

The migrant crisis in India during COVID-19: A narrative far beyond mental health

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INTRODUCTION

The last year has marked an unprecedented global health threat. India has been one of the worst-hit countries during the COVID-19 pandemic, currently ranking second in the worldwide case burden. With more than 14.5 million cases and 1,76,000 fatalities so far (as of April 17, 2021), the COVID-19 pandemic has unmasked the socio-economic stratifications in this diversely populous sub-continent.^[1] Besides the stigma against age, gender and religious minorities, xenophobic and racial sentiments, one of the most affected sections is the migrant daily wage labourers in the country.

India houses one of the largest and diverse populations, being the seat of 'dynamic internal migration'. As per Census 2011, the total number of migrants is estimated at around 314 million, of which more than 85% are 'internal', forming the backbone of the Indian economy.^[2] The first COVID-19 case was reported in India on 30th January 2020, and the nation went into a complete and historical lockdown for the subsequent three months, following a staggered return to normalcy. Throughout this period, there has been racial discrimination and societal apathy towards these labourers,^[3] especially those from North-Eastern India, due to mixed xenophobic sentiments and 'conspiracy theories' against China. Though the World Health Organization commended India's crisis response as "*comprehensive and robust*", it

also cautioned against its "*aggressive and restrictive*" nature, mostly applicable to the marginalized sectors^[4].

The Indian migrant workforce ranges roughly between 100-125 million, who have left their 'origin' for work and livelihood. More than two-thirds of them belong to the poorest of the poor.^[5] About 40% and 15% of these migrants work in the construction and agricultural sectors, pillars of the country's sustenance. With the accompanying family members, the numbers are not accounted for. During the COVID-19 crisis and lockdown, daily lives have been increasingly difficult for them:

1. Abrupt stoppage of public transport and stranding at overcrowded places
2. Lack of basic amenities like food and water, where masks or sanitizers are mere 'luxuries'
3. Unemployment and lack of financial security
4. Uncertainty of the pandemic adding to their socio-economic odds
5. Lack of shelter and far from 'home': Travelling miles without any resources
6. Administrative apathy to ensure timely food, shelter and means of transport to those without money or shelter in remote locations
7. Lack of a preparatory response and policies to address their basic needs

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8. Inadequate efforts to educate them about the pandemic and related
9. Lack of psychosocial support and care

Such circumstances have forced many of them to traverse dangerous paths (often bare feet) for the mere search of food, safety and 'home', leading to several unfortunate feats. It is important to remember that most of these migrant workers were already living in an impoverished state before the pandemic, with marked financial and social insecurity. It only gets worse! The world will hardly forget the tragic incident in Aurangabad, when 16 migrant workers were overrun by a goods train when they were resting, fatigued due to travel, alongside a railroad track.^[6] Such incidents are in sharp contrast to the hasty and enthusiastic attempts to fly back the 'privileged Indian classes' stranded in other countries before the lockdown was initiated. Literature mentions this as the greatest 'man-made' tragedy since Indian independence, which could have been averted with a timely socio-political preparedness, being more accountable for the needs of these 'nowhere' people.^[7] COVID-19 has been said to trigger the most massive reverse mass migration in India since the historical partition of 1947.^[8]

Beyond the usual understanding

International and national crises like pandemics, wars or tsunamis often force us to focus on inequalities that we are more comfortable overlooking during the absence of the crisis. Such disparities get highlighted during times of crisis, making them an eye-sore for stakeholders. The marginalized populations in a lower-middle-income country like India have been living on the edge for decades. Rulers change, governments topple, revolutions happen, walls fall and build, but the marginalized position of those who are there never change. For historically marginalized communities like the migrant labourers struggling for a stable life with adequate security, health and education facilities at the host state is not a novel situation. It is, however, an absolutely new experience for them to be forced into reverse-migration. Dandekar and Ghai^[9] reflected, "The corona virus pandemic has triggered a massive reverse migration from the "destination" to "source" in large parts of the country. We witness hundreds of thousands of

labourers marching back to their villages in order to find some warmth and empathy more than anything else, as the rest is going to be too hard to come by".

While the nation experienced an unprecedented lockdown to check the spread of the virus, little did they think about how that would crumble the life of these migrant people stagnated at their host-states. Theories aside, no practical solution was on the plate, and indeed reverse-migration was not the answer. Migrant workers returning to native states were the host for urban to rural transmission. The migrant-receiving states witnessed over five times increase in the number of districts having a more significant concentration of COVID-19 positive cases.^[10]

People are scared as they experience and suffer the impact of a virus. The uncertainty of that fear has given rise to many primal reactions, even against our near ones. Thus, when the migrant workers started returning to their home-states, unlike other visits, this time, they were received with suspicion and contempt from their family members and neighbours. They experienced being singled out, sneered at, and harassed by the community members. In some instances, even after completing the mandatory 14 days' quarantine, they have been cast off.^[11] However, researchers also highlighted, it was the "poor" migrants who experienced a more intense brunt of the social stigma compared to the non-resident Indians.^[12] While they, too, were migrating in the reverse direction from the foreign countries during the earlier phases of the pandemic and had equal chances, if not larger, of transmitting the virus, the socio-economic status saved them against stigma related marginalization. This "dual-marginalization" among the already 'marginalized' population becomes vital during such a crisis, as it impairs their quality of life, social justice and rights further. For many of the homeless and migrant communities, social distancing has been just a myth, as their daily existential struggle has been dire devoid of the essential amenities of living.

In the face of such extreme crisis, experiences of dehumanization and social exclusion, the widespread discussion and literature on mental health of migrants, providing support through

tele-counselling, online screening, and help lines are but ‘sugar-coating’ an invisible human rights crisis. The suffering of this population cannot be medicalized or theorized without their social context, especially during COVID-19.^[13] The pandemic merely widens these crevices. Worldwide, in most of the developing societies, the less privileged experiences further dehumanization beyond their everyday struggle against the odds when a crisis like war, tsunami or a pandemic like COVID-19 strike them. As Pandey et al.^[14] pointed out, “the psychosocial intervention towards mental health does not appear meaningful to them if the structurally induced injustice is not acknowledged by the interventionist. Given that, in today’s world marked by neo-liberal push towards decreasing allocation of funds for health and education by the government, insecure employment and commodification of labour or human capital - all of which propagate denial of equity and equality, thereby creating injustice for the less privileged - how can one imagine mental healthcare without social justice?”

The efforts of the Government and the Central Institutes of the country to portray their distress solely through the ‘psychiatric’ lens though well-intentioned, appears rationally short-sighted, in the absence of attempts to bridge the wide gaps of social injustices, economic inequalities and disparities.

In their definition of Mental Health, the World Health Organization conceptualized it to be more than mere absence of mental illness. They instead defined mental health as “a state of wellbeing in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community”. In the new Mental Healthcare Act of 2017,^[15] India tried to be more inclusive over earlier acts by ensuring dignified mental health services to its users. However, when once essential needs are not met, when one struggles to remind themselves of their fundamental human rights daily, a service approach focusing on “*symptoms* and *diagnosis*” rendered meaningless. As they bear the brunt of the apathetic stakeholders who left them high and dry, finding meaning to their struggles and suffering, dehumanization and humiliation through “*telemedicine*” or

“*counselling*” remains a farce and implausible solution to the intense victimization that they have been subjected to. Kottai^[16] insightfully comments, “Concerns about hunger, concern to be with near and dear ones at home, pain of being not acknowledged as an equal citizen, violation of fundamental rights, the feeling that “*We are not part of this country*” also constitute mental health concerns that need be resolved through concrete political, community and systemic response. Addressing these issues of survival through pills and teletherapies almost always exhort the individual to adjust to an unjust system as the site of intervention remains the suffering person”.

An inclusive narrative

Public health cannot be exclusive of mental wellbeing. However, viewing the disturbance, distress and disability of the poor migrant population solely as a ‘mental health problem’ is a reductionistic public distraction. The multi-modal understandings of a complex ‘human right issue’ cannot be replaced by a one-dimensional narrative. After all, the established psychiatric classificatory systems are unable to gauge human rights, dignity and autonomy. The socio-political lens is fundamental to the Indian migrant crisis during the ongoing pandemic and its aftermath, which can serve as a lesson for other nations. The fight against COVID-19 can be built only on a unified social vision that is inclusive, equitable and non-discriminative with respect to health. Social security forms the cornerstone of the quality of life, and ironically pandemics do not differentiate between quality and costs of living and working spaces.

The current Indian policy reforms are good-willed and striving hard but remain short-sighted to provide a real biopsychosocial significance to the distress of this marginalized population. Social equality, dignity, justice and rights might be invisible in the ‘categorical’ discourse of mental health but form an equally important component of psychosocial wellbeing as treatment of psychopathology. Divorcing the migrant crisis from a socio-political context will be reductionistic and will fail to address the core problems at hand. Contextualizing the pre-existing social suffering of the migrants and daily-wage workers, as well as assessing the varied

dimensions of their present distress during the ongoing pandemic, will enable an ecologically valid intervention that might address their psychological condition systematically. Eventually, what good are pills without food and counselling without residence! The mainstream discourse related to the ‘social suffering’ of the migrant labourers is primarily centered around ‘psychiatric’ problems, which are only partially true. Like suicide prevention, it is high time that public health ceases to pathologize and medicalize the sufferings of these vulnerable groups and try to conceptualize them as a *collective responsibility* where policymakers, media and the general public are all equal stakeholders. Once again, the authors would like to reiterate that in no way they want to minimize the importance of traditional psychiatric treatment with pharmacotherapy and psychotherapy. However, we would like to view the pandemic as an eye-opener that has brought forward the social inequalities and widened these crevices in particularly vulnerable groups. As mental health professionals, the narrative is thus far beyond just ‘altering the neurocircuitry’! Failure to reconstruct and appreciate the sufferings of the large section of a country’s economic backbone can be counterproductive to its progress, especially in the uncertain days to come. India can either set a global example of collectivism and social inclusion to mitigate its dual ‘COVID-migrant’ crisis or continue reinforcing the psychosocial and economic disparities. *"The choice lies ahead of us."*

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