources, community relationships and the physical environment can become components of rehabilitation, while professional expertise remains important for assessment, planning, occupational grading, training, supervision and evaluation. Appropriately trained rehabilitation staff and facilitators can support routine implementation of Karmapatham under the guidance of the rehabilitation team and within the functional framework provided by the FSM.

Thus, the development of Karmapatham represents a progression from an early occupation-centred concept, through the structured functional trajectory of the FSM and its early field application, towards an implementation-oriented programme for routine psychosocial rehabilitation practice.

III. Philosophy and Core Principles of Karmapatham

Karmapatham is founded on the understanding that psychosocial rehabilitation is a process of progressive functional development rather than merely the maintenance of clinical stability. A person may achieve clinical improvement while continuing to experience limitations in self-care, occupational functioning, social interaction, decision-making and community participation. Karmapatham therefore focuses on the person's functional abilities and on creating opportunities through which these abilities can be developed, demonstrated and progressively extended. The emphasis is on what the person can do, what can be learned through practice and what responsibilities can gradually be assumed.

The person undergoing rehabilitation is regarded as an active participant in this process rather than a passive recipient of care. Rehabilitation goals are related to the person's abilities, interests, needs and aspirations, while activities are selected according to the person's current functional level and readiness. Learning takes place primarily through purposeful engagement in everyday, occupational, social and community activities. Such activities provide opportunities for practice, experience of success, recognition of difficulties and development of confidence and competence. The focus is therefore not simply on completing activities, but on enabling the person to acquire functional abilities that can be transferred to real-life situations.

The Functional Staircase Model provides the reference for this progression. Each level represents a recognisable stage of functional development and indicates the next competency to be achieved. This makes the direction of rehabilitation visible to the person, rehabilitation staff and family. The activities required to achieve

the next level need not always be delivered as specialised interventions by a particular professional; rather, the identified functional goal enables the rehabilitation team and the rehabilitation environment to provide appropriate opportunities for learning, practice and performance.

A further principle of Karmapatham is the progressive assumption of responsibility. Assistance is provided according to the person's needs and is adjusted as competence develops. A task that initially requires demonstration, direct assistance or supervision may subsequently be undertaken with guidance and, when appropriate, independently. The purpose of support is therefore to promote capability and confidence rather than to maintain unnecessary dependence. Progress is recognised through demonstrated competence, and not simply through the amount of time a person has spent in rehabilitation.

Karmapatham also emphasises the transition from the rehabilitation centre to the wider social environment. The centre is viewed as a setting in which functional abilities can be developed and prepared for use in everyday life. As competence increases, opportunities can extend from self-care and routine responsibilities to interpersonal activities, occupational tasks, outdoor activities, family responsibilities and community participation. The ultimate purpose of functional development is therefore not confined to improved performance within the rehabilitation centre, but extends to meaningful participation in the person's natural environment.

Progression is individualised and need not follow a rigid timetable. Persons entering rehabilitation may differ considerably in their functional abilities, previous experiences, interests, motivation, family support and social circumstances. Karmapatham therefore provides a structured direction while allowing activities and expectations to be adapted to individual readiness. A person may require more time to develop one competency while progressing more rapidly in another. The important consideration is demonstrated functional development and readiness for the next appropriate level rather than completion of a predetermined schedule.

The concept of freedom gives Karmapatham its distinctive orientation. Freedom is understood not simply as physical movement or discharge from a rehabilitation setting, but as the progressive expansion of the person's ability to care for self, make appropriate choices, undertake responsibilities, engage in meaningful occupation, maintain relationships and participate in family and community life. Each functional gain is therefore valued for the greater opportunity it creates for autonomy and participation. In this sense, functional rehabilitation becomes a means of expanding the person's practical freedom.

Karmapatham is designed to be implemented within the existing rehabilitation environment and does not depend on elaborate infrastructure or the continuous presence of a specialist professional for every activity. Its practical implementation depends on the coordinated participation of the person, rehabilitation staff and family, with professional support provided according to need. Observation, documentation and periodic review help the rehabilitation team recognise progress, identify difficulties and determine appropriate next steps. The programme can therefore be adapted to the resources, organisation and circumstances of different psychosocial rehabilitation centres while retaining the basic principle of progressive functional development.

Karmapatham seeks to transform rehabilitation from a process of caring for a person into a process of enabling the person to progressively care for self, assume responsibility, participate with others and function within the community. Through this approach, functional development, meaningful activity, responsibility and participation become interconnected steps towards greater freedom.

IV. Objectives of the Karmapatham Programme

The Karmapatham programme is designed to operationalise the functional progression principles of the Functional Staircase Model through a structured occupational rehabilitation process and a defined programme protocol. Its objectives are directed towards progressive functional development, meaningful occupational participation, increasing responsibility and reduction of unnecessary dependency. The programme is intended to provide rehabilitation opportunities that are matched to the person's current functional capacity while facilitating progression towards greater autonomy and participation.

The specific objectives of Karmapatham are to:

1. Facilitate progressive functional development by providing graded opportunities for individuals to develop and demonstrate competencies appropriate to their current functional level.
2. Use meaningful occupation as a medium of rehabilitation, enabling individuals to develop functional, interpersonal, decision-making and responsibility-related competencies through purposeful activities.
3. Translate the FSM functional trajectory into routine rehabilitation practice by using the person's current functional level as a reference for identifying appropriate rehabilitation goals and subsequent developmental opportunities.
4. Promote progressive responsibility and autonomy by appropriately grading occupational demands and reducing unnecessary assistance as functional competence develops.
5. Reduce passive dependency by creating opportunities for individuals to participate actively in self-care, household, centre-based, occupational and community-related activities according to their abilities.

6. Support transfer and generalisation of functional gains by progressively extending opportunities for participation from the rehabilitation centre to family, occupational and community environments where appropriate.
7. Provide a structured and adaptable programme that can be integrated into routine psychosocial rehabilitation services while allowing activities, assistance and responsibilities to be individualised according to functional capacity, preferences and environmental opportunities.

V. Karmapatham Programme

Karmapatham is organised around the functional trajectory provided by the Functional Staircase Model (FSM), which serves as the functional backbone of the programme. The person's current functional level provides a reference for identifying the next appropriate competency and for planning meaningful occupational opportunities through which that competency can be developed and demonstrated. The FSM is therefore applied as a guide for progressive functional rehabilitation rather than as a fixed classification of individuals.

The programme follows a progressive, individualised pathway. Rehabilitation planning begins with recognition of the person's current functional capacity, followed by identification of an appropriate next competency. A meaningful occupation is then selected to provide an opportunity for practice. The occupation may be adapted according to the person's abilities, interests, readiness and environmental circumstances, while the level of assistance, complexity and responsibility is graded according to functional capacity.

A central feature of Karmapatham is occupation as the medium of rehabilitation. Meaningful occupations provide opportunities to practise functional abilities in purposeful situations, while also developing initiation, decision-making, interpersonal participation and responsibility. The rehabilitation value of an occupation therefore lies not simply in participation, but in its relationship to the functional competency being developed and the person's progression in performance.

The programme incorporates graded assistance and progressive responsibility. A person may initially require demonstration, prompting, supervision or direct assistance. As competence develops, unnecessary assistance is progressively reduced and responsibility is increased. Progression may therefore be understood as movement from assisted performance towards greater independence and responsibility, while retaining appropriate support where required.

The psychosocial rehabilitation centre functions as a living occupational environment in which everyday activities and responsibilities can provide opportunities for functional development. Individuals with different functional capacities can participate in the same environment at different levels of complexity, assistance and responsibility. As appropriate competencies develop, opportunities can extend beyond the centre to family, occupational and community settings.

Progression within Karmapatham is guided by demonstrated functional competence rather than a predetermined timetable. When a person demonstrates the competencies associated with the next stage, more demanding occupational opportunities can be introduced. Where competencies have not yet developed, activities may be continued, modified or provided with appropriate support. Thus, the programme accommodates individual differences in the pace and pattern of functional development.

VI. Implementation of Karmapatham in Psychosocial Rehabilitation Centres

Implementation of Karmapatham begins with identification of the person's current functional level using the Functional Staircase Model (FSM). The rehabilitation team then identifies an appropriate next functional competency and plans opportunities through which the person can develop and demonstrate that competency. The person is involved in the process according to his or her ability to understand, choose and participate.

6.1 Identification and Planning

The current functional level provides the starting point for individualised rehabilitation planning. The team considers the person's existing abilities, support requirements, interests, readiness and environmental circumstances before identifying an appropriate next competency. The selected competency then guides the choice of occupational opportunity.

Activities are drawn, wherever possible, from the person's everyday environment and may include self-care, household and rehabilitation-centre responsibilities, interpersonal activities, occupational tasks, outdoor activities and community participation. Activities are selected for their relevance to the functional goal and should be meaningful, achievable and sufficiently challenging to encourage further development.

6.2 Grading of Activities and Assistance

The selected occupation is graded according to the person's functional capacity. Grading may involve modification of the complexity or sequence of the task, duration of participation, level of responsibility or amount of assistance provided. The same occupation may therefore be used at different stages of functional development.

Initial support may include demonstration, prompting, encouragement, supervision or direct assistance. As the person demonstrates greater competence, unnecessary assistance is progressively reduced. The intention is to facilitate the highest appropriate level of independent performance while maintaining support required for safety and wellbeing.

6.3 Observation and Review of Progress

Progression is assessed through actual occupational performance. When the person
Demonstrates the competencies associated with the next functional level, rehabilitation planning can be adjusted and opportunities corresponding to the next stage introduced. If the expected competency has not yet developed, the activity may be continued, modified or repeated with an appropriate level of support. Progression is therefore based on demonstrated functional ability rather than simply on duration of participation [13]**.**
This process is continuous and individualised. The pace of progression may differ according to functional ability, previous experience, interests, motivation and environmental circumstances.

6.4 Role of Rehabilitation Personnel

Karmapatham is intended to be incorporated into the routine work of the rehabilitation team rather than delivered exclusively as a separate scheduled intervention. In the participating centres, multidisciplinary rehabilitation teams, including MSW personnel, were trained in the Karmapatham programme and in the application of the FSM by occupational therapists and psychosocial intervention experts. Training focused on understanding the functional levels, identifying appropriate functional goals, organising suitable opportunities and observing and documenting progression.

Trained rehabilitation personnel can facilitate participation, provide appropriate assistance, encourage responsibility, observe performance and communicate changes in functioning to the rehabilitation team. At participating centres, occupational therapy and psychosocial interventions are integrated into occupational rehabilitation and implemented through the multidisciplinary team according to the individual's functional needs and rehabilitation goals.

6.5 Family and Community Extension

Family involvement is incorporated wherever appropriate. Family members can be informed of the person's current functional level and the next expected competency and can provide opportunities for practice and responsibility within the home and community environment. This helps establish continuity between rehabilitation-centre activities and everyday life.
The progression may therefore extend from activities within the rehabilitation centre to family responsibilities, outdoor activities, occupational situations and community participation, according to the person's abilities, preferences and circumstances.

6.6 Documentation and Monitoring

Observation and documentation form part of the implementation process. Recording the person's functional level, relevant competencies, level of assistance and progression provides a basis for reviewing rehabilitation plans and communicating progress within the rehabilitation team. At the participating-centre level, the FSM has also been used as a common reference for classifying and reporting the number of residents functioning at different levels. This provides an implementation-level mechanism for describing the distribution of functional levels across centres, while the present article does not report these data as an outcome evaluation.

6.7 Karmapatham Implementation Process

The implementation of Karmapatham follows a structured sequence through which the Functional Staircase Model (FSM) is incorporated into routine occupational rehabilitation practice. The protocol consists of the following steps:

Step 1. Training of the multidisciplinary team

The multidisciplinary team is introduced to the Karmapatham programme through the relevant chapter of the rehabilitation handbook and the accompanying concentric-circle diagram of the Functional Staircase Model (FSM). The diagram represents persons with total dependency as the Stage 0, with successive functional levels extending outward towards community-level functioning. Level 6 is represented as open to the exterior rather than as a closed circle, symbolising the *Butterfly Stage*, in which the person moves towards a socially independent life. This orientation enables the rehabilitation team to understand the functional trajectory and the intended direction of progression before implementing the programme. The diagram is also used as a psychoeducational aid to help residents understand their present functional position, the competency to be developed next and the broader direction towards socially independent life [13]**.**

Step 2. Identification of the current functional level
The functional status of persons undergoing rehabilitation is assessed with reference to the FSM. Residents are categorised into appropriate functional-level groups according to their demonstrated functional abilities. This provides a common reference for rehabilitation planning and enables the team to identify the individual's present position in the functional trajectory.

Step 3. Identification of the next competency
For each person, the rehabilitation team identifies an appropriate next functional competency based on the person's existing strengths and functional potential. The emphasis is on recognising and building upon strengths rather than focusing exclusively on limitations. The next competency is selected according to the person's current functional level, readiness and opportunities for further development. Where appropriate, the identified competency may be in an alternative functional domain in which the person demonstrates greater readiness or strength, allowing flexibility in progression consistent with the Functional Bypassing principle of the FSM.

Step 4. Selection of a meaningful occupation
A meaningful occupation is selected to provide an opportunity for developing and demonstrating the identified next competency. The occupation is chosen from activities relevant to the person's everyday life and may involve self-care, household responsibilities, interpersonal activities, occupational tasks, rehabilitation-centre responsibilities, outdoor activities or community participation.

Step 5. Grading of the activity and assistance
The selected occupation is graded according to the person's functional capacity. Its complexity, duration, responsibility and required level of assistance may be adjusted to provide an appropriate challenge. Assistance may include demonstration, prompting, encouragement, supervision or direct assistance and is progressively reduced as competence develops.

Step 6. Practice and demonstration
The person is provided with repeated opportunities to practise the selected occupation and to demonstrate the required competency in an appropriate rehabilitation environment. The
emphasis is on actual performance, rather than merely on participation in the activity.

Step 7. Observation and review of competence
The rehabilitation team observes the person's performance and reviews whether the expected competency has been demonstrated. Progression is based on observed functional competence rather than on a predetermined period of participation. The competency is recorded using the binary Achieved/Not Achieved approach of the FSM.

Step 8. Modification or progression
Where the competency has been demonstrated, the rehabilitation plan can progress towards the next appropriate level. Where the competency has not yet developed, the activity may be continued, modified or provided with an appropriate level of support. Thus, progression remains individualised and competence-based.

Step 9. Extension to family and community settings
As functional competence develops, opportunities are progressively extended beyond the rehabilitation centre to family responsibilities**,** occupational situations**,** outdoor activities and community participation, wherever appropriate. This enables functional gains developed within the rehabilitation setting to be applied in the person's natural environment and supports progression towards greater autonomy and freedom.

Step 10. Transition to Socially Independent Life
Persons who attain Level 6, representing socially independent functioning, are supported to move beyond the rehabilitation centre and engage in work, social relationships and community life. For persons who have no family members or relatives with whom they can live, the centre may provide accommodation through a separate residential arrangement known as “Stay Door.” Although physically separate from the rehabilitation centre, Stay Door remains part of the centre's support system. Residents live their socially independent lives outside the centre, engaging in work and other community activities, and return to Stay Door for accommodation, sleep and rest. This arrangement provides the necessary shelter without restricting the person's social and occupational independence, while allowing continued support from the centre when required.

VII. Experience of Implementation in Psychosocial Rehabilitation Centres

Karmapatham has progressed from its initial formulation to implementation in psychosocial

rehabilitation settings in Kerala. At present, 34 psychosocial rehabilitation centres affiliated with the Centre for Social Sciences Education and Research (CSER) have taken up Karmapatham and initiated its implementation. This wider implementation provides an opportunity to apply the Functional Staircase Model (FSM) as a common functional reference across different rehabilitation settings. The implementation of Karmapatham builds upon the earlier application and evaluation of the FSM in psychosocial rehabilitation practice [13].

As part of the implementation process, multidisciplinary rehabilitation teams, including MSW personnel, were trained in Karmapatham and in the application of the FSM by occupational therapists and psychosocial intervention experts. The training focused on understanding the functional trajectory, identifying the current functional level of residents, recognising appropriate next functional competencies and incorporating these principles into routine rehabilitation activities. This provided a mechanism for integrating Karmapatham within existing rehabilitation practice rather than establishing it as a separate service.

The early implementation experience included Mar Gregorios Snehaveedu Psychosocial Rehabilitation Centre, Nalanchira, Thiruvananthapuram, and Jyothinivas Psychosocial Rehabilitation Centre, Vazhavatta, Wayanad, together with their directors and rehabilitation teams. These centres played an important role in the early field application of the FSM and in its translation into practical rehabilitation activities. Their experience contributed to the subsequent development and wider application of the programme.

The participating centres have also been involved in an ongoing programme-monitoring

process, in which residents are classified and reported according to their functional levels within the FSM. This provides a common reference for describing functional status across centres and supports continued observation of functional progression.

Implementation experience has further highlighted the importance of the rehabilitation environment in supporting functional development. The use of clearly defined functional levels helps rehabilitation personnel and family members identify appropriate opportunities for developing and practising the next competency. Consequently, Karmapatham can be incorporated into routine activities and responsibilities within rehabilitation centres and, where appropriate, extended to family and community environments.

The experience across participating centres indicates the practical feasibility of introducing Karmapatham within existing psychosocial rehabilitation services through trained personnel and routine rehabilitation opportunities. However, this implementation experience should not be interpreted as evidence of programme effectiveness. The present article does not report the numerical distribution of residents across FSM levels or undertake a formal outcome evaluation; systematic evaluation of functional and other rehabilitation outcomes remains an area for further study.

VIII. Discussion

Karmapatham is an occupational rehabilitation programme with a defined protocol for implementing the Functional Staircase Model in routine psychosocial rehabilitation practice.

Its central contribution is to provide a functional trajectory through which the person's current level of functioning and the next appropriate functional goal can be identified and linked with meaningful occupational opportunities. This creates a structured connection between functional assessment, rehabilitation planning and everyday participation.

A distinctive feature of the programme is its conceptualisation of occupation as a medium of rehabilitation. Rather than treating activities primarily as isolated therapeutic exercises, Karmapatham uses meaningful occupations to provide opportunities for developing and demonstrating functional competence, responsibility, decision-making and social participation. The occupation therefore becomes both the context in which rehabilitation occurs and the means through which developing abilities can be applied in everyday situations. This approach is consistent with the broader recovery-oriented emphasis on meaningful occupation and participation, while giving these principles a structured functional progression.

The Functional Staircase Model provides the backbone for this progression. By linking current functioning with the next appropriate competency, the framework allows occupational opportunities to be graded according to individual capacity. Progression is not determined by a fixed timetable; rather, it is guided by demonstrated competence, with unnecessary assistance progressively reduced and responsibility increased where appropriate. This provides a practical mechanism for moving rehabilitation beyond passive participation towards greater functional autonomy.

The rehabilitation centre is consequently used not only as a place where rehabilitation services are delivered but also as an everyday occupational environment. Routine responsibilities and meaningful activities can provide repeated opportunities for practice and observation of functional performance. As appropriate competencies develop, these opportunities can extend to family, occupational and community settings. Such

continuity is important because functional performance within a rehabilitation centre does not necessarily ensure independent participation in ordinary life.

The implementation experience across 34 psychosocial rehabilitation centres and the training of multidisciplinary rehabilitation teams provide practical experience of incorporating the programme into existing rehabilitation services through routine occupational opportunities and trained personnel. The use of common FSM levels also provides a shared framework for describing functional status across participating centres. However, implementation uptake should be distinguished from evidence of effectiveness. The present study describes programme development and implementation and does not provide a controlled evaluation of outcomes.

Karmapatham may therefore offer a practical approach for settings in which rehabilitation needs to be integrated into everyday life rather than confined to discrete therapeutic sessions. Its application does not eliminate the need for professional assessment and supervision; rather, professional expertise is required to determine functional goals, grade occupations, assess risks, guide personnel and review progression. The programme's adaptability to different rehabilitation environments will depend on the availability of meaningful local occupations, trained personnel and appropriate family and community support.

IX. Limitations

The present paper describes the development, structure and implementation of Karmapatham as an occupational rehabilitation programme based on the Functional Staircase Model (FSM). The FSM has previously been applied and evaluated, establishing the progression of persons with mental illness across its defined functional levels [13]. The present paper builds on this established functional framework and translates it into a structured programme of meaningful occupational participation, graded responsibility and progressive independence within psychosocial rehabilitation settings. The multicentre implementation provides practical experience of applying this approach across different rehabilitation settings, while further systematic evaluation of Karmapatham as a programme will strengthen the evidence base for its effectiveness and broader outcomes.

Future research can build on this established foundation by examining changes associated with Karmapatham in functional level, activities of daily living, required assistance, occupational participation, social functioning, community participation and quality of life. Prospective multicentre studies can also examine the consistency of implementation across settings and the contribution of different programme components to functional progression.

X. Ethical Considerations

Karmapatham was implemented as an occupational rehabilitation programme based on the Functional Staircase Model (FSM) and integrated into the existing rehabilitation processes and daily functioning of psychosocial rehabilitation centres. The programme did not involve separate experimental recruitment of participants or alteration of the established admission procedures of the centres. Admission to the rehabilitation centres and participation in rehabilitation services followed the established procedures of the respective centres, including appropriate consent and safeguards for the rights and welfare of persons receiving rehabilitation services. The implementation of Karmapatham was undertaken with due regard to the dignity, autonomy, privacy and welfare of persons receiving rehabilitation services. The present paper reports the programme development and implementation experience and does not report identifiable individual participant information.

XI. Conclusion

Karmapatham represents the practical evolution of the Functional Staircase Model from a structured model of functional progression into an implementable programme for psychosocial rehabilitation. The FSM provides the trajectory through which functional development can be recognised and progressively advanced, while Karmapatham provides the programme protocol through which this trajectory is implemented through purposeful activity, practice, responsibility and participation in everyday life.

A distinctive strength of the programme is the visibility of the next functional goal. The functional level of a resident and the competency to be developed next can be understood by the resident, rehabilitation staff and family. This provides a shared direction for rehabilitation and allows the rehabilitation environment itself to become a setting for continuous functional learning. Progression is guided by demonstrated competence and readiness rather than by a predetermined timetable.

The significance of Karmapatham extends beyond performance of individual activities. Functional development acquires meaning when it expands a person's opportunities to exercise choice, assume responsibility, engage in meaningful occupation, participate in relationships and function within the community. In this sense, greater freedom is understood as the direction of functional progression rather than simply as a distant endpoint of rehabilitation.

The implementation of the programme across 34 psychosocial rehabilitation centres in Kerala, supported by training of multidisciplinary rehabilitation teams, including MSW personnel, and continued use of the FSM to

identify residents' functional levels, provides an important foundation for wider practice and systematic evaluation. The implementation experience indicates the practical applicability of the programme within existing psychosocial rehabilitation settings; however, systematic research is required to establish its effectiveness and broader outcomes.

Karmapatham seeks to shift the direction of rehabilitation—from doing for the person to enabling the person to do; from dependence towards capability; from capability towards responsibility; and from responsibility towards meaningful participation and greater freedom. This progression represents the central contribution proposed by Karmapatham to psychosocial rehabilitation practice.

Conflict of Interest: None

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