

PHILIPPINES

News

Manila

AUGUST 2018



RESPONSE
BHARAT VATWANI
2018 Ramon Magsaysay Awardee
31 August 2018, Manila



From the beginning of Time, the world has always been a conflict between between Right and Wrong, between Truth and Evil, between Justice and Injustice. Ultimately, community leaders like Mahatma Gandhi, Mother Teresa, Nelson Mandela, Vinoba Bhave, Martin Luther King, The Dalai Lama, Baba & Prakash Amte, irrespective of their particular sphere of activities, support, and are torch bearers of the former. And have ended up becoming emissaries of Truth itself. Often reaching far beyond where the stone thrown into the pond of Life falls, are the implications of the ripples that the stone hitting the water has caused. And the Ramon Magsaysay Award, by recognizing individuals from Asia, has further added to the distance of the ripples created by Asian social Emissaries. It is not individual causes that we as Awardees represent, it is the hope of a collective good, a hope that Truth and God shall prevail within Mankind. And that ultimately we shall join in eternal bonding to the greater Cosmos of a God's Creation beyond.

Despite this, the cause of the wandering mentally ill roadside destitute which our NGO Shradhha Rehabilitation Foundation espouses, does deserve its place under the sun, as an unspoken tragedy that has befallen mankind. This is because the mental illness causing the destitute to end up on the roads, is not of his/her own making. The wandering mentally ill are shunned, rejected and denied. They brave the chilling winters, the searing summers and the torrential rains for months, years, often decades on end. And continue to be shunned, rejected and denied. To the point of non-existence. And to correct this injustice, at least in India, was born Shradhha Rehabilitation Foundation.

We had naively thought during its inception, that in the span of our lifetimes, a lot would change for India's wandering mentally ill. But today, having read a lot of literature on the psyche of social workers, both the famous and the not-so-famous, the heard and the not much written about, I am well aware that the laying down of one lifetime may well be inadequate for a cause. Lincoln had his bouts of deep soul-searching depression. But the cause which he fought for viz racial discrimination has not been sorted out in its entirety, till date. Nobel Laureate Tagore wrote 'Into that Heaven of Freedom, my Father, let my Country awake..' 75 years on, his Country is yet to realize his vision. Lincoln and Tagore and those millions of silent strugglers all over the world, who have partaken in ideological wars over innumerable years, have taught us that Change is a Slow Process. However strong and deep rooted be the emotions, however piercing the inner outcry against social disparity or injustice, howsoever passionate the associated intrinsic desire for change, the wheels of the Gods move slowly, albeit very slowly.

And to silently continue on your chosen path, with your nose to the grind, like the faceless, nameless, anonymous soldier carrying the half-hoisted flag of Truth on his shoulder, becomes at some point of time, the wheel of silent revolution in your own silent unwritten destiny. Leading one to understand the Gospel Philosophy of the Sages of Yore that truth is Truth only when it has the capacity to stretch beyond the limits of all endurance, light is Light only when it has the capacity to pierce the darkness. I end this outpouring with a few lines from one of my earliest poems –

If Life,
could be founded on hope,
And Wisdom,
on mere understanding,
Then the horizons would be mine,
The rainbows notwithstanding,
But I had nothing,
Just this pen, paper and a few words,
And my feelings for you,
From the beginning of time....

Thank You.

**NATIONAL
News
JULY 2018**

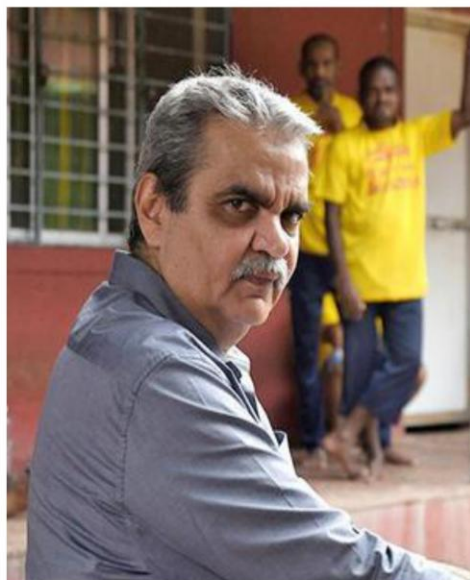
THE HINDU

He heals the 'wanderers'



Yoti Shelar

MUMBAI JULY 28, 2018 02:34 IST



"I always had a very low opinion of the work we do. Because, every time I see a mentally ill patient wandering on the road, I realise that I am not doing enough," says psychiatrist Bharat Watwani who is one of the two Indians to be awarded the prestigious Ramon Magsaysay award this year.

The 60-year-old doctor hopes that the award will now bring much-needed attention to his cause of rehabilitating and reuniting the mentally ill, who have wandered away, with their families.

"We don't pick up beggars or homeless who know their way around. The mentally ill are out there on the roads because they can't find their way back. They get lost because of being delusional," says Dr. Watwani, an alumnus of the Grant Medical College and GS Medical College in Mumbai.

The Shradha Rehabilitation Foundation that he started with his wife Smitha, also a psychiatrist, has reunited nearly 7000 mentally ill wanderers with their families since 1997. Back then, the facility was in a small bungalow in Mumbai's Dahisar area.

By 2006, the foundation moved to Karjat, on a 6.5-acre plot that Dr. Watwani bought with donations. He has a staff of 20 social workers, eight nurses and three other doctors. They take the patient to their hometown with minimal details and dig out more with the help of the police and locals.

What does this award mean for the work that you have been doing?

It has come as a surprise. I have always maintained a very low profile and concentrated on my work. But this recognition means awareness about mental health is increasing and my cause will get noticed even more. I hope that more people start working in this field.

What motivated you to do this work?

The first turning point came way back in the early 1990s when I and my wife spotted a young, skinny boy on the roadside drinking water from a gutter with a coconut shell. The scene was disturbing. We picked up the boy, who was diagnosed with schizophrenia, and treated him at our nursing home in Borivali. It turned out that he was a B.Sc. graduate who had wandered because of his illness. The second turning point came when I met Baba Amte at Anandwan. He inspired me to expand my work. That was a trigger for me to move Shradha Foundation to Karjat.

What does India lack as far as mental health is concerned?

We lack awareness about mental illness. A lot of people depend on rituals and temple visits instead of treatment. We lack mental health facilities equipped with qualified doctors.

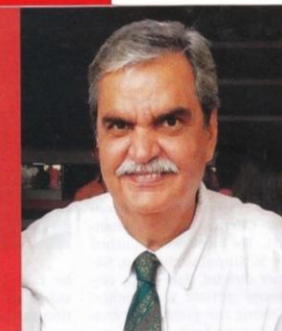
Business India

THE MAGAZINE OF THE CORPORATE WORLD

July 30-August 12, 2018

'Enhance awareness about mental illness'

Bharat Watwani, 60, has been awarded the Ramon Magsaysay award for treating the mentally ill, destitute and schizophrenics found by the roadside and rehabilitating them with their families. This is done through his NGO, Shradha Rehabilitation Foundation, based in Karjat, Maharashtra. Aply supported by his wife, Smeeta, also a psychiatrist, the NGO, founded in 1988, has successfully rehabilitated 7,000 people till date. Just after the announcement, Watwani spoke to Daksesh Parikh



How do you feel about the award?

I am ecstatic about this award as the award committee has highlighted the cause of the roadside mentally ill, providing it with the urgently required attention that it immensely deserves. The award will highlight this paradoxical situation, in India as well as globally.

Will the award see more attention being focussed on the mentally ill?

A big, YES. That is going to be the main benefit of this award. Everywhere, the cause of the roadside mentally ill is going to be highlighted with multiple gains. The awareness about mental illness, the dilution of stigma associated with it, the acceptance of it as any other treatable medical illness, the possibility of returning to normal life with regular intake of medications, social acceptance, inspiring other NGOs to take up this work, inspiring psychiatrists to contribute their expertise, inspiring governing authorities to establish similar models, etc. etc. The award will have a multidimensional impact.

What inspired you to undertake this journey?

Looking back, I believe Almighty God had his own design in this journey. This year I turned 60. The Shradha Rehabilitation Foundation was started in 1988, when I was 30 years old, halfway through my life's journey. Thinking retrospectively, the Almighty had stirred me up thoroughly for the first 30 years in such a manner, that I

lost my father at the age of 12, then, in extremely challenging circumstances, I maintained my interest in academics, while doing all kinds of jobs to survive financially. I thereafter qualified as a psychiatrist from public hospitals in Mumbai, treating the socio-economically disadvantaged. This enhanced my compassion and commitment, inspiring me to undertake this journey. The ultimate trigger was when I, along with my wife at a dinner in a hotel, saw a man sitting on the opposite side of the road, drinking gutter water scooped out with a coconut shell. While treating him, I, found out that he was a B.Sc. graduate. It made us realise the absence of any NGO dealing with the mentally ill.

Why are doctors reluctant to pursue psychiatry?

There could be multiple reasons for this. At a personal level, the basic issue is inclination. Once you join a medical college, I believe that, in the conventional training, there is inadequate exposure to psychiatry, compared to other clinical subjects and, therefore, it does not orient medical students to choose psychiatry.

What should the government do to mitigate the problems of mentally ill?

The government should basically enhance the awareness about mental illness in all the classes of society. Through popular media, the stigma related to mental illness should be thoroughly eliminated. It should publicise that mental illness is like

any other treatable medical illness. Patients and their relatives should be explained that normal life is possible with continuation of treatment. Social acceptance of mental illness could be enhanced through social media.

What is the success rate of Shradha in treating patients?

About 95 per cent of cases are reunited with their families, which is due to the expertise gained over the years by the Shradha Team of social workers. By now, from his dialect, they can make out, appropriately, the district of India from which the recovered mentally ill destitute hails. The capacity of the staff to involve local infrastructure such as Sarpanch, police and local media, has also increased exponentially over years of experience.

Any interesting patients you had treated?

In one case a lecturer from JJ school of Arts, and a Gold Medallist at that, ended up on the streets of Mumbai. His students approached us. The lecturer gradually improved after a long-drawn treatment phase. An appeal to the secretary of education, Kumud Bansal, saw him reinstated. His students and colleagues suggested a fund raising art exhibition, which was held at Jehangir Art Gallery in 1997. Celebrated artists, including Anjolie Ela Menon, Bikash Bhattacharjee, Raza, Manu Parekh and the like, donated one painting of their choice. From the funds raised through sales, we set up the first 20-bed rehabilitation centre at Dahisar in Mumbai in 1997.

God, my parents, and Dr Vatwani

Back in 1991, Gangadhar Vinode was one of Magsaysay awardee and psychiatrist Dr Bharat Vatwani's first patients. Today, he runs his own construction firm in Pune

| Murali K Menon
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TWEETS @MumbaiMirror

His story begins with an end. In March of 1991, after a three-month stay at Dr Bharat Vatwani's Shradkha Nursing Home in Borivali, Gangadhar Vinode, then 17, returned to his village near Wakad, in Pune. Earlier that year, the schizophrenic had been found lying by the side of a drain in Kandivli, and had been picked up by staffers of Missionaries of Charity, in Borivali.

When Dr Vatwani, who used to help the Missionaries of Charity with their work, saw him at the centre, he decided to take him under his wing. "He was not in good shape; I told them I wanted to try and cure him," Dr Vatwani says. Towards the end of his stay at the nursing home, Vinode provided Dr Vatwani his address in Wakad, and the doctor rode down to Pune to inform his parents about their son. The next day, Vinode's parents and grandfather arrived at the nursing home with tons of sweets,

performed an 'aarti' for Dr Vatwani, and left with their son.

"His mother used to send me a rakhi every year for a long time, but, after his follow-up treatment, he drifted out of my life." Then, in 2005, Dr Vatwani got a call from Vinode. He told his doctor that he was not doing too badly in life, and asked if there was any way in which he could help the man who had cured him and restored his dignity. Dr Vatwani told him that the nursing home, and his upcoming Shradkha Rehabilitation Foundation, in Karjat, needed an ambulance, something like a Maruti Omni. The car was arranged within a month, and last week, when Dr Vatwani's name was announced for the Ramon Magsaysay award for his singular focus on rehabilitating what he calls "the mentally-ill destitute on the streets of

India", one of the first congratulatory messages he got was from Vinode. It read: "So proud of you, sir."

Vinode, who has a shy smile and a childlike excitement about him, has just completed his third housing project in Pune. After being successfully treated by Dr Vatwani, he would go on to ignore suspicious glances and furtive talk and resolutely got back to work on his family's farm, set up a brick kiln and a service centre for cars before eventually moving into construction about six years ago. He says he has no recollection of what happened to him that winter 27 years ago. All the 46-year-old wrestling buff remembers is going to Kolhapur to spend some time at an akhara, and preparing to return after a month there.

"I had boarded a bus bound for Pune, but somehow I found myself in doctor

sir's nursing home," says Vinode. "Since then, it's been God, my parents and Dr Vatwani." His colleague, Lawrence Fernandes, and nephew Vishal Wakadkar, say they still find it tough to believe that "Ganga bhai", who co-runs Vinode Constructions, once roamed the streets oblivious to everything.

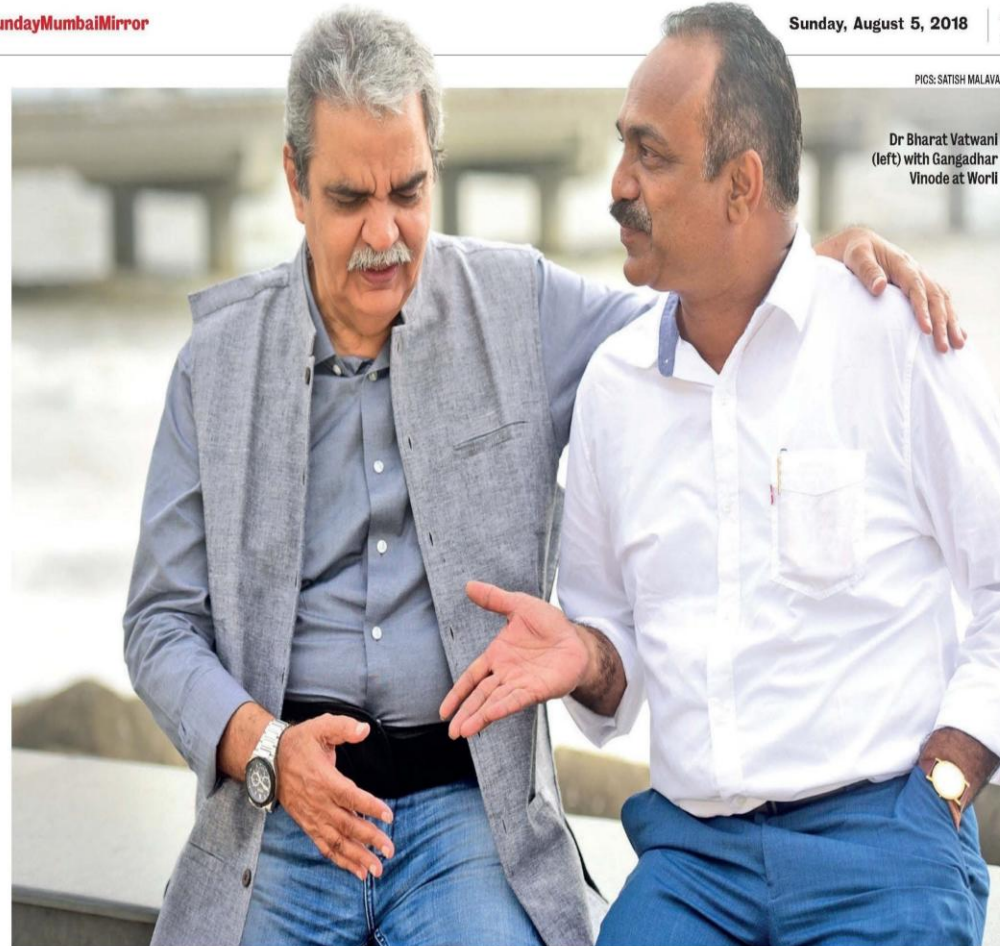
Dr Vatwani gives off a very Mumbai vibe; he talks briskly and walks fast, and when the psychiatrist and his former patient hug each other on meeting at Worli seafare, it is a happy collision of compassion and humanity, and undying gratitude. He also shings off all the

encomiums that have come his way since last week. "Am year, there are reportedly about four lakh mentally-ill destitute in India, and there could be many more. How many have we rehabilitated? 7,000. Now you tell me, if Sunil Gavaskar scores just 70 runs when the actual target for victory is 400, would that qualify as an achievement?"

But Dr Vatwani has been battling the odds since he was a child. After his father, a high ranking government official, died an untimely death, he and his brothers, who were then still in school, took to selling photos of movie stars such as Rajesh Khanna to their classmates, and books and gramophone records to the residents of Bandra, where they lived, to keep the home fires burning. He would simply ring the door bell, say that he was hard up, and proceed to offer his wares.

He has been on the other side as well. About a decade after he started his nursing home along with wife Smita, he slipped into severe depression when his desire to expand the scope of his work with a bigger set-up at Dhabhar with resistance from locals and was wired in

CONTINUED ON PAGE 16



PICS: SATISH MALAVADE

Dr Bharat Vatwani (left) with Gangadhar Vinode at Worli

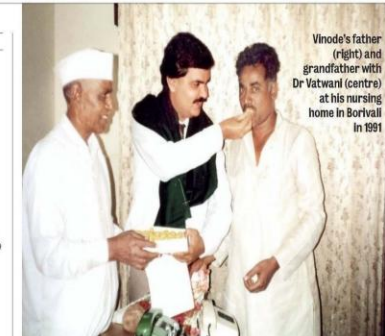
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a court case. The courts would eventually rule in his favour, but it was a meeting with the late social activist Baba Amte in the 1990s that would change his life.

Dr Vatwani was driving down to Hemalasa, in Gadchiroli, where the Amtes worked among the Madia Goud tribe, when he spotted a mentally ill man, his hands and feet bound in chains, walking by the road. He drove on, but, as darkness fell, he turned back, found the man again, and coaxed him to come with him in the car.

"That was how I first met Baba Amte and Prakash (Amte's son). I landed up there with an unwashed, bedraggled man in chains, and told them that we needed to get those chains off him." Prakash Amte, says Dr Vatwani, took a hammer and started striking the links in the chains, while Baba Amte lay silently on a cot, looking at the man. The next morning when Dr Vatwani woke up and walked into the courtyard of the Amtes' home, he found Baba Amte crying.

"He said that he had always empathised with the plight of wandering mentally ill people, but had never been able to do anything for them. He told me that while I was doing good work, it was not enough. He said I was the chosen one, and that fired me up," says Dr



Vinode's father (right) and grandfather with Dr Vatwani (centre) at his nursing home in Borivali in 1991

Vatwani, who set up the 120-bed Shradkha Rehabilitation Foundation, in Karjat, in 2006, and has since then helped engineers, doctors and chartered accountants, among others, from across the country reunite with themselves and their families.

Dr Vatwani's mission is purely an emotional one. He says he does what he does because of the emotional fulfillment it provides. "I'm sure the government can do more, but in a country beset by hundreds of other

problems, the mentally ill on our roads are probably way down on the priority list. But their lives are horror stories, they are the lowest of the low. They are the ones who can't fend for themselves. If they could, they would not live on the streets."

That is why, says Dr Vatwani, he chooses to reunite patients with their families only when they are fully cured, and his staff always make it a point to drive down to each of their patient's village or town. "It makes a huge

difference when they see that the person, who was considered mad, has returned and is now normal."

He is also aware of his advancing age, and hopes that the Magsaysay award will help him find people whom he can hand the baton over to. "Iaar, I'm pushing 60, how long can I keep up with this? If it can get more NGOs, bureaucrats and society to talk about the mentally ill destitute, that would be good, especially in a country where religion and black magic are still supposed to cure mental illnesses. If it were not his family's support, Vinode would have taken much longer to be the man he is today." Baba Amte, says Dr Vatwani, ignited the spark in him, and now he is looking for others with the "same spark".

The award and the awareness it generates might not work miracles, but Dr Vatwani's work has, in its own quiet way, greased the wheels of compassion and understanding. Many of his former patients, including Gangadhar Vinode, regularly donate funds to NGOs and organisations involved in mental health care, and each time he spots a mentally-ill destitute, Vinode says that he makes it a point to bring him home and bathe him, or if he is violent, call up local organisations to take care of the person. It might just be the glimmer of a beginning, but it is a beginning all the same.

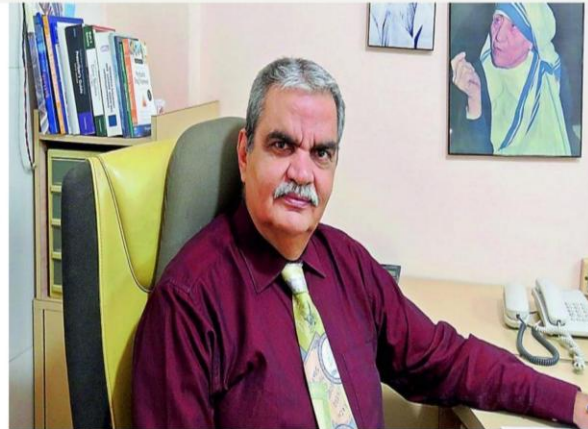
MUMBAI
News

AUGUST 2018

DECCAN Chronicle

DECCAN CHRONICLE. | CHERYLANN MOLLAN
Published Aug 26, 2018, 12:02 am IST

Dr. Bharat Vatwani recently received the Ramon Magsaysay award for his persistent work in the field.



Dr Bharat Vatwani

While sympathy is easy to feel, it is empathy that converts it into actions and Dr. Bharat Vatwani is a man who personifies this emotion. Having spent over three decades treating and rehabilitating the mentally ill destitute, Bharat was recently presented the Ramon Magsaysay award for his tireless work in the field. His organisation, the Shradha Rehabilitation Foundation, not only offers treatment but has also helped over 7000 mentally ill destitute reunite with their families. Though recognition has visited him now, the psychiatrist says that the desire to help the disadvantaged germinated at a very young age.

"I had a very tough childhood as I lost my father at the age of 12. Though I wasn't great at academics, I bonded easily with the down and out, which is where psychiatry patients belonged," says Bharat. It is this compassion that motivated him to set up the foundation as well. Once, Bharat and his wife saw a young urchin suffering from schizophrenia, drink gutter water. Moved by the incident, they took the boy to their nursing home, treated him and later, helped reunite him with his father, who was the superintendent of a Zilla Parishad in Andhra Pradesh. "Not just the success of this first case, but also the emotionality of the first few cases got us thinking that no NGO exists for the destitute

suffering from mental ailments," explains the doctor. The Shradha Rehabilitation Foundation, which was set up in 1988, is currently the country's only NGO that deals professionally with such cases. The organization, which has 22 social workers, eight nurses and two doctors, has witnessed countless successful reunions. "I still remember the time I had to reunite a girl with her family in Warangal. It was a Naxalite infested zone and the locals warned me that the police would arrest me thinking that I was hijacking a girl. However, the police helped me find the girl's mother. The image of the girl and the mother sobbing and embracing one another will remain with me till eternity," reminisces Bharat.



Shradha Rehabilitation Foundation, Karjat

Despite the benevolent work being done by the institution, setting it up proved to be a challenge. Recollecting some of his initial struggles, Bharat says, "People didn't want a centre for the mentally ill to be set up near residential buildings. So they took us to court, but the judge ruled in our favour. Even today, there is a dearth of trained manpower, sufficient funds and adequate infrastructure. There is also a gross lack of awareness about mental illnesses and the stigma interferes with treatment. Apart from a few metropolitan cities, there is almost zero awareness of mental ailments in India." Despite these challenges, the doctor soldiers on. "From day one till today, it has been a heart-over-mind approach for us. The feeling that we are doing our bit to alleviate human

suffering brings immense satisfaction," says the doctor, who is greatly inspired by Baba Amte. Talking about his mentor, he says, "The most important thing I learnt from Baba Amte was his continued empathy for the downtrodden. He cared for lepers, the mentally ill, the poor, everybody."

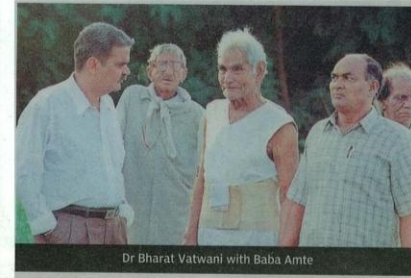
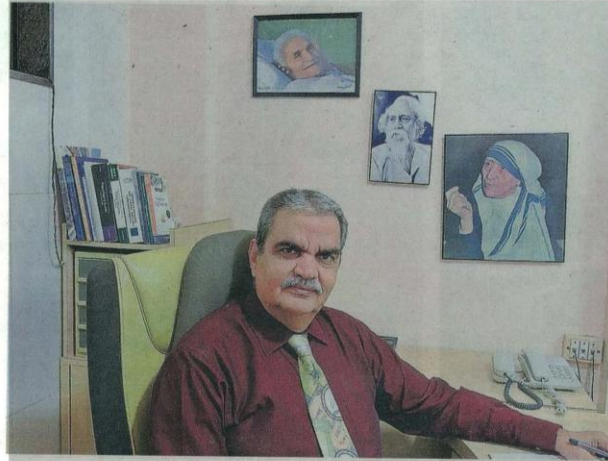


Dr Bharat Vatwani with Baba Amte

When asked if he has ever felt too overwhelmed to continue with his cause, the doctor says, "Yes, I have. But then, at the end of the day, you realise that if you don't do it, nobody else will. When we started, we thought many psychiatrists and NGOs would join the cause, but that hasn't happened yet. Also, having worked for so many years, I will never be able to look at a person on the street and not help out. The guilt will eat me up." Despite his noteworthy achievement, Bharat says that he still feels there is a lot to be done. "When you travel to different cities, you still find destitute individuals roaming the streets. So you feel that you haven't achieved anything significant yet. When I received the Magsaysay award, my first thought was that it'll help boost the cause and motivate other individuals to set up similar organisations," reveals Bharat. And this is his plan for the future too. "I'm trying to increase awareness and encourage other NGOs to create identical modules. These institutions will receive technical expertise and knowledge from us. That, I believe, is the way forward," concludes Bharat.

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Dr Bharat Vatwani with Baba Amte

FOR A CAUSE

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CHERYLANN MOLLAN

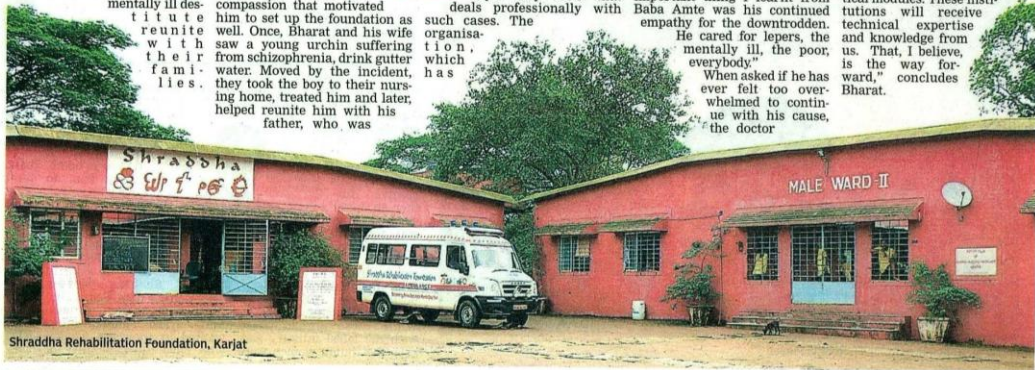
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DR. BHARAT VATWANI

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Meet the social workers who run Magsaysay winner Bharat Vatwani's rescue centre for the mentally ill

Psychiatric social workers with the Shraddha Rehabilitation Foundation face violent and erratic behaviour while rehabilitating mentally ill and homeless people.

Mrigank Warrior

Aug 31, 2018 · 02:30 pm



The team of psychiatric social workers at Shraddha Rehabilitation Foundation. From left to right: Sachin Mhase, Nitish Sharma, Aniruddha Kuwadekar, Rakesh Kumawat, Shahneer Akhtar, Bikash Rajak, Dhruv Badekar and trainee Tejesh Dabhne. | Mrigank Warrior

When the tall, burly man spewing abuses heaved a huge rock at Dhruv Badekar and his colleagues, they ran away. But they returned soon, dodging smaller projectiles as they tried reasoning with him. Despite this, he kept shouting at the top of his lungs about his own greatness and power. Eventually, they drove up to him, bundled him into their vehicle and drove 200 kilometres from Maharashtra's Chiplun to Karjat.

This was no abduction but a rescue mission. Badekar is a psychiatric social worker with Shraddha Rehabilitation Foundation, an organisation established and headed by Mumbai psychiatrist Dr Bharat Vatwani. Vatwani was awarded the Ramon Magsaysay Award on Friday for rescuing thousands of mentally ill homeless people and, where possible, reuniting them with their families.

Badekar had spotted the angry Chiplun man in his filthy clothing and identified his delusions as markers of schizophrenia. Once inside the vehicle, which was actually an ambulance, the man quietened down while Badekar's colleagues comforted him with food and soothing words.

"We never, ever tie up a patient," said Badekar.

Shraddha Rehabilitation Foundation distinguishes itself from other mental health organisations by actively seeking homeless people who are mentally ill and rehabilitating them. Most of the foundation's patients suffer from schizophrenia, bipolar disorder and depression. Since 2005, when the foundation set up its Karjat campus, it has admitted 5,553 patients. Seventeen new patients were admitted in the first three weeks of August alone.

"Every month, we get 90-100 calls from locals, policemen and mental health institutes from all over India, about a person in their area who needs our help," said Badekar.

Rescue operation

The foundation's workers ask a caller for a photograph of the person to be rescued before despatching a team of three or four social workers and assistants in an ambulance. Since Shraddha's mandate is restricted to rescuing the mentally ill, a photograph can help determine whether the person being reported has such an illness or some other affliction like drug addiction.

Mental hospitals across the country transfer unclaimed patients to the foundation. Social workers on their way back from reuniting patients with their families have sometimes found other mentally ill people on roadsides and rescued them. On rare occasions that its 120-bed center is less than full, the foundation's social workers check the streets of Mumbai, Pune and surrounding areas for anyone who might need help and shelter.

Badekar says that India's tradition of feeding and clothing the poor ensures that many mentally ill and wandering men and women get food and drink. Hotel-owners and tea sellers who often help the homeless make the best informants about a patient's history. The homeless wander but never too far from their source of nutrition and are not difficult to locate. The social workers can identify them by physical signs like

overgrown hair, unclipped nails, and unwashed and soiled clothes, as well as psychiatric manifestations like talking and laughing to oneself, hitting oneself, incomprehensible gesturing, and refusal to respond.



Dr Bharat Vatwani celebrating the Magsaysay award with his staff and patients. (Photo: Shraddha Rehabilitation Foundation)

Shraddha's psychiatric social workers are recruited from diverse linguistic regions to ensure that at least one person can speak the patient's language. A social worker approaches a patient with an offer of a meal, a job or a chance to meet his family. If this fails, the worker may pretend to be a policeman or local strongman to convince the patient but without using force. Most of Shraddha's workers have been hit by patients during rescues. Only if a patient starts breaking ambulance windows or attempts to jump out does the accompanying nurse administer a sedative. Picking up a patient can take an hour or more.

After tending to any wounds, the patient may have, he is brought back to Shraddha's 6.5 acre in the village of Vengao, Karjat, 65 kilometres from Mumbai. The campus has a large administrative building that is called the Central Unit that also houses a ward for patients. Also on the campus are a two more buildings with two male wards and two female wards, a meditation center, plots of land where rice and vegetables are grown, and a cattle-shed with Gir cows.

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AUGUST 2018

The windows of each ward are large with widely spaced bars, not unlike the windows in a regular house. The central courtyard is surrounded by a verandah open to the sky and lets in sunlight and fresh air. If not for the yellow T-shirts worn by every patient, printed with the word 'Shraddha' and the symbols of five religions, the campus could be mistaken for a yoga camp.

Every new patient is tested for diabetes, anaemia, HIV and TB. Assisted by the psychiatric social workers, a clinical psychologist administers a Mental Status Examination to ascertain his or her mental illness – schizophrenia, depression, bipolar disorder, or something else. Resident doctor Shrinivas More reports that the most common non-psychiatric afflictions of the patients are multiple injuries, fungal infections and maggot infestations. Most patients stay at the foundation for between 45 days and three months.

Most of the 22 psychiatric social workers live on campus. Each worker establishes a rapport with a patient and shadows him all day, helping him bathe, eat and dress, even tucking a restless patient into bed. By following a schedule, they reintroduce habits into the lives of these patients who have had no pattern to their days. Nurses distribute medicines, but the psychiatric social workers make sure they swallow them.



Medicines being sorted into pouches for each patient according to his or her prescription. (Photo: Mrigank Warriar)

Going home

Many patients at Shraddha have mental illnesses that do not cause memory loss. As these patients recover, they become homesick and many of them recall the addresses

of their homes even though they may not have stayed at these addresses for years or even decades.

"It may be just the name of a village, district or nearest police station but it helps us plan a reunion," said Badekar. "Sometimes, we can match their details with the information in the police's list of missing persons."

Once Dr Vatwani certifies that a patient has recovered, the foundation books train tickets for the patient and an accompanying social worker to the railway station nearest the patient's home. Shraddha social worker Shahneer Akhtar says that most patients cannot wait to meet their loved ones. "Only some, who remember having an altercation before leaving home, may be reluctant," he said. "Women who have been missing from home for a long time, are sometimes apprehensive about how they will be received".

Once they team reaches the patient's locality, locals or the patient himself may point the way to the house. Reunions are a mixture of shock, joy and tears. Akhtar whips out his cellphone and shows a photo of a recent reunion.

"It took eight days to reach this man's village on the China border. He had run away at the age of 10 and was coming back home after 52 years."

Most of Shraddha's patients are welcomed back by their families, but not all. The foundation's social workers find that poor households are more likely to accept their kin than the rich, who are more concerned about the stigma of mental illness in the family. In difficult cases, they enlist the support of the village sarpanch, policemen or local leader to help convince the family.

Every patient needs to continue taking Dr Vatwani's prescribed course of psychiatric medication for at least two years after he is discharged. For those who cannot afford or cannot access these drugs, Shraddha sends a month's course by post, tailoring the dosage according to any side-effects reported by the patient or his family. From rescue to reunion, the entire process is free for the patient, sustained by the Vatwanis' private practice and by donations.

Committed team

Dr Vatwani and his psychiatrist wife Dr Smitha Vatwani travel twice a week from their Borivali residence 90 kilometres away to diagnose, treat and monitor each patient at the centre in Karjat. But the Magsaysay awardee said that the team manages fine even in the absence of the founders. "The Shraddha Team is committed," said Vatwani. "They manage appropriately, with a sense of dignity and purpose, without any inputs from me."

This is borne out by ambulance driver Nilesh Ghadge, who spent Saturday facilitating reunions in Dhule, Bhusawal, Nashik and Aurangabad. The next morning, he left for another in Vapi. Ghadge prefers spending his rare free hours on the Shraddha campus itself.

Then there is twenty one-year-old Nitish Sharma who is in his third year of his Bachelor's in Management Studies and attends his classes in the morning and works as a psychiatric social worker at Shraddha for the rest of his day. He has reunited patients with families as far away as Assam. Aniruddha Kuwadekar, who has worked as a customer service executive in an automobile company for 16 years, started helping with reunions at Shraddha and never left, because, he said, "never before in my life have I seen so much ecstasy in a person's face".

Shraddha's staff sometimes get rewards from patients themselves. Amol Mirzankar is a little over 40 years old and a long-time patient at the centre who tells a rambling and confused story involving childhood ostracism, training as a police constable and selling a flat before he was picked up from the streets of Mumbai. Nurse Poonam Patil, who has a soft corner for him, said, "He is very nice and always speaks respectfully. Before Raksha Bandhan, he came and said he wants me to tie him a Rakhi."



Dr Bharat Vatwani with his team including psychiatric social workers. (Photo: Shraddha Rehabilitation Foundation)

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New York

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the new york times post

Health

Folks in India no longer neatly privy to psychological sickness: Ramon Magsaysay winner Dr Bharat Vatwani

nytimespost Saturday, November 3 2018 4 days ago



Pune |

Revealed: September 26, 2018 8:59:05 am

Written by means of Arti Chouhan

“Social employees are by no means pleased with what they’ve accomplished. They all the time need extra and really feel that their paintings is incomplete. They by no means get glad. This is why I all the time say that no matter I’ve achieved up to now is only a drop within the ocean,” says Ramon Magsaysay winner Dr Bharat Vatwani.

Poona Citizen-Physician Discussion board (PCDF) on Tuesday felicitated Vatwani, who used to be given the Ramon Magsaysay Award this 12 months for his paintings to reunite schizophrenic sufferers with their households.

Vatwani, who’s a psychiatrist primarily based in Mumbai, had established Shraddha Rehabilitation Basis in 1989 at Karjat to assist reunite mentally challenged destitutes with their households. The basis has up to now reunited greater than 7,000 folks affected by schizophrenia.

“Folks in India aren’t neatly privy to psychological sickness or schizophrenia... However slowly, this state of affairs is converting and persons are contributing in opposition to this purpose,” mentioned Vatwani.



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MAHARASHTRA
News

Pune

SEPTEMBER 2018

Magsaysay awardee recalls Baba's words of wisdom

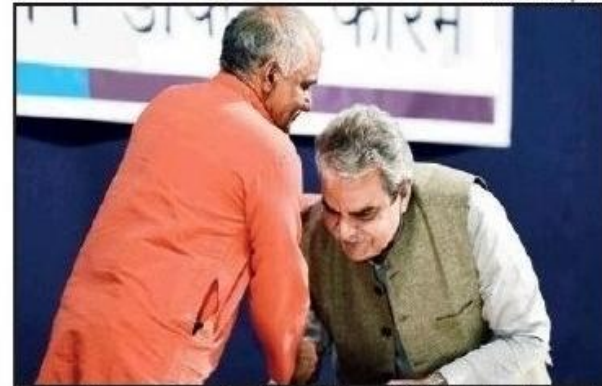
Shiladitya.Pandit
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Pune: On a stage in Kothrud, where three Ramon Magsaysay Award winners were present, there were countless stories of inspiration, perspiration and quite a bit of emotion too, as psychiatrist Bharat Vatwani was introduced by his friends and mentors Prakash and Manda Amte.

Vatwani heads the Shraddha Foundation, along with his wife Smita, also a psychiatrist. Together, along with their staff, they have picked up nearly 7,000 mentally ill people from the streets, treated and housed them, and have also reunited them with their families.

Amte introduced Vatwani as a person who reminded him of his father Baba Amte due to shared values and their aims.

"My father studied the value of compassion in real life and studied many holy books to find out what it means



Mandar Deshpande

Ramon Magsaysay awardee Bharat Vatwani felicitated at the hands of Prakash Amte

street dwellers, he and his wife have also adopted children who had been orphaned," he told the crowd.

Vatwani, on the other hand, credits the inspiration he received from Baba Amte because of which his organisation is a respected name in the field of mental health and rehabilitation. "I had a 20-bed centre at Dahisar. Then I came

Anandvan in a huge setup. He was the one who told me that I must dream big and do more good because there is no end to it. So I invested my savings, my wife sold or pawned her jewellery and we set up a new centre at Karjat, where about 120 to 130 patients are treated now. Baba wanted to inaugurate the centre but his ill health kept him from coming," he recounted.

INTERVIEW Bharat Vatwani, psychiatrist, Magsaysay Award winner

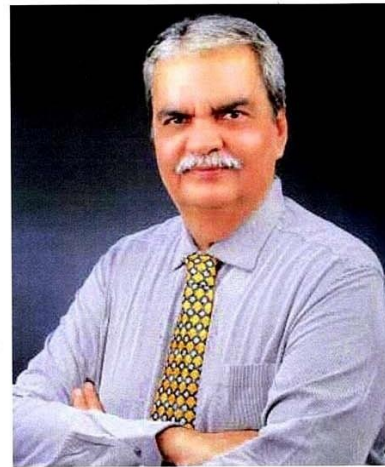
“On mental health, all of us need to supplement govt’s efforts”

Dr Bharat Vatwani of the Mumbai-based Shraddha Rehabilitation Foundation – one of the two Indians who won this year’s Ramon Magsaysay Award – has been reuniting 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 Borivall. They treated him and reunited him with his family in Andhra Pradesh. The couple also helped a well-known Sir JJ School of Arts teacher who was suffering from schizophrenia, wandering in the streets for over 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-raiser exhibition for Dr Vatwani’s cause to set up an institution for the mentally ill. Vatwani speaks to Geetanjali Minhas about his mission:

Mental illness is curable in most cases, but in India most patients remain undiagnosed and untreated due to attached 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-à-vis the above parameters. That seals the entire process.

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



There were financial difficulties as donors in India are not sensitized towards mental illness. There is lack of trained manpower. With our centre located at Karjat, in the interiors, 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.

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. Divorces 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 the 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 local challenges like power breaks, extreme weather conditions with patients developing heat stroke, and torrential rains leading to functional difficulties. With medical infrastructure at Karjat 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 boring water for drinking which sometimes causes waterborne diseases, severe infections in patients, skin wounds (maggots), fractures, hypoproteinaemia, 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 out 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 towards reducing human suffering, 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 0.06 percent of its reducing healthcare budget on mental healthcare. The National Health Policy 2017 has a target of investing a mere 2.5% 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?

Yes, but we cannot go on waiting and do nothing about it. All of us need to supplement efforts initiated by the gov-

“Fortunately with many new medications for mental illness, long-term stay is not required for most patients.”

ernment 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, CSR funds, tax exemption schemes, educational institutes, vocational guidance organisations, employment bureaus etc., can do a lot.

While 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.

Fortunately with many new medications for mental illness, long-term stay is not required for most patients. So the need for massive inpatient care on long-term inpatient care has significantly reduced and not a hurdle any more.

Some argue that the Mental Health Review Board proposed in the new law to look into juridical aspects of mental healthcare may discourage not-for-profit and private enterprises from providing mental healthcare



Dr Vatwani with inmates

services that have legal implications. That may push a large number of the needy to public hospitals which do not have sufficient trained people and funds. Your comments.

Although all the laws are invariably perceived as threatening, in reality they exist only to sustain a disciplined design in our total functioning. If our intentions are pure, local authorities are always supportive and if something does get stuck in a bottleneck, courts are always there to modify anything that is impractical. The government too is open to amendments when it helps the smooth functioning of the system. Therefore, NGOs and private sectors should not feel restricted because of this [provision].

Do you think that in taking a rights-based approach for treatment and care of mental health marked by social overlooks the issue of mental health marked by social perils like inequality, hopelessness, deprivation, poverty and discrimination?

We are in the process of development. Issues of inequality, hopelessness, deprivation, poverty and discrimination are universal in nature and not restricted to India alone. While attempting to sort out these issues we need to protect vulnerable citizens in our society and to that extent the least we can do for them is protect their rights.

When the government aims to increase access to mental healthcare services to vulnerable groups, especially the homeless, those living in remote areas, difficult terrains, and economically, socially and educationally deprived sections, how challenging will it be in the face of absence of data on trends and prevalence of mental illness in the country?

If adequate psychiatric services are in place and wide-spread population is getting the help it requires, I think absence of accurate data remains only a theoretical requirement and that too in planning stage. This should not deter us from implementing a wide network of services till we overshoot our needs. The data known at present should at least be instrumental in covering all districts of India. ■

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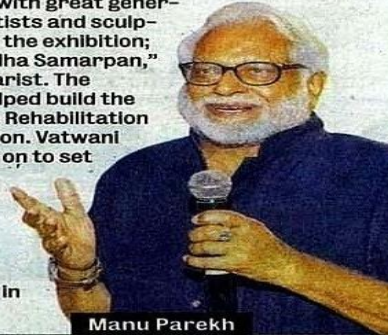
MUMBAI
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Painting a dream



Dr Vatwani (R) and his wife Smitha with Sunil Dutt at the inauguration of the art exhibition in 1993

BEHIND a big story are little stories, and we heard one warm little story the other day from the remarkable Dr Bharat Vatwani. The Magsaysay award winner told us about how a bunch of illustrious artists -- including the likes of Manu Parekh, Bhupen Khakhar, Jogen Chowdhury, the late SH Raza, P Vaikuntham, and Anjolie Ela Menon -- and art students came together to help him set up his first psychiatric institution in Dahisar in the 1990s. It so happened that the doctor and his wife Smitha had helped an artist and a former lecturer at the JJ School of Arts reclaim his life. "He had got into trouble with the college authorities, but no one realised he was schizophrenic and soon he was on the streets," said Vatwani who won the Magsaysay for his singular focus on rehabilitating the mentally-ill destitute in India. The doctor and his wife treated the lecturer, and then, along with his former students, convinced the college to have him reinstated. That was when, as a gesture of their gratitude, the students decided to hold a fund-raising exhibition to help Vatwani achieve his long cherished dream -- a hospital of his own. "We had to get in touch with several artists, and I cold-called Manu Parekh. He asked me to meet him and I landed up at his home in Delhi along with the lecturer. Parekh would often feed the lecturer when he was on the streets, and when he saw him transformed, he couldn't believe it." Parekh, says Vatwani, got in touch with various other artists across the country and all of them responded with great generosity. "About 150 artists and sculptors participated in the exhibition; it was called Shradddha Samarpan," Vatwani told this diarist. The money it fetched helped build the first ever Shradddha Rehabilitation Foundation institution. Vatwani would eventually go on to set up a 120-bed institution in Karjat in 2006, but he still hasn't forgotten the artists and the art students who helped put the wind in his sails.

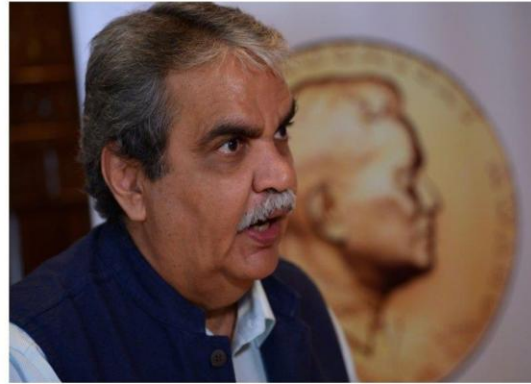


Manu Parekh

On The Occasion Of World Mental Health Day

TIME

'We Sail In The Same Boat.' An Award-Winning Psychiatrist Shares Insights for World Mental Health Day



Indian national Bharat Vatwani, one of the winners of this year's Magsaysay Awards - widely regarded as Asia's version of the Nobel prize - speaks during an interview ahead of the awards ceremony in Manila on Aug. 28, 2018.

Ted Aljibe—AFP/Getty Images

BY ABHISHYANT KIDANGOOR, OCTOBER 9, 2018

Back in 1988, when psychiatrist Dr. Bharat Vatwani and his wife saw a young, mentally ill man wandering the streets of Mumbai, they took him back to their new nursing home, restored him to health and eventually reunited him with his loved ones. By August 2018, when the [60-year-old flew to Manila to collect the Ramon Magsaysay Award](#), the Asian equivalent of the Nobel Peace Prize, his foundation had reunited more than 7,000 destitute people suffering from mental illnesses with their families.

"A fairly paltry and insignificant number given the magnitude of the problem," Vatwani tells TIME.

Though global attitudes to mental illness are changing, in India the topic remains a social taboo and is stigmatized to the extent that majority of those suffering from it don't admit they have a problem. A 2015 [survey](#) commissioned by the Government of India showed that while nearly 150 million Indians need mental health care, less than 30 million seek help.

Ahead of [World Mental Health Day](#) on Oct. 10, Vatwani spoke with TIME on the motivation behind his work.



The 2018 Ramon Magsaysay Awardees, including, third from left, Bharat Vatwani of India, at the Cultural Center of the Philippines in Manila on August 31, 2018.

NOEL CELIS—AFP/Getty Images

Why does mental illness continue to be a taboo in India?

Lack of awareness. It is the lack of scientific knowledge which is the stumbling block. A visit to a temple in Kerala [in South India], apparently famous for curing mental illness, saw me personally witnessing 27 mentally ill people being brought there in the span of 30 minutes. That shows that there is hope, concern and compassion for the mentally ill [but it is] misdirected.

According to a recent World Health Organization report, there has been a dip in the number of mental health caregivers in India. Why do you think that is?

It's mainly because of a massive brain drain and emigration of Indian psychiatrists to apparently greener pastures abroad. The number of Indian psychiatrists in both the U.K. and the U.S. supersedes the number of Indian psychiatrists in India. A disappointing truth, but a truth nevertheless. Cases of psychiatric problems are mounting in developed countries too. So Indian mental health professionals fill the voids in their systems, leaving our country to bleed psychiatrically.

A lot of prominent celebrities have come out and spoken about dealing with clinical depression and other mental illnesses. Do you think that is a welcome step?

I believe that any celebrity, by coming forward and acknowledging that he or she has had mental health issues, does bring mental illness out of the closet and into the streets. By acknowledgement of their mental problems, they make the common citizens, who aspire to be them and often emulate them, take cognizance of their own mental weaknesses, accept them, address them and learn to move on.

You are not just a psychiatrist but a psychiatrist who reunites mentally ill destitute with their families. How did that come about?

One day while sitting in a restaurant, my wife and I noticed a young boy who was horribly skinny, dirty, and in really bad shape. We realized that he was schizophrenic and just while we were watching, he picked up an empty coconut shell next to him, dipped it into the sewage gutter nearby and drank the waste water. That was the turning point of our lives. Spontaneously we crossed the road, helped him to come with us and brought him to our nursing home. We nursed him, treated him with appropriate psychiatric medicines and gradually he improved. He turned out to be a Bachelor of Science graduate whose father was a senior administrative official.

Mental illness can affect the best of the best and reduce a person to pathetically inhuman conditions. And suddenly we realized that there was no organization dealing with such people.

And this is a problem in other countries in Asia as well?

When my wife and I went to the Philippines, we saw the mentally ill wandering the roads. The psychiatrists with whom we interacted there acknowledged and accepted their presence. It is ultimately a worldwide phenomenon, but perhaps more so in developing nations with their asymmetrical distribution of wealth.

How do you feel about being honored with the Ramon Magsaysay Award?

My honest, heartfelt opinion is that I do not deserve the award. All my life, I have felt that what I have done is inadequate for the cause of the wandering mentally ill. I could have done more and should have done more.

On World Mental Health Day, what message would you like to give to people who are suffering alone and to other people, in general?

The mental illness that causes a destitute person to end up on the roads is not of his or her own making. The wandering mentally ill are shunned, rejected and denied. They brave the chilling winters, the searing summers and the torrential rains for months, years, often decades on end—and continue to be shunned, rejected and denied. But this is what we need to remember: We sail in the same boat. Some are less mentally disturbed, some more than the others, [but] each one of us is searching for his piece of sunshine and each one of us occasionally succumbs to his or her own darkness.

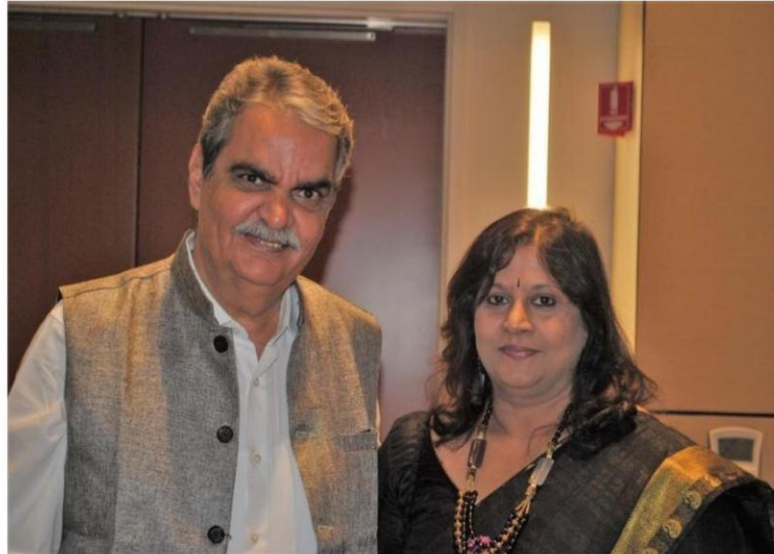
INTERNATIONAL
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OCTOBER 2018

FEATURED

Psychiatrist Bharat Vatwani, Winner of Prestigious Magsaysay Award, Aims to Erase Stigma of Mental Illness

SUNITA SOHRABJI, India-West Staff Reporter



Psychiatrist Bharat Vatwani, recipient of the 2018 Magsaysay Award, is shown with his wife Smitha, who is also a psychiatrist. In 1988, the Vatanis founded the Shradha Rehabilitation Foundation to help reunite mentally-ill homeless people in India with their families and to provide rehabilitation and support. "Mental illness is a biochemical response, just like any other illness," Bharat Vatwani, who is hoping to erase the stigma associated with mental illness, told India-West in an interview during Indians for Collective Action Golden Jubilee celebration Oct. 20 in Santa Clara, Calif. (Sunita Sohrabji/India-West photo)

SANTA CLARA, Calif. — Psychiatrist Bharat Vatwani, one of this year's winners of the prestigious Magsaysay Award — also known as Asia's Nobel Prize — hopes to erase the stigma associated with mental illness in India.

"Mental illness is a biochemical response, just like any other illness. Mentally ill people have a right to treatment and should be seen in the same way we see all others," Vatwani told India-West here Oct. 20 afternoon on the sidelines of the Indians for Collective Action's Golden Jubilee celebrations (see India-West story here). Vatwani was a keynote speaker at the conference and received an award from ICA that evening at a gala marking the 50th birth anniversary of the organization.

In 1988, Vatwani and his wife Smitha, who is also a psychiatrist, launched the Shradha Rehabilitation Foundation in Mumbai with the aim of helping mentally ill homeless people to be reunited with their families. Since its inception 30 years ago, Shradha has reunited 7,000 mentally ill street people with their families after providing rehabilitation and support.

Shradha's army of volunteers find wandering mentally ill people on the streets and bring them in for the first line of rehabilitation, attending to their physical needs. Many are emaciated, suffering from other illnesses, and in need of hygiene care.

"We then slowly add in psychiatric evaluations and begin a course of medication," Vatwani told India-West. He noted that many people who are found without the ability to speak slowly start talking after a few days of treatment and start to remember bits of their lives. Often, patients can remember mobile phone numbers after some treatment, which eases the search for family members.

Technology has helped immensely, said Vatwani, noting that Aadhar cards and biometrics can more readily identify a mentally ill homeless person. Police helping the organization use the WhatsApp mobile phone app to connect to police stations across the nation to convey information about persons found.

Shradha has a 95 percent success rate of reunification with families. Those who are not reunited are given over to an NGO which will provide support and rehabilitation to the person throughout his lifetime.

The wandering mentally ill tend to primarily be men, said Vatwani, noting they are often migrant laborers who have left their villages and come to cities in search of work. Women are housed in their communities, often without getting help and treatment for their mental illness.

There is a marked lack of psychiatrists in India, Smitha Vatwani told India-West, noting there were fewer than three per 100,000 people. Speaking at the 22nd convocation of the National Institute of Mental Health and Neurosciences last December, Indian President Ram Nath Kovind noted there were only 5,000 psychiatrists and 2,000 psychologists for a country with a population of 1.3 billion.

"India does not simply have a mental health challenge: it is facing a possible mental health epidemic," he said.

Shradha was launched after Vatwani met an unkempt young man on the streets of Mumbai who was drinking polluted water from a roadside gutter and eating garbage thrown on the street. The psychiatrist took him to his clinic and started to treat him.

After a few months, the young man — Vijayam — began to remember bits of his former life before the streets: he had graduated from college with a degree in medical laboratory technology and his father was a zilla parishad superintendent in Andhra Pradesh. "It was like a dream when I received a telegram from a faraway unknown place that my son was alive and well," Vijayam's father told The Times of India in 1990.

"The wandering mentally ill deserve attention. They have feelings and emotions," said Vatwani in a keynote address at the ICA jubilee celebrations. He spoke about a boy found by Shradha social workers. Through the process of rehabilitation, the organization was able to reunite the young man with his family in time to light the funeral pyre for his mother "so that her soul could go to heaven," he said.

About 180 million people in India suffer from some form of mental illness, said Vatwani in his keynote, adding that overall, 20 percent of India's population has some form of disability. "I stand before you as a representative of 250 million people who are under-represented."

"Compassion is like a river, widening and widening until it reaches the sea," he said.

INTERNATIONAL
News

USA

NOVEMBER 2018

Dr Bharat Vatwani set up a foundation to rescue and rehabilitate mentally-ill people

Published: January 16, 2019 15:55

By Manasi Mathkar Special to Weekend Review



Dr Bharat Vatwani and his wife Dr Smitha set up a facility to treat mentally-imbalanced individuals in 1988. Image Credit: Supplied

A simple statement on the website of Shradha Rehabilitation Foundation reads – “reaching the unreached population”. It states a lot more than merely being the organisation’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 Bharat Vatwani. Staying true to his profession, the Mumbai-based psychiatrist has managed to understand and heal the minds of these destitute men and women often found wandering on the streets, lost in their own world.

Vatwani and his psychiatrist wife Dr Smitha have since long put in relentless efforts to treat mentally-imbalanced individuals and eventually reunite them with their families.

Vatwani was honoured with the 2018 Ramon Magsaysay award, regarded as the Asian version of the Nobel Prize.

“I lost my father when I was only 12 years old. My brothers and I took up odd jobs, like even peddling books door-to-door. Thus, over the years, I naturally identified with people who faced hardships and struggle for survival,” he says.

Since the foundation's inception in 1988, we have rescued, treated and reintegrated more than 7,000 destitute in India. - Dr Bharat Vatwani

After earning a degree in MD Psychiatry from GS Medical College and Hospital in Mumbai, Vatwani was destined to work in a corporate setup when a chance encounter with a mentally-ill person changed the course of his life. “I was dining with my wife at a restaurant when we saw a thin, dirty-looking man across the street. We realised he was a schizophrenic. Just then, he picked up an empty coconut shell next to him and drank some gutter water from a canal flowing nearby. We brought him to our nursing home and treated him with appropriate psychiatric medicines. Slowly he improved and was able to share his details.

He was a BSc graduate and his father worked as a Superintendent at a Zilla Parishad in Andhra Pradesh.”

The story had a happy ending when the young man was reunited with his family. A few more successes gave the Vatwanis confidence to formally establish a centre providing psychiatric care and rehabilitation to the mentally ill who were also homeless.

What still sets Shradha Rehabilitation Foundation apart from many other such organisations is that it is not only helping the patients to fully recover but more importantly, reunites them with their families which at times had given up hope of ever finding their lost loved one.

“In 2017, we reunited 920 patients. Last year, just until June, the number was 485. In fact, since the foundation’s inception in 1988, we have rescued, treated and reintegrated more than 7,000 destitute in India and lately even in other countries such as Nepal, Bangladesh, and as far as Iran,” says Vatwani.

Vatwani takes pride in relating the incident with the Iranian destitute. “In this case, our Urdu-speaking social worker, my wife, and I had to put in a lot of ingenuity. After much persistence, he actually drew a telephone, an aeroplane and a home in a child-like art form on blank pieces of paper. And we joined the dots. He could write his name in broken English. Since we knew he could speak a language which sounded close to Arabic, we started telling him names of different countries around the globe with majority Arab Muslim population. Finally, on hearing Iran, his face lit up.

“We wrote an official letter to the Iran Embassy, sent the latest photographs and took him to the embassy. They took his fingerprints and finally traced his relatives.”

Phone calls established contact with the man’s father but he could not afford to pay for his son’s return. He was eventually deported from India after a collaboration between Shradha Rehabilitation Foundation, the Mumbai Police and the Iran Embassy. “Our social worker, the Mumbai Police, and an official from Iran Embassy saw him off at the airport. Three months’ worth medicines were sent with him. His father received him in Tehran,” says Vatwani.

It has been an arduous journey but the couple has managed to keep their faith. “We began with a two-room tenement that could house only three patients at a time. One day, we rescued and treated a person who turned out to be a respected lecturer at a Mumbai art school who had inexplicably disappeared. As a token of gratitude, the school organised an art exhibition with 141 leading Indian artists participating. The proceeds from the event allowed us to have a 20-bed facility in Dahisar, a suburb of Mumbai. This was in 1996.

“However, we faced severe resistance from the society. Citizens did not want a facility housing mentally-ill people near residential housing. Huge banners were put up against us and we were taken to court. Thankfully, we won the case. The judge pronounced that mentally ill were part of the society as well and deserved to be treated within that very society, thus granting them their rightful place in the sun. Slowly as donations started trickling in, we managed to acquire a 6.5-acre piece of land in Karjat, in the outskirts of Mumbai, where now our 120-patient full-fledged rehabilitation facility exists from 2006”, Vatwani says.

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

The medical infrastructure at Karjat is also inadequate which means that for complications such as heart attacks, patients have to be shifted to distant hospitals resulting in wastage of manpower and funds. Since the centre is located far from the main city, the Vatwanis also face lack of trained professional manpower ready to stay there. Then, there are other issues to tackle — presence of severe infections in the destitute ranging from maggots to HIV, difficulty in tracing addresses considering the existence of multiple languages, dialects and sometimes having a migrating population, illiteracy, and so on.

In spite of this, the founders continue to draw strength from their mentor Baba Amte and his son Dr Prakash Amte, noted social workers and Magsaysay awardees themselves. The daily challenges have also been consistently rewarded with happy reunions of the patients which push team Shradha to further their cause.

One such case was that of a destitute whose speech, though not very clear, seemed close to being in Punjabi. Twice the social workers of the foundation attempted to find the person’s family with no luck. On the fourth day while on their third trip, 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 Ludhiana. Fortunately, the patient too gave a clue of a place. The social workers took him to Ludhiana and reunited him with his sister after 12 years. In another case, a patient rehabilitated in 1991 now works in real estate, owns a Toyota Fortuner, and has even travelled to Thailand for a vacation.



Vatwani with his patients at Shradha Rehabilitation Foundation. Image Credit: Supplied

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 the other arrangements. 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 referrals pitch in. Vatwani 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 anaemia, tuberculosis, skin infections, emaciation, diabetes, hypertension, pregnancy, fractures, lice infections etc, he/she is subjected to appropriate psychiatric treatment post-detailed psychiatric evaluation. Medication is tailored and modified as per individual response. As a patient develops touch with his own senses, he realises that other recovered destitutes are being sent home. Hope and optimism get instilled into him, and the continuous cajoling by the social workers seal 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 escorts, and 3-6 recovered destitute belonging to a common state, for example, Bihar or Maharashtra, travel together.”

Vatwani regrets the fact that there is a huge lack of awareness regarding mental health in India. Mental disorders afflict 13.7 per cent of the Indian population and there 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 assimilated without much discrimination. It is when these villages become towns there is a decreased tolerance towards psychiatric illnesses. He says, “Sensitivity exists within the family members towards their mentally ill. It is the lack of scientific knowledge which is the stumbling block. When I visited a temple in Kerala apparently famous for curing mental illness, I witnessed 27 mentally ill being brought there in the span of 30 minutes. This reflects hope, concern and compassion for the mentally ill. Albeit misdirected”.

When he finally professes 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.

Manasi Mathkar is a writer based in Manila.

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The psychiatrist helping mentally ill people left to wander India's streets

Dr Vatwani has spent three decades reuniting patients with mental health problems with their families



Walls of the Shradha Rehabilitation Foundation's residential treatment facility, covered with pictures of reunited patients. Photograph: Anne Pinto-Rodrigues/The Guardian

To the horror of the watching doctors, a young man on a Mumbai street picked up a broken coconut shell, scooped up dirty gutter water with it, and drank.

"I still recall the scene vividly," says 61-year-old Mumbai psychiatrist Dr Bharat Vatwani. "My wife, Smitha – also a psychiatrist – and I, watched from across the street."

Shocked by what they had just witnessed, the couple took the young man to their new private clinic and began treating him for schizophrenia. For Vatwani it was the beginning of a three-decade-long commitment to treating the "wandering" of [India](#) – mentally ill people left to roam on city streets – and reuniting them with their families.

As the patient recovered, he began to speak in English and recall bits of information about his family. This enabled Vatwani to locate his kin in the south-eastern state of Andhra Pradesh, a significant distance from Mumbai. "We realised then, that there was no organisation in Mumbai, or for that matter in India, which rehabilitated wandering mentally ill people," Vatwani says. This

The Guardian

About this content

Anne Pinto-Rodrigues

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incident, which occurred more than 30 years ago, was a turning point in the lives of the psychiatrists.

According to a [2015-16 survey](#) commissioned by India's government, nearly 15% of Indian adults suffer from some form of mental illness. This translates to more than 180 million people in the country, though only a minuscule number have access to the necessary medical facilities. There is a severe shortage of psychiatrists, especially in rural areas. According to Vatwani, "Over 80% of the government hospitals in India do not have a psychiatrist. One of the main reasons being that many Indian psychiatrists prefer to move abroad, for better prospects. There are less than 4,000 practising psychiatrists in a nation of over a billion people!"

Of the people who do have access to professional help, very few are willing to seek it. Mental illness continues to be largely a taboo subject in India.

Soon after the first reunion, in 1988, Vatwani and his wife, Dr Smitha Vatwani, set up the [Shradha Rehabilitation Foundation](#). The word "shradha", which comes from Sanskrit, means "devotion". The foundation has been dedicated to rehabilitating wandering mentally ill people and reuniting them post-recovery with their loved ones.



Vatwani in the process of locating the hometown of a patient. Photograph: Anne Pinto-Rodrigues/The Guardian

"85% of the people we pick up from the streets suffer from schizophrenia. I shudder to think of what they must have endured out there, especially the

women. They are wandering in all kinds of severe weather – sick, hungry and invisible to the world," Vatwani says.

After the Shradha team has picked up a mentally disturbed person, she or he is taken to the residential treatment centre in Karjat, on the outskirts of Mumbai. Vatwani says: "Our medical treatment is coupled with kindness and empathy, which the patient rarely experienced on the streets. Depending on the severity of the illness, the person will spend anywhere between two to three months at the centre."

Once Vatwani has certified a patient as ready to go home, a social worker who speaks the same language (or a close dialect) as the patient accompanies them home. Recognising the Herculean efforts of Shradha's committed team of social workers, Vatwani says: "Sometimes, patients' families live in the most remote corners of the country and finding them requires some serious deductive work by the team. Often, we have to get the local police involved to locate the relatives."

Even after the reunion, the patient's treatment continues as the foundation regularly sends medication to their home.

Shradha's rate of reuniting patients with their relatives is a staggering 95%, with more than 8,000 reunions to date, Vatwani says. Some patients have been separated from their families for years, even for decades. Inderjeet Ghai, a 70-year-old from the northern state of Punjab, was reunited with his kin, nearly 54 years after he had gone missing.

Many of the recovered patients have successfully reintegrated into society, with more than 8,000 going on to have jobs and careers. Gangadhar Vinode, 47, who was brought together with his relatives in 1991, after a three-month stay at Shradha, is today a successful real estate developer in the neighbouring city of Pune.

"In seven out of 10 [reunions], the relatives are overjoyed at having their missing family member back. Occasionally, in the case of female patients, relatives are hesitant to accept them as they are concerned about what people around them will say. In such situations, the accompanying social worker will explain the importance of having the family's support and involvement, for the patient's recovery. We've mostly had successful [reunions]," says Vatwani.

For his decades of service to this vulnerable section of society, in 2018 Vatwani received the Magsaysay award, widely recognised as Asia's equivalent of the Nobel prize. "Given the scale of the mental health problem in the country, my contribution is insignificant," says Vatwani. Despite his humility, however, the award has brought much needed global attention to the cause of wandering mentally ill people, and mental health in general.

"Anyone can be afflicted by a mental illness and end up wandering the streets," Vatwani says. "Depression, bipolar disorder, schizophrenia, addiction and other neuroses are so common nowadays. People suffering from these problems need as much love and support as those suffering from a physical illness."

Original Transfer
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MAHARASHTRA
News

Pune

28th DECEMBER 2019

Reunion of a Catholic recovered female patient with family On Christmas Day

The Indian EXPRESS

JOURNALISM OF COURAGE

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Pune: Over 25 years after she went missing, SRF reunites 55-yr-old with her family

The joy of Christmas doubled for the Catholic family, which had lost all hope.



Rani Shamrao Wankhede (fourth from left) with her relatives and SRF volunteers.

Written by Amandeep

Rani Shamrao Wankhede, a resident of Nagpur who had gone missing from home over 25 years ago, was reunited with her family with the help of Karjat-based Shraddha Rehabilitation Foundation (SRF), on December 25. The 55-year-old is the mother of three — two daughters and a son.

The joy of Christmas doubled for the Catholic family, which had lost all hope. Both of Rani's daughters got married in the time she had been separated from her family.

“We were very young when our mother left. Everyone told us that she must have died. All of us were surprised and happy when she returned,” said Saroj Siddhartha Gajbiye, Rani's daughter.

In October 2018, a severely ill Rani was found on a road in Himachal Pradesh by Dr Sadhana Thakur, chairperson of HP Red Cross Society. She was then admitted to Himachal Hospital for Mental Health and Rehabilitation (HHMHR), Shimla, where her treatment was started. It was in May 2019 that members of SRF went to HHMHR for an assessment. Post this, she was transferred to SRF in Karjat, where her treatment continued under Dr Bharat Vatwani, a psychiatrist and founder trustee of SRF, who was awarded the Ramon Magsaysay Award in 2018. After Rani started communicating properly, she gave information about her family and her address.

“The reason why all of us at SRF continue our work is because of the immense satisfaction we get out of it. Rehabilitating people, who are wandering on the roads, is something we need to do as a society, so that these people can get their rights and be respected,” said Dr Vatwani.

SRF has done extensive work in rehabilitating mentally ill patients who have lost their homes, lives and families. The foundation, to date, has rehabilitated over 8,000 such patients. SRF provides free shelter, food and psychiatric treatment to these people. Alongside that, the organisation also carries out mental health awareness programmes.

MOTHER & CHILD CASE - COVERAGE ON - 6th & 8th DECEMBER 2020

The Sunday
MUMBAI, LATE CITY
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EXPRESS

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Bollywood director seeks to retain foster child, mother says she's medically fit now

EXPRESS NEWS SERVICE
MUMBAI, DECEMBER 5

A TWO-YEAR-OLD toddler's fate hangs in the balance with a Bollywood film director-writer who fostered the child over the past seven months, as his biological mother underwent treatment for schizophrenia, seeking to retain his custody longer.

The 30-year-old mother said she was medically fit to look after her son now, but the foster family has raised concerns over her mental state. Amidst all this, the child has lived in three

Bollywood director seeks to retain foster child, mother says she's medically fit now

homes over the past one year. At a meeting of the Mumbai CWC on December 1, the Bollywood director and the NGO that had been handed over the care of the baby said they should keep him longer, as the mother was not yet fit mentally. The CWC directed that the child be moved out of the foster home and given to a local NGO, but reversed the same a few hours later, at midnight.

The Women and Child Development (WCD)'s Mumbai city department has now called for a detailed inquiry report from

CONTINUED ON PAGE 2

respond to calls or messages from *The Sunday Express*.

The mother had wandered off from the home of her husband, a daily wager, in Kanpur with the toddler, then a newborn, leaving a 12-year-old son behind. By early 2019, she was living on a Mumbai footpath with the baby. In September 2019, according to the NGO Family Service Centre (FSC) that handled his foster care, the Borivali Government Railway Police found the child badly bruised, with bite marks, with the woman claiming he had slipped out of her hands and injured himself.

While the woman was referred to the Shradha Rehabilitation Foundation, an NGO for mental illness treatment, the infant was taken by the CWC under its care. A year old by then, he was placed with FSC. The latter put him in the care of a family.

By November last year, the woman had recovered enough to remember the address of her father, a farmer, in Bhojpur, Bihar, and officials were able to trace her to Kanpur. However, a CWC member said, the boy's father wasn't willing to come to Mumbai, and they decided to continue the foster care till the mother fully recovered.

In January this year, the woman got a medical fitness certificate and met her son for an hour on January 21.

However, in May this year, the NGO shifted the baby to the Bollywood director's home as the other family said the lockdown made it difficult for them to care for him. The CWC said it was not informed about this.

Under the Juvenile Justice Act, a family is assessed by an NGO before it is referred to the WCD to be registered as a foster caregiver. As per Model Guidelines for Foster Care formulated by the Centre, a foster family can adopt a child after five years of care, if the child has no biological family claiming her. The director is not looking to adopt the boy, FSC officials said.

Says the mother: "Since January I am trying all means to get his custody. I will look after him, I will take good care of him." With the lockdown causing delay, it was finally only on November 4 this year that FSC wrote to the child's grandfather to take his custody. "Aap jald se jald Mumbai aakar apne naani ko apne ghar le jaiye (Come to Mumbai at the earliest and take your grandson back home)," the letter said.

Dr Bharat Vatwani, the founder of Shradha, in his communication with the CWC, has said the woman may develop "severe reactive depression" if kept away from her son for long. The foundation has also assured that it will monitor her future treatment in Bhojpur. A DNA test result last month confirmed that the woman was the two-year-old's biological mother.

CWC member Urmila Jadhav said, "Whatever we do will be in the best interest of the child. We have reached out to the CWC in Bhojpur to assess if some aid can be given to the child for education." A CWC member said, "If the mother's treatment is continued, there is no reason to deny her guardianship."

The grandfather, who has been in Mumbai for three weeks now, has given an undertaking to look after the child. "I don't understand why I can't see or get my grandson back," he said.

In an e-mail reply to *The Sunday Express*, FSC Director Nirmala Fernandes said, "The foster family is definitely not interested in adopting him... They are only concerned for his welfare. He was to be handed over to the biological family, the foster family was prepared for it... However, seeing the mother's condition, they were apprehensive and requested that the child be in foster care for a little longer and once the mother is fine he can go."

An assessment of the woman's home in Bhojpur is underway by the CWC.

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FOSTER CHILD ROW

Govt asks CWC to follow protocol; decision on child's custody this week

EXPRESS NEWS SERVICE
MUMBAI, DECEMBER 7

THE STATE women and child development department (WCD) convened an hour-long meeting on Monday with the Child Welfare Committee (CWC) and NGO Family Service Centre (FSC) officials in connection to the custody case of a two-year-old toddler in foster care.

The boy is in the middle of a custody battle between his 30-year-old biological mother, who underwent treatment for schizophrenia in Mumbai, and a Bollywood director-writer who has been fostering the child since May.

Officials who were part of the meeting said that the WCD department has instructed the CWC to follow protocol and allow rehabilitation of the child as per the Juvenile Justice Act at the earliest. A formal decision on the custody of the child is likely to be made later this week.

In a meeting on December 1, the foster parents had asked the CWC to allow the baby to continue to remain under their care, as the mother was not mentally sound to look after the child. The CWC had then directed that the boy be shifted from the foster family to a government-run shelter home.

The decision was, however, reversed by an order issued late in the night. The child was handed back to the foster parents around 3.30 am on December 2.

The department has questioned the CWC on how the foster parents were allowed to keep the child when directions were given to send him to a shelter home.

"This has never happened before that a child has been taken back from a shelter home to foster caregivers in the middle of the night. The CWC said it

The custody battle over the two-year-old boy is between his 30-year-old biological mother, who underwent treatment for schizophrenia in Mumbai, and a Bollywood director-writer who has been fostering the child since May

reversed the decision because the child may be unsafe at the shelter home amid the pandemic. In the meeting today, the CWC said it will work within purview of law and take further steps," said Prema Gadge, deputy WCD officer in Mumbai city.

The CWC is now awaiting fresh medical fitness certificate of the mother from a government hospital to assess her mental condition before the child is handed over. "We have already coordinated with the CWC in Bihar, where the woman's father lives, to monitor the child after he is shifted there. We just need the fitness certificate of the mother now," a CWC member said.

The mother, a native of Bihar, had wandered away in 2019 with her newborn from Kanpur, where she lived with her husband, and reached Mumbai.

Unknown to her, then, she suffered from schizophrenia. Her illness was diagnosed last September after the Borivali government railway police (GRP) found her living on street with her badly bruised child. The boy had bite marks and wounds all over his body.

The GRP, suspecting the mother had hit the child, had re-

ferred the baby to the CWC, which sent him to foster care through FSC.

The mother, meanwhile, underwent treatment for schizophrenia from September 2019 to January 2020 at Shradha Rehabilitation Foundation, an NGO for mental illness treatment. By last November, she had managed to remember her father's address at Bhojpur in Bihar.

She received a fitness certificate in January and met her son on January 21. Since then she has been trying to get his custody. "She can remain stable if she continues her medication. We have assured the CWC that we will provide her with free medicines and also refer her to a local psychiatrist in Bihar," said Dr Bharat Vatwani, founder of Shradha foundation.

CWC officials said since the fitness certificate is 10 months old, a new one has been sought.

On November 4, the FSC had written to the woman's father to come and take the child. The biological father was also contacted but he had refused to come to Mumbai. Following this, in subsequent meetings at CWC on November 24 and December 1, the NGO, along with the foster parents, requested that the child be allowed to continue to stay with them.

The toddler at present remains in care of the foster family. The FSC has assured government officials that the foster family does not intend to adopt him. "We conduct a thorough study of our foster families and homes at the time of selecting them. They are counselled and prepared for all factors involved in this process. Presently, we have eight children in foster care, all in different homes and doing very well," FSC Director Nirmala Fernandes told *The Indian Express* in an email.

mid-day

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The woman wants her child back, now that she has recovered from the mental illness

Continued from page 01

INDIRA Jaising, former additional solicitor general, also told mid-day that the woman has an absolute non-negotiable right to custody of her child. THE woman, in her thirties, was at the Child Welfare Committee's (CWC) office at Dongri to record her statement before the Borivli railway police on Monday. It was the Borivli railway police who had spotted the mother feeding her child on September 16, 2019, and got her admitted at Shradha Rehabilitation Foundation — a home for the mentally-ill. There, she was treated by Dr Bharat Vatwani, a psychiatrist and winner of Ramon Magsaysay.

The Borivli railway police recorded the statement now as she was not in a healthy mental condition to give a statement at the time. They had approached her a few days

'Woman has every right to get custody of her own child'

Former additional solicitor general of India Indira Jaising says CWC should rule in favour of mother; reader offers to foot legal bill if matter drags to court

Ansari said that the woman, after the treatment for mental illness, told them that she had another child, a 12-year-old son who has been living with his aunt in Kanpur since he was four. Her husband, a casual labourer, works in Kanpur. The woman told them that she developed a psychiatric problem a few months after delivering the second child, who is now with his foster family.

Farzana added that they managed to contact the husband, who confirmed having a second child. "He even expressed his inability to take care of the woman and the child, as he is a casual labourer and had no one at home to take care of them once they returned. Therefore, he requested his in-laws to take care of them and that he would support them monetarily."

"My son-in-law had taken my daughter for a psychiatric treatment in Kanpur. But sometime in May or June last year, my daughter left the house with her newborn without telling anyone. She was



Indira Jaising, former additional solicitor general of India

you that a female donor has agreed to donate ₹6,000 per month for the child for the next three years and has already given us post-dated cheques. We have also bought some warm clothes for the mother. We are now waiting for her to get her son back soon," Dr Vatwani told mid-day.

Another reader has offered to ensure that a woman, who is clinically mentally disabled but well-treated and supported, has the right to her biological child. "In this case, the woman has an absolute non-negotiable right to custody of her child. The CWC should promptly pass an order to hand over the child to the mother. The child seems to have been unauthorised removed from the state run home."

'The support that I am receiving from society is very redeeming and heart-warming' Dr Bharat Vatwani, psychiatrist and winner of Ramon Magsaysay

'In this case, the woman has an absolute non-negotiable right to custody of her child. The CWC should promptly pass an order to hand over the child to the mother. The child seems to have been unauthorised removed from the state run home'

Indira Jaising, former additional solicitor general of India

DEEMED fit by doctors after she overcame mental illness, the biological mother of the baby, the centre of a custody battle, said on Wednesday that she is thrilled. "Mujhe mera bachcha mil gaya, main bahut khush hun," she said after the Child Welfare Committee (CWC) ordered the foster parents to hand over the baby to her on Monday. "Mera babu abhi so raha hai, I will not let him get separated from me," she said. She has returned with her father from Dongri to the Shradha Rehabilitation Centre in Borivli, where she was treated and has been staying for the past year. » P08

DEEMED fit by doctors after she overcame mental illness, the biological mother of the baby, the centre of a custody battle, said on Wednesday that she is thrilled. "Mujhe mera bachcha mil gaya, main bahut khush hun," she said after the Child Welfare Committee (CWC) ordered the foster parents to hand over the baby to her on Monday. "Mera babu abhi so raha hai, I will not let him get separated from me," she said. She has returned with her father from Dongri to the Shradha Rehabilitation Centre in Borivli, where she was treated and has been staying for the past year. » P08

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WOMAN BEATS MENTAL ILLNESS TO WIN BABY BACK FROM FOSTERAGE

After influential foster parent, a Bollywood director, snatched boy from rescue home, Child Welfare Committee rules that child be returned to biological mother, as doctors certify her fit

VINOD KUMAR MENON
vinodm@mid-day.com

DEEMED fit by doctors after she overcame mental illness, the biological mother of the baby, the centre of a custody battle, said on Wednesday that she is thrilled. "Mujhe mera bachcha mil gaya, main bahut khush hun," she said after the Child Welfare Committee (CWC) ordered the foster parents to hand over the baby to her on Monday. "Mera babu abhi so raha hai, I will not let him get separated from me," she said. She has returned with her father from Dongri to the Shradha Rehabilitation Centre in Borivli, where she was treated and has been staying for the past year. » P08

'I am witness to the mother's transformation in the past year, from being a psychiatric patient to being fit today. I have been accompanying her and this is a miracle' Farzana Ansari, social worker



The woman with her father after they got her son back, (inset) mid-day's Dec 5 report

MOTHER & CHILD REUNITED IN ARRAH, BIHAR on 15th Dec 2020

'Ain for the rights of the mentally ill'

Experts hail the order to give baby back to biological mother; rehab centre which helped her get well to continue providing support

Continued from Page 1

MID-DAY had highlighted the case of the woman, who hails from Bihar, in a December 5 report. She overcame mental illness under Ramon Magsaysay Award-winner Dr Bharat Vatwani's care, only to find out that the influential Bollywood director who has been fostering the baby won't let go of the child.

"I will take care of my daughter and grandchild hereafter. We are thankful to each and everyone who helped us in getting our child back. All this was possible because of Dr Vatwani, who not only saved my daughter by treating her free of cost but also provided her shelter for so long," said the woman's father.

Farzana Ansari, the social worker who had been with the woman since her admission at the rehabilitation centre last year, said, "I am witness to the mother's transformation in the past year, from being a psychiatric patient to being physically and mentally fit today. I have been accompanying her and this is a miracle. After she had recovered, she kept asking for her baby and was missing him. I am satisfied that she has finally been united with her child forever." Ansari has assured the family that she'd stay in touch.

Dr Vatwani, founder, Shradha Rehabilitation Foundation, said, "This is the power and victory of truth. I want people to spread the message that the mentally ill have rights, and no one can deprive them of the same. They have more emotional needs than a common man, and no one can deprive them of the same."

'Victory of the mentally ill'
Dr Sanjay Kumar, senior consulting psychiatrist and former deputy director, Mental Health, Maharashtra, said, "It is the victory of the rights of people."

'This is the power and victory of truth. I want people to spread the message that the mentally ill have rights. They have more emotional needs than a common man, and no one can deprive them of the same'

with mental illness and of alert mental health professionals. This will set a precedent."
Nishit Kumar, founder and managing director, Centre for Social and Behaviour Change Communication, said, "I am happy that the child has been finally restored to the mother after BYL Nair hospital certified her fit. Her trauma at being separated from her child will reduce. Hopefully, the Social Justice department will link her to an adolescent opportunity so that she can be independent and raise her child with normal development."
Nishit added, "Sickness, infections and wounds are commonplace among all marginalised children and can be no grounds for separating a child from a poor and sick mother. The National Family Health Survey (NFHS-5) state fact sheet recently reported that 35.2 per cent of Maharashtra's children under the age of five years are stunted, 68.9 per cent of six-month-old to 59-month-old infants are anaemic and only eight per cent of breastfed children from six to 23 months receive an adequate diet. This does not mean we should separate these children from their mothers. The solution is to ensure that the state's schemes reach mothers like her and her child can grow up and be a productive citizen."

Experts in mental health and child rights emphasised that people, especially the marginalised, should be helped to take care of their children. REPRESENTATION PIC

passed its order in the larger interest of the child, after taking into consideration all the points, including the psychiatric evaluation, report by the Department of Psychiatry, Nair hospital, handed over to the CWC by Borivli railway police on Monday."

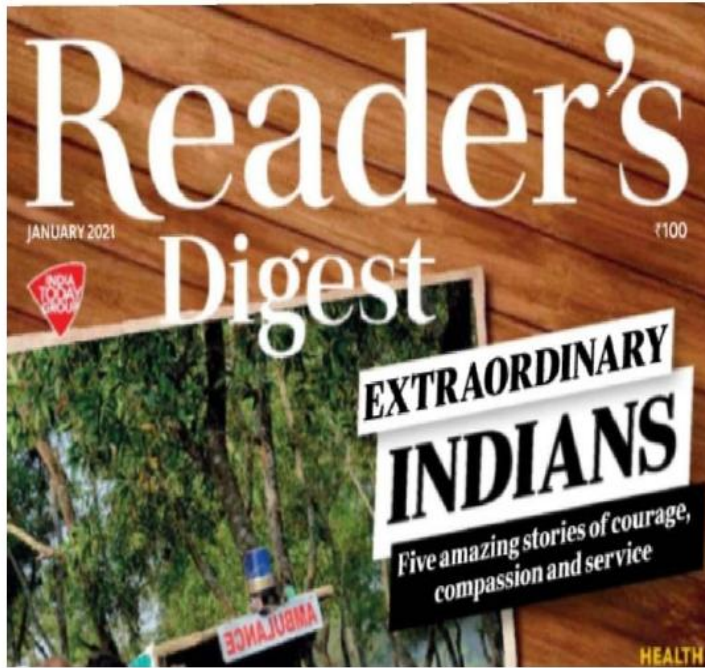
Bidwai added, "We have also reported in the CWC, District Child Protection Unit and Childline members from Bihar, who will monitor and support the family. Shradha Rehabilitation Foundation would also inform us about the mother's wellbeing."

When inquired about the foster parents, Bidwai said, "The foster parents were emotional and they requested to allow them to meet the child at least for the next few days, which the CWC has agreed to. Also, 12 cheques of ₹6,000 each given by a donor have been handed over to the maternal grandfather."

CWC speaks
Mild Bidwai, chairman, Child Welfare Committee (CWC), Mumbai City-1, said, "The four-member CWC committee unanimously decided and

NATIONAL News

JANUARY 2021



SHELTER FROM THE STREET ▶

Dr Bharat Vatwani, 62

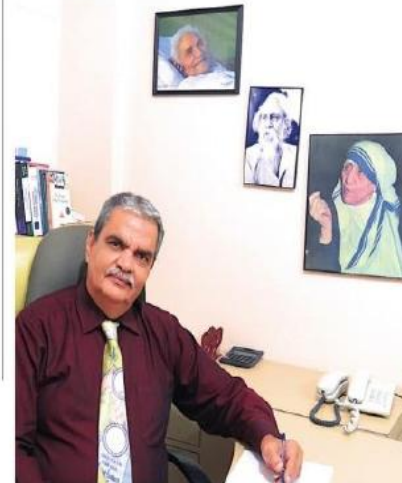
It is often easy to identify mentally ill persons who wander our streets—their hair is matted, their clothes torn and their mutterings inscrutable. These sightings are common enough for us to be inured to them.

But more than three decades ago, when Dr Bharat Vatwani and his wife Smitha (both psychiatrists), watched a young boy drink gutter water from a coconut shell, they decided to bring the homeless schizophrenic patient to their nursing home in Mumbai. “We nursed him, treated him with medicines and saw him gradually improve. That was the turning point

of our lives,” recalls Vatwani, 62.

Once Vatwani’s patient had recovered, he told the psychiatrist he was a science graduate whose mental illness had begun to manifest after he failed to find employment. Vatwani wrote to his family, and saw the man’s resolve strengthen when he reunited with his father. In 1988, a few weeks after this first reunion, Vatwani and his wife set up the Shradha Rehabilitation Foundation. In the 32 years since its inception, Shradha has rescued over 8,000 mentally ill patients found wandering the streets. Of these, an astonishing 95 per cent have all been united with their families.

Vatwani’s work has always been difficult. “The destitute,” he points out, “goes through extremes—starvation, sexual abuse, injuries, fractures. Often there are also issues in communication—different dialects are hard to comprehend—and, at times, the patient remains symptomatic for



PHOTOS: COURTESY SHRADDHA REHABILITATION FOUNDATION



Dr Bharat Vatwani (third man from the right) with the Shradha Rehabilitation Foundation staff

months.” In the event a patient is illiterate, tracing his or her address starts to seem impossible. Sometimes, despite their recovery, families refuse to accept their female relatives for fear of ostracization. On occasion, members of Shradha’s staff have even been accused of human trafficking by a distrusting public and authorities. “Also, because of a lack of awareness, donors do not have enough sensitivity.”

Vatwani’s perseverance won him a Magsaysay Award in 2018, but the psychiatrist feels he still has not done enough for the cause of the wandering mentally ill. He says, “My heartfelt opinion was that I did not deserve the Ramon Magsaysay Award. I could have done more, should have done more.” Vatwani points to the 2011 Population Census: “It estimated that 1.8 million Indians are homeless. Studies have shown the incidence of mental illness



“I feel did not deserve the award. I could have—and should have—done much more.” —Dr Bharat Vatwani

among the homeless is 50 to 60 per cent. So almost 10 lakh Indians are homeless and mentally ill. We had only picked up, treated, rehabilitated and reunited a mere 8,000 of them till date. This is a fairly paltry, insignificant number.” In the end, Vatwani sees a solution in more empathy. “Don’t just understand those with the illness. Feel their pain, too.”

—Shreevatsa Nevatia



Ramon Magsaysay Awardees
TOP STORIES

January 2021

Bharat Vatwani
2018 Magsaysay Awardee, Founder, Shraddha Rehabilitation
Foundation, India



In this time of hardships because of the pandemic, Dr. Bharat Vatwani wants everyone to reach out to others, especially the mentally ill and the poorest.

“With the support of Azim Premji Philanthropic Initiatives, we distributed ration kits. Over miles, hills, and open fields, they came, the poor, the widowed, the disabled, the tribals. A widowed mother and her deaf and dumb daughter walked 18 kms to get that 21 kgs weighing sack of ration. Bare feet, through the slush and the rain, they all came, and walked back with that 21 kgs sack on their heads, exemplifying the true Indian, entrenched in his resilience, his hope and his prayer, for a better slice of sunlight, for a better tomorrow.” Read more...

www.shraddharehabilitationfoundation.org

RAMON MAGSAYSAY FOUNDATION ARTICLE ON THEIR WEBSITE FOR THE AWARDEES SUPPORT TO THE SOCIETY DURING THE COVID 19 PANDEMIC

BHARAT VATWANI, 2018 Magsaysay Awardee, India **Founder, Shraddha Rehabilitation Foundation**

Since the first week of March 2020, Shraddha Rehabilitation Foundation (SRF) has been working hand in hand with the local government and is committed to working closely at the grassroots and with the vulnerable communities to combat the COVID-19 pandemic.

- It has been providing shelter, food clothing and necessary care to 111 homeless individuals and hopes to continue the same until everything settles down.
- SRF has distributed 586 dry ration kits among the poorest of the poor (tribal families, migrant workers, destitute and other needy individuals).
- It has made available to the local government the Shraddha ambulance services in case of any emergencies.



**INTERNATIONAL
News**

**RAMON MAGSAYSAY
LEADERSHIP INSTITUTE**

JANUARY 2021

NATIONAL News

THE LEAFLET CONSTITUTION FIRST

Part - 1

JUNE 2021



Stigma is the cornerstone of the stumbling blocks that mar every step in the process to reduce the prevalence of mental illness. From acceptance of symptoms of mental illness to acceptance of treatment to rehabilitation, there is a stigma attached to every stage of recovery. Society forces the mentally ill to wander the streets, destitute and alone, when empathy, effort, and scientific care can resolve mental illness, writes Magsaysay Award winner Dr BHARAT VATWANI.

THE bottleneck for the mentally ill in the Indian subcontinent, and one of the reasons for the virulent spread of psychiatric illness in our country is the stigma associated with it.

Physical illnesses rarely carry any stigma. Mental illness carries a stigma that can be segregated into two types:

1. **Social stigma:** The prejudices and discriminatory behaviour of society towards people labelled with psychiatric illness (and their relatives).
2. **Self Stigma:** The patient internalising their perceptions of discrimination

The Contribution of Stigma in the Incidence of the Wandering Mentally ill

Stigma leads to social loneliness, isolation and exclusion, and consequently poor social support. It causes mentally ill people to feel ashamed for something beyond their control. Stigma prevents the mentally ill from seeking the help they need, and going further, has a detrimental effect on treatment outcomes.

The stigma of mental illness got deeply entrenched over centuries of human existence. Given its omnipotent prevalence, both the patient and the relatives believe in the dogma of stigma. They are not ready to disclose their problem to themselves or others and are unprepared to accept the problem exists in society.

So, ultimately, mental illness is boxed in, closeted and festooned. With no breathing space, the claustrophobia of thoughts, emotions, behaviours and treatment options sets in.

Internally, the illness starts multiplying manifold, becomes gangrenous, and at a subconscious level, ultimately expunges the mentally ill from within their selves, their families and their societies. And thus are born the *wandering* mentally ill. They keep their mental illness, again at a subconscious level, in stagnated momentum, like a rolling stone that gathers no moss. No further additions or subtractions are made to their thoughts, emotions, actions and treatment options, and wandering becomes a way of life.

As schizophrenics walk around, disconnected from society, they attempt to drown their anxiety by the sheer physicality of momentum and wandering.

The Shradha Rehabilitation Foundation, an NGO, addresses this physicality, momentum and wandering.

Empathy is the Key

One has to connect to the mentally ill by voice, body language, demeanour, eye contact and above all, through the soul.

Empathy is not sympathy, it is not pity, it is not largesse, it is not benevolence. It is beyond all these. It is the honest ability to communicate to the man on the streets, "There, but for the grace of a God above, go I. Therefore, I am you, and you are I."

The moment true empathy is established, the claustrophobia of thought, emotions and actions that was festering within the psyche of the destitute, yields like a pricked balloon. When gently dealt with, the wandering destitute agrees to get into the ambulance of our NGO.

In some cases, the destitute are brought to the centre by means other than by ambulance. To cite one instance, our social worker, Farzana Ansari, got down for refreshments during a train journey. She saw a mentally ill destitute, established a rapport with him, got him onto the train and brought him to our rehabilitation centre at a ten-hour distance.

In many instances, college students who have some exposure to our work cajole the destitute walking on the street to sit on their motorcycles and bring them to our centre, often from a fairly long distance. How do they achieve this? From the communication of empathy.

The destitute have never been bathed, nor have they thought of cleaning up themselves, as they have internalised the stigma against their selves. A revulsion towards their illness has set deep in their psyches over months, years, even decades.

The Shradha staff break this psychic wall. They get fresh clothes, trim their forests of matted hair and beards. Amongst the female destitute, female staff attend to their menstrual hygiene. The acceptance of the destitute as humans makes them accept themselves as humans.

Glimmer of Paradise Regained

A complete and balanced meal is provided. Shradha doctors attend to maladies such as fever, pneumonia, typhoid and malaria, a common plight of the wandering mentally ill. Every act embodies care and compassion.

A routine is established: breakfast-lunch-dinner followed by morning-noon-night medicines. Psychiatric medication is started to counter the psychiatric problem scientifically. From day one, the patient is addressed by his name, not a number, as is common in situations of confinements.

The patients are cajoled and pleaded with, in gentle soothing tones, to reveal their names, their parent's names, their sister's names. Soon, they recall the name of their husband or wife, their children, kith and kin, the village they were born in, the district they belong to, the school they studied in, the theatre they watched their favourite movies at, the festivals they celebrated with their family, the gods they revered... These are questions no one has ever asked them, to which they had almost forgotten the answers.

The capacity to make a wandering mentally ill destitute believe he has an identity and belongs, comes from asking simple questions. It is not rocket science but interpersonal rapport at the level of empathy.

The patient is pushed gently into joining group activities such as physical exercise or games such as rubber ball, cricket, football, throwball, or yoga in an open environment and group prayer meetings in a multi-cultural setting. Their specific skills allow the patient to work in gardening, farming, masonry, electrical repair work, attending to cattle, cooking, cutting vegetables and general cleaning of the premises.

Recognising their inherent personality recreates a bygone psychic era for the patient and the balloon of stigma pricks further.

The destitute are made to understand that their contributions are unique, one-of-a-kind, valuable and cherished even after they have left the centre.

Doctors at Shradha make it a standard protocol to have all patients present (male/female separately) while making their rounds. Unless physical examination demands privacy, the doctors address each of them by name in the presence of others.

Their tone, body language, attitude and eye contact communicate empathy, but the visual/aural presence of the others disseminates empathy to all in the room. Each destitute present (in the large room) realises that caring, concerned people are addressing them individually.

An entire team of qualified professional social workers is present during these rounds. They belong to different states of India, speak varied dialects and make patients from all over India feel comfortable because they are spoken to in a language and dialect they understand, and grew up with, which is a part of their collective unconscious. This often results in abreaction and emotional catharsis among the patients.

A patient, after about two months of treatment, broke down, spontaneously reached out, and taking a pen from the doctor's hands, wrote a mobile number in his file in tremulous writing. It was his brother's number.

Since the destitute had recovered substantially, an immediate call was placed to the number (in front of the other patients) and he spoke on the phone in an emotionally gut-wrenching voice to his brother on the other end of the line. The mobile was kept in 'speaker on' mode, and the conversation made the entire room reverberate with empathy, empathy and more empathy. Each patient desired and wished this fellow inmate (nay, fellow soul-mate) goes home.

Sometimes, bonds so deep develop that one recovered patient says he would return home only after he escorts safely two other recovered destitute on their "reunion trip".

Till a few months ago, these patients were unknown to one another, but their proximity shatters the social isolation and loneliness. Their ongoing recovery has the destitute forge bonds of empathy, regardless of what sects or classes they belong to.

Some aspects of recovery simply amount to humans establishing and proclaiming their right to be human, and interpersonal emotional rapport weaving its magic.

Simple events, such as the doctors sipping tea and biscuits during their rounds make the patients want to partake in a biscuit fest! The request is never turned down. Instantaneously, the doctors and patients become equals.

On occasions, the destitute reaches out and takes the water bottle of the doctor and drinks from it. This is encouraged, not denied. The entire group of 80-odd male patients notices. The worst off, be they catatonic or severely depressed, perceive a flickering of hope in their innermost unconsciousness.

Patients may take months or a year to recover, but every act of camaraderie makes them believe in life. Their image in their own eyes goes on the upswing. They are unchained from the shackles of stigma, they are back from the skeletons of the dead.

Finally comes the planning of the Shradha reunion trips for the recovered destitute, the return trip to their homeland. This is something all of them now await and anticipate with bated breath. They have seen two or three patients, on average, get the doctor's OK to leave the rehabilitation centre every day.

Escorted by social workers from their state, the recovered men and women set off for home. Deep down, the others have come to understand that their turn shall come. Hope is rekindled in lost souls. And loved ones forgotten because of the blunting of emotional faculties by the onslaught of mental illness, are often re-remembered with fervour and passion.

As the recovering men and women remember their children and wonder how their loved ones and dependents must be faring without them, every patient becomes a kindred spirit to the other. In this spirit, Shradha exorcises the stigma that has come to be associated with mental illness over centuries.

NATIONAL News

THE LEAFLET CONSTITUTION FIRST

Part - II

JUNE 2021



Reuniting the rehabilitated destitute, who often left their home and family months or decades ago, is no easy task. The trip home is fraught with intense emotions, but reunion ends in empathy and hope, writes Magsaysay Award winner BHARAT VATWANI.

STIGMA is the most prominent bottleneck the mentally ill in the Indian subcontinent face, and it is one reason why psychiatric illness is so virulent in our country.

The NGO, Shraddha Rehabilitation Foundation, addresses the stigma attached to the wandering mentally ill during their rescue and treatment at its rehabilitation centre and in their journey back to their homeland.

How does Shraddha penetrate and shatter this stigma within the wandering mentally ill during their homeward rehabilitation?

Shraddha social workers who escort the recovered destitute typically belong to the same state, be it Uttar Pradesh, Karnataka, Rajasthan or elsewhere. A team of two or three social workers and four or five recovered destitute forms a reunion-trip group. The group members have interacted with each other for weeks, so a certain kinship and kindred spirit has developed among them.

During their travel, by train, the recovered destitute wear "Shraddha tee-shirts", which sparks the curiosity of their co-passengers. They are compassionate for these unknown former destitute who have recovered to the point of going home. They wish them well and speak with them with respect. Sometimes, co-passengers spontaneously disclose they too have relatives with mental illnesses.

If the reunion journey is by a Shraddha Ambulance, then lodges where the team halts for refreshment often offer free food to the patients and escorts. There is a spontaneous outpouring of goodwill. The team is cheered all along its way, and people sometimes chin pin with small donations, and local journalists occasionally cover their sojourn.

And at every small step along the way, the stigma surrounding mental illness dilutes until it becomes null and void. All the while, empathy is created, cultured and magnified. These are small changes, perhaps, taking place in a tiny cross-section of society, but the change far outstrips the sum of its parts.

During actual reunions, there is emotional catharsis when loved ones meet after months, years, or decades of separation. Children meet parents, brothers reunite with sisters, each has their own story to tell of the pangs of separation and everything else.

Sometimes when decades have passed, families would have performed the last rites of the missing one symbolically, and they find their photographs framed and garlanded. Their families have already shed and dried their tears when suddenly they see their family member resurrected, their hopes and his life preserved by the gods above. The unabated and unbridled tears of joy finally win the battle against separation.

These are separations caused by the stigma attached to mental illness, both by the sufferers and their immediate and peripheral caregivers in society.

When it is difficult to trace the family of a destitute, Shraddha social workers seek help from the administrations, police officials and well-meaning souls (of whom there is no dearth) of his or her neighbourhood. The social worker leading the reunion trip is invariably from the same state and knows the language or dialects, so help is often offered spontaneously.

Since the recovered destitute is in a psychiatrically stable condition, and the attempt is to reunite him or her after a long separation, the curiosity generated is very high. Questions about mental illness are asked of the returnee as well as the accompanying social workers—what causes it, the symptoms, and the treatment. Impromptu street-corner gatherings take place. The focus naturally and autochthonously veers towards the treatability of mental illness.

On many occasions, ordinary people disclose the psychiatric illness among their kith and kin and pester the social workers for solutions. The seniors in the escorting team carry basic psychiatric medication with them and after discussion (using WhatsApp) with the Shraddha psychiatrists, these medicines are dispensed.

These may not be the best of professional consultations, but they initiate hope and provide succour to wandering souls. Above all, the mental illness comes out of the closet and onto the streets, where it runs in the open. The myths of mental illness are demystified, instantly and in a big way.

Now, there are occasions when the relatives are reluctant to accept their mentally ill family member back because there has been misconduct or irrational behaviour, even acts of violence in the past when they were unwell. In such cases, the genuine empathy and understanding of elders in the family, village elders, village administrative heads and local police helps instill a mature response and thought processes in the family.

The job is to bring to their attention the improvements in the mental status of their recovered family member. More often than not, wisdom and maturity prevail. Stigma, the demon that hounds mental illness, is tossed out of the window and an endearing all-encompassing empathy reigns supreme. Stigma and empathy become inverse correlates in these meetings.

Shraddha has noted an exponential rise in the number of calls made to the Shraddha social workers by relatives of the mentally ill from innumerable villages across India. They seek help, guidance and direction. With easy access to WhatsApp, word spreads like wildfire across villages, towns and districts that mental illness is nothing to be ashamed or scared of. That it is treatable.

The ripples of a single emotional reunion and the ensuing catharsis knock down the barricades of stigma across territories and boundaries.

At the social level, Shraddha has seen empathy grow in different cross-sections of society. To cite just two notable instances, in 1993, 141 renowned artists from all over India and abroad donated their paintings in a fund-raising art exhibition at the Jehangir Art Gallery. That was a huge emotional offering from them to Shraddha for having helped treat and rehabilitate a gold medalist lecturer from the famed JJ School of Arts in Mumbai. It got widespread media support and the exhibition was a runaway hit.

From the funds generated, Shraddha established the first-ever rehabilitation centre in India exclusively dedicated to supporting the wandering mentally ill in Mumbai in 1997. That is how the wandering mentally ill had found their small place under the sun in India.

The second noteworthy instance of public involvement was in 1994 when the Rotary Club of Mumbai Queens Necklace (RCMQN) sponsored the cost incurred to treat and reunite four destitute with their families. The emotional satisfaction the members got from the assistance encouraged them to gradually scale up their involvement over the years.

In 2007, this club donated the cost of construction of an entire unit of the Shraddha Karjat Center 2007. They also sponsored the cost of 100 and 150 destitute respectively over the two following years. Their former president, Sanjiv Mehta, acknowledged that Shraddha has "become a household name at the RCMQN and the intent to support it has become automatic".

In the final analysis, it is not a separated loved one that Shraddha reunites with his/her family. In the broader spectrum, it is the debunking of the stigma that surrounds mental illness at the individual level, family level and social level that Shraddha accomplishes.

Yes, it is a fragmented journey covered in bits and pieces, but it has touched the length and breadth of India. And it is done with all-pervasive compassion and empathy for the grossly misunderstood and the neglected wandering mentally ill.

Empathy kindles empathy for the mentally ill, within the sufferers, their families, their villages and the society they live in. True, Shraddha may not have a completely structured approach to tackle the stigma attached to mental illness. But then the genesis of Shraddha was never in rational thought or logical reason—it was conceived as an emotion, the feeling of empathy. It was a few human beings reaching out, intuitively, instinctively, to other human beings in distress and pain.

Shraddha reached out to provide solace to the cry of unknown human beings from the core of their hearts. They were motivated by the feeling, "There, but for the grace of god above, go I. And hence, I am you, and you are I."

Empathy has brought us this far, and it will take us further, though we do not know how far or where. The Nobel laureate Rabindranath Tagore had said, "Into that heaven of freedom, my father, let my country awake..." For the tens of thousands of the wandering mentally ill on the streets of India, our hopes, prayers and empathy shall endure, god willing, and sustain the distance. Milton's lost paradise might just be regained.

I end with a poem depicting the plight of the wandering mentally ill I wrote years ago...

Nothing before,
Nothing beyond,
Another man on
Another island.

Against the nakedness
Of the day,
Against the shattering
Silence of the night,
Against the bastions
Of pain,
The tears came
Crawling through.

Another broken
Amongst the mass of fragments,
Another wretched
In a wretched land.

Against the emptiness
Of the landscape,
Against the turbulence
Of torment,
Against the nadir
Of agony,
The cold came
Clawing through.

Another alone
Amongst the desolate dead.
Nothing before,
Nothing beyond,
Another man on
Another island...



THE TIMES OF INDIA



Ganjam man reunites with family after 20 years

Hrusikesh Mohanty | TNN

Berhampur: It was a moment of surprise and happiness as Limba Nayak walked into his home in Saradhapur village in Ganjam district on Friday, two decades after he went missing.

Limba, now 60, had gone to Surat in Gujarat for work about 20 years ago. That was the last time his family saw him. About three years ago, he was rescued in a mentally ill state from a Surat street. He could neither recall his name nor provide any identification details.

After his rescue, Limba was admitted to the Shraddha Rehabilitation Founda-



Limba with his family members in Ganjam district

tion, Mumbai. After receiving treatment from Bharat Vatwani, the founder of the organisation, Limba's condition improved significantly and he was able to recall his name and address. On Friday, Limba returned home where his son Mohini, 30, and other family members were filled with joy at the re-

union after long years of separation and despair.

Sunil Das, a social worker of the foundation, said three other persons from Ganjam district, who were rescued from Surat several years ago, were also reunited with their family members on Friday. They had been suffering from mental illness and recovered after long treatment, Das said.

The other three persons reunited with their families are Tunguru Behera, 50, of Putu under Dharakote police station limits, Ganesh Das, 35, of Kharuda Sahi in Kabisurya Nagar, and a 30-year old woman from a village near Purushottampur.



Sibaram Nayak (front left) with villagers in Dharakote | EXPRESS

Mentally ill man reunites with kin after 2 decades

EXPRESS NEWS SERVICE
 @ Berhampur

IT was an emotional evening for the people of Saradhapur village in Dharakote block of Ganjam on Friday as they witnessed the reunion of a mentally-ill man with his family after more than two decades since he went missing.

Sibaram Nayak, a 39-year-old mentally-challenged man, went missing from his home in Dharakote in 2000 and was untraceable despite all efforts by family. While he was presumed dead by family, an NGO in Jodhpur named Apna Ghar rescued him. As Sibaram was unable to recall any of his personal details, he was accommodated at the facility till social workers of Shraddha, a rehabilitation centre of Maharashtra, chanced upon him before the pandemic. They brought Sibaram to Mumbai where he was treated for around six months after which

he was finally able to remember his home address. His wife Maya was contacted and Sibaram was brought to his village on Friday.

Similarly, three others including Jhumuki Rana of Gobindapur village under Purusottampur block, Ganesh Das of Kabisuryanagar and Tunguru Behera of Putu village under Aska block were reunited with their families on the day. Sunil Das, a member of Shraddha accompanied all of them till they reached their homes.

"There are many such people who wander away from their homes and get reunited with their families after being rescued by Shraddha," added Das.

Shraddha established its rehabilitation centres in Mumbai and Raigad, Maharashtra in the year 1991 and has since rescued, treated and united over 7,000 mentally-ill persons across the country.

ODISHA
 News

Bhubaneswar

NOVEMBER 2021

Drive to rescue, rehabilitate mentally ill destitutes in State

58 persons rescued in four months, says outfit member

SPECIAL CORRESPONDENT
VIJAYAWADA

It is unfortunate that the mentally ill wandering destitutes are neglected despite tremendous advancements in the field of medicine, said Principal Adviser to the State Government Ajeya Kallam on Thursday.

Addressing a State-level meeting of 'Mano Bandhu', a campaign to rehabilitate the wandering mentally ill people across the State, kicked off by a group of individuals, Mr. Kallam said the different government departments and the civil society coming together for the cause in the State was a welcome step.

He said there was a need to enhance infrastructure like building shelter homes, recruiting specialist doctors and creating facilities for their rehabilitation. He appealed to charitable and religious organisations to join the cause and urged NGOs to sensitise people and govern-



Ajeya Kallam has appealed to charitable and religious organisations to join the cause.

ment organisations on the issue.

Mumbai-based senior psychiatrist and recipient of Ramon Magsaysay award Bharat Vatwani said his organisation Shraddha Rehabilitation Foundation had so far re-united more than 10,000 destitutes with their families across the country.

"We would like to collaborate with the AP Government and 'Mano Bandhu' to rescue, treat and rehabilitate mentally ill wandering destitute persons in the State," he said, adding that irrespective of their mental health, every citizen was entitled to a dignified life.

Govt. to ink MoU

Director of Medical Education M. Raghavendra Rao said the government would sign a Memorandum of Understanding with the Shraddha Foundation by Ugadi festival this year to extend the services needed to rehabilitate the wandering mentally ill people.

Chairman of the State-level Liquor Prohibition Awareness Committee V. Lakshmana Reddy announced that he would mobilise 5 acres of land for establishment of rehabilitation centres for the mentally ill wandering people.

Founder member of 'Mano Bandhu' B. Ramakrishna Raju said the organisation had so far rescued 58 people from streets across the State in the last four months. He said with the assistance of volunteers of LibTech India, a study would be conducted to understand the bottlenecks in the implementation of the Mental Health Act 2017 in the State.

Senior psychiatrist Indla Ramasubba Reddy appealed to the government to set up more facilities and shelter homes to cater to the needs of the mentally ill destitutes.

P. Srinivas from the Association for Urban and Tribal Development, Dr. Neelima from the Department of Medical and Health, and Annam Srinivasa Rao from Annam Foundation were among others who spoke while shelter home administrations from across the State and 'Mano Bandhu' members participated.

ANDHRA PRADESH
News

Vijayawada

MARCH 2022

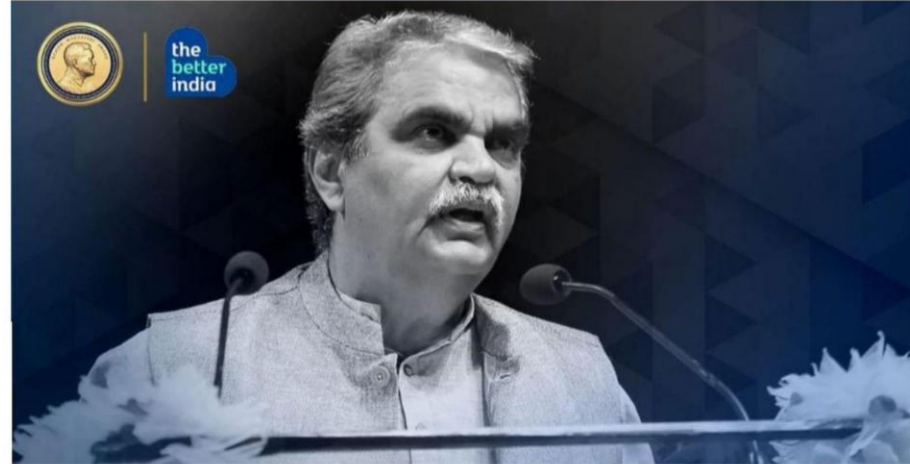
Magsaysay Awardee Fought His Own Battles to Rescue 9000 Mentally-Ill Patients

Written by Magsaysay Award Foundation ; Edited by Yoshita Rao

By Guest Contributor

August 22, 2022

How did your patients react to you sharing your experiences?



Shraddha Rehabilitation Foundation was founded by Dr Bharat Vatwani and his wife, Dr Smitha to deal with the tragedies of the homeless, mentally ill, and more.

Dr Bharat Vatwani, an Indian psychiatrist, has been rescuing, rehabilitating and reuniting mentally-ill persons living on the streets with their families for over 30 years through his organisation [Shraddha Rehabilitation Foundation](#). In 2018, Dr Vatwani received the Ramon Magsaysay Award, Asia's premier prize and highest honour, for his tremendous courage and healing compassion in embracing India's mentally-afflicted destitute, and his steadfast and magnanimous dedication to the work of restoring and affirming the human dignity of even the most ostracised in our midst.

Recently, we had a conversation with Dr Vatwani. Here are excerpts from the interview.

Have you struggled with mental health?

Dr Vatwani: This was put up on a huge board in the waiting room of my consulting chambers a good 22 years ago. It is still very much there.

"Some time ago, when I was going through a very depressive phase myself and was almost suicidal, I happened to seek solace from a friend of mine. During the course of our conversation, I was spontaneously asked by him whether I had ever, ever, ever had a dream. I could not answer him then, because being depressed, I did not know whether there was anything worth living for, worth caring for, worth dreaming about. But over the years, my thoughts have crystallized and the gloom of depression has given way to a dream".

The idea behind sharing these writings was to make the patients seeking me out believe that I was one of them and had been through psychiatric issues myself and overcome them.

Dr Vatwani: My attempt at breaking the stigma surrounding mental illness did not work out as well as I would have wanted. At times, the patients left the waiting room thinking that if the psychiatrist whom they were about to consult had gone through illness himself, how could he be trusted to treat another person? How could they place their well-being in my hands?

While this attitude towards 'stigma' associated with mental illness has diminished over the years, I believe that India and perhaps the entire world still have a long way to go. The [mentally ill](#), the world over, are invariably shunned, rejected, neglected and a denied lot.

Does mental illness carry a stigma?

Dr Vatwani: Mental illness does carry a stigma, which could be:

1. the prejudices/discriminating behaviour by society towards people (and their relatives) labelled with psychiatric illness (social stigma)
2. the internalising by the patient of their perceptions of discrimination (self-stigma)

What are the fallouts of stigma?

Dr Vatwani: Exclusion, low self-esteem, poor social support. Stigma causes mentally-ill people to feel ashamed for something that is in reality, out of their control. There is social isolation and social loneliness. Worst of all, stigma prevents the mentally ill from [seeking the help they need](#).

Stigma has a detrimental effect on treatment outcomes. Stigma remains the cornerstone of stumbling blocks in the addressing of mental illness.

Can stigma be overcome in the long run?

Dr Vatwani: Deeply entrenched issues in society like racial discrimination, caste discrimination, and gender inequality are invariably slow-burn issues involving decades, if not centuries for them to be addressed. The stigma associated with mental illness falls in the same category.

While one may believe that one has contributed, more often than not, the contribution becomes miniscule, given the gigantic overwhelming gestalt of the problem. But one has to persevere and persist.

In the final analysis, the acknowledgement of mental illness by the patients and their caregivers to their own selves and significant others within their communities becomes the cornerstone of a better prognostic outcome.

This becomes all the more significant when one looks at the graveness of the prevalence of mental illness worldwide, reflected by WHO estimates which claimed that by 2030, Depression would be the leading global disease burden.

The key to the acknowledgement of mental illness is empathy and compassion.

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AUGUST 2022
PART I

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Could you elaborate on the work you are doing?

Dr Vatwani: Shradha rescues wandering mentally ill destitute, brings them to their institute and provides them care, food, shelter and appropriate psychiatric treatment. Once psychiatric wellbeing is achieved (often taking 2-3 months), these destitute are helped in tracing out their antecedents, from wherein the reunion with the original family and native home takes place in the farthest corners of India and nearby countries.

All these services, from the moment they are rescued from the streets till the time they are reunited with their families in their native village, are rendered absolutely free of cost.

When did you start and why?

Dr Vatwani: This journey took off one fine day in 1988, while sitting in a restaurant. My wife and I noticed a young boy who was horribly skinny, dirty, disheveled and in a bad shape, sitting just across the road. Being psychiatrists ourselves, we could make out that he was a schizophrenic.

We brought him to our newly set up private nursing home.

The nursing home setting up had involved us selling all the jewellery which my wife had received as gifts in our marriage and taking loans from various banks with property hypothecation et al. This unknown schizophrenic was the first indoor admission to our nursing home.

We nursed him, treated him with appropriate psychiatric medicines and gradually he improved. In two weeks, to our utter astonishment, he started speaking in English. It turned out that he was a Bachelor of Science (BSc) graduate, had even finished his Diploma in Medical Laboratory Technology (DMLT) and had come to Mumbai to hunt for a job, and upon not getting one, had succumbed to mental illness and ended up on the roads.

We wrote to his father who came down by flight from Hyderabad as he was desperately hunting for his son for almost a year. It turned out that he was the Superintendent of a Zilla Parishad in the Cuddapah District of the state of Andhra Pradesh.

Mental illness could affect the best of the best and reduce a person to pathetically inhuman conditions. And suddenly we realised that there was no organisation dealing with such people.

What inspired you?

Dr Vatwani: The unfortunate men and women whom you often see wandering on the roads, lost in their own world, laughing and talking to themselves, with dirty long matted hair, half naked, and skin and bones appearance. They could be just barely surviving on garbage, gutter water and whatever leftovers of food are thrown at them by passers-by. They were invariably in much worse shape than the poorest of the poor because they had no one, absolutely no one to look after them. They could be on the roads for days/weeks/months/years/decades without clothing, shelter or food. No one would give them a second glance and often no one would care whether they lived or died. They were stripped of all human dignity, but we realised that they were humans nevertheless.

Shradha Rehabilitation Foundation was founded to deal with the above tragedy of the homeless mentally ill destitute wandering aimlessly on the streets of India.

And we decided to do whatever bit we can for the cause of this last man standing on the streets – vis-à-vis the wandering mentally ill destitute.

Today Shradha stands strong proving itself to be a time-tested and a very hopeful humane experiment in itself, providing treatment, protective care and rehabilitation to a neglected group of wandering mentally ill roadside destitute and reuniting them with their lost families (loved ones) and correspondingly spreading awareness in the farthest corners of India during and en route reunions.

This model has spearheaded more than 9,000 reunions and seems to be capable of replication at a national level vide shelters run by government and NGOs, addressing the very much existent issue of mammoth quantum of homeless destitute roaming around aimlessly on the streets pan India and other neighbouring countries as well.

And all these day-to-day life transformations at Shradha, founded on innate compassion, translated into heartfelt efforts. Numerous reunion stories – etched with emotions, immersed in appreciation and blessings from the families of these souls, and others who have somehow witnessed or had a glimpse of these transformations – have provided us with the impetus to continue on our chosen path.

The Ramon Magsaysay Award Foundation (RMAF) is an international wholly independent non-profit organisation based in Manila, Philippines. RMAF manages the Ramon Magsaysay Award, Asia's premier prize and highest honour. Follow them on [Facebook](#) and [LinkedIn](#).

Maharashtra: New beginning awaits 25 differently-abled patients at Karjat rehab centre

Dr Bharat Vatwani, the founder trustee of Shradha Rehabilitation Foundation and Magsaysay award winner, expressed hope that the patients on the path of recovery would soon be reunited with their families.



After a nearly two-hour drive, the patients, along with five social workers and support staff, reached the centre at Karjat. (Express)

Written by Anuradha Mascarenhas Pune | October 6, 2022 4:30:45 pm

It is going to be a new dawn for the 25 differently-abled patients from government-run mental hospitals and other private healthcare facilities in [Chennai](#) who have travelled all the way to a Karjat-based rehabilitation centre, near [Pune](#) in Maharashtra.

As they alighted from the train at Pune railway station Wednesday a bus from Shradha Rehabilitation Foundation was waiting outside to welcome the patients, who are on the recovery path. After a nearly two-hour drive, the patients, along with five social workers and support staff, reached the centre at Karjat.

They will be reunited with their families soon, Dr Bharat Vatwani, founder trustee of Shradha Rehabilitation Foundation and Magsaysay award winner told [The Indian Express](#).

The foundation, set up in 1988, has reunited at least 9,000 differently-abled persons with their families in the last 15-16 years, said Dr Vatwani who added that this was for the first time a large group of patients have been shifted from a mental hospital to our rehabilitation centre.

The centre was started to deal with differently-abled destitute persons wandering on the streets. Hence, the foundation does not admit patients brought by family members. It set up the Karjat project in 2006. Services at the foundation are free of charge.

“These are unfortunate men and women whom you often see wandering on roads, lost in their own world, laughing and talking to themselves, with dirty long matted hair, half naked and skinny in appearance. They survive on gutter water and leftovers of food thrown at them by passers-by. With no one to look after them they are on the roads for weeks and months together,” Dr Vatwani said.

The foundation has tied up with various mental institutions across the country. The latest batch of 25 patients is mainly from north India and they find it difficult to communicate due to limited knowledge of the language.

“These patients were selected from different institutions in Tamil Nadu, including the government-run Institute of Mental Health Chennai and Emergency Care and Recovery Centre, Chennai, and others like Anbagam NGO Tamil Nadu and St Giuseppe Moscati Psycho-Social Rehabilitation Centre Tamil Nadu by our team. The social workers in Tamil Nadu find it a challenge to communicate with them due to language barriers. However, they are on their path to recovery and we will now try to reunite the 25 patients with their families,” Dr Vatwani said.

Meanwhile, several organisations in Pune will host a series of programmes on the occasion of World Mental Health Day which falls on October 10 to create awareness about mental health. Dr Mridula Apte, a clinical psychologist who heads Vidula Psychological Consultancy, said her firm will conduct an awareness programme in association with the Pune Metro Rail to inform citizens of the facts related to mental health.

This year's theme of the World Health Organisation's (WHO) is to make mental health and well-being a global priority. A recent report shows that the world is failing in 'our duty of care' to protect the mental health, and well-being of healthcare workers. 'Our duty of care' is a global call for action to protect the mental health of health and care workers. It examines the impact of the Covid pandemic on the mental health of the health and care workforce and offers 10 policy actions as a framework for immediate follow-up by employers, organizations and policy-makers.

A report by the Qatar Foundation, World Innovation Summit for Health (WISH), in collaboration with the WHO finds that at least a quarter of health and care workers surveyed have reported anxiety, depression and burnout symptoms.

The report found that 23 to 46 per cent of health and care workers reported symptoms of anxiety during the Covid pandemic and 20 to 37 per cent experienced depressive symptoms. Burnout among health and care workers during the pandemic ranged from 41 to 52 per cent in pooled estimates as per the report.

MAHARASHTRA

News

Pune

OCTOBER 2022

DEAD MAN ALIVE
Coverage - 1

mid-day

Jagran November 2, 2022, Wednesday, 28 pages ₹5, Mumbai | Phone : 6831 4800 | Fax : 2642 6812 | www.mid-day.com

Mentally ill homeless man 'returns from dead'

Patna resident, who went missing in 2018 and was presumed dead in accident, was sent to Karjat from Kerala a few months ago; reunited with his kin 2 yrs after they cremated a body

VINOD KUMAR MENON
vinodm@mid-day.com

PATNA resident Sanjay Kumar, 44, was mentally ill and destitute when he was placed in the care of Mumbai-based Ramon Magsaysay Award winner Dr Bharat Vatwani two-and-a-half months ago by an NGO based in Kasaragod, Kerala.

On October 31, after receiving treatment, Sanjay was reunited with his family in Patna—after almost four years—by social workers of the Shradha Rehabilitation Centre, which is located at Vengano village, Karjat and run by Dr Vatwani.

Sanjay went missing in 2018. Surprisingly, his family had not only presumed that he had died in a road accident, but in 2020 they also cremated a body and even obtained a death certificate in his name from the local civic body.

While the family is excited that a healthy Sanjay returned to them on the auspicious occasion of Chhath Puja, the question that haunts them is whose body did they cremate two years ago.

Dr Vatwani, the psychiatrist under whose care Sanjay recovered, said, "Today is Chhath Puja, a very auspicious day for North Indians. The gods, weaving their magic on auspicious occasions, came up with a fairy-tale reunion by team Shradha of a recovered mentally ill roadside destitute in Bihar with his family, who believed he was dead. He was a known case of schizophrenia."

A bright student

Sanjay's 62-year-old father, Nand Lal Sav, said, "Sanjay was a bright student and was in his final year BSc when he suddenly started behaving abnormally and was diagnosed with schizophrenia. We got him admitted to Ranchi mental hospital and was under treatment."

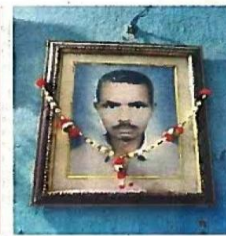
"His wife Kan Chandevi, 35, and son Aditya Kumar, 9, and daughter Trisha, 7, were young when he left the house. The last time he had gone missing, he was loitering on the streets of Patna for three days. He eventually returned home on his own. We expected him to return soon and were hopeful, but the lockdown happened, and all our hopes proved futile."

Two years later

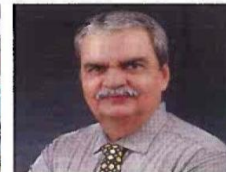
After the COVID-induced lockdown, according to Nand Lal, "The local police on June 2020, informed the family of a dead body that was found,



Sanjay Kumar was admitted to Snehalaya Psycho Social Rehabilitation Centre in Kasaragod, Kerala, some time ago; (centre) Sanjay during his stay at the rehabilitation centre; a portrait of him that his family made after he was presumed dead



Sanjay Kumar (in yellow T-shirt) with his family at his Patna residence



Dr Bharat Vatwani

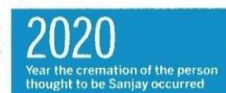
which resembled Sanjay. As the face was beyond recognition, on the basis of the description, we identified the body and cremated the same. COVID restrictions were still in place for performing last rites."

Asked if the family had informed the police about Sanjay being alive, Nand Lal said, "We haven't thought about approaching the police yet."

Emotional reunion

On October 31, the entire clan were at the riverside near their house to perform Chhath Puja. Around 7 am, Ajay Ransure, a social worker from Shradha Rehabilitation Centre, appeared with Sanjay near the house, shocking family and neighbours alike.

"We have decided not to let him go anywhere henceforth. He was not speaking much but could identify and recognise his children and wife. He had his lunch and slept for a while. At night, we ensured that he was not allowed to go anywhere alone. He looked weak and we did not ask him about his whereabouts in the past four years," said the emo-



Dead man walking

Ransure, 27, who travelled with Santosh from Karia Terminal to Bihar, said, "Sanjay has improved a lot. As we got closer to his home, he was able to recall that a flour mill is in front of his house. When we actually reached his house, the flour mill was, indeed, there."

The youth (Ajay) who has a post-graduate degree in Arts, specialising in social work, has been escorting the not ask him about his whereabouts in the past four years. He hails from Osmanabad, and on an average goes on 30 to 35 such missions every year.

"I could not control my tears when I saw his two small children touching his feet and the emotional outburst of his aged parents. I had never witnessed such a moment," he said.

How the address was cracked

According to Dr. Vatwani, Dr Uday Singh, a resident medical officer at the Karjat centre, who also hails from Bihar, worked hard to get clues from Sanjay.

Dr Singh said, "Sanjay was sent to us from Snehalaya, Kerala. He would seldom respond to oral commands and was unable to open his right fist. I gradually provided him with physiotherapy and he could open his fist to some extent, gaining confidence."

"Even I hail from Bihar, so was well-versed with the locations. I would check for the clues on Google Maps and could confirm his antecedents. He was unable to recall any contact numbers," he added.

Spotted in Kerala, sent to Mumbai

Brother Joseph Crasta, founder of Snehalaya Psycho Social Rehabilitation Centre at Manjeshwar, Kasaragod, said, "Sanjay was loitering aimlessly when he was spotted by our social workers and was brought to the centre a few months ago. We have three hundred-plus destitute persons residing at our place and once the patient is settled, we start collecting their personal information, so we can help them trace their families. Since Sanjay was from Bihar, we contacted Dr Bharat and shifted him to Mumbai for better care and rehabilitation."

NATIONAL
News

Mumbai

NOVEMBER 2022

DEATH
CERTIFICATE
Issued On
9th June 2020

सं. 1

किरार सरकार
GOVERNMENT OF BIHAR
योजना और विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT
नगर परिषद दीनापुर निजामत
NAGAR PRISHAD DINAPUR NIZAMAT

मृत्यु प्रमाण-पत्र
DEATH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा किरार जन्म मृत्यु रजिस्ट्रीकरण नियम, 1999 के नियम 8/13 के अन्तर्गत जारी किया गया।)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES 1999.)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल अभिलेख से ली गई है जो कि नगर परिषद दीनापुर निजामत तहसील दीनापुर-कम-खगोल जिला पटना राज्य/राज्य प्रदेश किरार भारत के रजिस्ट्रार में उपस्थित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF DEATH WHICH IS THE REGISTER FOR NAGAR PRISHAD DINAPUR NIZAMAT OF TAHSIL/BLOCK DINAPUR-CUM-KHAGAU OF DISTRICT PATNA OF STATE/UNION TERRITORY BIHAR, INDIA.

मृतक का नाम / NAME OF DECEASED : संजय कुमार
लिंग / SEX : पुरुष / MALE

आधार नंबर / AADHAAR NO. : XXXXXXXX0769

मृत्यु की तिथि / DATE OF DEATH : 09.06.2020
NINTH JUNE TWO THOUSAND TWENTY

मृत्यु का स्थान / PLACE OF DEATH : राजकीयक, दीपा, दानापुर वार्ड नं-3, बाटामन, दीनापुर निजामत (नगर परिषद), दीनापुर-कम-खगोल, पटना, किरार, 800018.

पति / पत्नी का नाम / NAME OF HUSBAND / WIFE : -

मृतक की उम्र / AGE OF DECEASED : 42 YEARS

आधार नंबर / HUSBAND/WIFE AADHAAR NO. : -

माता का नाम / NAME OF MOTHER : विन्मा देवी

पिता का नाम / NAME OF FATHER : नन्दलाल साव

आधार नंबर / MOTHER'S AADHAAR NO. : -

आधार नंबर / FATHER'S AADHAAR NO. : -

मृत्यु के समय मृतक का पता / ADDRESS OF THE DECEASED AT THE TIME OF DEATH : राजकीयक, दीपा, दानापुर वार्ड नं-3, बाटामन, दीनापुर निजामत (नगर परिषद), दीनापुर-कम-खगोल, पटना, किरार, 800018.

मृतक का स्थायी पता / PERMANENT ADDRESS OF DECEASED : राजकीयक, दीपा, दानापुर वार्ड नं-3, बाटामन, दीनापुर निजामत (नगर परिषद), दीनापुर-कम-खगोल, पटना, किरार, 800018.

पंजीकरण संख्या / REGISTRATION NO. : D-2020-10-90095-009427

टिप्पणी / REMARKS (IF ANY) : -

जारी करने की तिथि / DATE OF ISSUE : 10-10-2020

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UPDATED ON : 09-10-2020 14:25:08

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DEAD MAN ALIVE Coverage - 2

NATIONAL News

Mumbai

NOVEMBER 2022

mid-day

What are 'living dead's' legal rights? Experts weigh in

Updated on: 05 November, 2022 07:50 AM IST | Mumbai

Vinod Kumar Menon | vinodm@mid-day.com

Legal brains say burden to prove vitality is on individual who was declared dead, cancelled ID proofs must be revived immediately



Sanjay Kumar (in yellow T-shirt) with his family at his Patna residence

The mid-day report 'Mentally ill homeless man 'returns from dead'', dated November 2, has raised a question: what are the legal rights of a living person once he is declared dead on paper? mid-day spoke to constitutional experts who shed light. Advocate Floyd Gracias, *Supreme Court* counsel, said, "The peculiar case raises serious legal ramifications as to the effect of such a death certificate and the impact on the person concerned. Section 15 of the Registration of Births and Deaths Act, 1969 provides for the cancellation of a death registration on account of erroneous entries. In this case, the death certificate ought to be cancelled immediately. However, the validity of any acts done on the basis of the death certificate would become a cause for concern and the validity of such acts would become questionable. The investigation agencies ought to have done due diligence in the matter before closing a report under Section 174 of the Criminal Procedure Code. The corporation would have issued the death certificate based on such a report. The prime concern here is how the rights of such a person are secured in such cases. A death certificate means the determination of the life of the person. However, as the person is alive, the question being discussed is his legal status and rights arising subsequent to his discovery."



A portrait of Sanjay Kumar that his family made after he was presumed dead

DEAD MAN ALIVE Coverage - 3

"It is paradoxical for such a person to claim the Right to Life under Article 21 of the Constitution. If he is declared dead, he would technically have no rights in law. His legal proof would be de facto expired/revoked and therefore such a person, though living, will have no legal identity," said Gracias.

Jamshed Mistry, senior advocate, Bombay High Court, said, "There is an urgent and immediate need for a series of guidelines issued by the government to various authorities since the entire process of bringing a dead man to life has to be put in place. Although Sections 107 (alive till dead) and 108 (presumed dead till proven alive) as per the Indian Evidence Act, the burden is on the dead man to prove through various documentation that he is alive. His vital proof such as bank passbook, passport and voting card—which would have stood cancelled—need to be revived immediately for his day-to-day needs. Even in western countries, the procedure is that the social security number of such people is first revived, which then automatically triggers the revalidation of all other important documents. A similar system could be considered in India too."



Jamshed Mistry, senior advocate, Bombay High Court; Stuti Galya, solicitor; Shreeprasad Parah, constitutional expert and Floyd Gracias, Supreme Court counsel

mid-day

Jagran November 3, 2022, Thursday, 32 pages ₹5, Mumbai | Phone : 6831 4800 | Fax : 2642 6812 | www.mid-day.com

Probe launched into issuance of living man's death certificate

Officials say procedure to cancel document lengthy, the police to look into cremation carried out by his family back in 2020

VINOD KUMAR MENON
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THE local nagar panchayat and police in Patna have initiated a preliminary inquiry to examine the circumstances in which a death certificate was issued in the name of Sanjay Kumar, 44, a mentally ill man who had gone missing four years ago.

mid-day in its article 'Mentally ill homeless man 'returns from dead'' dated November 2, had highlighted how Sanjay was ultimately reunited with his kin. The man, who had been found loitering in Kerala, was sent by a rehabilitation centre at Kasaragod to the Shradha Rehabilitation Centre at Karjat a few months ago. In June 2020, the local police handed over a body of an accident victim, which was later cremated.

mid-day spoke to the staff at Nagar Parishad Danapur Nizam-

at, Patna where the death certificate was issued and a senior cop of Patna district on the matter.

Manoranjan Kumar, an assistant at the death and birth department at Nagar Parishad Danapur Nizammat, said, "In my five years of service, I have never heard of such a case. We are checking our records and will discuss the matter with our superiors. As per their direction, we will take the next step."

Asked if they have the power to cancel the death certificate, Manoranjan said, "Usually, the cancellation procedure is lengthy and done through court directives. In this case, we will have to first obtain the original death certificate that was issued to the family on June 10, 2020. As per our standard operating procedure, a death certificate is only issued after having relevant documents from the next of kin, including a written application."



Sanjay Kumar (in yellow T-shirt) with his family at his Patna residence. (right) mid-day's November 2 report on the long-suffering man's emotional reunion with his family

Mentally ill homeless man 'returns from dead'

Manavej Singh Dhillon, senior superintendent of police, Patna, said, "Usually a local committee or panchayat writes to the authorities concerned (nagar parishad or municipal council or municipality) informing them about the person being alive, and by following due process of law, the death certificate can be cancelled. Usually, a death certificate is issued on basis of a hospital or doctors' cause of death certificate and the cremation receipt. Some people perform the last rites on river banks near a ghat and in such cases, they produce a ghat receipt, on the basis of which entries are made in the death register and accordingly a death certificate is issued."

Asked about the identity of

the person cremated in 2020, Dhillon said, "We will inquire into the matter. The area where the family resides comes under the Digha police station, as COVID protocols were being strictly adhered to during the said period (June 2020), there were restrictions even on cremation and last rites. The probability of mistaken identity, while handling over the body, cannot be ruled out. We will also check if the next of kin had claimed the government compensation of ₹2 lakh, which was announced during the COVID period by the state government."

Sanjay's father, Nand Lal Sav, said the family neither claimed nor received compensation after June 2020. "As COVID restrictions were in place, we were informed by the local (Digha) police about a dead body resembling and matching the description of Sanjay. We presumed it to be our Sanjay's body and did the final rites," he said.

He added, "He (Sanjay) has been very silent since he's returned, though he is smiling and remembers everyone. We are not taxing him by asking unsolicited questions. Also, we do not keep him unaccompanied. Someone or the other from the family is always with him even if he steps out and during the nighttime."

Meanwhile, inspector Manoj Singh, who was in charge of Digha police station in 2020 told mid-day, "I was recently transferred out of Digha police station, but I do not remember this particular case, as it is two years old. The family of the person who has returned home alive will need to approach the local police and complete the procedure for cancellation of the death certificate. If needed, the police may reopen the old case and will have to establish the identity of the deceased who was cremated. The police may have taken photographs of the dead body found then and may need to check the case record."

DEAD MAN ALIVE
Coverage - 4

Part - 1

NATIONAL
News

THE LEAFLET
CONSTITUTION FIRST

NOVEMBER 2022

The last man standing: Policy solutions to help the mentally ill destitute

DR. BHARAT VATWANI AND DR. SWARALI KONDWILKAR

NOVEMBER 12, 2022

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.

NO one in this world would want to conclude the death of their loved one, who had been missing for a long while. Section 108 of the Indian Evidence Act, for all its practical and legal purposes, defines a stretched-into-infinity never-ending period of seven years of a person being missing, along with attempts at being able to find their missing family member, including a missing police complaint first information report ('FIR'), advertisements, contacting relatives and friends, among other things, having come to naught, to presume that person's death.

Shraddha Rehabilitation Foundation deals with the neglected and shunned elements of human existence – the wandering, mentally ill roadside destitute. And the common scenario which we as psychiatrists at Shraddha face while reuniting the recovered destitute with their families in their 'mufassil' hometowns is that many a times the relatives of the wandered, mentally ill have exhausted all their resources in terms of time, money and reserves of energy to search for their lost relative, and have ended up presuming that they are no more, believing that their loved ones must have succumbed to a natural calamity (an accident or starvation or, as in recent times, the pandemic and the lockdown).

Going beyond this alive-or-dead scenario and adding further dimensions to the picture, many a times the spouses of the missing person have remarried, wills have been made and executed, and assets have been exchanged, merely on the presumption that the missing person is possibly no more.

Completing the complicated grief picture is the all-important emotional aspect of having to believe that their loved one is no more, despite not having clear and certain evidence towards their non-existence, or the presence of a dead body or any witness. This brings us (commenting 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 closure.

Many a times the relatives of the wandered, mentally ill have exhausted all their resources in terms of time, money and reserves of energy to search for their lost relative, and have ended up presuming 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 scarring of the family, the neighbourhood, and often of the entire community, intertwined as communities are, in rural India.



Heartrending story of Sanjay Kumar

Against this backdrop was the story of Mr. Sanjay Kumar. He was a B. Sc. final year drop out by education, a native of Patna in Bihar, a husband, a father of two children, a son to elderly parents, and afflicted by a mental illness called schizophrenia. He remained under-treated for eight long years, before 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 Kerala on July 17 this year as a dishevelled and disorganised, wandering, mentally ill person, and was shifted to Shraddha in Karjat, Maharashtra on August 8 for further management and rehabilitation. The paradox of human existence being what it is, no one knows where and how he lived for the four years since 2018, including the tumultuous, agonising two years of the COVID pandemic, until Snehalya, an NGO in Kasargod, Kerala dealing with the roadside destitute, rescued him from a nearby street this year and subsequently, three weeks later, transferred him to our NGO Shraddha, based in Karjat.

Meanwhile, in a parallel universe, in his hometown in Bihar, 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 disturbed by his absence) that it could be Sanjay's dead body, basing the claim on some rumours created by some 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 defeated 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 grieving 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 harsh, gut-wrenching truth all along was that Kumar was alive in his own parallel universe created by his own wandering, in a different, unknown region altogether – unnamed, unseen and unheard by anyone. Such is the reality of life for the wandering, mentally ill, roadside destitute on the streets of India.

When Ajay Ransure, a social worker of Shraddha, travelled with Kumar all the way from Mumbai to Bihar, on the auspicious day of Chhath Puja, it was an event of shock and utter miracle for the entire family, who coincidentally had just returned from the religious rituals of the Chhath Puja from the banks of the nearby pond, to see a presumably 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.



Article published in Mid-Day about Kumar's return.

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 misused at any level.

The harsh, gut-wrenching truth all along was that Kumar was alive in his own parallel universe created by his own wandering, in a different, unknown region altogether – unnamed, unseen and unheard by anyone. Such is the reality of life for the wandering, mentally ill, roadside destitute on the streets of India.

DEAD MAN ALIVE

Coverage - 4

Part - 11

NATIONAL News

THE LEAFLET

CONSTITUTION FIRST

NOVEMBER 2022

Such are the travesties of justice in terms of basic constitutional human rights.

Legislative guarantees

The Mental Healthcare Act, 2017 states that persons with mental illness who are destitute/homeless/living below the poverty line ('BPL') (whether or not in possession of a BPL card) – criteria which each and every wandering, mentally ill roadside destitute fulfils – shall be entitled to mental health services free of charge at all mental health establishments ('MHEs') run or funded by the appropriate government and at other MHEs designated by it. The appropriate government shall ensure that the right to access shall mean that the mental health services are of affordable cost, of good quality (equal to other general health services), available in sufficient quantity, accessible geographically and without discrimination on the basis of gender, sex, religion, culture, caste, class, social or political beliefs, disability or any other basis.

The same Mental Healthcare Act further states that every person with mental illness shall have a right to live in, be part of and not be segregated from society, and have the right to live with dignity. And to add teeth to its stature, the same Mental Healthcare Act goes on to add that every officer in-charge of a police station shall have a duty:

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

(b) Every person taken into protection under the above sub-section shall be taken to the nearest public health establishment not later than 24 hours from the time of being taken into protection, for assessment of the person's healthcare needs; and

(c) In case of a person with mental illness who is homeless or found wandering in the community, an FIR of a missing person shall be lodged at the concerned police station, and the station house officer shall have a duty to trace 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 shelter homes, where are the actual ground-zero police human resources, and where are the actual ground-zero MHEs? Fellow citizens within our beloved country cry for the facilities, paradoxically already promised and laid down by law.

Actual ground reality

And what is the actual load that we are looking at in our beloved country? In India, there are an estimated 1.8 million homeless individuals. With 50-60 per cent of the homeless being afflicted with mental illness, this works out to about ten lakh. This corroborates with the official statistics from the National Institute of Mental Health and Neuro Sciences, Bengaluru. Whether homelessness causes mental illness or whether mental illness causes the person to wander out from their home are moot, unaddressed questions, but the hard reality remains that ten lakh Indians on the roads have mental illness. Kumar was just one of them.

While appropriate laws are in place, the million-dollar question arises – where are the actual ground-zero shelter homes, where are the actual ground-zero police human resources, and where are the actual ground-zero MHEs?

There must be the remaining 9,99,999 Indians whose families must be in emotional limbo as to when to stop waiting for the arrival of a loved-but-disappeared and possibly deceased relative, and when to move on to an actual, true emotional closure. Add to these their neighbourhoods, their entire village communities and one gets an idea of the emotional holocaust unseen, unheard, unexpressed, un-ventilated and unnamed that exists, associated with this plight of the wandering mentally ill in India. There is no catharsis and there is no closure.

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

Out of a total health budget for the whole of India of 73,932 crore rupees for the year 2022, a paltry 41.8 crore rupees was allotted to the National Mental Health Program and 555 crore rupees to the two centrally-funded Institutions of Psychiatry. With the government spending 0.81 % of its total health budget on mental health, mental illness in India has been considerably under-invested in, and huge swathes of populations with major mental illness do not have access to psychiatric treatment and may/will eventually wander out of their homes.

The roadmap ahead

Rehabilitation of the wandered, mentally ill roadside destitute is no rocket science, but not a piece of cake either. A system of Rescue – Treat – Recover – Trace – Reunite – Outreach forms a simple roadmap, of reaching the origins of reflection of what is lacking and what needs to be done.

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; even if there are, they have a very poor outreach.

When we at Shradha reunite such recovered wandering mentally-ill patients with their original communities, instead of allowing them to remain unattended on the roads, we reach out to the community, bringing along hope for them that mental illness is a treatable entity and people with mental illness can live a normal life, breaking the shackles of stigma and unawareness.

Had there been better government systems in place, or many more NGOs such as Shradha and Snehalaya, maybe Kumar could have been rescued, recovered and reunited faster, and the family would not have had to go through such psychological trauma and despair.

Out of a total health budget for the whole of India of 73,932 crore rupees for 2022, a paltry 41.8 crore rupees was allotted to the National Mental Health Program and 555 crore rupees to the two centrally-funded Institutions of Psychiatry. With the government spending 0.81 % of its total health budget on mental health, mental illness in India has been considerably under-invested in.

To conclude, what is needed are not just laws (which on paper already exist even now); what is needed is a huge awakening of civil society, be it at the government's financial inputs level, be it at the government's physical infrastructural levels, be it at the human resources level (in terms of more psychiatrists, psychiatric social workers, nurses, and trained community volunteers). Each one of us can do a lot.

The private sector can contribute at its own micro, individualistic level, the corporate sector can make mega-contributions, NGOs can do their often selective but effective coordination and outreach to the interiors of India, the pharmaceutical sector can do its bit by giving medicines at low costs, funding agencies can chip in, local executive authorities can do their bit by easing rules to meet priorities, psychiatrists can do a lot (either through admitting the roadside destitute into their nursing homes or by giving free, regular visits to NGOs sheltering the destitute), nursing colleges can do their bit, social work institutes can pitch in by providing socially-minded manpower, youth organisations can add their own infectious, optimistic joie-de-vivre, the news media and social media can spread morale and awareness, international agencies add their might, religious organisations can add their salvation balms, advertising agencies can provide outreach programs, HR development experts their professionalism, corporate social responsibility funders can reach out vide either the NGO branches of individual corporates or vide other ground-zero NGOs, tax exemption schemes can drive contribution incentives, educational institutes can help through consolidation of social foundations, vocational guidance organisations can provide counselling, and employment bureaus can re-direct appropriately suitable applicants.

A huge awakening is required in civil society

There has to be an ethereal, spiritually-humane 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 Shradha reached out to him and reunited him with his loved ones in Bihar, and which 9,99,999 wandering mentally-ill roadside destitutes are, and remain, until you, me – all of us – reach out and rescue them out of their unnamed, unspoken, unheard non-existence.

Himachal Pradesh
State Mental Health Authority
Official Calendar - 2023

H.P. STATE MENTAL HEALTH AUTHORITY

SHIMLA-5

website : hpsmha.hp.gov.in

2023



शक सन्तः 1944-45

वैकल्पिक अवकाश

नव वर्ष दिवस	1	जनवरी
सोहो	13	जनवरी
मकर संक्रान्ति/चौमास	14	जनवरी
बनारस पंचमी	26	जनवरी
पद्मे उदघोषण समारोह	15	फरवरी



Benjamin Rush

Father of American Psychiatry

"He was the first to believe that mental illness is a disease of the mind and not a possession of demons."



बिन्नी सन्तः २०१९-२०

सार्वजनिक अवकाश

पूर्व गणतन्त्र दिवस	25	जनवरी
महात्मा जवाहर लाल नेहरू जयन्ती	26	जनवरी
गुरु गिबिन जयन्ती	5	फरवरी
महा शिवरात्रि	18	फरवरी
सोहो	6	मार्च
नव वर्षी	30	मार्च
गुरु जयन्ती	7	अप्रैल
श्री श्री जगद्गुरु जयन्ती	14	अप्रैल
शिवरात्रि	16	अप्रैल
पद्मनाभ जयन्ती	22	अप्रैल
ईद-उल-फ़ितर	22	अप्रैल
गुरु पूर्णिमा	5	मई
महात्मा जवाहर लाल नेहरू जयन्ती	22	मई
महात्मा जवाहर लाल नेहरू जयन्ती (स्टेट दिवस)	4	जून
ईद-उल-जुमा (करीम)	29	जून
जुलूस	29	जुलूस
शिवरात्रि	15	अगस्त
जयन्ती	7	दिसम्बर
महात्मा जवाहर लाल नेहरू जयन्ती	2	अक्टूबर
रक्षास	24	अक्टूबर
सर्वोच्च न्यायाधीश जयन्ती	28	अक्टूबर
रक्षास	12	नवम्बर
गुरु जयन्ती	27	नवम्बर
क्रिस्मस	25	दिसम्बर

शनिवार	पौष	जनवरी	माघ	माघ	फरवरी	फागुन	फागुन	मार्च	चैत्र	चैत्र	अश्विन	वैशाख	शनिवार
1	8	15	22	29	5	12	19	26	5	12	19	26	रविवार
2	9	16	23	30	6	13	20	27	6	13	20	27	सोमवार
3	10	17	24	31	7	14	21	28	7	14	21	28	मंगलवार
4	11	18	25		8	15	22	29	8	15	22	29	बुधवार
5	12	19	26		9	16	23		9	16	23		बिहवार
6	13	20	27		10	17	24	31	10	17	24	31	शुक्रवार
7	14	21	28		11	18	25		11	18	25		शनिवार

शनिवार	वैशाख	माई	ज्येष्ठ	ज्येष्ठ	श्रावण	श्रावण	भाद्रपद	भाद्रपद	अश्विन	अश्विन	कार्तिक	कार्तिक	नवम्बर	मार्गशीर्ष	मार्गशीर्ष	दिसम्बर	पौष	शनिवार		
1	7	14	21	28	4	11	18	25	4	11	18	25	4	11	18	25	4	11	18	25
2	8	15	22	29	5	12	19	26	5	12	19	26	5	12	19	26	5	12	19	26
3	9	16	23	30	6	13	20	27	6	13	20	27	6	13	20	27	6	13	20	27
4	10	17	24	31	7	14	21	28	7	14	21	28	7	14	21	28	7	14	21	28
5	11	18	25		8	15	22	29	8	15	22	29	8	15	22	29	8	15	22	29
6	12	19	26		9	16	23	30	9	16	23	30	9	16	23	30	9	16	23	30
7	13	20	27		10	17	24		10	17	24		10	17	24		10	17	24	
8	14	21	28		11	18	25		11	18	25		11	18	25		11	18	25	



Dr. Bharat Vatwani

Psychiatrist, Founder Trustee and Chief Functionary, Shradha Rehabilitation Foundation Karjat Mumbai. Raman Magsaysay Award Winner in 2018 for leading the rescue of thousands of mentally ill street wanderers and reunite them with their families in India.

शनिवार	भाद्रपद	सितम्बर	अश्विन	अश्विन	अक्टूबर	कार्तिक	कार्तिक	नवम्बर	मार्गशीर्ष	मार्गशीर्ष	दिसम्बर	पौष	शनिवार	
1	8	15	22	29	1	8	15	22	29	1	8	15	22	29
2	9	16	23	30	2	9	16	23	30	2	9	16	23	30
3	10	17	24	31	3	10	17	24	31	3	10	17	24	31
4	11	18	25		4	11	18	25		4	11	18	25	
5	12	19	26		5	12	19	26		5	12	19	26	
6	13	20	27		6	13	20	27		6	13	20	27	
7	14	21	28		7	14	21	28		7	14	21	28	
8	15	22	29		8	15	22	29		8	15	22	29	
9	16	23	30		9	16	23	30		9	16	23	30	

मनोरोग साध्य है, इनका इलाज कराएं।

SATURDAY | 15 JUNE 2019 | CHANDIGARH

HIMACHAL Tribune

Serving those in need

Mentally-ill patients to be reunited with families

BHANU P LOHUMI

As many as 11 patients of Himachal hospital of Mental Health and Rehab, Shimla, will be rehabilitated and reunited with their families soon, courtesy Shradha Rehabilitation Foundation, Mumbai, working for the rehabilitation for mentally ill destitute living alongside road.

Dr Sanjay Pathak, Senior Medical Superintendent at Himachal Hospital of Mental Health and Rehab, Shimla, was apprised of the humanitarian work being done by the foundation and he got in touch with the Dr Bharat Vatwani, Trustee of the foundation, requesting him to rehabilitate long-stay patients, who were cured and discharged from different states, but were languishing in the hospital for the lack of social support.

The foundation has come forward to take 11 long-stay patients to their Karjat Centre for rehabilitation and reunion with families, he said, adding that the foundation had been instrumental in uniting hundreds of such patients with their families. Dr Vikesh got in touch with the doctors working at the foundation and received a call, conveying that the foundation was willing to help them out.

A five-member team of the foundation comprising social workers Shailesh Sharma, Deena Nath Nishad, Ramakant Doddi, Laxmi Priya



Patient rehabilitated

The 11 patients include four women in the age group of 25 to 40 from Santosh Nagar, Mumbai, (Maharashtra), Mahboob Nagar, Telangana, Bareilly, Uttar Pradesh, and Puruliya, West Bengal. The other patients in the age group of 35 to 50 are from, Bihar, Tamil Nadu, Madhya Pradesh, Gujarat, West Bengal and two from Nepal.

Objectives of the foundation

To rescue maximum number of mentally-ill destitute persons, provide free shelter, food and psychiatric treatment to those rescued, trace out addresses of such persons and reunite them with their lost families in any part of India, promote massive mental health awareness among rural villages, families, police personnel, railway officials and the public, create network with other NGOs and government mental hospitals in other states to make collective effort.

Bishnoi and Namrata Bisht visited Shimla on May 23 and 24 to evaluate and select the inmates for rehabilitation and reunion with their families and took the inmates with them.

The team said these patients were neither aggressive nor forgetful. They were able to understand and make out what was to be done. The foundation would trace addresses of the destitute persons and reunite them with their lost families in any part of India.

These inmates were taken to Chandigarh, from where they boarded a train to Kalyan. "I have always felt that the recovered mentally ill roadside destitute deserves to be with their family and that we must make

an attempt to reunite them," said Bharat Vatwani.

There are 62 beds at the centre in Shimla, which remains packed to capacity and with shifting of these patients, space will be created to accommodate 11 more patients. Most of the patients are from other states.

While shortage of psychiatrists and poor facilities for taking care of mentally sick persons in the government sector has widened the treatment gap in mental health and impeded the rehabilitation of such patients. Organisations such as Shradha Rehabilitation Foundation, Mumbai, is providing yeoman service by rehabilitating such patients.

11 patients transferred from Himachal Hospital of Mental Health to Shradha Karjat - Dr Sanjay Pathak & Dr Vikesh Gupta

HIMACHAL PRADESH News Chandigarh - Shimla

THE TIMES OF INDIA

Bhubaneswar Feb 15, 2023

Mentally-ill Sundargarh man reunited with family after 25 years



ROURKELA: A man of Sundargarh district, who had gone missing 25 years ago and whose final rites had also been conducted, got reunited with his parents and other members of the family. The incident came to the fore recently.

Khageswar Singh, now 45, went missing in 1998 soon after he failed his matric exams and went into depression. His family members had searched for him frantically and even filed a missing person's report in Birmitrapur police station. When he did not return, his family even performed his last rites.

But 25 years later, Khageswar, accompanied by social worker Sunil Das of Shradha Rehabilitation Foundation of Mumbai, an NGO, which deals with mentally-ill destitutes, landed up on the Singhs' doorstep in Riu village

under Kuanumunda block of Sundargarh district.

Das said Khageswar had been picked up from the streets of Visakhapatnam by police in October 22 and admitted to Visakhapatnam Mental Hospital. After about two months of treatment in the hospital, the NGO was informed that Khageswar had recovered and was ready to go home.

When social workers quizzed him about his name and address, he could recollect everyone and every incident. Das and Khageswar then boarded a train from Mumbai to Rourkela and on January 26, Das took Khageswar to his village.

On seeing his father Dambrudhar (83), Khageswar ran towards him shouting "Bapa (father), Bapa". Khageswar, after spotting his mother, also hugged her.

"He had been missing since last 25 years. We had thought he must have died. Needless to say, the family, especially our elderly parents, are delighted to have him back," said Binod Singh, elder brother of Khageswar.

The psychiatrist, who treated Khageswar in Shradha Foundation, said though Khageswar is now mentally fit, he is suffering from chronic kidney disease, schizophrenia and hypertension.

**ODISHA
News**

Bhubaneswar

FEBRUARY 2023

FREE-PRESS

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FOR 24X7 UPDATES

NATION

UP COPS GUN DOWN ACCUSED

RANBIR KAPOOR AND RASHMIKA
MANDANNA - ANIMAL Pg-16

WEAT

32.4°C

Sunrise :

Sunset :

CASE OF PRESUMPTION OF DEATH

'DEAD' PERSON RETURNS HOME AFTER 17 YEARS

FP NEWS SERVICE

Sendhwa

A case of presumption of death came to the fore in Sendhwa development block of Barwani district where a person who was presumed dead by his family returned home 17 years after he went missing.

Prem Singh (47), son of Lachiya, a resident of Nawada locality in Dhanora village, about 25-kilometre from Sendhwa block headquarters went missing in 2006. At that time, his mental state was not good.

Meanwhile, on February 24 Prem Singh's family members got a call from Mumbai-based NGO Shrad-

ha Rehabilitation Foundation and the person on the other side informed them that they are bringing their missing brother. Initially, Dilip, the younger brother of Prem Singh and his family did not believe the words of the person on the other side.

'We could not believe it. We informed the village sarpanch and others about the same. After that we reached Dhanora bus stand and we recognised him by seeing his name and Hanumanji tattoo on his hand'.

'We saw our brother after 17 years and could not stop crying as my mother died in 2014 waiting to see her son,' Dilip said.



Prem Singh fine: Doc

Dr Tushar Gule of NGO Shradha Rehabilitation Foundation said that Prem Singh was admitted to Ratnagiri Mental Hospital in January, 2021. He was treated for two years. After that, he was handed over to our organisation in January. We kept on counselling him. Then he told his name and address. After that we managed to reunite him with the family safely. When we found him, he was mentally unstable, but now he is completely fine.

Dilip and his family members informed that Prem Singh had gone missing on Dhanteras in 2006 as he moved out of the house without informing anyone. The family members and relatives searched for him a

lot, but when he was not found, it was assumed that he was dead.

Our mother was immersed in grief of losing her son and she died in 2014. The family also performed all rituals of our

mother and Prem Singh together. Now when he returned home alive, we have no words to describe our happiness and sorrow as our mother left us without seeing her son, Dilip said.

MADHYA PRADESH
News

Bhopal

FEBRUARY 2023



'Language is the biggest barrier in reuniting patients with their families'

URVI MAHAJANI / MUMBAI

On April 24, a Hingolir-resident was reunited with his family after 17 years. After disappearing from his house without leaving any clue, he was traced to a mental institution in Chennai in February this year. He was brought to Mumbai, rehabilitated and then reunited with his family.

On April 22, a Malegaon-resident was reunited with his family after two months. His family had moved out from the address he remembered, but with the help of a friendly community head, a video was created and sent to various groups on messenger app. By 11 pm on Eid night, his family was traced and reunited.

These are just two examples of how Shradha Rehabilitation Foundation reunited people who wandered away from their family due to mental illness and were missing, some of them for years. Founded by Magsaysay awardee psychiatrist Dr Bharat Vatwani in 1988 with a 5-bed set up in Borivali, it has now been expanded to 120-bed setup spread over 6.5 acres in Karjat where on an average 130 patients are being treated at any given time.

In the last two years, the foundation has successfully reunited more than 2,000 patients with their families. The success rate of gov-

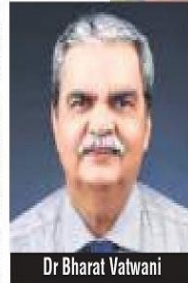
ernment mental institutions reuniting patients with their families is very dismal. This even prompted psychiatrist Dr Harish Shetty to file a public interest litigation in the Bombay High Court highlighting the plight of patients languishing in mental hospitals despite being cured or even when they are not seriously mentally ill. The PIL was inspired by the case of a woman who had spent over 12 years at a mental institution, including seven years as her husband refused to take her back, despite her having recovered. During several hearings, the HC questioned the state authorities why the government has not been able to reunite patients with their families with all its resources.

The government even faced flak from the HC for the non-functional State Mental Health Authority – which is constituted to supervise implementation of the Mental Health Act, 2017.

So why is it that Shradha Rehabilitation Foundation, a fully charitable non-governmental Organisation, is able to reunite more patients in a year than the government institutions have in a



Shradha Rehabilitation Foundation



Dr Bharat Vatwani

years. The doctor said that currently they have more than 50 full time staff in addition to visiting psychiatrists. The staff at the foundation are from various parts of the country. They can speak and/or understand several languages in the country, which helps in breaking the first barrier while interacting with wandering destitute.

"Whenever a new homeless person is brought to our place, the staff first tries to identify from

decade?

"Investment in good social workers who love doing what they are doing," says Dr Vatwani who has been personally involved since last 35 years.

The doctor said that currently they have more than 50 full time staff in addition to visiting psychiatrists. The staff at the foundation are from various parts of the country. They can speak and/or understand several languages in the country, which helps in breaking the first barrier while interacting with wandering destitute.

which part of the country s/he is from. Once identified, the staff who knows that language speaks with the person in his/her language and that starts the ball rolling," said Dr Vatwani.

Once the person hears his/her language, they are more than willing to talk and help giving details which they remember.

Dr Vatwani's work is so well known that mental institutions from even other parts of the country contact his foundation when they are not able to identify a patient's roots. "My staff visits the institution and engages with the patient. After identifying from which part of the country the patient is from, they try to find the family," he said. The patient is then brought to the foundation,

where s/he is treated and assessed before reuniting with family.

Dr Vatwani says language is the biggest barrier in reuniting patients with their families. "If one doesn't know the language of the patient then how can it be assessed what ails him/her? There are cases where patients are unable to convey their kin's contact details due to communication gap. This is the reason they continue to stay in mental institutions," he added.

To break this communication barrier, there has to be a sufficient number of staff who are well versed with various languages. "The government and mental institutions are not willing to invest in social workers/ staff. And there is so much inertia on the part of mental institutions," lamented Dr Vatwani.

Dr Vatwani gave an example of a patient who had been in a mental hospital in Chennai for a long time. He said when his staff visited the hospital, one of them recognised that the patient was speaking in a Punjabi dialect. "From there it was easy to trace his family. When my staff went to drop him at the village, his family gave Rs1,000 to my staff out of gratitude," added Dr Vatwani.

One of the points raised in Dr Shetty's PIL was that the families were unwilling to take back patients despite their recovery. "I

have been doing this for 35 years now. I find it difficult that families do not want their family members back. You have to show the patient in a recovered condition to the family. Then there is no way they will refuse," Dr Vatwani said, adding that the government mental institutions "fail to go the last mile". The mental institutions write letters to the family of patients asking them to take the patient back. "They (mental institutions) never go and present the patient in good condition before the family. If the patient has recovered, then why will the family not take back the patient?" asks Dr Vatwani.

The foundation has recently signed a Memorandum of Understanding with the state government for rehabilitation of cured patients.

Governments of Gujarat, Tamil Nadu and Himachal Pradesh are very proactive and refer patients from Maharashtra for rehabilitation. They have never been referred to any patients by governments of Bihar, UP and Punjab.

Apart from reuniting patients, the foundation spreads awareness amongst family and the community. "The awareness has to be spread at the individual, family and the community level. This is necessary to break the stigma around mental health," surmised Dr Vatwani.

THE ILL TREATMENT

■ Out of the total health budget of Rs73,932 crore a paltry Rs41.8 cr was allotted in 2022 to the National Mental Health Program and Rs555 crore to the two Centrally Funded Institutions of Psychiatry

■ Government is spending 0.81% of the total health budget on mental health

■ A National Institute of Mental Health Report and Neuroscience Report says mental illness afflicts a whopping 197mn Indians, with 30mn of them afflicted with severe mental disorders, which if left untreated could well result in the patient walking out and becoming a wandering destitute.

■ Patients of schizophrenia without treatment are unwittingly separated from families and end up as roadside wandering mentally ill destitute, unclothed, unfed, uncared and untreated

■ Population census of India has estimated 1.8mn Indians (0.15% of Indian population) are homeless. Incidence of mental illness per se in the homeless is 50-60%. So almost 1mn Indians are homeless and mentally ill

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News

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BANGLADESH
REUNION
COVERAGE - 1

BANGLADESH
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The Daily Star

BANGLADESH

Star Digital Report

Fri Jul 21, 2023 10:15 PM

After 21 years, 'missing' man returns home from India



A Bangladeshi national returned home from India through Banglabandha land port in Panchagarh today, 21 years after he went missing.

The returnee is Matiur Rahman, 36, son of Sahidul Islam of Akhanagar-Debiduba village in Thakurgaon's Sadar upazila, reports our Thakurgaon.

Indian immigration police formally handed Matiur over to Banglabandha Immigration police this afternoon, said Khairul Islam, assistant sub-inspector of Banglabandha police.

Matiur's father Sahidul Islam said his son went missing in 2002 while he was 15 years old. After failing to find him, they filed a general diary with Thakurgaon Police Station in this regard.



Indian social worker Nitish Sharma said Matiur was rescued by Shraddha Rehabilitation Foundation in India in a disoriented state from a road in Karjat area of India's Maharashtra in June, 2019 and brought him to its custody.

After examining him he was diagnosed as a patient of schizophrenia, said Nitish, adding that due to the Covid-19 pandemic, the procedure of returning him to Bangladesh stopped.

Later, the foundation identified the boy through Noakhali Gandhi Ashram Trust in Bangladesh and started the procedure of his return.

What happened to Matiur before that and how he ended up in India remain a mystery.

Nitish Sharma further said she and Dr Swarali K Kondwilkar, a physician of the foundation, will stay at Matiur's house for 2/3 days for observation.

Matiur's mother Morjina Begum, expressing her gratitude, said she always believed her son will return to her one day.

Saifun Nahar, younger sister of the youth, said her brother went missing when she was in class four and he was in class nine.

"After about two decades we got him back, no need to say what a joyous day today is for us, our family. We are grateful to all who helped in his homecoming," added Nahar.

BANGLADESH
REUNION
COVERAGE - 2

MAHARASHTRA
News
Pune
JULY 2023

Mentally-challenged, who wandered across border, heads to Bangladesh after 21 years

PAGE 1
ANCHOR

ANURADHA
MASCARENHAS
PUNE, JULY 19

TWO DAYS before Eid (June 29), the family of M. Rahman, 36, waited eagerly at the Phulbari road crossing on the India-Bangladesh border, to meet Rahman who had been missing since the last 21 years.

Rahman, diagnosed with

schizophrenia, wandered away from his home in Bangladesh in 2002. He is being reunited with his family through the efforts of Karjat-based Shradha Rehabilitation Foundation which has been working for the cause of mentally ill and destitute wandering individuals since the last three decades.

While last month's meeting could not take place due to missing paperwork, the much anticipated union is expected to take place on July 21 with Rahman on his way to New Jalpaiguri in West Bengal from where Phulbari is a



Rahman reassures his father via a WhatsApp call during his train journey that he is okay and returning home. Express

few kilometres away.

"Mein khush hoon (I am very happy)," said Rahman who is aboard a train to West Bengal and accompanied by members of the foundation including social worker Nitish Sharma and associate psychiatrist Dr Swarali Kondwilkar. The foundation has helped to reunite more than 10,000 individuals with their families across far-flung villages and managed to contact Rahman's family across the border, which had given up all hope of him being alive.

CONTINUED ON PAGE 4

• Mentally-challenged, who wandered across border, heads to Bangladesh

"This may not be the first instance of a mentally ill person wandering away from home, in the country or across the border, but it is a pioneering and heartwarming effort from multiple authorities who have helped in reuniting the family with the son," said noted psychiatrist Dr Bharat Vatwani, and founder trustee of the foundation which has a 6.5 acre plot shelter in Karjat and takes in more than 120 mentally ill and destitute individuals at a time.

During the Covid-19 pandemic, Rahman continued to stay at the facility and showed good progress, Dr Kondwilkar said. Social worker Nitish Sharma played his part in finding and identifying Rahman. "We saw him sitting by the roadside holding a newspaper and was totally silent," Sharma says. "He was incoherent and since I speak Bengali, I could develop a rapport with him. It took several months. He would lapse into a different dialect of Bengali spoken in the regions

of the border of West Bengal," he added.

An event organised by the Ahmednagar-based NGO, Snehalaya offered the first ray of hope for a possible family reunion. Around 150 youngsters participated in a 75-day cycle rally from Ahmednagar to Gandhi Ashram in Noakhali, Bangladesh on the occasion of Gandhi Jayanti on October 2, 2021. The rally was held to celebrate 50 years of Bangladesh's independence. "A function was held the following year on August 15, 2022 to felicitate the youth and Raha Naba Kumar Das, Director of Gandhi Ashram Trust, Noakhali, Bangladesh," says Dr Girish Kulkarni, head of Snehalaya.

Sharma, who attended the event wanted to ascertain whether Rahman was from Bangladesh and met Bangladeshi student volunteers and media personnel who he requested to interact with Rahman via video calls. Multiple video calls later, con-

tact was established with Rahman's family. The father, Sahidul Islam, 63, informed them that his son had a history of mental illness and had disappeared in 2002.

"Unfortunately, no treatment was taken for the mental illness by the family in Bangladesh. Rahman suffered from chronic schizophrenia, and would relapse into catatonic silence or self-talking and grimacing," Dr Vatwani remembers. "We could not celebrate Eid together as my son could not cross the border due to lack of some documents. But that process is now complete and soon there will be many more occasions to celebrate now that my son is coming home," says an ecstatic Islam, a retired army corporal, while speaking with The Indian Express on a WhatsApp call from Thakurgaon, Bangladesh.

Official identity documents were obtained from the Deputy High Commission of Bangladesh. Following persist-

ent follow-ups by Rahman's father, the Bangladesh Embassy in India sent a travel permit allowing him entry into Bangladesh. "The case of reuniting Rahman with his family was taken up this July by Bhupesh Bawankar, assistant foreigner regional registration officer, who was so moved by Rahman's story that he requested the staff to personally guide us in the filling the online application form for the exit permit," Dr Vatwani said. Necessary police clearances were obtained and a special cell for matters related to Bangladeshi nationals, known as Bangladeshi Vishesh Pathak, was also contacted.

It is now just a matter of days before Islam and his family welcome Rahman who has boarded the Jnaneswari Express from Kalyan headed towards Kolkata's Shalimar station. There onwards, Rahman will catch another train to New Jalpaiguri and finally travel to Phulbari.

BANGLADESH REUNION COVERAGE - 3

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BANGLADESH REUNION COVERAGE - 4

The Indian EXPRESS

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21 years after he crossed border, challenged man returns to home in Bangladesh

**ANURADHA
MASCARENHAS**
PUNE, JULY 20

TWO DAYS before Eid (June 29), the family of M Rahman, 36, waited eagerly at the Phulbari road crossing on the India-Bangladesh border, to meet Rahman who had been missing since the last 21 years.

Rahman, diagnosed with schizophrenia, wandered away from his home in Bangladesh in 2002. He is being reunited with his family through the efforts of Karjat-based Shradha Rehabilitation Foundation which has been working for the cause of mentally ill and destitute wandering individuals since

the last three decades.

While last month's meeting could not take place due to missing paperwork, the much anticipated union is expected to take place on July 21 with Rahman on his way to New Jalpaiguri in West Bengal from where Phulbari is a few kilometres away. "Mein khush hoon (I am very happy)," said Rahman who is aboard a train to West Bengal and accompanied by members of the foundation including social worker Nitish Sharma and associate psychiatrist Dr Swarali Kondwilkar.

The foundation has helped to reunite more than 10,000 individuals with their families across far-flung villages and managed to contact Rahman's family

across the border, which had given up all hope of him being alive.

"This may not be the first instance of a mentally-challenged person wandering away from home, in the country or across the border, but it is a pioneering and heartwarming effort from multiple authorities who have helped in reuniting the family with the son," said noted psychiatrist Dr Bharat Vatswani, and founder trustee of the foundation which has a 6.5 acre plot shelter in Karjat and takes in more than 120 mentally ill and destitute individuals at a time. Foundation members found Rahman on the roadside in 2019.

During the Covid-19 pandemic, Rahman continued to



Rahman reassures his father via a WhatsApp call during his train journey that he is okay and returning home

stay at the facility and showed good progress, Dr Kondwilkar said. Social worker Nitish Sharma played his part in finding and identifying Rahman. "We saw him sitting by the roadside holding a newspaper and was totally silent," Sharma says. "He was incoherent and since I speak Bengali, I could develop a rapport with him. It took several months. He would lapse into a different dialect of Bengali spoken in the regions on the border of West Bengal," he added.

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was held to celebrate 50 years of Bangladesh's independence. "A function was held on August 15, 2022 to felicitate the youth and Raha Naba Kumar Das, Director of Gandhi Ashram Trust, Noakhali, Bangladesh," says Dr Girish Kulkarni, head of Snehalaya. Sharma, who attended the event wanted to ascertain whether Rahman was from Bangladesh and met Bangladeshi student volunteers and media personnel. Multiple video calls later, contact was established with Rahman's family. The father, Sahidul Islam, 63, informed them that his son had a history of mental illness and had disappeared in 2002.

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by the family in Bangladesh. Rahman suffered from chronic schizophrenia, and would relapse into catatonic silence or self-talking and grimacing," Dr Vatswani remembers.

"We could not celebrate Eid together as my son could not cross the border due to lack of documents. There will be many more occasions to celebrate now that my son is coming home," says an ecstatic Islam, a retired army corporal, while speaking with *The Indian Express* on a WhatsApp call. Rahman has boarded the Jnaneswari Express from Kalyan headed towards Kolkata's Shalimar station. Rahman will catch another train to New Jalpaiguri and finally travel to Phulbari.

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LAST WORD

City NGO takes Bangladeshi home after 20 yrs

S BALAKRISHNAN / MUMBAI

In a heartwarming event scheduled for July 21 at Thakurgaon in Bangladesh, Mohammed aka Moti, a rehabilitated schizophrenic, will be reunited with his family after 20 years because of the collaboration between Shradha, an NGO spearheaded by Magsaysay Award-winner Bharat Vatswani, volunteers in Bangladesh, and the Bangladesh deputy high commission in Mumbai.

The story began when volunteers of Shradha, India's only registered NGO run by



The man will be reunited with his family with the help of an NGO spearheaded by Magsaysay Award-winner Bharat Vatswani, volunteers in Bangladesh, and the country's deputy high commission in Mumbai

professional psychiatrists, spotted a destitute man by the roadside in Karjat. They brought the man, who gave his name as Moti, to Shradha's 6.5 acre centre in Karjat

which shelters at least 120 destitutes with mental illnesses.

Inspired by legendary social worker Baba Amte and his son Prakash Amte, Shradha provides free food, shelter

and psychiatric treatment to the destitutes. It then helps track down their families.

So far, more than 10,000 destitutes have been reunited with their families in various states, including Bihar; Tamil Nadu, Rajasthan, Kerala, Orissa, and West Bengal.

Moti was initially totally incoherent and all that the volunteers could make out was that he was speaking in a Bengali dialect popular on the India-Bangladesh border. He showed improvement but could not be reunited with his family as the Covid pandemic broke out.

Later, another NGO, Snehalaya in Ahmednagar (headed by Girish Kulkarni) organised a 75-day Cycle Rally called Sadbhavna Rally, beginning on Gandhi Jayanti 2021 from Ahmednagar to Gandhi Ashram at Noakhali in Bangladesh to celebrate the 50 years of the independence of Bangladesh.

Kulkarni invited a few dignitaries from Bangladesh to Ahmednagar on August 15 last year. One of them was Raha Naba Kumar Das, the director of the Gandhi Ashram Trust, Noakhali, Bangladesh.

CONT'D. ON NATION

City NGO takes...

Das was approached by Shradha volunteer Nitish Sharma, who sought his help in reuniting Moti with his family in Bangladesh.

Then began a protracted struggle to track down Moti's family, with two volunteers from Bangladesh, Nafis Nawal and Habib, going out of their way to help.

A detailed interview with Moti strengthened the belief that he might be from Bangladesh. Nawab and Habib then noted down all the information they had about Moti and assured the volunteers that they would try to locate his family. The two succeeded in this endeavour after searching intensely for a few weeks.

Multiple video calls later it was learnt that Moti's real name is Md Rahman and he belongs to Thakurgaon district of Bangladesh. His father also disclosed that Rahman had a history of mental illness prior to his disappearance from his

home in 2002. In the months that followed, Rahman's father (an ex-army man) followed up with the Deputy High Commission of Bangladesh, Mumbai, which asked the NGO to send an official request letter. The Bangladesh Embassy in India then sent the travel permit for Rahman, allowing him to enter Bangladesh.

"As he is still occasionally showing signs of chronic schizophrenia, we decided not to send him alone and escorted to Bangladesh. Our associate psychiatrist, Dr Swarali Kondwilkar and social worker, Nitish Sharma, volunteered to go with him," said Vatswani.

They hope to cross the border on July 21st and reunite Rahman with his family in Thakurgaon district.



The Hitavada

THE PEOPLE'S PAPER SINCE 1911

NAGPUR

Two Magsaysay awardees join hands for the cause of society



Dr Bharat Vatwani



Dr Prakash Amte

City psychiatrists come together to treat challenged destitutes

■ Staff Reporter

THEIR strong will to work for the mentally challenged destitutes has finally crossed the legal hurdle. Now, two Magsaysay awardees, Dr Bharat Vatwani, founder trustee of Shradha Rehabilitation Foundation, which has been working for the cause of mentally ill and destitutes, and 'Padma Shri' Dr Prakash Amte have come together to help the city psychiatrists succeed in their endeavour to provide better health care to mentally challenged destitutes.

Dr Amte has made available the place at Ashok Van along Wardha Road to run the project while Dr Vatwani's Shradha Foundation will help in establishing and running the centre. Long ago, Dr Ashish Bhattad, the then President of Psychiatrists Society of Nagpur (PSN), had

thought of starting such a centre. But the idea could not be converted into reality because of some legal issues.

Now, under the presidency of Dr Nikhil Pande, the association, finally, could succeed in setting up the centre which will be inaugurated at 11 am on Sunday at Ashok Van in presence of Dr Amte and Dr Vatwani.

"There are a lot of issues with mentally challenged destitutes. Due to illiteracy and no family support, such persons remain untreated. Due to the mental ailment, these people have low intelligence quotient due to which they are not able to tell their identity, their residential address. Most of them are totally lost, their languages might be different. Dr Vatwani in his attempt to treat such people cured hundreds of people who reunited with their

Contd on page 2

FROM THE FRONT PAGE

Two Magsaysay awardees...

families. The foundation is doing this work in collaboration with three states namely - Odisha, Chhattisgarh and Maharashtra so it takes the cases of people from these states," explained Dr Pande.

During the programme, some 20 persons from different States who got cured are to be sent to their respective States. These patients are mostly from poor background who are left alone by their families mostly at railway station or bus stands in other states. The centre at Nagpur will handle the part of transition of patients also after their recovery. There are

several places where mentally ill patients are treated in Nagpur but those are full. At Ashok Van, Dr Amte has provided huge place where wards have been planned for the patients' stay. They will stay till they get cured. In many cases families don't accept them. In such cases centre again accommodates them.

"But our main concern is finding the patients and treating them. Dr Vatwani has done yeoman's work in this particular sector so we will get a lot of support from him. We psychiatrists will go to the centre and treat the patients," said Dr Pande.

NATIONAL News

Nagpur

FEBRUARY 2024



The Hitavada

THE PEOPLE'S PAPER SINCE 1911

NAGPUR

HAPPY REUNION

'Reality-challenged' man meets family after 8 years

Shradha Rehab brings back schizophrenia patient - once a cheerful shopkeeper - who suddenly lost his cool one day and left home

■ By Vikas Vaidya

"RITU..."

An emotion-filled voice hit his ears. The middle-aged man turned towards the voice. He saw a woman with her eyes welling up, and the young man Rohit (name changed) by her side. For a few seconds, he just stared at them blankly. The young man stepped forward and hugged him tightly.

Pointing at the lady, Rohit asked, "Baba, you know who she is?" The middle-aged man, Ritu (name changed), replied calmly, "My wife!" The lady, Ritu's wife Meena (name changed), stepped ahead and touched Ritu's feet.

Then, this family of three sat down for a long and leisurely conversation. After all, Meena and Rohit were meeting Ritu after eight long years!

Meena and Rohit had spent sleepless nights in the eight years since Ritu left his home from a village in Giridih district of Jharkhand. Each time they thought of Ritu, which was several times in a day, they just hoped that Ritu was alright wherever he was, and prayed for him. When they found Ritu at Ashok Van near Nagpur on Sunday, they were choked with emotions - joy, curiosity, anxiety, excitement. Ritesh (Ritu) was still silent, while Meena and Rohit could not stop chat-



Ritesh Kumar with his son and wife on a video call with a relative after the reuniting with his family after eight years.



Dr Bharat Vatwani with his team and Nagpur's psychiatrists at Ashok Van in Nagpur. Dr Vatwani has started this sub-centre of Shradha Rehabilitation Foundation at Ashok Van with the help of Dr Prakash Amte, where city psychiatrists willingly render their services. (Pics by Vikas Vaidya)

Contd on page 2

'Reality-challenged' man meets family after 8 years

Contd from page 1

It was indeed a happy reunion.

However, this reunion did not come easy.

Before leaving his home in a fit of rage, Ritesh was a very happy person running a small grocery shop. "He was a cheerful and enthusiastic man," recalled his neighbour and friend Rajkumar (name changed), who works at Nagpur. Rajkumar also met Ritesh after eight years, and could not believe the change that had taken place in his friend.

Everything was smooth in the life of Ritesh and his family. But, something happened eight years ago, and Ritesh's normal behaviour changed. He acted suspicious, started shouting, got irritated every now and then. And, one fine morning, he just left home in anger. His family felt that he would come back, but he didn't.

Finally, they lodged a complaint with the local police and kept waiting. He was the only bread-earner in the family. It was difficult for the family to make both ends meet when he was lost in the vast world outside the village. Gradually, Rohit grew up and got a job at Delhi. All this while, the hopeful mother-son continued the search for their family head.

Meanwhile, the story of Ritesh was getting a bizarre twist. He must have wandered many places, before he landed up at Ooty. He was admitted to a hospital where the doctors found that he

Reality challenged: What does it mean?

REALITY challenged people are those who face challenge in interpreting reality unlike common people do. They have their private world in which they interpret the things occurring around them. We can't call them mentally challenged. Suppose a patient is suffering from schizophrenia, he lives in his own world. He can't interpret things happening around him like any common or mentally sound person does.

was suffering from a mental ailment. They contacted Shradha Rehabilitation Foundation at Karjat in Maharashtra, run by Ramon Magsaysay awardee Dr Bharat Vatwani. The Foundation's team took Ritesh to Karjat, where doctors diagnosed him with schizophrenia and started treating him accordingly.

A team of social workers started searching for the native place of Ritesh in a bid to trace his family. It was difficult for everyone around to understand the language he spoke. Samar Basak, a social worker with Shradha Rehabilitation Foundation, spoke to Ritesh who did not utter a word. Finally, Samar took him out in the open air. This idea clicked as when Samar asked him about his hometown, Ritesh said, "Asansol (West Bengal), and Deoghar (Jharkhand)".

"Since I am from West Bengal, I could understand that the language he was speaking in had no connection with Bengal. So, I thought he might be from Jharkhand. I had a police officer friend in Jharkhand with whose help I found

out that a missing complaint was lodged about eight years ago. Fortunately, Rohit helped us a lot. We informed him that we had found his father and that he was with us," Basak told 'The Hitavada'.

Nagpur came into picture as the place of reunion of Ritesh with his family as Dr Bharat Vatwani, with the help of 'Padma Shri' and Ramon Magsaysay awardee Dr Prakash Amte, has started Shradha Rehabilitation Foundation's sub-centre at Ashok Van. Dr Amte has made available a huge place in Ashok Van. Shradha Rehabilitation Foundation brought 38 patients with mental ailments from Karjat to Ashok Van. Ritesh was one of them. Luckily, on the day of the inauguration of the sub-centre in Ashok Van, Ritesh was reunited with his wife and son.

The family members of Ritesh Kumar stayed with him for some time. Though he was composed, during video call to his relatives back at his native place, Ritesh suddenly shouted twice, for no specific reason or at no one in particular. Obviously, the family members were worried.

Dr Swarnali Kondvilkar, a treating doctor with Shradha Rehabilitation Foundation, offered an explanation. "It will take some more time for Ritesh to show more improvement. Normally, such patients show improvement within a month. The trend of periodic unexplained shouting may continue for some more time. The family will have to handle him in a proper way and understand him better. Rohit has agreed to stay at the village with his father, for one full month. Gradually, things will improve," she told 'The Hitavada'.

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Meena and Rohit said that they could not explain their joy when they got a call from Shradha Foundation. "In all these years, we were clueless about Ritesh. But, I was optimistic that I would meet him some day. We will take every care of him," said Meena.

Of course, welcoming back a 'reality-challenged' Ritesh in the family may not be an easy task. But, no one understands a man better than his family. The happy reunion provided a hope to everyone at Ashok Van sub-centre.

The mission to find the missing dear ones continues...

Here's how a Mumbai-based team rescued a mentally ill pregnant

Shraddha Rehabilitation Centre rescued the woman from a railway station in Kerala, ensuring her safety and access to healthcare.



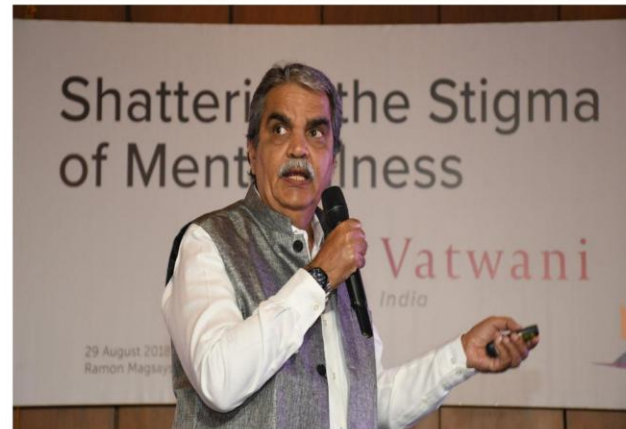
Geeta was rescued from platform no 6 of the Kochuveli Railway Station; Geeta a mother of three hails from Chhattisgarh

A **Mumbai-based team** from Shraddha Rehabilitation Centre, led by Ramon Magsaysay Award winner Dr Bharat Vatwani, rescued a mentally ill pregnant woman, named Geeta, at Kochuveli railway station in Kerala. They had been on an official visit to meet the State (Kerala) Principal Secretary of Health, and took swift action to get her medically examined before admitting her to a Government-run shelter home before returning to Mumbai on Wednesday.

"We both initially hesitated to help her. We empathised with her situation but didn't know what to do about it. I gathered some courage and asked her, 'Didi, kaha jaana hai?' said Dr Swarali Kondwilkar, associate psychiatrist.

"Her eyes lit up when she heard us speaking in Hindi. She identified herself as Geeta from Rajpur, Choranga, Raigarh district, Chhattisgarh, while we found her wandering on platform no 6 of **Kochuveli Railway station**. Her speech was incoherent and inconsistent, and she appeared to be pregnant, at least six months along," said Dr Kondwilkar.

"While I engaged in conversation with Geeta, Denit Mathew one of the trustees of our foundation communicated with his local contact, Soumya Rajendran Sudharma, a nurse at a Taluka Hospital in Thiruvananthapuram, discussing the situation. Following Soumya's guidance, Denit sir reached out to the railway protection force at Kochuveli railway station. A constable Kavitha arrived promptly, expressing concern that Geeta might go into labour during the night. Following Soumya's advice, we decided to transport Geeta to Sree Avittam Thirunal Hospital and Government Medical College (SAT), Thiruvananthapuram.



Ramon Magsaysay Award winner Dr Bharat Vatwani, founder of Shraddha Rehabilitation Centre

Soumya, who aids the mentally ill and destitute homeless spoke of her involvement earlier with Asha Bhawan, a shelter home in Thiruvananthapuram, where she cares for 40 North Indian women with psychiatric ailments. Having known Denit sir for years, I knew of his organisation's efforts in rehabilitating and repatriating patients. On March 6, when he contacted me for help, I did everything I could to help him and his team, by making arrangements at SAT Hospital.

108 Ambulance

"The **RPF officials** from Kochuveli Railway Station arranged for an ambulance and the staff went out of the way to help us through the admission process and further," said Dr Kondwilkar

"The staff at the Government SAT Hospital prioritised our case. They provided comprehensive medical care, including a USG to assess the foetal status, and assisted in organising a private ambulance for Geeta's transfer to the Government Mahila Mandir shelter home. Initially, the shelter home staff hesitated to admit her without a police letter, but a persuasive telephonic call with the Superintendent made a significant difference. Touched and convinced, she accepted the admission," Dr Kondwilkar added.

"The SAT hospital staff organised an ambulance to transfer Geeta to the nearby government-run **Mahila Mandiram shelter home**. Despite the initial reluctance of the shelter home staff due to the absence of a police letter, a conversation with Superintendent Jibi Sabu convinced them to admit Geeta," said Dr Kondwilkar.

Deepa Saijukuram, the caretaker, said, "Our facility serves as a refuge for distressed and destitute women. Currently, we house 36 women, including 10 from outside Kerala—originating from places like Uttar Pradesh and Bhopal. Managing Geeta has posed a challenge; she struggles to sleep at night and persistently requests her release."

"Geeta has shared her distressing story of being abandoned by her husband several years ago, leaving her with children and elderly parents. She expresses a desire not to proceed with her pregnancy. Geeta describes being confined in a jungle residence without access to food and water, yet she cannot recall the specific location or how she ended up in Kerala or at the Kochuveli railway station. We plan to take her to SAT hospital soon for a thorough examination," Deepa added.

Train back to Mumbai

"From the beginning, I was very sceptical and hopeless that I could do anything for her Geeta, in a foreign land where I don't know anyone. I thought the best I could do was bring her a meal for the night, maybe tell her when is the **next train to Chattisgarh**, get her a ticket and ask someone to make her sit on that train. But, Denit sir took the lead and I followed, and everything started falling into place with constant obstacles midway, ultimately reaching the goal of keeping her at a safe shelter," said Dr Kondwilkar.

And the parting words

"In this particular case, I believe that true empathy has been shown not just by the Shraddha Team, but by all involved in the rescue and shelter operation. This has resulted in the sum of the Rescue Gestalt far superseding (to the nth level) its individual parts. This is an example of true empathetic humanity in our society and Kerala sets an example of humanity to the rest of India," Dr Vatwani said.

NATIONAL

News

Mumbai

MARCH 2024

Author: Bharat Vatwani, MD, Shraddha Rehabilitation Foundation | May 8, 2024

Shattering The Stigma of Psychiatry by reaching out to 'The Unreached' - The Wandering Mentally Ill Destitute on the Streets of India

Many studies note that over a third of homeless persons have a serious mental illness, mostly schizophrenia or bipolar disorder. The Intention of this Presentation is to attempt to reduce the incidence of the wandering mentally ill roadside destitute across the World by showcasing a concept of their rescue-treatment-recovery & ultimate reintegration into society & to demonstrate that treating the wandering mentally ill with dignity allows patients to secure a greater control over their mental faculties & improves emotional insight, to the extent that they are eager/keen to be repatriated in society.

The wandering mentally ill can be rescued off the streets & rehabilitated comprehensively in a custodial care program combining professional medical intervention & a compassionate approach to socialization. An open field environment & productive participation in activities brings amelioration of the features of the mental illness, which in the first place had caused the wandering out on to the streets. The recovered patients often facilitate their own reintegration into society.

Huge spontaneous awareness about psychiatric illness is generated vide these reunions with their families of the recovered wandering mentally ill. The family, neighboring locals & elders are educated with informal gatherings involving hands-on question-answer sessions about mental illness; about causation, symptomatology, treatment; dispelling myths & misconceptions about Mental Illness. This awareness spreads to village & government administrators, police personnel, & ultimately cascades into the general public.

This awareness has seeped into the functioning of different Government Mental Institutions/NGOs of India sheltering wandering destitute. They have become aware of the possibility/importance of reintegrating the wandering mentally ill within their care into society. This has added exponentially to the generation of collective & collaborative efforts for these destitutes.

This Presentation also puts forth a causal connect between issues of Lack of Awareness about Mental Illness/ Stigma/ Grossly Inadequate Psychiatric Human Resources & Indoor Admission Infrastructure for the Mentally Ill, coupled with Economic Hardships, and a high incidence of mental illness being left untreated in India. These chronic mentally ill often get unwittingly separated from their homes & end up as wandering mentally ill destitutes - unclothed/unfed/uncared.

India without a massive Mental Health Movement will see a lot of Mentally Ill Homeless Destitutes.

Lastly, in our experience, the influence of 'Addiction' in both the precipitation of the wandering away of the mentally-ill destitute from their homes or as an influence in their ultimate outcome/prognosis is insignificant.

The replication of the above model with appropriate tweaking to match local cultural, economic & environmental milieu could yield plausible reduction in the plight & suffering of the wandering mentally ill across countries.

INTERNATIONAL News

Harvard University

MAY 2024



The Lakshmi Mittal and Family
SOUTH ASIA INSTITUTE
HARVARD UNIVERSITY

Annual Symposium Preview: The Role of Empathy in Global Health & Social Medicine

Dr. Bharat Vatwani, one of the speakers at LMSAI's [Annual Cambridge Symposium: Science and Technology – the Future of South Asia](#), is a psychiatrist based in Mumbai who has dedicated much of his professional career to aiding the mentally ill. Together with his wife, Dr. Smitha, he founded Shradha Rehabilitation Foundation in 1988, an NGO dedicated to treating mentally ill and unhoused individuals in India. He shared more about his life's work in the Q&A below, and previewed what attendees can expect at his fireside chat with Prof. Vikram Patel, Harvard Medical School.

Mittal Institute: Dr. Vatwani, can you tell us the story of how you got started in this field nearly 4 decades ago? What drew you to aid those suffering from mental health issues?



Dr. Bharat Vatwani | Image from ICA Golden Jubilee Celebrations.

Dr. Vatwani: Subconsciously and without even realizing or acknowledging it to myself, because of the loss of a father at an early age and the subsequent hardships, I identify with the down and out in society. I look upon them as brethren, people whose hand I could hold and walk in silent camaraderie. I believe this silent identification ultimately chose to make me come in close emotional contact with the wandering mentally ill roadside destitute.

I remember how I saw a boy of young age scoop canal (nullah) gutter water with his hands, wash his face with it, and then drink it, to moisten his parched throat and quench his thirst.

I remember the gaunt, skin-and-bones gold medalist lecturer of the prestigious Sir J. J. College of Architecture, stricken by mental illness, almost dying on the very steps of the equally famous Jehangir Art Gallery, where all the famous and not-so-famous fellow artists would unconsciously walk past him without acknowledging his presence. I remember the lady with schizophrenic catatonic bewilderment on her face, oblivious to the fact that her child had passed away in her arms—the putrid stench of the rotting body causing passersby to hold their nose and avoid her. And I not just identified with these people, but actually acknowledged in pure humility, that there, but for the grace of a God above, go I.

Looking back in reflection, whatever actions of help or succor I initiated for them were too spontaneous and too spinal even for me to understand with pure logic. It was pure connection at the gut level—the unscreamed cry within me reaching out to touch the unscreamed cry within them. And so, it has gone on, for years.

Mittal Institute: So far you have aided more than 7,000 mentally challenged and destitute individuals. A key component of your program is reuniting individuals with their loved ones, post-treatment. Your staff are involved in the entire process, from tracking down the families to arranging for the reunions. Can you describe what a typical care plan at your facility, Shradha Rehabilitation Foundation, looks like?

Dr. Vatwani: The key to connecting to the mentally ill is empathy: In voice, body language, demeanor, eye contact, and above all, soul contact. Empathy is not sympathy; it is not pity. It is the honest ability to communicate to the man on the streets that "I am you and you are I." The moment true empathy is established, the claustrophobia of thought, emotions, and actions that were festering within the psyche of the destitute yields like a pricked balloon. The destitute agrees to come with the Shradha team social worker or to get into the ambulance of our NGO.

The key to connecting to the mentally ill is empathy: In voice, body language, demeanor, eye contact, and above all, soul contact.

There, fresh clothes are provided, the jungle of matted hair cropped and trimmed, any facial hair trimmed. The acceptance of the destitute as human by the Shradha staff makes them accept themselves as humans. The patients are asked in gentle soothing tones about their names and their histories. Questions no one had ever asked them before, and questions the answers to which they had almost forgotten themselves. This is to remind them that they have an identity and that they belong. Simple questions, no rocket science, but interpersonal rapport at an empathetic level.

The patient is pushed gently to join group activities like yoga or physical exercises in open environments and group prayer meetings in a multi-cultural setting. Coming to know of their specific skills, the patient is often incorporated in gardening, farming, masonry, electrical repair work, cattle attending, cooking, vegetable cutting and general cleaning within the

premises. The destitute is made to believe that their contributions are unique, one of its kind, valuable and will be cherished, even after they have gone from the center.

Lastly comes the planning of the Shradha reunion trips – the trip back to their homeland. It is something that each of the recovered destitute anticipates with bated breath. They know that on a daily basis, an average 2-3 patients receive an okay from the doctor to leave the rehabilitation center. They have understood that their turn too, shall come. Hope rekindled in a lost soul. And loved ones, lost to the passage of time and forgotten because of the blunting of emotional faculties by the onslaught of mental illness, are often remembered with fervor and passion. The atmosphere of men and women remembering their children and wondering how their loved ones and dependents must be faring in their absence, makes every one of them bonded in kindred spirit. Ultimately, during reunions itself, there is an outpouring of emotional catharsis, as loved ones meet loved ones, after perhaps months, years, and decades of separation.

It is not just that Shradha reunites an individual with their family. In the broader spectrum of events, it is the debunking of the stigma that surrounds mental illness at the individual level, at the family level, and at the society level that Shradha accomplishes, albeit in bits and pieces, in a fragmented journey across the length and breadth of India. It does this with an all-pervasive compassion and empathy for the plight of the common, grossly misunderstood mentally ill person. And this empathy kindles further empathy for the mentally ill, within the sufferers themselves, their families, their villages and the surrounding societies at large.



Views of the Shradha campus, including the dormitories and prayer/meditation center | Images from Shradha Rehabilitation Foundation.

Mittal Institute: You are the recipient of the Ramon Magsaysay Award for your dedication to the mentally ill. Can you share what this award meant to you?

Dr. Vatwani: My heartfelt opinion was that I did not deserve the Ramon Magsaysay Award. Statistics estimate that almost 1 million Indians are homeless and mentally ill. All that we had done was treat, rehabilitate and reunite a mere 7,000 of them through the date of the award. A fairly paltry, insignificant number given the magnitude of the problem.

Despite this, I accepted the award because it carried with it its own reputation, and I felt it would bring focus to the plight of the wandering mentally ill not just in India, but in the whole of Asia and the world. When my wife and I went to the Philippines, we saw mentally ill people wandering the roads. The psychiatrists with whom we interacted acknowledged and accepted their presence. It is ultimately a worldwide phenomenon, perhaps more in developing nations with their asymmetrical distribution of wealth.

I definitely feel that the award has helped bring a much-needed and long-overdue focus to the cause of the wandering mentally ill, bringing it out of the closet and into the open. The number of emails we are receiving from pan-India has shot up exponentially.

The big question, then, is not how many wandered mentally-ill are sheltered in how many shelter homes or NGOs across the world; instead, the question is how many wandered mentally-ill find their way back home, as implied in the Shradha model. How many families are saved from the psychological morbidity associated with the separation from a loved one, and the physical loss of a possibly alive/possibly dead relative lost to mental illness? How many wandered mentally-ill are granted their constitutional right to not just stay sheltered, but to stay with their loved ones? It is these questions that have to be addressed.



Rice cultivation by the patients | Images from Shradha Rehabilitation Foundation.

Mittal Institute: What do you hope the audience takes away from your panel with Dr. Vikram Patel on the state of mental health in India?

Dr. Vatwani: On a practical note, each one of us can do a lot for the mentally ill around us. We cannot just wait and do nothing.

What is needed are not just laws (which on paper perhaps exist even now); what is needed is a huge awakening of society, be it at the government's financial inputs level, their physical infrastructural levels, or at their human resources level (in terms of more psychiatrists, psychiatric social workers, nurses, and trained community volunteers).

At other levels, the private sector can do their respective worthy contributions; the corporate sector their mega-contributions; the NGOs can do their often selective (but effective) coordination and outreach to the interiors of India; the pharmaceutical sector can do their bit by giving medicines at cost or a little above; the funding agencies can chip in; the local governing authorities can do their bit by easing rules to meet priorities; the psychiatrists can do a lot (either through admitting the roadside destitute into their nursing homes or by giving free, regular visits to NGOs sheltering the destitute), and so on.

This talk is an attempt to bring focus on the role of emotions in global health and social medicine, and an attempt to exemplify the same through the work of Shradha Rehabilitation Foundation with the wandering mentally ill roadside destitute on the streets of India. And perhaps to hopefully underscore that "In dark times, attempts are precious, they always matter."

BHUTAN REUNION
COVERAGE

NATIONAL
News
Mumbai
JUNE 2024

sunday
mid-day

Koi
mil
gaya

Mumbai non-profit
helmed by
Magsaysay winner
helps unite missing
man with family
in Bhutan 13 years
after he was
presumed dead
and gone

Sunshine Story

VINOD KUMAR MENON
vinodm@mid-day.com

TSHEWANG Dorji alias Phuntsho Wangdi, 39, has been presumed dead by the local administration of his village in Thimpu, Bhutan, since December 2011. According to the law of the land, a person is presumed dead if gone missing for 12 years or more. His name was dropped from the voters list and the family's ration card.

In a strange twist to the tale, Wangdi was repatriated back to his home country thanks to the efforts of Shradha Rehabilitation Foundation which works for the welfare of mental health patients and is run by Magsaysay Award winning psychiatrist Dr Bharat Vatwani. This is the first repatriation of a mental health patient of Bhutanese nationality from India.

Not less than 'God' for us

"We all are very happy that our son is back home. The doctor is no less than 'god' for us. We



Social workers Samar Basak and Nikhilesh Sangad flank Phuntsho Wangdi and his father Namgay at the India-Bhutan international border office

are poor; we couldn't offer anything to the doctor to express our gratitude, other than prayers and blessings," Namgay Wangdi, 72, his father, told Mid-day on a call from Thimpu. According to him, his son, who quit school after class five, would help him run a bakery. He is believed to have developed a mental health disorder as an adult when according to some reports he experienced a failed love affair. At the end of the year 2011, Wangdi left home suddenly. The Royal Bhutan police had in the past raised a false alarm. "So, when we received a call about his whereabouts this time, we weren't sure whether to believe it or not." On reaching the immigration office close to the India-Bhutan border, a few men and immigration officials were waiting for the family with Wangdi.

Samar Basak and Nikhilesh Sangad, social workers attached to the Mumbai-based non-profit, who accompanied Wangdi to Bhutan, faced a challenge because the man had no legal documents to prove that he was a citizen of Bhutan. "It was only after we convinced the senior Border Security Force (BSF) officials at the international border, who

spoke to their Bhutanese counterparts, the police and immigration officers, that they were able to track the family which had moved to Thimpu from an earlier location that Wangdi remembered. Tracing a family in a population of 8 lakh would have been tough, especially in the absence of documents to prove his nationality," the social workers told this writer.

Where was Phuntsho?

Wangdi was handed over to the Shradha Rehabilitation by the government-run Institute of Mental Health (IMH) in Chennai on June 25, 2023. He was at IMH since January 27, 2023 and was identified as Fayaz, a name that he had given at the time of admission. He was diagnosed with possible Schizoaffective disorder. Persons with the disorder could

Humans seek emotionality security. International boundaries should not prevent us from allowing someone an emotional cocoon

Dr Vatwani

DEC 2011

The year Phuntsho Wangdi left his home in Thimpu

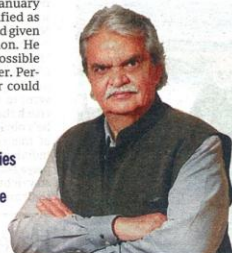
experience depression and psychosis. Schizoaffective disorder treatment can include therapy and medication. Under the care of Dr Vatwani at the NGO's Karjat centre, Wangdi showed an improvement and began to gradually reveal little details about his past.

Basak told mid-day that during a counselling session, Wangdi had said that he used to help his father in baking bread, and was always keen

to visit India. "He would also have arguments with his father and brothers. In December 2011, he left, without informing anybody."

Wangdi is said to have done odd jobs in hotels near the India-Bhutan border and crossed over illegally sometime between 2011 and 2012. He then worked in hotels in Assam, moved to Meghalaya, then Darjeeling, before he boarded a train to Chennai in 2013 and worked in a hotel there. It was during the COVID-19 lockdown that he lost his job and was roaming the streets of Chennai before he was sent to IMH by a social worker group. Chennai posed for Wangdi the problem of language, Basak said.

"Humans seek emotionality and subconscious security which we receive in our homes, with our families, friends, through community, culture and food preferences. International boundaries should not prevent us from allowing someone this emotional cocoon," Dr Vatwani told mid-day.



THE TIMES OF INDIA

Nagpur

Healing After Loss: Covid-19 pandemic spurred rise in family acceptance of mentally-ill patients

Chaitanya Deshpande

Jun 17, 2024

Nagpur: Thousands of people with mental illnesses end up on streets each year, isolated from their families. They need, said Dr Bharat Vatwani, a Ramon Magsaysay Award-winning psychiatrist, who is on a mission to reunite them.

"Every year, Shraddha Foundation rescues around 1,000 such people from the streets, provides them treatment and works tirelessly to reconnect these individuals with their loved ones," said Dr Vatwani during his visit to Nagpur on Sunday.

REUNITING THE 'LOST' ONES WITH FAMILIES

Stats of mentally-ill patients rescued and reunited with families over the years by Shraddha Foundation



Dr Vatwani sees a silver lining emerging from the dark clouds of the Covid-19 pandemic. "Families seem more accepting of their lost relatives lately. He observed.

He suggest this could be due to the loss many families experienced during the pandemic, making them more receptive to reuniting with loved ones, even those estranged due to mental illness.

However, the road to reunification isn't without obstacles. "The biggest challenge is the lack of government support for medication," Dr Vatwani lamented. Even after recovery, many patients need medication, but families struggle to pay for it. "This financial burden used to be a major reason families hesitated to take back their loved ones," he added.

Dr Vatwani shed light to the stories behind such patients. "Many leave their villages for city jobs, only to be exploited and lose hope," he said. The Shraddha Foundation team works to rebuild trust and reconnect them with their families.

The Magsaysay award winner wasn't very impressed with national biometric ID system, Aadhaar, in finding families.

"We rarely find success with Aadhaar," Dr Vatwani said. The system's relative newness and the lack of Aadhaar cards among many mentally ill individuals limit its effectiveness. The Shraddha Foundation relies on traditional methods details conversations and questioning - to gather information, he added.

Dr Vatwani estimates over 20 lakh people in India are homeless, with 10 lakh facing mental health challenges. He was optimistic though. "The good news is, most patients recover and can lead normal lives again," he said.

In Nagpur, Shraddha Foundation has collaborated with the Nagpur Psychiatric Society (PSN) and Dr Prakash Amte, who has provided space for their project. Dr Manish Thakre, President of PSN, highlighted their achievements. "We have already reunited 20 people and are working on many more. Dr Vatwani has done yeoman's work in this sector. PSN members, all leading psychiatrists in city, visit this centre and treat the patients," he said.

NATIONAL
News

Nagpur

JUNE 2024

THE TIMES OF INDIA

Lost for 12 years, mentally unstable woman reunited with her family in MP

Ved Ghulghule

Oct 15, 2024, 12.40 AM IST



Nagpur: In a heart-warming story of resilience, hope, and community support, Usha (name changed), a mentally ill woman missing for 12 years, was reunited with her family on October 7, after months of recovery and a determined search by social workers and local police.

Found wandering the streets of Dharampeth in the orange capital, Usha was living in a disoriented state for years, unnoticed by many.

This year in June, Dr Dilip Gupta, president of Swami Vivekanand Medical Mission, reported her to Shradhdhavan Rehabilitation Centre, a Karjat-based NGO which was recently inaugurated in Nagpur in April this year at Ashokvan, Jamtha.

Social worker Mayuri Bhong and the Shradhdhavan team, with assistance from Sitabuldi police, rescued her from the streets and brought her to the centre for care. Over the next several months, she was kept under intensive care, leading to Usha's improvement, physically and mentally.

As she began to recover, fragments of her memory returned. Usha revealed that she was from Dongariya village in Seoni district, Madhya Pradesh. She wandered away from her home over a decade ago, confused and untreated for mental illness. Her family, unaware of her fate, searched for her for years before assuming the worst — believing that she had died.

Dr Swarali Kondwilkar, in charge of the centre and her treating doctor, told TOI, "She was diagnosed with schizophrenia. It took almost three months for her to recover and tell us about her hometown. Surprisingly, when we visited her hometown, we found out that even her sister was missing for the past 10 years. Including her sister, even her mother had mental illness."

Brought to the centre in June, Usha was deemed fit for discharge in October. Accompanied by Shradhdhavan's senior nurse, Chetna Naitamkar, and driver Jayesh Chudasama, she set out on the journey back to her village. However, when they arrived, things took an unexpected turn. Usha couldn't recognise her surroundings, and none of the villagers recognised her either.

Kondwilkar emphasised that when the team reached MP, they found out that there were many such villages and tehsils with the same name, making it difficult even for the local police to locate her exact village. At this crucial moment, Assistant police inspector Patel from Bhimagarh and sub-inspector Rajesh Sharma from

Palari stepped in. The officers launched a detailed search across nearby villages, spreading the word about Usha. Days later, their persistence paid off when they received a call from her brother, Santkumar, confirming her identity.

Dr Kondwilkar also shared that Usha was married and had two sons. "She was married to a teacher in Jabalpur and had two sons. However, after Usha went missing, her husband remarried. After we reached her home, Usha also video-called her husband and talked to her sons."

The reunion was an emotional moment for the entire family. Santkumar and other family members, who believed Usha to be dead, were overwhelmed with joy when they saw her alive. Her mother and sister, both suffering from mental illness themselves, lived with the pain of her absence for years.

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NATIONAL
News

Nagpur

OCTOBER 2024

THE TIMES OF INDIA

Shraddhawan reunites 75-yr-old woman with family after nine years

Ved Ghulghule

Dec 27, 2024, 01.11 AM IST



Nagpur: Nine years of separation and despair came to an emotional end on Christmas as Kaushalya, a 75-year-old missing since 2015, was reunited with her family in Jeruka village, Madhya Pradesh, on Wednesday. Overwhelmed with joy, her son Ramgopal rushed forward, lifted his mother in arms and carried her home amidst outpouring emotions and cheers from villagers.

"I never thought I'd see her again. We believed she was gone forever. This is nothing short of a miracle. I am beyond happy that we've finally found her. When she came home that day, it felt like a dream. She's healthy and doing well, and that's all we could have hoped for," said Ramgopal with tears in his eyes.

Kaushalya's ordeal began in 2015, when she left home in search of her son, who had walked away after a family dispute. While the son returned shortly after, Kaushalya did not, leaving the family to grieve her presumed death. She was rescued from the streets of Nagpur in 2016 and admitted to a charity home here. Her mental health condition, combined with partial blindness, age-related deafness, and diabetes, left her vulnerable and unable to communicate her whereabouts.

Transferred to Shraddhawan in November this year for specialised care and rehabilitation, Kaushalya's story began to emerge during repeated counselling sessions. With support from the Psychiatric Society, Nagpur, and Baba Amte's Maharogi Sewa Samiti, Shraddhawan worked to stabilise her health and uncover her identity.

"Kaushalya had fragmented memories of her family and village. It took almost a month of patient counselling and medical care to piece together her story," said Dr Swarali Kondwilkar, the psychiatrist in charge at Shraddhawan.

While talking to TOI, Kondwilkar said, "For the past eight years, she was in a shelter home, but they couldn't identify the cause of her condition without professional assistance. Although she did not suffer from any mental illness, her cognitive impairment due to old age put her at risk of developing dementia if her diabetes, blood pressure, and other age-related issues weren't properly managed."

Declared fit for discharge on December 24, Kaushalya embarked on a 600km journey to her home the next day, accompanied by senior nurse Chetana Naitamkar and social worker Pinky Jena. Upon reaching Jeruka, the villagers immediately recognised Kaushalya and called her family. Her son arrived in minutes, lifting her out of the vehicle and carrying her home as the entire family wept with joy.

Shraddhawan, inaugurated in April 2024, shelters and rehabilitates mentally ill destitutes, providing medical and psychiatric care until they can be reunited with their families. With regular visits from psychiatrists and a dedicated team of caregivers, the centre has reunited over 100 individuals in just eight months.

NATIONAL
News

Nagpur

DECEMBER 2024

Christmas reunion for widow missing for 9 yrs

After years of uncertainty, Kamini's family speaks of the miracle of her return, recounting a tragic separation that lasted nearly a decade

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IT was nothing less than a real Santa gift for the family members of Kamini Shekhawat (name changed), a 70-year-old widow and a mental health patient, who was missing for over nine years and was reunited with her family on Christmas.

Kamini was traced to the Shradhdhavan Rehabilitation Centre in Nagpur, where she was treated and cured.

She then revealed her identity and place of stay—over 600 kilometres from Nagpur and traced to a village in Rewa district in Madhya Pradesh.

Not less than a miracle

"We had given up hope. It has been over nine years since she had been missing. Today, the entire village is excited to see her back, I will always be indebted to the doctors

70
Age of Kamini Shekhawat

and social workers of Shradhdhavan, who not only took care of my mother but also treated her and reunited her with us. It is nothing less than a miracle," said her son

Rakesh, (name changed), 34, speaking to mid-day soon after the reunion.

When asked about the circumstances that resulted in her going missing, Rakesh said, "I recall, I had left the

house, after an argument with my mother and I told her I am going to Nagpur and would never return. A few months later, when I returned home, I learnt that my mother left the house in search of me, and had been missing since then.

Rewa to Nagpur

According to Dr Bharat Vatwani, on July 21, 2016, Kamini, was rescued from the streets of Nagpur and was admitted to Mother Teresa Missionaries of Charity (MOC), Nagpur. She was transferred to Shradhdhavan Rehabilitation Centre on November 27 this year for further treatment and rehabilitation.

Multiple health issues

Dr Vatwani said "Kamini was partially blind in both eyes due to a degenerative ocular condition, mildly deaf from age-related issues, and had uncontrolled diabetes. She also showed behavioural changes linked to early organicity, a psychiatric condition. The team at Shradhdhavan, including doctors, nurses, and social workers, ensured her medical and psychiatric recov-



The centre helped reunite Kamini with her family

'I recall, I had left the house, after an argument with my mother and I told her I am going to Nagpur and would never return'

Rakesh, Kamini's son

reunion on Christmas reminds us of God's wondrous ways, where darkness precedes light."

Social worker speak

On the morning of December 25, Kamini, along with Chetana and Pinky, arrived at Rewa railway station. As their autorickshaw entered the village, Kamini recognised her surroundings and identified her house near the school. When the auto stopped, villagers recognised her and informed her son, who came rushing. Overwhelmed with joy, he carried his mother, Kamini, in his arms to their house. Her daughters and daughter-in-law embraced her with tearful eyes, grieving yet relieved. Kamini, too, wept as she hugged each relative. "Our volunteers will stay in touch with the family and continue providing free medications. Such reunions aid recovery," said Chetana.



Shradhdhavan Centre, Nagpur is a home is dedicated only for the wandering mentally ill. FILE PICS

NATIONAL
News

Mumbai

DECEMBER 2024

THE TIMES OF INDIA

Kolhapur - 06/02/2025

Man missing for 20 years returns home to his family

Abhijeet.Patil
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Kolhapur: A 60-year-old from Sangli's Dongarsoni village, who went missing nearly 20 years ago, reunited with his family earlier this month.

Tukaram Shinde was undergoing treatment at a Miraj-based hospital for a mental health issue 20 years ago when he left without telling anyone. A complaint was lodged with the police then, but weeks of searching yielded no results.

However, Shinde's wife, Latika, remained hopeful. On Feb 2, her prayers were answered when Shinde returned home. The Karjat-based Shradddha Rehabilitation Foundation, founded by Magsaysay award winner Bharat Vatwani, facilitated the reunion. A social worker associated with the NGO had spotted Shinde at an ashram in Nepal and brought him to Mumbai. Shinde received treatment for a month and then recalled the name of his village.

Ajay Ransure, a social worker at the NGO, said, "Our NGO has rehabilitated more than 10,000 destitute people. During our visit to the Manav Seva ashram in Nepal, we found Tukaram Shinde and brought him back to Mumbai for treatment. After a month-long treatment, he then started remembering things and told us about his family and village.



Tukaram Shinde (in black), who was missing for 20 years, chats with his childhood friends at Dongarsoni village of Sangli district

Then we decided to reunite him with his family."

Ransure said the foundation has provided medicines that will last two months. Thereafter, the required medicines will be delivered to Shinde by post. Shinde had been in Nepalese ashram since April 2019, according to the records accessed by Ransure.

Shinde and his wife have one son who lives in another village. Latika has spent the

past 20 years on her own. "I was confident that my husband would return. I don't know why he left us, but we are happy that he is back," said Latika, speaking over the phone.

Shinde's friends and other villagers are also celebrating his return. The gram panchayat felicitated Ransure and his colleague, Manisha Bharadia, and gave them a certificate of appreciation.

NATIONAL
News

Kolhapur

FEBRUARY 2025

Saving Lost Souls

Profiles of innovative work



In July 2023, after reuniting a man with his family in the Jhargram village of Bangladesh, Dr. Swarali Kondwilkar (seated in the center) held a two-day camp for the community, offering free psychiatric consultations to locals and debunking myths around mental illness.

Saving Lost Souls

Shraddha Rehabilitation Foundation rescues wanderers from India's streets, treating them for their mental illnesses and reuniting them with their families.

BY PUJA CHANGOIWALA

Social workers found Gangadhar Vinode on the streets of Mumbai in 1989. The teenager appeared emaciated through his tattered clothes. The bones in his leg were broken. The social workers took the 18-year-old to their shelter in suburban Mumbai, and soon after, a visiting psychiatrist, Bharat

Vatwani, moved him to his recovery center, Shraddha Rehabilitation Foundation. Following his treatment for schizophrenia, the boy began to heal. As details of his identity emerged, Vatwani drove him to the western Indian city of Pune and reunited him with his family—three months after he had gone missing.

"I was on my way home from a wrestling camp in Kolhapur [142 miles from Pune], but I never got off the bus and landed on the streets of Mumbai instead," recalls Vinode, now a 52-year-old real estate developer. "When they found me, I did not know where I was, how I fractured my leg, or how I survived on the streets. I still don't know what happened to me on that bus."

Vinode is one of the more than 10,500 mentally disabled wanderers in India

who, thanks to Shraddha Rehabilitation Foundation, have been rescued from the streets, treated, and reunited with their families. What began in 1988 as a nursing home run out of a two-room tenement in Mumbai has become a nonprofit that manages a 120-bed facility located on 6.5 acres in Karjat, 42 miles from Mumbai. In 2018, Vatwani was awarded the Ramon Magsaysay Award for his "tremendous courage and healing compassion in embracing India's mentally afflicted destitute, and his steadfast and magnanimous dedication to the work of restoring and affirming the human dignity of even the most ostracized in our midst."

About 200 million Indians live with mental illness, yet India spends only 1 percent of its health budget on mental

health. The country also suffers from a severe deficit of mental health professionals: It has only 0.3 psychiatrists per 100,000 people, compared with more than 6.6 psychiatrists per 100,000 people in Western countries. Leading Indian psychiatrist Dayal Mirchandani says that in addition to those who wander from their homes, "people with mental health conditions are often abandoned by their families, left in the streets and hospitals, because of the entrenched societal stigma against mental illness." According to the last census in 2011, India had about 1.7 million wandering or unhoused persons, nearly 50 percent of whom were likely to have a mental illness.

FIELD REPORT

RESCUE, REUNITE, REEDUCATE

Shraddha pursues its mission in three ways: rescue and treatment, reunion with family and/or community, and workshops to raise awareness about mental illness.

Hospitals across the country transfer their patients to Shraddha, and tipsters, police officers, and other nonprofit organizations also routinely inform the foundation about wanderers. After receiving this information, a medical team of doctors and nurses from Shraddha take the foundation's ambulance to rescue the person. If the patient is based at a government-run

Over the years, the foundation has facilitated reunions across all Indian states, as well as some international ones.

Vatwani founded Shraddha after an encounter with a schizophrenic person just over 37 years ago. The doctor was at a Mumbai restaurant with his wife, also a psychiatrist, when he noticed a young man scooping dirty water from a nearby gutter. Vatwani approached him as the famished and disheveled youth gulped the water down. The couple took the man to their privately owned nursing home and treated him for schizophrenia. Days later, Vatwani learned that the youth was a college graduate but was consumed by mental illness, driving him to Mumbai's streets. About two months after his rescue, Vatwani reunited the youth with his family in the southern Indian state of Andhra Pradesh.

"Mental illness can reduce a person to inhumane conditions. After meeting that youth, [my wife and I] realized that there was no organization dealing with such people in India," Vatwani says of establishing Shraddha not long after helping the young man. Today, the nonprofit has expanded from its humble beginnings operated solely by the Vatwanis to a full-scale organization with five trustees, four psychiatrists, 16 social workers with postgraduate degrees, 13 part-time staff, 12 nurses, two accountants, two ambulance drivers, and two cooks.

organization or nonprofit in a different city, they're transferred to Shraddha via train.

The medical staff's job is not always easy. At times, patients get aggressive during their rescue, some have physical injuries that delay and/or restrict psychiatric treatment, and some speak only in Indigenous dialects. Furthermore, doctors do not have access to patients' medical histories, making effective treatment more challenging.

When patients arrive, doctors attend to their medical needs before treating them for psychiatric ailments, says Swarali Kondwilkar, one of Shraddha's four psychiatrists. Once patients begin to recover, the doctors initiate the second phase of the program by asking about their identity—their name, names of their family members and that of their village or city, their school, and the festivals they celebrated as children, among other questions. Shraddha's social workers, who hail from every state in India and who speak a variety of languages and dialects, help identify the patients' villages, towns, and cities.

Over the years, the foundation has facilitated reunions across all Indian states, as well as some international ones. However, in about 1 in 10 cases, families have been reluctant to receive their kin, largely

due to the patient's history of violence or harmful behavior. Kondwilkar says that on such occasions, they counsel the families about mental illnesses, and more often than not, empathy prevails and the family accepts their relative.

"We use [the reunion] opportunities to create awareness about mental health," says Kondwilkar, speaking of the third phase of the program. She recalls an instance when, after reuniting a man with his family in Bangladesh, several locals in nearby villages approached her for help, telling of mental illness in their families. In response, she held a two-day camp for the community, offering free psychiatric consultations and debunking myths around mental illness.

Shraddha is funded by individual donors, government organizations like General Insurance Corporation of India, and nongovernmental organizations like the Shree Babulnath Mandir Charities and the Sir Ness Wadia Foundation. Former patients and their families, too, contribute. For instance, in 2014, a man donated 120,000 (US \$1,437) after the organization reunited his brother with the family. In a letter to the organization, he wrote, "Our family was in despair. Each day of his absence was difficult to bear. Your kindness, caring, and effort to ensure his safe return was so great and so overwhelming that it [left] us speechless."

COMBATING STIGMA AND DISCRIMINATION

Shraddha confronted challenges from the moment it officially registered as a nonprofit in 1991, from court cases to difficulties in reuniting patients with their families. For instance, that year, a woman and her 5-year-old child arrived into Vatwani's care after the woman was found cradling a second child who was dead and putrefying in her arms. "Her mental illness had nullified her senses so much that she had neglected the child's very basic feeding needs," Vatwani recalls. Once her health improved over a few months, the woman told Vatwani that she was from Baroda, a city in the western Indian state of Gujarat. He drove her to Baroda, but no one recognized her. Unable to locate her family,

the woman and her child continue to reside at Shraddha today.

The experience, Vatwani says, "brought me face-to-face with the reality that women in rural India are often so illiterate that, barring the name of their village, they have no idea of where they actually hail from. This continues to hamper our reunions even today, 30 years later."

Shraddha gained public attention when a prominent lecturer from the Sir J. J. School of Art in Mumbai was rescued and treated in 1993. To express their gratitude, students and faculty organized an art exhibition featuring 141 artists from around the world. The show raised \$22,357 for the organization, which the Vatwanis used to buy land in north Mumbai to develop a 20-bed facility with the help of volunteer professionals and social workers. Prior to its opening in 1997, however, locals demanded that the nonprofit leave the vicinity, for fear that they were bringing "psychiatrically disturbing elements" into the community, Vatwani says.

The locals "physically threatened me and my wife, did a public display of protests, put up huge banners against us all over the neighborhood, and on one occasion, a mob of 100-odd residents barged into the premises, surrounded my wife, and shouted abuses against us. In the melee, she was pushed to the ground," Vatwani recalls. The residents then filed two petitions against the foundation. Thankfully, the Bombay High Court rejected both suits.

While mental health continues to be stigmatized in India, films, books, and several nonprofits focused on mental health education have catalyzed a cultural change. Shraddha does not face as much resistance as it did in the 1990s and, last year, even established a second, 14-bed facility in the western Indian city of Nagpur.

Vatwani says that Indian society has finally opened up to the cause of the wandering mentally ill. "History is witness that change in society is indeed a very, very slow process," he says, "but the tide seems to be turning, and some succor seems to await the mentally ill person on the streets." ●

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INTERNATIONAL
News
Stanford University
SPRING 2025

Miracle reunion after 22 years

Regional mental hospital treats patient successfully; son tracks down mother, thanks to Shradha Foundation

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Laxmi, a woman from Karnataka's Bellary district, who had gone missing 22 years ago, finally returned home, bringing tears of joy to her children. After suffering a severe mental breakdown following the birth of her three children, Laxmi would frequently wander off from home. Her husband would bring her back each time until one day, she left and never returned.

Her children, deprived of a mother's love, had lost all hope. But fate had other plans. In October 2016, Laxmi arrived in Indapur, Maharashtra alone, frail, wielding a stick, and lashing out at anyone who approached. The police, under the order of the Shivajinagar Court, admitted her to Yerwada Regional Mental Hospital for treatment.

Thanks to extensive care, she eventually recovered. A year ago, with relentless efforts from Karjat-based Shradha Foundation and the Yerwada Hospital, Laxmi was deemed fit to return home. Two daughters and a son from her family came all the way to Shradha Foundation to take her back. The reunion was heartwarming. Though weak and wheelchair-bound, she was still their mother. Her children had spent years worshipping her saree in her absence such was the depth of their longing.



The heartwarming reunion of Laxmi (in wheelchair) with her family

Today, her daughter is a nurse and her son drives a pick-up vehicle for a living. Their father had passed away a few years ago. But with their mother's return, the family feels whole again.

Behind the reunion – A mission of humanity

Two years ago, Shradha Foundation took charge of Laxmi's rehabilitation. Their team, determined to trace her roots, travelled

to Bellary and showed her photographs to locals. These efforts paid off eventually, and a local volunteer passed on the photo to Laxmi's son.

Unfortunately, the ambulance that had brought her had already left. But her son didn't give up. Using a CCTV camera, he noted the contact number printed on the ambulance and reached out to the Foundation. As soon as he confirmed that his mother was there, he rushed to

HOW IT HAPPENED

- Laxmi, a woman from Karnataka's Bellary district, went missing 22 years ago
- She was found, admitted at Yerwada regional mental hospital and treated successfully
- Shradha Foundation did its best to trace her family
- The photo distributed by the foundation reached her son, who reached out to them

“Around 150 patients are long-term residents at Yerwada Mental Hospital. We're making efforts to send them home. But we need support from both families and society.”

— Dr Shrinivas Kolode, Superintendent, Yerwada Mental Hospital

Karjat. The emotional moment when the siblings saw their mother again moved everyone to tears.

Expert opinion

“Laxmi developed mental illness when her daughter was just two years old. Due to stress and lack of awareness during childbirth, she never received timely treatment. If

mental health issues in women are diagnosed early, recovery is very much possible. That helps protect both families and society from falling apart,” said Dr Kshama Rathod, senior psychiatrist.

Dedicated team behind the miracle

Staff at the Yerwada Hospital's elderly and disabled ward including psychiatric nurse Mangal Bangar, social welfare superintendent Farida Shaikh, and Vasappa Birajdar tried to trace Laxmi's roots by conversing with her in Kannada. Alongside, Dr Bharat Vatwani of Shradha Foundation, who spearheads the mission to reunite mental health patients with their families, played a key role. So far, the mission has successfully rehabilitated 73 patients with their families across Maharashtra and other states, revealed Bhausaheb Mane, the programme coordinator.

Another expert weighs in

“Around 150 patients are long-term residents at Yerwada Mental Hospital. We're making efforts to send them home. But we need support from both families and society. Along with medication, these patients need love. Only then can we overcome the stigma around mental illness,” said Dr Shrinivas Kolode, Superintendent, Yerwada Regional Mental Hospital.

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News
Pune
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