Dr Bhairav Valvani set up a foundation to rescue and rehabilitate mentally-ill people

A simple statement on the website of Shradhha Rehabilitation Foundation reads — “reaching the unreached population.” It states a lot more than merely being the organization’s area of expertise. Most people, upon running into a mentally-ill, dishevelled person on the streets, either quickly change tracks or hand over loose change, often fearfully. But not Dr Bhairav Valvani. Staying true to his profession, the Mumbai-based psychiatrist has managed to understand and heal the minds of these destitute men and women, and often found wandering on the streets, lost in their own world.

Valvani and his psychiatrist wife Dr Fatima have since long quit their retribution efforts to treat mentally-ill individuals and eventually reunite them with their families. Valvani was honoured with the 2018 Ekam Shastragur award, awarded as the Asian section of the Nobel Prize.

very society, thus granting them their rightful place in the sun. Slowly, donations started trickling in, we managed to acquire a 0.5-acre piece of land in Karjat, in the outskirts of Mumbai, where our 120-patient full-fledged rehabilitation facility exists from 2006,” Valvani says.

But even after moving to Karjat, several problems continue to plague the Shradhha Foundation, not to mention the ever-increasing need for funds, intermittent electricity supply, extreme weather conditions, snakes and scorpions found around the facility, usage of boiling water for consumption which at times leads to waterborne diseases, are just a few problems faced by the non-governmental organization.

One such case was that of a destitute whose speech, though not very clear, seemed close to being Buddhist. Twice the social workers of the foundation attempted to find the person’s family, to no luck. On the fourth day, when they were near Chandigarh, a journalist from a Punjabi newspaper came and interacted with the patient. He concluded that the patient’s accent was from Lahauli. Fortunately, the patient too gave a clue of a place. The social workers took him to Lahaul and reunited him with his sister after 12 years. In another case, a patient hospitalized in 1991 now works in real estate, owns a Toyota Fortuner, and has even travelled to Thailand for a vacation.

Scouting the length and breadth of the country to locate a patient’s family, sometimes even in tribal areas, is no mean task. And yet, nothing is charged from the family — neither for the treatment nor any other arrangement. Right from going to pick up a roadside, mentally-ill person to the custodial care to reuniting him or her with the family anywhere in India or abroad, all services are free of charge.

For the rescue and later locating the families, local police, social workers, and relief efforts pitch in. Valvani shares the treatment process. “We have a trained workforce of 40 staff members who interact with the patients in their mother tongue and native dialects. Since a patient stays with us for almost two months, there is ample time and scope for interacting and bonding. After taking care of a patient’s general hygiene and blood investigations and physical assessment for basic parameters like anemia, tuberculosis, skin infections, eosinophilia, diabetes, hypertension, pregnancy, fractures, loco infections etc, he should be subjected to appropriate psychiatric treatment post-detailed psychiatric evaluation. Medication is tailored and modified as per individual response. As a patient develops trust with his own senses, he realizes that after recovery, other destinations are being sent home. Hope and optimism get instilled in him, and the continuous cajoling by the social workers seel the transformation. Almost all social workers stay on-site at the Karjat centre, which helps develop bonding. Finally, the social worker prepares a reunion trip along with other workers, and 2-6 rescued destitutes belonging to a common state, for example, Bihar or Madhya Pradesh, travel together.”

Valvani regrets the fact that there is a huge lack of awareness regarding mental health in India. Mental disorders afflict 11.7 per cent of the Indian population and these are less than 4,000 psychiatrists practicing in the country. In rural areas neither medication nor psychiatrists are available. However, in a village, a patient suffering from schizophrenia is ascertained without much discrimination. It is when these村庄 become towns that decreased tolerance towards psychiatric illnesses. He says, “Sensitivities exist between the family members towards their mentally ill. It is the lack of scientific knowledge which is the stumbling block. When I started a temple in Karjat apparently famous for curing mental illnesses, I witnessed 27 mentally ill being brought there in the span of 3 years. This reflects hope, concern and compassion for the mentally ill. Albeit mistreated.”

When he finally probed, trust in the times to come by saying, “good work shall continue when there is inherent goodness in the work,” it feels like all is not lost.

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