Rehabilitation of homeless trafficked person with mental illness: A case study

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ABSTRACT

Introduction: Homelessness has a detrimental impact on physical health. Deterioration of physical health is closely linked to psychosocial wellbeing. Rehabilitation of a homeless person with mental illness is very challenging when it is due to social factors. Methodology: A case study from the inpatient department of the Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi has been taken for the current study. The information collected from the patient case record file, personal interviews, and interaction with various professionals involved during the process of rehabilitation. Result: In the present case study it was observed that there is a strong association between homelessness and mental illness. Homelessness leads to exploitation, and human trafficking, which works as predisposing factors for mental illness. Multiple factors are associated with homelessness and mental illness. Social factors viz. poverty, lack of education, childhood trauma, stressful home environment and poor social support affect the person's mental health. Due to lack of insight and poor judgment, the affected persons land up in more stressful situations. Conclusion: Mental illnesses and homelessness have been one of the major concerns in developing countries. Timely interventions on these aspects by the stakeholders can prevent homelessness and thereby mental illness.

Keywords: Rehabilitation, homelessness, trafficking, reintegration

INTRODUCTION

Homelessness has been a major issue in India for the last few decades. The Universal Declaration of Human Rights defines, homeless person as those who do not live in a regular residence due to lack of adequate housing, safety, and availability.[1] Homelessness is defined as the situation of an individual or family without stable, permanent appropriate housing, or the immediate prospect, means, and skill of acquiring it. Homelessness has become an acute social problem. The homeless population is steadily increasing. Homelessness has a detrimental impact on physical health. Deterioration of physical health is closely linked to psychosocial wellbeing. Rehabilitation of a homeless person is very challenging when it is due to social factors.

There are 1.77 million homeless people in India, or 0.15% of the country's total population, consistent with the 2011 census consisting of single men, women, mothers, the elderly, and the disabled. Furthermore, there is a high proportion of mentally ill and street children in the homeless population.[2] Pakistan, Thailand, China, India, and Bangladesh are among the top 10 countries with the most important number of trafficking victims around the world. India is at the highest of the list with 14 million victims, China comes in second with 3.2 million victims, and Pakistan comes in third with 2.1 million victims.[3]

Sometimes social factors and stressful life events make the person homeless.[2] When a person is not able to cope with an ongoing stressful situation, the person adopts a faulty coping mechanism. Globally, homelessness

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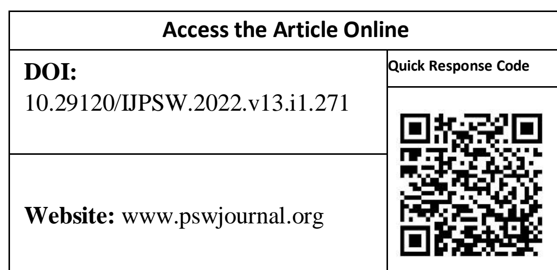

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is an epidemic with increasing numbers each year, and India is no exception for that matter. As far as India is concerned, it defines 'homeless' as those who don't sleep in Census houses, but rather stay on pavements, roadsides, railway platforms, staircases, temples, streets, pipes, or other open spaces.[4]

Often it has been observed that the majority of homeless persons are found to have severe mental illnesses. Misconceptions affect the victims and profound discrimination and stigma are imposed on homeless people. Homeless people are also in need of long-term psychosocial support.

The interrelation of homelessness and mental disease is observed by many factors such as; the shortage of support, extreme poverty, drug abuse, lack of affordable insurance, and lack of affordable housing. The homeless population shares different struggles, when handling homelessness and mental illnesses because there aren't enough resources for them to be ready to come to their normal self.

The following factors are also considered to be the main causes of homelessness: drug abuse, mental illness, domestic abuse, unemployment, poverty, sickness, natural disaster, terminal illness, and relationship problems. These place responsibility and blame directly on the homeless. Policies associated with the 'deinstitutionalization of not looking after unsound people in hospitals for a long period and subsequent abandonment of a loved one with the mental disease by the family' have also increased the number of people living without a roof over their heads.[5]

There has been a lack of funding and resources to form or have proper alternatives for the homeless population. Shelter home is one of the options. Furthermore, shelter officials, managers, and caretakers aren't incentivized to keep the shelters clean and welcoming. Temporary shelters also run the risk of being demolished and often force the homeless to change their location of stay.[6] The most aspects of mental disease and psychological well-being are influenced by social factors. It has been observed that mental illness also leads to homelessness. During the symptomatic period, a patient gets out of the home and lands on the streets. The combination of homelessness and mental disease may be a global phenomenon, occurring in rich and poor countries alike. India has a total homeless population of 78 million. It is unknown what percentage of India's homeless population is unsound. However, within the US, an estimated 20 to 25 percent of the homeless population features a mental disease. In contrast to that sometimes homelessness leads to mental illness in the form of anxiety, depression and helplessness. During psychotic episodes, they wander away from home, sometimes for long distances, and land up in homeless shelters. They then are returned to their families before undergoing sufficient psychosocial rehabilitation. Consequently, they suffer mental disease relapse and end up homeless again.

There are numerous factors associated with homelessness and mental illness, one of them being human trafficking. Vulnerable populations including children, females, migrant population and homeless people are always at higher risk. Although traumatic experiences while being trafficked may induce or exacerbate mental disorders, poor psychological state can also increase vulnerability to trafficking, factors directly related to poor psychological state, such as reduced decision-making capacity or understanding and increased dependence on others. Trafficked individuals' risk of mental disturbance appears to be influenced by multiple factors, including pre-trafficking abuse, duration of exploitation, violence and restrictions on movement while trafficked, greater numbers of unmet needs; and lower levels of social support following trafficking.[7]

Factors such as poverty, deprivation, illiteracy, stigma, lack of community resources, domestic violence, family rejection, abandonment, and death of primary caregivers evidently result in homelessness of women with mental illness.[4,8] The causes of human trafficking in India include gender discrimination, the vulnerability of the impoverished population and therefore the desperation of the impoverished to support their families.

As stated in the literature, it is very evident that homelessness is associated with numerous

factors leading to human trafficking, and other social evils ultimately affecting the individual's mental health. It was also observed that lack of rehabilitation options for persons with mental illness and homelessness is a challenge to the health sector and society at large, which needs to be taken care of on priority.

METHODOLOGY

The present study is aimed towards understanding the psychosocial factors associated with homelessness, mental illness, the plight of homeless people and his/her struggle while reintegrating with family. A Case study from the inpatient department of the Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi was taken up for the present study. Informed consent from the patient and caregiver (patient's sister) was taken. The details regarding the patient's ordeal and issues related to her reintegration and rehabilitation in details were discussed during the course.

CASE STUDY

Patient R is a 25 year old, unmarried female educated up to 4th standard, from low-socioeconomic status, urban background who was admitted at IHBAS through Reception Order (Court Order). The patient was found on the street in a confused state, not communicating with anyone, and getting violent when spoken to. The police of that area produced her in the court before the Metropolitan Magistrate. During the court proceedings too, the patient acted in the same way. The patient was unable to speak before the Honourable Court and provide any kind of details, therefore she was referred to IHBAS for assessment and treatment.

Once the patient was admitted to the Institute, an initial assessment of her psychiatric illness was done and treatment was initiated. During her ward stay, she was not interacting with the other patients and staff, although behaviourally she was stable. Intelligence Quotient (IQ) testing was also done and she was found to have subnormal intelligence. Efforts were made to interact with the patient. It took several sessions to establish the rapport. The patient was also provided with a lot of reassurance regarding her possible reintegration with her family. After gaining confidence, she started interacting with the counsellor. After the improvement in her psychiatric condition with proper treatment and sustained efforts by the counsellor, the patient was able to come out with all the details and the circumstances which compelled her to leave her home. She also explained the homeless situation, and how she became a victim of trafficking. She revealed that she belonged to District Azamgarh in Uttar Pradesh state. She has two elder sisters, and her mother had expired during their childhood. The patient had a step-mother who was not taking proper care of the patient and her sisters. After the death of her father, the patient and her sisters were forced to leave the home and came on the street. There was a lack of primary support as there were no relatives around them in that crisis. However, they were well supported by the neighbours and local authorities.

It is very much evident that social factors and stressful life events make the person homeless[2]. When a person is not able to cope with an ongoing stressful situation, the person adopts a faulty coping mechanism. Homelessness is a problem that affects every individual in the civil society. Globally, homelessness is an epidemic with increasing numbers each year, and India is no exception for that matter. As far as India is concerned, it defines 'homeless' as those who don't sleep in Census houses, but rather stay on pavements, roadsides, railway platforms, staircases, temples, streets, pipes, or other open spaces.[4]

Often it has been observed that the majority of homeless persons are found to have severe mental illnesses. Misconceptions affect the victims and profound discrimination and stigma are imposed on homeless people. Homeless people need long-term psychosocial support. The interrelation of homelessness and mental disease is observed by many factors such as; the shortage of support, extreme poverty, drug abuse, lack of affordable insurance, and lack of affordable housing. The homeless population shares different struggles, when handling homelessness and mental illnesses because there aren't enough resources for them to be ready to come to their normal self.

During that crisis period, neighbours came forward and supported the patient and her

sisters. They were provided with a house under the Central Government Scheme for Slum and Poor and EWS category, "Shahari Aawas Yojana". Later on, elder sisters started working on daily wages for their livelihood, whereas inpatients remained at home and took care of the household work. One day some arguments took place among the sisters, and subsequently patient left home without informing the sisters in a stressful state and could not get back home. She boarded on bus and reached Delhi where her ordeal began. She lost her hope while going through the entire trauma. Her physical and mental health was severely affected.

She was grabbed by the auto driver and taken to an unknown place, where she was cut off from the outside world. She was physically and mentally tortured and was subjected to work as bonded labour, and frequent sexual assault as well. When she became pregnant, a forced abortion was carried out and later she was just thrown on the street. Later she was found by the local police, was produced before the area magistrate, and was sent to IHBAS for further treatment and management.

Due to the availability of mobile and internet, the counsellor was able to establish contact with the Police, the patient's family and the patient herself. There were a series of meetings and discussions among the police, family members, neighbours, patients and mental health professionals. Regular telephonic conversations took place, ultimately motivating them to reach the hospital. The role of the police in tracing the family and reuniting her with her family was equally crucial and which was very heartening. The patient's sister was contacted with the help of the local police at Azamgarh. Initially, there was hesitation, and apprehension expressed by her sister as she had never been to big cities and expressed her anxiety and fear. However, she was motivated and assured about all the help from the Institute and police, if required. With sustained efforts, the patient's sister visited the hospital along with her neighbour. During personal interaction, the sister shared that the family had lost all hope and even thought that the patient was no more, as the patient had been missing for one year. After seeing the sister, the patient was in tears and hugged her sister. The patient was discharged and handed over to the sisters, who took the patient back home.

After the sustained efforts of the counsellor, the patient was reintegrated with her own family. The patient's sister, who is now the primary caregiver and leader of the family, was given detailed psychoeducation focusing on the prognosis and importance of compliance for better outcomes. She was also guided about the need for regular follow up with a psychiatrist in their locality. The family was also motivated to engage the patient in meaningful activities and to make her independent and more productive so that she could sustain her livelihood.

DISCUSSION

In the present study, it was observed that, because of childhood traumatic experiences and homelessness patients had to undergo a lot of turmoil and stress. She was not in a position to make decisions and seek appropriate help. However, despite the ordeal, with the help of a law enforcement agency, she was able to reach the Government Psychiatric Institute and could be treated adequately. Poor primary social support and poverty were found to be the key factors for the homelessness of the patient. "Homelessness is rooted hard and deep in poverty. Homeless are poor people they are available overwhelmingly from poor families". It was also found that poverty is the only major problem for homelessness, these issues are very important, so it is necessary to focus on these aspects.[9] Although traumatic experiences while being trafficked may induce or exacerbate mental disorders, poor psychological state can increase vulnerability to trafficking; factors directly related to poor psychological state, such as reduced decision-making capacity or understanding and increased dependence on others. Trafficked individuals' risk of mental disturbance appears to be influenced by multiple factors, including pre-trafficking abuse; duration of exploitation; violence and restrictions on movement while trafficked; greater numbers of unmet needs; and lower levels of social support following trafficking.[10] At times, the patient had had depressive cognition in the form of ideas of hopelessness, since there was no one around

her, and sensing the bleak future patient used to get the ideas of death wishes as well. The patient was in total shock, was not communicating with anyone for a few weeks, had almost lost hope and thought that would never go back to her family. The feelings of loneliness experienced by the homeless person can have very detrimental effects on their spiritual, physical and emotional health. Loneliness has been linked to such maladies as anxiety, hostility, depression, poor self-concept, alcoholism, and psychosomatic illnesses.[11] However, in the present case, with the timely psychosocial intervention patient came out from trauma and gradually came back to normalcy.

Families' perception of women with mental disease plays a critical role in the treatment and caregiving process. Indian families are tolerant of deviant behaviour and at most times are ready to take care of the ill member.[12] It was also observed in previous studies that, families are even hostile and indifferent toward these women when sent back home.[13] However, in the present study, the family has been very constructive and supportive and accepted her overwhelmingly. They were very happy while taking her back in the family, they also treated her with dignity and respect and gave her dues and rights. There are multiple factors which affect a person's mental health, physical health, and social and occupational life. It is important to understand those factors and a rehabilitation plan should be made accordingly.

CONCLUSION

Persons with mental illness and those who have been rendered homeless do improve with treatment and effective reintegration with family is possible. Rehabilitation is not the agenda of a single professional. The involvement of multiple stakeholders at different levels is the key to rehabilitation. This can further minimize homelessness at large. Providing proper treatment and rehabilitation programmes can go a long way in handling the complications arising out of homelessness to a certain extent. Building up social networking, community sensitization programmes on education, skills development, self-employment, seeking help from Government organizations, availing the social security measures, and protecting human rights, are very much needed in our community. The rehabilitation of persons with mental illness has been one of the difficult tasks, more so the rehabilitation of homeless persons with mental illness. However, with sustained efforts and coordination, rehabilitation of homeless persons with mental illness is very much possible.

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