A wandered, mentally ill person provides a mirror to the lacunae that exist in the increasingly sophisticated world of urban psychiatry, reminding us that there are still many regions and communities in India which do not have the basic facilities of psychiatric health care.

Shradhna Rehabilitation Foundation deals with the neglected and abandoned element of human existence—the wandering, mentally ill road-side destitutes. And the common scenario which we see as psychiatrists at Shradhna lane while rescuing the的研究ed destitutes with their families in their 'Mudholi' hovels is that many a times the relatives of the wanderers, mentally ill have exhausted all their resources in terms of time, money and resources of energy to search for their lost relative, and have ended up proving that they are no more, believing that their loved one must have succumbed to a natural calamity (an accident or starvation or, in rare times, the plague and the lockdown).

Going beyond this alive or dead scenario and adding further dimensions to the picture, many a times the suspicions of the missing persons have remained, colds have been made and reversed, and assets have been exchanged, merely on the presumption that the missing persons is necessarily no more.

Completing the complicated grief picture is the all-important emotional aspect of having to believe that their loved one is no more, people not having clear and certain evidence towards their non-existence, or the presence of a dead body or any witness. This brings us (commending as professional psychiatrists) to the vexing psychological question as to when does a family stop waiting for the arrival of a loved but disappeared, possibly deceased relative, and when does it move on to an actual emotional acceptance?

Many times the relatives of the wanderers, mentally ill have exhausted all their resources in terms of time, money and resources of energy to search for their lost relative, and have ended up proving that they are no more, believing that their loved ones must have succumbed to a natural calamity.

All in all, one single disappearance, under the influence of mental illness, of a human being leads to the emotional scaring of the family, the neighborhood, and often of the entire community, intertwined as communities are, in India.

Heartrending story or Sanjay Kumar

Against this backdrop was the story of Mr. Sanjay Kumar. He was 48. So, their first day out by education, a native of Patri in Bhopal, a husband, a father of two children, a son to elderly parents, and affected by a mental illness called schizophrenia. He remained untreated for eight long years, lettered tragically and finally wandering away from home under the influence of the illness. This was in 2018.

Although missing for four years, as per his family, Kumar was only rescued from the streets of Bhopal on July 7 this year, as a Decide and distressed, wandering, mentally ill person, and was shifted to Shradhna in Kajal, Mahanagar on August 5 for further management and rehabilitation. The problems of human existence being what it is, no one knows where and when he lived for the four years since 2018, including the tumultuous, agonizing two years of the COVID pandemic, until Shradhna, an NGO in Kaziranga, Kerala dealing with the road-side destitute, rescued him from a nearby street this year and subsequently, three weeks later, Shradhna successfully rescued him from his family home.

Meanwhile, in a parallel universe, in his homeland, on June 9, 2020, during the COVID-induced lockdown, local police identified a dead body and suggested to the family of Kumar (which was already psychologically detached by his absence) that it could be Sanjay’s dead body, being the climax of some rumours created by several neighbours, that Sanjay had been seen wandering around the place where the body was found. Unaware of the intricacies of law, unable to verify the dead body, and buried and almost defaced by the weight of their own emotional plight and sense of loss, the family succumbed to the presumption that it was indeed his dead body and Kumar was no more. In a glaring state, the innocent family members completed the last rites and even hung a photo of their beloved Sanjay with a respectful traditional garland over it.

This, when the hush, gut-wrenching truth all along was that Kumar was alive in his own parallel universe created by his own wandering, in a different, unknown realm altogether—unseen, unseen and unheard by anyone. Such is the reality of the life of the wandering, mentally ill road-side destitutes on the streets of India.

When Ajay Rainom, a social worker of Shradhna, traveled with Kumar all the way from Mumbai to Bhopal, on the auspicious day of Chhatra Pooja, it was an event of shock and utter miracle for the entire family, who consistently had just returned from the religious rituals of the Chhatra Pooja from the banks of the nearby pond, to see a presumed dead relative alive in full flesh and blood, and in a recovered state, as compared to how he had been when he had wandered away.

Kumar may have been lucky in having a loving and caring father, and non-greedy siblings who did not exploit his rights. The fact remains that the certificates issued by the authorities despite adequate verification could have been missed at any level.

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Such are the travails of a person in terms of lives factorial constitutional human rights.

Legislative guarantees

The Mental Health Act, 2017 states that persons with mental illness who are destitute/houseless living below the poverty line (BPL) (whether or not in possession of a BPL card) whose situation is such and wandering, mentally ill road-side destitute fall(s) shall be entitled to mental health services free of charge at all mental health established (MHE) run or linked by the appropriate government agencies. The mental health services are of affordable cost, of good quality (up to other general health services), available in sufficient quantity, accessible, and the services should, if at all possible, be designed to minimize the stigmatization and discrimination on the basis of gender, sex, religion, culture, caste, social or political beliefs, disability or any other basis.

The same Mental Health Act further states that every person with mental illness shall have a right to live in, part of and not be segregated from society, and have the right to be with dignity.

And to add salt to the starker, the same Mental Health Act goes on to add that every offender in charge of a police station shall have to do:

(a) To take under protection any person found wandering at large within the limits of the police station where the officer has reason to believe has mental illness and is incapable of taking care of himself.

(b) To take under protection any person found wandering at large within the limits of the police station where the officer has reason to believe has mental illness and is incapable of taking care of himself.

(c) To hand over to the police officer any person with mental illness who is homeless or found wandering in the community, an Filled of a missing person shall be lodged at the concerned police station, and the station house officer shall have to take the family of such person and inform the family about the whereabouts of the person.

While appropriate laws are in place, the million-dollar question arises—where are the actual ground-zero police human resources, and where are the actual ground-zero MHEs? Add to this the various gaps within the police jurisdiction between the MHE and the police within the same police station.

Actual ground reality

And what is the actual load that we are looking at in our beloved country? In India, there are an estimated 11 million households individuals with 50-00 per cent of households being affiliated with mental illness, this works out to about 80 lakh. This correlates with the official statistics from the National Institute of Mental Health and NeuroSciences, Bangalore. Whether homelessness causes mental illness or whether mental illness causes the person to wander out of their home are not mutually, unquestionable questions, but the hard reality remains that there is no consistent nationwide planning to handle this.

While appropriate laws are in place, the million-dollar question arises—where are the actual ground-zero police human resources, and where are the actual ground-zero MHEs? Add to this the various gaps within the police jurisdiction between the MHE and the police within the same police station.

There must be the remaining 3.99,999,999 individuals whose families must be in emotional limbo as to when to stop waiting for the arrival of a loved but disappeared and presently deceased relative, and when to move on to an actual, true emotional closure. Add to these the neighbourhoods, their entire village communities and one gets an idea of the emotional isolation caused, unrest, unforeseen, un-ventilated and unexpressed that exists, associated with this plight of the wandering mentally ill. There is no organization or voice to be heard.

Since individuals with mental illnesses often do not have a say or a voice even more, and are not considered part of a significantly healthy and responsible society, events such as wandering out of home and health add to the layers of injustice and exploitation of the mentally ill.

Out of a total budget health for the whole of India of 73.852 crore rupees for the year 2022, a paltry 4.19 crore rupees was allotted to the National Mental Health Programme (NMHP), raising the overall mental health spending 0.81% of its total health budget on mental health. Mental illness in India has been considerably under-invested in, and huge wealth of populations with major mental illnesses do not have access to psychiatric treatment and may even eventually wander out of their homes.

The road ahead

Rehabilitation of the wandered, mentally ill road-side destitutes is no rocket science, but not a place of aether. A system of ‘Maha- ‘Rehabiliation’, ‘H Pratishtha’ – Rehabilitation – Outreach forms a simple model, reaching the origins of infections of what is lacking and what is needed.

A wandered, mentally ill person provides a mirror to the lacunae that exist in the increasingly sophisticated world of urban psychiatry, reminding us that there are still many regions and communities in India where do not have the basic facilities of psychiatric health care, even if there are, they have a very poor outreach.

When we at Shradhna rescue such rescued wandering mentally ill patients with their original ailments, instead of allowing them to remain unattended on the roads, we reach out to the community. Bringing hope for them that mental illness is a treatable entity and people with mental illnesses can live a normal life, breaking the shadows of stigma and unawareness.

The Shradhna rehab model is unique in its own way, but to have a broader outreach, the government must understand that mental health spending 0.81% of its total health budget on mental health. Mental illness in India has been considerably under-invested in, and huge wealth of populations with major mental illnesses do not have access to psychiatric treatment and may even eventually wander out of their homes.

To conclude, what is needed is not just laws (which on paper already exist even now), what is needed is a huge awakening of civil society, for the central government’s financial inputs in the health sector. India has physical infrastructure on par, but the mental hospitals level (in terms of more psychiatrists, psychiatric social workers, nurses, and trained community volunteers). Each one of us can do a bit.

The private sector can contribute its own micro, individualistic level, the corporate sector can make major contributions, NGOs can do their other collective and voluntary outreach to the intestines of India. The pharmaceutical sector can do its bit by giving these practitioners’ a helping hand.

The mental illness is a battle that we must all fight together. Although the government is responsible for bringing in the mental health act,müller it’s the responsibility of the states to implement and act accordingly. But the changes cannot come overnight. Psychologists can do a lot (other than spreading the road-side destitute into its nursing homes by giving up, regular visits to NGOs shielding the nursing colleges can also do their part, social work institutes can plot in an understanding, socially aware, much support can provide outreach programs, HR development experts their professionalism, corporate social responsibility funders can reach out with the NGO that helps the NGOs in the corporate sector only give the NGOs a coffee to give up to the NGOs that has given, but the NGOs can help the individual corporates on social media and at public events, which they might not have the funds for, or the NGOs can take up the role of intermediaries, communicate the information, educational institutes can help through consortium of social foundations, vocational guidance organizations can provide counseling, and employment bureaux can see to it appropriately isolates applicable.

A huge awakening is required in civil society.

There has to be an eternal, spiritually humanistic Gandhian desire to touch the last man standing, in our individual and collective decision-making processes.

And the last man standing in this case, Kumar truly was, until Shradhna reached out and restored him to his loved ones at Bhopal, and with it 3.99,999,999 mentally ill road-side destitutes are, and remain, you me, us – all of us – reach out and rescue them from their unnamed, unspoken, unheard non-existence.