CASE REPORT

Family Reintegration of a Homeless Person with Schizophrenia: A Case Report

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Abstract

Mental illness and homelessness are interlinked and constitute a vicious circle. Persons who are suffering from mental illness may get separated from their families because of their psychopathology or cognitive distortion. Sometimes they may not be able to recall their names and family residential address and wander away to faraway places. Being part of society is the key to having the important things in life that everyone wants. A person who is suffering from schizophrenia or other psychotic disorder also needs good health, relationships, food, shelter, and employment. With the help of new technology, like Google maps, and Aadhaar fingerprint, we can decrease the time spent for tracing the families of persons with mental illness and reintegrate the patients with their family members. Here, through this case study, an attempt has been made to discuss the efforts made and challenges faced concerning the reintegration of mentally ill persons with a special focus on enhancing social networks by using newer technology.

Keywords: Community mental health services, Psychotic disorders, Rehabilitation.

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Introduction

Mental illnesses and homelessness are interrelated and form a vicious circle. The biggest challenge that mental healthcare workers in India face is the lack of awareness and social stigma attached to mental illnesses. The menace of substance abuse, sexually transmitted diseases, and difficulty in accessing, utilizing, and maintaining healthcare services by such people has been a great concern.[1] Schizophrenia is a functional psychotic disorder characterized by delusional beliefs, hallucinations, and disturbances in thought, perception, and behavior.[2] Distorted cognition of the person, persecutory thinking, changes in perception, and behavior isolates him from society. It aggravates the risk of running away from home, which increases homelessness in people with schizophrenia. According to the 2011 census, 1.7 million people in India are homeless or wandering and of this, 726,169 (41%) were women.[3] Homelessness is a global and national social issue whose prevalence is underestimated. It has been observed that the risk of mental illness is increased in homeless people, and mental health providers are more concerned about the need for effective intervention targeting this population.[4] It increases the risk of serious physical health, social, psychological, and mental health issues due to daily struggles and hassles to stay alive. Although homelessness is associated with mental disorder throughout the world, its prevalence and the strength of its association with mental illness vary across nations, ethnic groups, and service systems.[5–7]According to a study by the Institute of Human Behavior and Allied Sciences, about 50% of the people who were homeless were suffering from a mental disorder in India.[8]

Case Report

Mr. D, a male of unknown age, was found on the streets in a disheveled condition by police personnel. He was abusing and pelting stones at people walking nearby him. He was grossly untidy, unkempt, and not allowing anybody to go nearby him. As he was unable to recall his address and name asked by police personnel, he was produced before the chief judicial magistrate, and with a court order under section 102 as per the Mental Healthcare Act 2017 (MHCA), he was admitted to the State Institute of Mental Health, Rohtak. On general physical examination, his vitals were normal and no obvious sign of injury mark was found. His systemic examination and routine investigations, like hemogram, liver function tests, renal function tests, and non-contrast computed tomography head, were normal. On mental status examination, he was ill-kempt, and his hygiene was not wellmaintained. He did not greet the doctor after being greeted. The speech was spontaneous as well as in response to questions comprehensible, coherent, and irrelevant with increase tone volume; effect was irritable; and he had delusions of reference and persecution with second-and third-person auditory hallucinations. Based on the systemic examination, ward observation, and serial mental status examination, a provisional diagnosis of paranoid schizophrenia was kept and he was started on tablet olanzapine 10 mg once daily and tablet clonazepam 1 mg per day in divided doses. After 8 weeks of continuous medications with supportive and behavioral intervention, he started showing improvement in his biological functions, self-care, personal hygiene,

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interpersonal relationship, and communication skills. The patient was asked about his residence to which he quoted the name of a village. We searched it via the Internet and came to know of a list of districts from where we came to conclude a single name based on the language and cultural behaviors of the patient. Also, the same was confirmed after calling the sarpanch of the village. With the following steps, the multidisciplinary team was able to reintegrate the index patient in the family: (a) we checked for patient Aadhaar card using a biometric system but no entry was found for the fresh enrollment of Aadhaar card of index patient; (b) applied unstructured in-depth interview techniques and used the regional language for gathering qualitative information; (c) application of information communication technologies, like multimedia, Google map, mobile phones, and Internet, for tracing out their address; and (d) communication with local police, Zila Parisad, and Gram Panchayat to reach the family members.

Challenges Experienced during the Process of Family Tracing and Reintegration

- Cognitive decline due to mental illness was a barrier in establishing his identity and family details. The team waited for a long period to get even minor details from the patient.
- Variable degree of cooperation from community members while liaising for the reintegration of patient in his geographical area.
- As the patient was from lower socioeconomic status, his family members expressed that they lacked resources to take care of their patient so they were linked to the local mental healthcare professional.

Discussion

Homelessness is identified by the National Mental Health Policy (NMHP) 2014, as one of the challenges that have far-reaching impacts on the achievement of policy goals and objectives. One of the objectives of the NMHP is to increase access to mental health services for vulnerable groups, including the homeless.[9] Recent studies showed that family reintegration was achieved in more than half of the participants after hospitalization.[7] Other findings also emphasized that of 69% of mentally ill homeless patients (in which 95% were schizophrenia) were reintegrated into the community and 50% were reintegrated into the family residing in the eleven states (Uttar Pradesh, Bihar, Haryana, Punjab, Rajasthan, Delhi, Jharkhand, MP, Maharashtra, Gujarat, and Chandigarh) of the country (India).[8] A similar retrospective study was carried out in homeless patients with mental illness at the National Institute of Mental Health and Neurosciences, Bengaluru, India, and was observed that 51.3% were reintegrated into the family.[10] Navachetana and Ashadeep, homes for the homeless mentally ill, have integrated more than 70% of inhabitants.[11]

Previously it was tough to reintegrate the homeless patients with schizophrenia into the family. But now it becomes easier due to the use of multimedia and electronic gadgets. The process used in the index patient can be used for reintegration and rehabilitation of these helpless and needy homeless mentally ill people.

Conclusion

Homeless mentally ill people are a major social and public health concern worldwide. There is a bidirectional relationship between poor mental health and homelessness. It is important to make close collaboration between research groups, government, NGOs, and other stakeholders so that such population gets effective services. If we put our efforts in the right direction, we can rehabilitate the person into the society.

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