SECTION 1: INTERNSHIP REPORT

CHAPTER 1: DESCRIPTION OF THE ORGANISATION

1.0 INTRODUCTION

1.1 Mental Health Foundation (India):

Mental Health Foundation (India) is a not-for-profit registered organization formed on 20th March 2003 with an aim to promote mental health and create space in society for people with mental illnesses so that they can lead a dignified life. They are working relentlessly with sustained dedication for the betterment of people suffering from mental illnesses. They are dedicatedly working towards making coordinated efforts with understanding and compassion to transform social attitudes towards mental illness and psychological issues and also working towards de-stigmatization of mental problems. The effort is to create an atmosphere which empowers persons suffering from mental illness. They are effectively conducting campaigns directed towards removing the prevailing stigma associated with mental illness in the society.

Adhering to their commitment and to reintegrate the population with mental illness with the mainstream of society, they provide a range of services related to mental health to people with mental illness as well as for their caregivers.

1.2 Few constituents from their objectives are being mentioned hereunder:-

1.2.1 To provide services related with strengthening of effective leadership and governance for overall health-related activities and especially concerning mental health along with comprehensive, integrated and responsive health services for the population in general and mental health in particular as also social care services in community-based settings.

1.2.2 To promote healthy life style; particularly with special focus on decreasing / eliminating the drugs / psycho active substances by the public including younger age group as well as establish various strategies for promotion, management and research related to various health issues of the public including steps for primary prevention of infectious, non-infectious and life style related diseases.

1.2.3 To work / plan for enabling early attachment; provide appropriate scientific evidence based parenting and including natal and comprehensive post-natal care. They also work to foster stable, safe and nurturing relationships between children, their parents and other caregivers. They intend to put special focus on the school health programme; particularly promotion of mental health and positive way of life.

1.2.4 To spread awareness regarding healthy diet and nutrition for the development of both good physical and mental health and lay special focus on geographical and cultural factors while planning and formulating the diet and nutrition part of the public.

1.2.5 In view of increasing geriatric population in country, the organization works for the mental, physical and spiritual health of the geriatric people with special focus on socio-cultural factors of the population. This is an emerging area of increased responsibilities as the life expectancy of the population is on the rise leading to an increase in geriatric people.

1.2.6 To work for prevention / management of child abuse including sexual abuse and domestic violence against spouse / partners along with the objective of promoting more employment opportunities, including skill development training, and promote safe and supportive working conditions to include effective management of stress for workers / employees.

1.2.7 To promote / work / plan for a responsible reporting in the media regarding various health issues, especially that concerning mental health. Also, they endeavour to use of media for effective IEC programmes.

1.2.8 To promote Yoga, Meditation and Life Style Modification along with education of available alternative treatments for healthy and happy life.

1.3 Adhering to their commitment and to reintegrate the people suffering from mental illness with the mainstream of the society, they are providing a multitude of services related to mental health to person suffering with mental issues, especially to those with weaker support system, both economically and socially. As part of their similar initiative, they have partnered with ***Earth Saviours Foundation*** to work towards the welfare of mentally ill destitute persons.

1.4 Earth Saviours Foundation (ESF):

The Earth Saviours Foundation, Bandhwari village, distt. Gurugram is an internationally recognized Non Governmental Organization located in gurugram, Haryana, India. ESF was established in 2008 by Shri. Ravi Kalra, who is a well-known social worker and environmentalist. He has devoted his life for the welfare of destitute population. The Earth Saviours Foundation is a registered NGO under section 80 G of the Income Tax Exemption Act and FCRA license from The Ministry of Home Affairs, Government of India. ESF's destitute home provides an old age home to provide shelter and look after the homeless senior citizens and also acts as a rescue centre to look after *abandoned mentally ill people*. Although the organization is dedicated for looking after the mentally ill destitute people, the existing arrangements, facilities, resources and routine appears to be deficient to facilitate healing and rehabilitation of the patients.

1.5 **Mission, Vision and Values of Mental Health Foundation (India).** The NGO has not developed any separate Mission, Vision or Value Statement. However, few KRAs formulated are as follows:-

1.5.1 Bring about a change in perceptions about mental illness.

1.5.2 Promote a sense of social and moral responsibility in the society regarding disability with mental illness.

1.5.3 Advocate for the needs and rights of person suffering from mental illness.

1.5.4 Provision of varied services relating to mental health to people with mental issues, especially with poor economic and social support system.

1.5.5 Maximize independent functioning of client and help him to live a dignified life by social skill development, occupational mainstreaming and improving the quality of life.

1.6 **Organisational Profile:**

Central Executive Committee (CEC)

Name	Designation	Occupation
Dr. Binod Kumar	President	Ex-Professor, IIM Calcutta
Dr. Nand Kumar	Hon. Vice-President	Psychiatrist
Dr. Sujata Minhas	Hon. General Secretary	Clinical Psychologist
Mr. Sanjay Kumar	Joint Secretary	Career and Relationship Counsellor
Mr. Deepak Yadav	Joint Secretary	MSSO, NDDTC, AIIMS
Mr. Sant Lal	Treasurer	Management Professional
Mr. Neeraj Singhal	Chief Operating Officer	Management Professional
Mr. Aditya Shankar	Executive Member	Advocate
Dr. Amulya Bharat	Executive Member	Psychiatrist

Dr. Rohit Garg	Executive Member	Psychiatrist
Mrs. Mukta	Executive Member	Creative Artist

Office Bearers

Name	Designation
Hitesh Sanwal	Deputy Project Manager
Md. Rashid Akhtar	Project Associate (Technical)
Rishi Kant	Project Associate (Technical)

CHAPTER 2

2.0 OVERVIEW OF SERVICES PROVIDED BY THE MENTAL HEALTH FOUNDATION (INDIA):

2.1 The following services are provided buy Mental Health Foundation (India)

- Clinical Interventions
- Workshops and Seminars
- Occupational Mainstreaming
- Research & Education
- Technical Support
- Public Awareness Drives
- Advocacy
- Mental Health Camps

2.2 Advocacy:-

2.2.1 The needs and resources of people with mental health issues are often neglected and exploited. Functionaries at MHF stand up for them and advocate their rights for individuals as well as for groups, communities. Not only do they advocate the basic rights of these individuals but work for changing the status of mental health in our country.

2.2.2 Their sustained and devoted efforts led to the deletion of Section 309 of the IPC. They had filed a Writ petition (PIL) in 2011 in Delhi High Court to repeal Section 309 IPC to decriminalize suicide in India citing plausible reasons against the same. The

passage of the Bill provides relief to more than 10lakh people who attempts suicide every year in India.

2.3 Public Awareness Drives: MHF (I) regularly distributes information and educative material about mental health and related issues for general public and also undertakes door to door awareness campaigns in community and public areas in general. A 20 minutes documentary titled 'Ehsaas' has also been produced for awareness about psychiatric illnesses and their wrong perception among people. They also organized Nukkad Nataks on Mental Health Awareness as part of their Community Project.

2.4 Mental Health Camps: MHF (I) regularly organizes Mental Health Camps through which they provide clinical support to patients suffering from mental health issues. In such camps, they provide free consultation, intervention and free or discounted medication to the economically weaker section of the population. Regular follow ups are being done for such patients who received treatment to ensure desired result.

2.5 Summer Internship Program: With an aim to create human resources available for people suffering with mental health issues, MHF (I) organizes summer internship program for students pursuing psychology at under-graduate and post-graduate level from various universities. The internship program constitutes interactive sessions and lectures from eminent mental health professionals, visits to well known institutes for psychological and behavioural sciences, community project on mental health and several such activities providing interns qualitative clinical exposure. Very encouraging feedbacks have been received from students in this regard.

2.6 Research & Education:

2.6.1 MHF (I) has recently conducted research for studying the prevalence of psychiatric illness, particularly depression among outstation college students of universities of Delhi.

2.6.2 Department of Science and Technology (DST) had funded MHF (I)'s project on Yoga and Mental Health titled "Effects of Yoga and Meditation and Life Style Modification in Comparison to Standard Treatment on Persons with Mild to Moderate Depressive Disorders".

2.7 Technical support: MHF (I) ensure that they provide all kind of assistance required to strengthen the mental health of the society. In this regard, MHF (I) provide required technical aid to other organizations working in the same area of interest.

2.8 Supported Employment: MHF (I) provide supported employment to their recovering and recovered patients by engaging them in work which is suitable to their interest, capability and aptitude. This goes a long way in boosting their self-confidence and helps them to lead a dignified life in mainstream society.

2.9 Art & Craft Exhibition: Every year MHF (I) celebrates the festive season by putting up exhibitions and sales of homemade chocolates and creative materials like creatively designed diyas, candles, greeting cards and other interesting items which are prepared by the patients and the volunteers. The amount raised by selling such material is used for medication of patient from economically weaker section.

2.10 Conclave on Mental Health Awareness: MHF (I) has been celebrating the World Mental Health Day on 10th October by organizing a conference / conclave in

association with Psychiatry Department, All India Institute of Medical Sciences (AIIMS) at JLN Auditorium, New Delhi. The idea behind this event is to spread awareness and educate people about the significant prevalence of mental health issues in society and to encourage them to accept this fact and take appropriate initiatives for people with mental illnesses and support their care givers.

2.11 Community Project at Kirti Nagar: MHF (I)'s Community Project at Kirti Nagar, New Delhi provided quality psychiatric and psychological support to about 450 registered persons on regular basis. They regularly organised Public Awareness Programs and Mental Health Camps through their team consisting of Doctors, Psychologists and dedicated volunteers.

2.12 Project Samarthan: Project Samarthan is a one of its kind project being undertaken by MHF (I) for the prison inmates of Tihar. The project is to provide Psychological First Aid (PFA) to the inmates of Tihar. The module which has been developed by WHO has been suitably modified is based on the ground realities of Tihar and the requirements of the inmates.

CHAPTER 3

3.0 OBSERVATIONS AND LEARNING:

3.1 OBSERVATIONS (GENERAL). Internship in Mental Health Foundation (India) has been an excellent learning opportunity for me. It gave me an insight into the handling and treatment of mental health patients. During the internship period I was detailed to work with an NGO, Earth Saviours Foundation (ESF). This internship provided an interactive platform to learn about all aspects of a destitute home for mentally ill destitute population, besides working out a module of routine / activities to be introduced for them to promote their healing and improve their quality of life. All the departments / areas of ESF including support services were specifically visited to gather ground inputs on the overall functioning of the destitute home.

3.2 LEARNINGS:

3.2.1 Clinical interviews. My field training in MHF (I) helped me in getting valuable exposure to both, unstructured and structured, clinical diagnostic interview techniques, such as taking case history, interviews, and conducting Mental Status Examination (MSE) in a systematic manner. The clinical interview has a number of advantages such as it is inexpensive, takes into account, both verbal and non-verbal behaviour and can be conducted at any suitable place. It also offers flexibility and facilitates the building of a therapeutic relationship between the patient and the therapist. It acts as the basic document on which almost all further psychological assessments are built upon. It should not be considered something like a cross-examination, but as a process during which the interviewer endeavours to minutely observe and make note of the client's rate of speech, voice intonation as well as non-verbal indications such as facial

expression, body posture and movements. There are many different forms of interviews which are conducted by clinical psychologists. Few interviews are conducted prior to admission in a clinic or hospital; some are conducted to determine if a patient is likely to cause physical injury to himself / herself or someone else in the vicinity. Some interviews are conducted to confirm a diagnosis indicated by employing other tools. Whereas, some interviews are highly structured with specific questions asked from all patients; others are unstructured, informal and much more spontaneous in conduct.

3.2.2 <u>Case History Interview</u>: Detailed Case History taking is very important first step in treatment of patients with mental issues. The psychiatric history is the longitudinal record of the patient's life events and it enables a psychiatrist to understand the nature of the patient including his temperament, conditioning, family and social background of the patient and the likely course of his action / life in future. The case history taking is the patient's life story as told to the therapist in the patient's own words from his or her own point of view. Many a times, the history also includes some information about the patient collected from other sources, such as his / her parent, close relatives or spouse. This case history helps in obtaining a comprehensive picture about patient such as identification data, chief complaints, history of present illness, past psychiatric and medical history, family history, personal history, etc. The psychiatric history provides an insight to the psychiatrist into the nature of relationships with those closest to the patient and includes all the important persons in his or her life. The patient does not always remember and cannot reason out about the communicated material which may have a bearing upon his / her problem. Therefore, information from friends, relatives, hospital, office and other records are also scrutinised for the history. But, whatever the source of information, the purpose of the social and personal history report is to gather information which will be of help in early diagnosing and promoting effective treatment of patient’s disorder.

3.2.3 <u>Mental Status Examination Interview (MSE)</u>: Mental Status Examination is always conducted to screen the patient for his present level of psychological functioning and to ascertain the presence or absence of abnormal mental phenomena such as delusions, delirium, dementia or other neurotic disorders. Mental status examination includes a quick observation and evaluation of the patient's appearance and mannerisms, coherence in speech characteristics, mood changes during conversation including the expressed feelings, thinking processes, insight, ability to make judgment, span of attention, level of concentration, memory, and general orientation. Results from the mental status examination provide preliminary information about the likely psychiatric diagnosis experienced by the patient as well as offering some direction for further assessment and intervention (e.g. need to refer to a specialist, admission to psychiatric unit, and evaluation for medical problems that impact psychological functioning). For instance, mental status examinations typically include questions and tasks as follows to determine:

- ✓ Orientation to time (e.g., "what day is today? Which is this month?)
- ✓ Place (e.g., what is this place? How did you reach here?")
- ✓ Person ("Do you know me who am I? Who is the PM of India?")
- ✓ The mental status interview is used to assess short term memory (e.g. "I will name three objects, I would like you to try and remember them : tiger, rubber, and vase")
- ✓ Also ask questions to check attention, concentration. (e.g., "count back by 5s starting at 100. For example 100, 95 and so forth").

3.2.4 <u>The Process of Psychological Assessment</u>: The psychological assessment process often consists of various functions with systematic steps. Each step

of assessment should follow the standardized method for administration, scoring, interpretation and decision making according the objectives of assessment. Fundamental steps of assessment process are briefly discussed below:-

- ✓ **Step 1 : Deciding What is being Assessed.** The assessment process will begin with a series of clarifications such as what psychological attribute or factor will be assessed, like intelligence of patients, personality factors of patient, cognitive functions, emotions, and other behavioural factors etc. It depends upon the referral questions. Reference may be taken for psychological assessment from different sources like another psychiatrist, patient's teacher, a judge, or perhaps another psychologist for the various issues such as diagnosis, screening, evaluation of treatment, legal purpose etc. It is important to understand accurately as to what the question is or what the referral source is really seeking. Clinical psychologist select psychological tests that are supposed to be most appropriate for specific referral questions and which fits patient characteristics. They will then do the administration, scoring and interpretation of psychological tests. In ESF, most of the referral questions taken for the assessment of different cognitive-emotional – behavioural functions. First, for cognitive function – intelligence tests, memory test in the old age patient to test memory impairment etc. Second, is the personality test for diagnosis purpose (identifying psychotic features-objective test). Third, are emotional processes that form the focus of assessment to include different mood states (depression), trait levels of emotions (such as anxiety), and tendency to react emotionally. Finally, other measures of observable behaviour include performance on standardized tasks, observations of behaviour in simulated situations, and behaviour observed in the client's natural environment.

- ✓ **<u>Step 2 : Determining the Goals of Assessment</u>.** The second step in the process of clinical assessment is the formulation of goals by the psychologist in a particular specific case. Once again, psychologists are faced with a various options as they proceed to carry out the assessment process. Goals may include classification of patient based on diagnosis, determination of the severity of the present problem, risk screening for potential for further problems in future and evaluation of the effects of the treatment. Also, making prediction about the likelihood of certain types of behaviour in future. In ESF, most of the testing is being done for the purpose of the decision making about the diagnosis. Ideally, diagnosis should be giving information about the specific features, or symptoms that the person shares with other individuals with similar problem and who have been identified as having the same pattern of symptoms. It is very important to have clearly defined criteria. If the criterion for making particular diagnosis is absolutely clear, and have been carefully evaluated in particular specific case, the psychologist will be able to draw requisite information about individual patients, accurately. For example in some cases, case history and clinical observation may not be sufficient to diagnose psychotic disorders like schizophrenia. In those cases, psychologist may decide to administer appropriate objective or projective technique of personality assessment such as Rorschach ink blot test, MMPI, MPI, etc. The result of these tests will provide various psychological features of patients which could not be diagnosed earlier. This will help to understand and formulate a sense of a client's problem or a diagnosis and in further developing a course of treatment. However, effective assessment does not end once the treatment begins. In fact, assessment techniques should be re-administered at regular intervals to monitor and evaluate the effects of treatment and monitor regular progress. This

is essential to assess the impact of treatment and carry out mid course correction, whenever necessary.

4.0 Project Undertaken Other than Dissertation:

4.1 Project Samarthan. Project Samarthan is an initiative by MHF (I) to achieve healthy minds in Delhi Prisons.

- ✓ The trauma of imprisonment coupled with feelings of isolation and helplessness leads to hopelessness, depression and, in some cases, suicidal tendencies.
- ✓ MHF (I) in conjunction with the Prison authorities have undertaken this unique initiative of Psychological First Aid (PFA) based on a module prepared by the WHO after suitably modifying it to suit the requirement of existing Prison conditions.
- ✓ I have been involved in coordinating about 60 volunteer psychological counsellors for this project.
- ✓ The task involves provision of psychological first aid, counselling and support; training the jail staff and inmates about mental health issues and identifying inmates requiring serious mental health care in psychiatric wards of general hospitals.
- ✓ Efforts will be made to ensure needs of prisoners are included in national mental health policies and plans and also to promote adoption of necessary mental health legislation that protects the human rights of the affected individuals.

SECTION 2: PROJECT REPORT

CHAPTER 4

4.0 INTRODUCTION

4.1 According to National Mental Health Survey 2015-16, a startling 13.7 % of the country's population suffers from some or other form of mental or behavioural disorder. Around 2% population has a serious form of mental issues requiring urgent care at any one point in time. Homelessness is another serious problem among patients with severe mental illness with a substantial prevalence rate as many of them are abandoned by their near and dear ones. Poor mental health has slowly being recognised as a growing public health concern that affects multiple domains of a person's life to include their relationships with family, friends, colleagues, productivity, and physical health outcomes. Common mental disorders are almost twice as frequent in those living in states of poverty. Schizophrenia is found to be eight times more prevalent in people from lower socioeconomic backgrounds. The Disability Adjusted Life Year (DALY) loss, as per World Health Organisation, due to neuropsychiatric disorder is much higher than malaria, diarrhoea, and tuberculosis if taken individually. Overall, these disorders constitute around 12% of the global burden of disease (GBD) and ***an analysis of the trends indicate that this will increase to more than 15% by 2020 (World Health Report, 2001)***.

4.2 As per an estimate there are nearly 400,000 wandering mentally ill persons in India. They are often seen abandoned in various states of mental and physical distress and abuse; around pilgrim centres, near railway stations, bus stands, footpaths and on street corners, especially in urban areas. The destitute mentally ills belong mainly to socially and economically backward and marginalized families. Nine out of 10 have diagnosable and treatable mental disorders and four out of five have significant co-morbid physical

health issues, as well. *In India, alarmingly, 80% of our districts do not even have one psychiatrist available in public service.* Therefore, the likelihood that India, without a substantial mental health movement, will see a lot of homeless wandering mentally ill patients is very high as their caregivers tend to abandon them due to various financial and resource constraints.

4.3 As high as, one lakh thirty thousand Indians commit suicide every year. One in three homeless individuals suffers from one or the other mental illness. Clearly, poor mental health is a growing public health concern that affects multiple domains of a person's life to include their relationships with family, friends, colleagues, productivity, and physical health outcomes and of course their own personal satisfaction and happiness, besides reducing the number of productive population of the nation.

4.4 Most of us remain in our compartmentalised zones of comfort and privilege, least realising that one in five Indians lives below the poverty line and that just as easily could have been us. Adverse experiences with community and gender related violence, lack of access to proper education; shelter and food have a direct adverse impact on an individual's personal and a community's collective mental health. Common mental disorders are almost twice as frequent in those living in state of poverty and prevalence of schizophrenia is almost eight times more in those coming from lower socio-economic backgrounds.

4.5 It is no wonder that good health and well being is one of the main ***Sustainable Development Goals*** put forth by the United Nations. Higher levels of stress and isolation due to exponential advancements in technology, changing social milieu, unrestrained population growth and lack of matching resources have made mental health everyone's concern. It is a problem that needs to be faced and addressed without any further delay.

4.6 Large number of studies throughout the world have focused on mentally ill destitute population. Most of them pointed out that this group is distinctly unique as compared to other psychiatric inpatients. There is a need for someone to pick them up from streets and bring them to hospital / destitute home, their identity has to be established (to include name, age, address), lack of availability of past history, psychoses with poor communication skills further pose problem in symptom analysis and finally they require to be rehabilitated either with their families or in suitable destitute homes.

4.7 In India, a number of organisations like the Banyan Foundation and Shraddha Rehabilitation Foundation are working relentlessly and doing a commendable job in collecting data as well as in facilitating rehabilitation of destitute mentally ill patients. ***Mental Health Foundation (India)*** is a not-for-profit registered organization formed on 20th March 2003 with an aim to promote mental health and create space in society for people with mental illnesses so that they can lead a dignified life. They are working relentlessly with sustained dedication for the betterment of people suffering from mental issues. They are dedicatedly working towards making coordinated efforts with empathy and understanding to transform social attitudes towards mental illness and remove the associated social stigma. The effort is to create the atmosphere which empowers person suffering from mental issues. Adhering to their commitment and to reintegrate the persons with mental issues with the mainstream of society, they provide a multitude of mental health services to people with mental illness especially to those with weaker economic and social support system. As part of their similar initiative, they have partnered with ***Earth Saviours Foundation*** to work towards the welfare of mentally ill destitute persons, essentially the destitute and abandoned mentally ill persons admitted in a destitute home.

4.8 Earth Saviours Foundation located at Bandhwari village, distt. Gurugram is an internationally recognized Non Governmental Organisation. It came into existence in 2008 with the efforts of Shri. Ravi Kalra, a well-known social activist and dedicated karma yogi. It provides for an old age home to look after homeless senior citizens and also acts as a rescue centre to take care of abandoned mentally ill people**.** The Earth Saviours Foundation provides shelter, food and medical care to nearly 250 mentally ill destitute persons who are either rescued from the society by socially conscious concerned citizens or abandoned by their families. From preliminary observation of the functioning of the facility, it appeared that there is significant scope for improvement in the functioning of facility and to put systems in place including introduction of enabling activities for the inmates to facilitate their healing and improve their quality of life. Therefore, it is felt that a systematic study of the facility be undertaken with a view to identify existing deficiencies and recommend changes and improvement in the systems and operations including preparation of a module of activities that should be conducted for the inmates of the organisation.

4.9 The objectives of the study included are to evaluate the existing systems, facilities, routine and activities in Earth Saviours Foundation and recommend changes to raise the quality of life of the inmates. The objective is to promote healing among this distinct psychiatric inpatient population requiring special attention by instituting proper systems and introducing activities as part of their routine based on their requirements.

CHAPTER 5

5.0 REVIEW OF LITERATURE

5.1 Review of literature is a necessary aspect of any research as it enables the investigators to establish support for the need of the study, select a suitable research design and for developing tools and data collection techniques. Relevant literature to familiarise and build upon the existing research on similar destitute homes and the requirements of mentally ill destitute population has been carried out primarily through internet. The reviewed literature encompasses both theoretical and empirical works that has a bearing on the study. However, the setting of Earth Saviours Foundation is fairly unique in the sense it provides for care of the destitute and abandoned persons who are mentally ill.

5.2 In India not many studies have targeted on mentally ill destitute population, of which, noteworthy is the study undertaken in the psychiatry hospital of north Indian medical university regarding socio-demographic and illness profile of homeless mentally ill (2013), in which, it was concluded that after treatment of mental illness, it had been possible to reintegrate about 70% of the patients with their families. Families were found to be willing to reintegrate and support them once they were well and reasonably self-reliant. It has also been concluded that untreated / inadequately treated mental illness was one of the most common reason for homelessness of persons as they were considered liabilities by their caregivers.

5.3 In a descriptive study done in Goa, India by Rane and Nadkarni; inpatients admitted with reception order (of which unknown patients are part) were compared with those admitted voluntarily. It was concluded that those admitted by reception order tended

to be single, middle aged (40–60-year-old) and non-Goan. On an average, they had a significantly longer hospital stay than those patients who were voluntarily admitted. Non-affective psychosis and substance use disorders were found to be more commonly diagnosed disorders.

5.4 In a similar study done by Onofa et al., in Nigeria, Africa, comparison was made between vagrant and non-vagrant psychiatric population and it was established that clinical profile and treatment outcome were significantly poorer in the vagrant population than non-vagrant population. Another study in Madrid, Spain by Gonzalez et al., confirmed similar result.

5.5 Another study done by Koegel et al., in Los Angeles reported that rates of major mental illnesses were disproportionately high in destitute mentally ill persons. Cases of substance abuse were more prevalent among older individuals and native Americans, while schizophrenia was most highly prevalent among those subjects between 31 and 40 years of age. It was estimated that 28% of subjects in this inner-city homeless sample were chronically mentally ill; they also reported that there is a need for simultaneous attention to the social welfare and mental health requirements of homeless mentally ill individuals.

5.6 Details of similar organisation were found out. One such organisation working in Indaia is Shraddha Rehabilitation Foundation which was established in the year 1988, to deal with the mentally ill destitute population wandering aimlessly on the streets of India.

5.7 Another organisation is Banyan Foundation which is doing similar work for destitute mentally ill population.

CHAPTER 6

6.0 METHODOLOGY

6.1 General Objective of the Study: To prepare a module of different activities / routine to be introduced to the mentally ill inmates of a destitute home with a view to enhance their quality of life.

6.2 Specific Objectives of the Study:

6.2.1 To systematically study the existing systems and functioning of the destitute home, Earth Saviours Foundation.

6.2.2 To study the state of mental health of inmates and understand their requirements from the organizational set-up.

6.2.3 To identify gaps in the existing facility including routine of the inmates.

6.2.4 To recommend changes / improvements in the existing systems, functioning to promote healing and enhance quality of life of the inmates.

6.2.5 To prepare a module of different activities to be introduced for the inmates as part of their daily routine to enhance their quality of life.

6.3 Research Design: A non-experimental field survey method of research design was employed in the present study where participant's data was collected individually using the tools discussed below. Also, interviews of the employees of Earth Saviours Foundation were conducted to understand the functioning of the facility. Convenient sampling method was used for the research study. This study focussed on destitute and

abandoned mentally ill patients who were admitted at the destitute home run by Earth Saviours Foundation.

6.4 Tools:

6.4.1 M.I.N.I., Mini International Neuropsychiatric Interview English version 5.00 has been used extensively to screen and diagnose inmates and to assess their cognitive impairment. It is commonly used in medicine and allied health to screen for various mental illnesses. It has been designed as a brief structured interview for the major axis I psychiatric disorders in DSM-V and ICD-10. It has adequately high validity and reliability. Administration of the test takes around 20 minutes.

6.4.2 The Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) is a self-report measure designed to enable investigators to obtain sensitive measures of the degree of enjoyment and satisfaction experienced by subjects in various areas of daily functioning. The summary scores have been found to be reliable and valid measures of these dimensions in a group of mentally ill patients.

6.5 Conduct Of Study:

6.5.1 Familiarisation with the existing organisation, strength, functioning and systems of the Destitute Home, Earth Saviours Foundation. This was done by regular visits, during which, systematic observation and purposeful interactions were carried out with the inmates and the staff of the destitute home. The functioning and existing systems were understood and analysed. The observations made are as follows:-

6.5.1.1 The destitute home, Earth Saviours Foundation, in this study has a *capacity of 250 inpatients*; however, at any point of time, it provides shelter to more than

400 inmates. The inmates are housed in six shelters, two for females and four for males. Thus, there is considerable crowding in the facility. The lack of adequate space does not allow for desirable layout in the destitute home. Many of the inmates were wandering mentally ill persons who have been rescued and admitted in the destitute home. These wandering mentally ill patients have their peculiar issues as many of them are unable to provide their personal information including their address and the reason for being found in ibid circumstances.

6.5.1.2 The Earth Saviours Foundation does not receive any fund from the Govt. and is totally dependent on voluntary contribution from individuals and organizations to run this destitute home. They do not run any profit making ventures to enable funding of destitute home.

6.5.1.3 The Earth Saviours Foundation provides shelter, food and medical care to more than 250 mentally ill destitute persons, besides homeless geriatric people, who are either rescued from the society or abandoned by their families. The admission of inmates is facilitated by the police, on court orders or on information received from concerned citizens. Besides the mentally ill inmates, there are geriatric and homeless persons who have been abandoned by their families. The destitute home accepts all such helpless persons in its fold.

6.5.1.4 It has employed more than 50 workers on its payroll to look after the facility, which includes four qualified personnel primarily for nursing care.

6.5.1.5 It has inadequate staff who are specifically trained in mental health care and have not employed a fulltime clinical psychologist, psychiatric social worker team, occupational therapy team and social skills trainer in ESF, though consultant liaison with

other medical specialties including psychiatrist is being arranged from time to time by various volunteer organisation like MHF (I), Help age India, etc.

6.5.1.6 Because only a physiotherapist and four nursing staff are employed, physically / medically ill patients are referred to nearby Govt. hospitals nearly 30 kilometres away. Most of the patients admitted in ESF are chronic mentally ill requiring long term stay and there is no one to look after them in their families. Unlimited duration of stay is allowed in ESF destitute home.

6.5.1.7 During visits to the facility, it appeared that there is lack of enabling systems in the set-up and there exists adhocism in the day-to-day functioning. The destitute home essentially provides basic necessities of shelter, food, clothing and limited medicinal care. However, there exist no systems / Standard Operating Procedures (SOPs) for admission of inmates, routine in the destitute home or about provision of psychological and medical care.

6.5.1.8 The inmates are largely left on their own with provision of basic necessities for their survival. Little efforts are made to rehabilitate and treat them towards early normalcy. There are no fixed timings to rise in the morning, to do any organized activity and even meal timings are not really fixed.

6.5.1.9 No training of any sorts is being conducted for the inmates to enable them with improved self care and social conduct. The maintenance of personal hygiene by the inmates is extremely poor as they are not inclined to take regular baths or even brush their teeth. The toilet training of few is also bad as they tend to pass urine, and at times, defecate in the living area. As the number of employees in the destitute home is inadequate, the upkeep of area and the hygiene remains unsatisfactory.

6.5.2 Study and Classification of Inmates based on their Mental Health using various Tools.

6.5.2.1 Inclusion Criteria. All inmates of ESF destitute home with apparent / diagnosed mental illness during the period of study were included.

6.5.2.2 Exclusion Criteria. Inmates with apparent and reported normal mental health were excluded from the study. These were primarily abandoned geriatric persons.

6.5.2.3 A total of 237 inmates in ESF destitute home met the above criteria.

6.5.3 Method of Data Collection.

- ✓ The study was conducted at the destitute home run by the Earth Saviours Foundation, Bandhwari village, district Gurugram. The researcher proceeded for data collection after adequately familiarizing himself with the existing organization, strength, functioning and systems of the destitute home run by Earth Saviours Foundation by regular visits during which systematic observation and purposeful interactions were carried out to understand the existing ground realities.
- ✓ The permission for visits and data collection from the respondents, i.e. the inmates and employees of the organization was obtained through Mental Health Foundation (India). After obtaining the permission, the researcher interacted with the respondents and explained to them the relevance and significance of the study and about the intention to help the inmates in raising their quality of living.
- ✓ First the researcher worked together with the staff / employees in the facility to gain confidence and **establish rapport** with the employees and the inmates. The researcher endeavoured to create a warm relationship with each and every

respondent individually for collection of information for the study. He assured them that the information obtained from the respondents would be made use to improve the systems and for the betterment of the inmates and would not be misused in any manner.

- ✓ Then after obtaining the informed consent, the tools were used to obtain relevant information and draw inferences to categorize inmates. Whenever the respondents required rest interval, the researcher provided them adequate break to avoid fatigue and boredom. Besides that, in case of any confusion to the respondents during data collection, the researcher helped them to comprehend the questions in correct perspective.
- ✓ Focused Group Discussions (FGDs) and in-depth interviews were conducted to extract data from the staff / employees. A check list was used to interview respondents. All interviews were noted down systematically. During FGDs, the researcher led the discussion and kept the conversation flowing while recording the inputs and taking field notes.
- ✓ Essential demographic data was also collected from the respondents during the conduct of interviews.
- ✓ An Microsoft Excel Office Worksheet was prepared based on commonly documented record in case files of these patients. This included socio-demographic data, illness related information available at admission, clinical evaluation / observation and treatment related information, and rehabilitation details, wherever applicable.
- ✓ The collected details of each patient were confirmed with the visiting psychiatrist and the ESF staff. The improvement in patient condition recorded in files was reconfirmed with the treating psychiatrist. Finally, the psychiatrists and the ESF

staff were interviewed regarding their impression of these inmates and their experiences in the management of these inmates elicited using open ended questions.

- ✓ Tools M.I.N.I. and Q-LES-Q were used to classify the inmates based on their mental illness and perception of their quality of life. This classification was done with a view to arrive at requisite treatment and activity plan for different categories of inmates.

CHAPTER 7

7.0 FINDINGS:

7.1 Impressions and Experiences of Staff (Visiting Psychiatrist, Nursing Staff, and Other Employees) in Management of Mentally Ill Inmates:

7.1.1 On asking as to how are the mentally ill inmates were different from other patients of the destitute home, they answered that major problem there was that the relatives of these patients were not available, there was no adequate history of the present illness, proper diagnosis could not be done as duration and extent of existing illness was not clear, mental retardation was prevalent among many inmates and they were poor responders to instructions as well as drugs. The main issue was that the staff considered them as requiring special attention and extra time as compared to other patients without mental illness; they have longer duration of stay and that they, at times, created some disturbance during night time.

7.1.2 On asking the possible reasons as to why these patients ended up in the destitute home, they opined worsening of illness; running away tendency and physical, verbal abuse by relatives as main reasons as well as abandonment by the relatives due to their inability to provide them requisite care, time and money. Poor cognitive abilities, loss of sense of direction and shrugging off responsibilities by the relatives were also cited as additional possible causes.

7.1.3 On asking the problems that they face in treating such patients, staff and employees commonly reported inability to effectively communicate effectively as a major problem, at times due to language problem as well. Migrant population from other states

with low education levels and speaking other than local language were more likely to end up on street after developing mental illness. Other problems were in the process of rehabilitation wherein relatives were unwilling to take them back. In many cases, relatives refused to accept the patient and some patient especially mentally ill persons who were difficult to manage were again left back on street after rehabilitation. They also reported difficulty in management of medically ill as emergency medical services were not available there. Process of rehabilitation especially in view of the unwillingness of the relatives and lack of allotment of funds by the government was difficult. At the destitute home, untrained nursing staff and ward attendants was also a major problem. Need of medication and food under supervision, difficulty in maintaining hygiene, inappropriate behaviour like moving naked and danger of abuse by other inpatients were other problem areas. The danger of spreading infections due to poor maintenance of hygiene and shortage of space was another issue of concern.

7.1.4 Gender Specific Mental Disorders. Women are more affected by neurosis and stress related disorders, whereas, more men suffer from schizophrenia, bipolar disorder and alcohol / drug abuse.

7.1.5 Treatment profile. Most commonly prescribed psychiatric medication were atypical antipsychotics (mostly risperidone). Mood stabilizers, mostly prescribed Valproate, were also given to patients. Clozapine was also prescribed to few patients. Besides medications, psychotherapy and counselling were also being carried out. Few volunteers are regularly visiting ESF to do counselling,

7.1.6 Understanding the requirement of care and treatment of mentally ill inmates and to ascertain their availability in the facility / find gaps, if any. Based on

the data collected from the inmates and staff of the ESF, the following inferences were made:-

7.2 <u>Classification of Inmates</u>. The major purposes of classification are to aid prediction of the prognosis, facilitate grouping of patients and to enable smooth communication. The inmates in the destitute home may be categorised as follows:-

7.2.1 <u>Classification based on Psychological / Mental Issues</u>.

- ✓ **<u>Psychosis cases</u>**. Symptoms are delusions and hallucination, socially disruptive behaviour like aggression and violence, loss of touch with reality, neglect of personal hygiene; e.g. Schizophrenia, organic psychosis.
- ✓ **<u>Neurosis cases</u>**. They have minor mental disorders with features like anxiety neurosis, phobias. Personality and behaviour are relatively preserved and not usually grossly disturbed. Contact with reality is preserved.
- ✓ Cases with **mood disorders**.
- ✓ Cases with **mental retardation**.

7.2.2 <u>Classification based on Degree of Dependence due to Physical / Psychological Issues</u>.

- ✓ Totally dependent.
- ✓ Partially dependent.
- ✓ Fairly self- dependent.
- ✓ Self-dependent.

7.2.3 There are inmates who require constant support and care due to their physical / mental health conditions. Also, few inmates require supervision and control due to their violent and harmful behaviour towards others.

7.3 From treatment point of view, inmates need the following:-

7.3.1 Medicines for patient with organic problems.

7.3.2 Regular consultations by psychiatrist, psychologist, occupational Therapist and if possible social skills trainer for treatment, psychotherapy and skill training.

7.3.3 Need for a planned, regular routine for the inmates to inculcate a sense of discipline among them and to learn correct chores as a habit.

7.4 There is a need for adequate support staff; including trained personnel in mental health, nursing and *safai kramcharis*, to manage the facility efficiently and effectively.

7.5 Need to formulate systems / SOPs for all operations and functioning within the destitute home.

CHAPTER 8

8.0 RECOMMENDATIONS

8.1 Recommended changes / improvements in existing organisation, systems, care and treatment plan to promote healing and to create an enabling environment are as follows:-

8.1.1 Changes Recommended in Organization / Systems.

8.1.1.1 The management should formulate and to put in place detailed Standard Operating Procedures (SOPs) for internal operations and functioning of the destitute home.

8.1.1.2 The manpower availability in the destitute home should be increased based on the recommended scales. The committed manpower should be adequately trained and motivated for the tasks. Regular refresher cadres of the staff should be organised from time to time.

8.1.1.3 The infrastructure available in the destitute home should be upgraded and spruced up to make it more appropriate to accommodate physically and mentally ill patients. The aspect of easy accessibility and comfort should be kept in mind while designing the facility. The construction and designing of the infrastructure needs careful planning to make it suitable and convenient for the special inmates.

8.1.1.4 **Distribution of Inmates in the Living Sheds**. The inmates should be thoughtfully distributed in living sheds so that there is a balanced mix of people who are dependent, partially dependent and independent. This is to provide support system

within the inmates. Also, inmates with severe mental disorders, who may harm themselves and others, should be kept under supervision to ensure their own safety and safety of others.

8.1.1.5 Appropriate tree plantation and kitchen gardening in available spaces should be planned. This will not only enhance the ambience of the destitute home, but should also be used to engage inmates in fruitful activities.

8.1.1.6 A well thought through routine should be implemented in the destitute home which will not only keep them engaged but also help them form habits leading to self reliance.

8.1.1.7 Suitable cues like bell sound, etc should be introduced to condition inmates to follow the desired routine.

8.1.1.8 Suitable activities that will promote development of motor and cognitive skills be introduced for the inmates to promote faster recovery and adaptation for self-reliant living.

8.1.2 <u>Activities That Should Be Conducted By The Inmates As Part Of Their Routine To Enhance The Quality Of Life</u>. Inmates would certainly be helped in managing their time constructively and would be empowered to make healthy choices if thoughtful pattern of activities in their regular routine is introduced in the destitute home. This would also continue to help them during the all important recovery phase and throughout their aftercare. If one is following a disciplined routine on a regular basis, one remains healthy, constructive and in a position to face any challenge that she / he is faced with. One may not be able to plan for everything, but when the basics are well taken care of, one is better poised to handle any kind of challenges. ***Routine adds elements of habit***

and rhythm into one's daily life. Our minds and bodies tend to function better and more efficiently when sleeping, eating, and activity patterns are set to a regular clock schedule. Our minds may be programmed to rely on patterns and routine as the biological clock provides timely cues. Since our brains have so much information and stimuli to process at all times, they tend to depend on habits to regulate daily routine processes. It has been established by research that routines and healthy habits are essential elements in recovery and aftercare. An NIH report on risks in early recovery indicates that it is important to structure time carefully to promote early healing and recovery. Patients in recovery phase benefit immensely from having a definite plan and a routine that keeps them fruitfully occupied in constructive activities. The risk associated with unstructured time is not only that it can lead to boredom and indulgence in destructive activities but may also lead to relapse of old, unhealthy patterns of activity / living. For some, everyday tasks may be no big deal, but for those in recovery phase, they represent important milestones. Establishing daily and weekly routines facilitate in creating new healthy patterns. The following routine is recommended in ESF destitute home:-

8.1.2.1 **<u>Waking Up (0530 H)</u>.** It is important for the inmates to follow a regular routine to cultivate a sense of discipline and form desirable habit for their own benefit. All those inmates who are physically healthy should be made to wake up at this time. Old, infirm and physically ill inmates are to be excused. A bell should be rung to signal the time to wake up. This will help condition inmates' habit to rise at the same time every day. Also, good instrumental or *bhajan* music may be played. Morning Tea and biscuits are to be provided.

8.1.2.2 **<u>Toilet Routine, Brushing (0530-0630)</u>.** The inmates should complete their toilet routine including brushing of teeth, shaving during this time. Necessary assistance is to be provided to the dependent inmates.

8.1.2.3 **<u>Physical Training / Yoga (0630-0730 H)</u>.** Group physical training activity like Yoga, simple PT exercises should be conducted for the inmates in smaller groups of about 30-40 persons under a qualified / trained instructor / supervisor for their physical wellbeing and motor development. We all know the benefits of doing regular exercise for the physical and mental health. It has been observed that the physical health needs of the people with mental illness are generally neglected as the primary focus, expectedly, is upon their mental health issues. Hence, encouraging people with mental health issues to take regular exercises is likely to enhance their physical as well as their mental health, besides inducing a sense of *feel good factor* among them. Participation in recreational physical activities such as jogging, handball, kabbadi, kho kho and football has not only been found to help reduce anxiety and depression but also been instrumental in enhancing physical fitness. Few studies have concluded that physical exercise may also protect people against day-to-day stress. Exercise may comprise of individual activities such as jogging or walking or may include group games such as football. The group / team games have additional benefits of spending time with other people and increasing social activity levels which will certainly have its own benefits. Regular participation in exercise is particularly more important for those people who have a tendency to gain weight as a side effect of medication. Therefore, creating opportunities for patients to participate in individual exercises or group exercises will go a long way in enhancing both their physical and mental health. Some meditation, chanting of *mantras* should also be incorporated to exercise their cognitive faculties.

8.1.2.4 **Bathing (0730-0830 H).** All inmates should be encouraged and assisted to take bath. Adequate arrangement for warm water during winters should be made. Adequate numbers of showers should be provided in the community bathroom. Inmates should be made to change into clean clothes.

8.1.2.5 **Breakfast (0830-0930 H).** It should be wholesome breakfast and as per the preference of inmates.

8.1.2.6 **Group Activity / Skill Training / Physiotherapy Session (1000-1230 H).** The benefits of participating in activities which include doing things that we like or feel we are good at and often involve social contact cannot be over emphasised. People who stop going out to work, stop spending time socialising with friends, etc. are at a high risk of developing mental health problems. Alternatively, people with mental health problems generally become less active and may spend more time on their own doing very little activity and interaction. For example, people who are depressed often withdraw from engaging in activities, even from those activities that they used to once enjoy indulging into. Hence, in order to help persons with depression, anxiety or mood disorder, etc, it would be beneficial to increase their activity levels. This will also help them to feel better. As it requires a lot of effort and willpower on part of the mentally ill persons, it is advisable to arrange for activities that they are likely to enjoy and look forward to. There are many skill training activities that may be planned / conducted besides giving physiotherapy to inmates who need it during this time period. The aim is to make the inmates participate in an orderly manner besides working on their individual weaknesses. Maximum participation from inmates needs to be ensured by motivating and helping them to join the activities. Few of the activities that may be included are given below:-

- ✓ Training in personal grooming, maintenance of personal hygiene.

- ✓ Teaching people to grow vegetables / work in the kitchen garden. Encouraging them to help with such projects will also provide them with an opportunity to join in fruitful activities and interact with other people, which have its own benefits, besides being useful in enhancing the variety of diet of people with mental illness.
- ✓ Role plays.
- ✓ Basic classes on languages, storytelling may be organized.
- ✓ Group games.
- ✓ Story telling / reading.
- ✓ Art therapy is increasingly being recognised as a tool to be included in group settings. In a recent study detailed by *Psychology Today*, researchers "set out to identify the possible effects of art therapy on the recovery process in groups of adults with personality disorders, based on existing anecdotal observations made by practitioners in the field and patient testimonies." Their data indicated that art therapy was successful in helping patients in five major areas:-
  - Perception and self-perception
  - Personal integration
  - Emotion and impulse regulation
  - Behaviour change
  - Insight and comprehension

- ✓ With the above in mind, there are a number of options for the kinds of art therapy one can choose from. As one can see as the widespread popularity of painting or pottery classes are these days, there's no reason as to why the group therapy classes cannot provide some of the similar social benefits, while also offering the inmates a safe space for healing and improved mental health.

8.1.2.7 **Tea Break (1100-1120 H).** A tea and snack break be held, wherein, it should be supervised that the inmates have their tea and snacks in an orderly manner.

8.1.2.8 **Lunch (1300-1430 H).** It should be nutritious, balanced and as per the preference of the inmates. Inmates should be involved in deciding the menu for meals.

8.1.2.9 **Rest (1430-1600 H)**.

8.1.2.10 **Evening Tea (1600 H)**.

8.1.2.1 **Shramdaan (1600-1700 H).** The inmates should be made to do voluntary service in the destitute home area like area maintenance, lifting the littered items and throwing them in the waste bins, watering the plants, working in the kitchen garden, etc. Creating such opportunities for people with mental health issues to join in community activities is likely to be immensely beneficial to them. Activities which provide opportunity to spend time with other people will give the extra benefit of assisting them in developing the much needed social support. These activities also include some physical exercise that will also help in physical fitness and development of motor movements. Participating in such activities may certainly reduce degree of boredom and also help in reducing the use of alcohol or other non-prescribed drugs which tend to make mental health issues even worse.

8.1.2.12 **Washing Time (1700-1800 H).** The inmates should freshen up as well as use this time to wash their personal clothes.

8.1.2.13 **Recreation Time (1800-2000 H).** This time should be utilized for recreation during which music may be played. Inmates should be encouraged to sing and dance. Music may be incorporated as an integral part of the healing process. It would be

a good idea to procure few musical instruments and encourage inmates to form a sort of Jazz Band. Inmates may be asked to come prepared with some song they can present to the group. Similarly, instead of sharing music that other people have made, own group may want to create their own. *According to Courtney Armstrong in Counselling Today, "Music making and related activities such as drumming, singing, chanting and dancing have traditionally been pastimes that societies engaged in together to strengthen bonds, connect spiritually and foster group cohesion."* Screening of interesting shows may be organized. Limited television viewing may also be allowed.

8.1.2.14 **Dinner (2000-2100 H).** The meal should be warm and wholesome as per the preference of the inmates.

8.1.2.15 **Lights Out Time (2200 H).** Make people go to sleep. Saying of prayer or chanting may be encouraged for ensuring peaceful sleep.

8.1.2.16 The most important thing to remember about instituting a routine for the mental health well-being of inmates is that it is a work in progress. One may not expect 100% implementation or adherence by everyone immediately. Many of the older, infirm and totally dependent inmates may not be able participate in the routine. For them, the routine and activities need to be suitably modified, but they must be planned and implemented for their benefits. Aim should be to motivate and make the inmates to start enjoying the routine. If someone is unable to keep pace with the routine initially, give them time and keep motivating. Patience will pay and introduction of healthy routine will bring desired result.

CHAPTER 9

9.0 DISCUSSION AND CONCLUSION

9.1 As reflected from the findings of this and other studies mentioned, mentally ill destitute persons constitute a unique patient population as they frequently are victims of physical / sexual abuse and gross neglect by their near and dear ones. They require someone to take them to the destitute home / hospital. Due to the language / communication problem, poor physical and mental health, inadequate cognitive capabilities, neglected peronal care and a tendency to abscond, they require continuous supervision by someone. As many of the inmates are rescued / found in an abandoned state, efforts have to be made to locate their families once they are admitted in the destitute homes. Appropriate legislative provisions to cater for this one of the most vulnerable group of the society, and an effective mechanism to watch for their adequate and continuous implementation, are the needs of the hour. Currently, there are no separate guidelines by the government for identification or management of destitute population and they are treated just like other mentally ill persons. The current national mental health policy stresses on deinstitutionalization and community care (section 4.7) which may not be possible without addressing this inpatient group. There is an urgent need for guidelines regarding ethical treatment of this group, especially in view of the fact that they are not in a position to provide informed consent. Hospitals / Destitute Homes for Mental Health can function more efficiently if specialists from other medical sciences regularly visit these facilities to provide requisite medical care as these people are unable to maintain their physical health, too. Finally, as psychiatry units of Government Medical Colleges and destitute homes of the kind discussed in this study play a major part in management

of these patients there is a need to upgrade them in terms of infrastructure and manpower so that they can function efficiently and effectively.

9.2 Another issue is that chronic mental patients seemed to develop an attachment towards congenial and protected environment like such destitute home where basic human requirements of food, shelter and clothing are easily made available in a stable social environment, which in the real world would be very difficult to attain, especially for such mentally ill patients. This is one of the reasons as to why many chronic patients show their unwillingness to be released in their own community. Also, in many cases these patients are not welcomed by their relatives due to their various constraints, and therefore, they find themselves incapable of sustaining on their own and continue to seek refuge in the safe milieu of the destitute home. As a result, such patients tend to be completely dependent on the destitute home and the free services that are provided to them, and thus show their reluctance to be discharged from such comfort zone. Moreover, such patients tend to develop negative or pessimistic images about outer world due to their past undesirable experiences, which prevent them further to be released from the destitute homes.

9.2 <u>Limitation</u>: In assessing the patients, use of standardized symptom rating scales were not made. The details obtained about the inmates may not be totally accurate as many of them were not in a position to provide them. Hence, the details were compiled after obtaining information from staff caretakers. The age of many patient may not be exact and has been inferred from their physical appearance.

9.3 <u>Research Ethics</u>: Research ethics were adhered to during the study. Informed consent was sought from all those participants who could provide the same. This study

has been carried with a view to help the subjects in raising their quality of life. Clearance for the study was obtained from IIHMR, Delhi.

9.4 Conclusion: The increasing number of mentally ill destitute population in India is an emerging problem requiring immediate and effective intervention by the state and health organizations. As the life expectancy of the population is on the rise, the number of geriatric persons has also risen sharply. Old people with mental issues pose peculiar challenges to their caregivers. Lack of infrastructure and institutional support are major limiting factor for addressing this emerging issue. The mentally ill patients, especially geriatric patients are often victims of physical abuse and neglect by their near and dear ones. There is a need to spread awareness in the society about this social issue and also of instituting systems to take care of this special population. The treatment of such patients would require effective inter departmental liaison and coordination between health organizations, police and NGOs. Also, participation and contribution of citizens is absolutely essential to effectively deal with the situation. If efforts are made in the right earnest, many of them can be rehabilitated into the society and would be able to lead a self reliant life with dignity.

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