“On mental health, all of us need to supplement govt’s efforts”

Dr Bharat Vatwani of the Mumbai-based Shradha Rehabilitation Foundation – one of the two Indians who won this year’s Ramon Magsaysay Award – has been running mentally ill street-dwellers with their families, fighting against all odds. His mission began in 1997 when he and his wife (Smitha, who is also a practising psychiatrist) spotted a frail young man drinking gutter water out of a coconut shell and took him to their nursing home in Borivali. They treated him and reunited him with his family in Andhrapradesh. The couple also helped a well-known Sir JJ School of Architecture teacher who had suffered from schizophrenia, wandering in the streets for two years. After treatment, Dr Vatwani fought for him to get his job back. This triggered an overwhelming response from art students who organised a fund-raisers exhibition for Dr Vatwani’s cause to set up an institution for the mentally ill. Vatwani speaks to Geetanjali Mihnas about his mission.

Mental illness is curable in most cases, but in India most patients remain undiagnosed and untreated due to attitudinal stigma. How can we raise awareness?

Though curability and stigma are two different issues, both are interconnected towards the final outcome. In massive awareness campaigns both must be addressed specifically and separately. Attitudinal shift happens when patients’ families personally have a positive experience during recovery vis-a-vis the above parameters. That seals the entire process.

How has societal attitude towards mental illness changed over the years?

Significantly yet inadequately treatment facilities are popular all over the country and over-utilised. Due to the shortage of psychiatrists, the population is not being served adequately but people are coming forward for treatment. Social acceptance of the mentally ill is also growing. The family attitude towards their mentally ill member is also undergoing transformation and spouses too are more caring towards their mentally ill partners. Divorce due to cases of mental illness are coming down. Families are making arrangements for the future wellbeing of their mentally ill family members. The society is recognising the fact that a mentally ill person is not so of their own bad deeds and accepting that fact that mental illness is medical in nature and not due to black magic.

In your work, you must have faced many obstacles.

There were financial difficulties as donors in India are not sensitised towards mental illness and there is lack of trained manpower. With our centre located at Ratnagiri, the interior, the staff was not ready to stay there. We still do not have an entry-level associate residential psychiatrist or MD (medicine) physician.

In 1996 when we wanted to set up a psychiatric institution at Dahisar in Mumbai people did not want a centre for mentally ill near their residential buildings. They put up huge banners against us and took us to court. Finally we won the court case. With the judge pronouncing that the mentally ill are a part of the society and deserve to be treated within the same society. The judgment gave them their rightful place under the sun.

There were local challenges like power breaks, extreme weather conditions with patients developing heat stroke, and torrential rains leading to functional difficulties. With medical infrastructure at Ratnagiri woefully inadequate due to health complications like heart attacks, malaria, typhoid and TB, patients have to be shifted to faraway hospitals, resulting in loss of manpower and funds.

Other functional difficulties are poor internet connectivity especially during rains, presence of snakes and scorpion, use of bero drinking water which sometimes causes waterborne diseases, severe infections in patients, skin wounds (mangots), fractures, hypoprothrombinaemia, seizures, HIV infection and difficulty in tracing out addresses due to multiple languages in the country. It is specially challenging to reunite females from tribal areas and patients from migrant population with their families as it requires travelling to remote interior villages involving bus changes, crossing water ways on boats and walking long distances on foot. Despite all this sometimes it is not possible to trace our families and at other times families refuse to accept the recovered destitute.

Despite such challenges, what motivates you to continue with your work?

Compassion, commitment, immense job satisfaction, support of our staff, contribution of our well-wishers and every tiny contribution. We are our own personal and professional expertise in transforming the patients in promoting a successful model till other NGOs replicate it.

President Ram Nath Kovind has acknowledged that India is facing a possible mental health epidemic. Yet India spends only 0.6 per cent of its reducing healthcare budget on mental healthcare. The National Health Policy 2017 has a target of investing a mere 2.5 per cent of GDP on health by 2025. In such a scenario due you think the objectives of the new Mental Health Care Act, 2017, can be achieved?

Yet, but we cannot go on waiting and do nothing about it. All of us need to supplement efforts initiated by the government which means the private, corporate and pharmaceutical sector, NGOs, charitable organisations, local and foreign funding agencies, local governing authorities, psychiatrists, nursing colleges, social work institutes, youth organisations, media including social media, UN agencies, intergovernmental agencies, religious organisations, advertising agencies, human resource development experts, CBR funds, tax exemption schemes, educational institutes, vocational guidance organisations, employment bureaus etc., can do a lot.

The number of patients treated in mental asylums has increased manifold there are not enough mental asylums. Those that exist are not run well or do not function as inclusive nurturing places. Your comments?

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