

Reintegration of Mentally Ill Persons into Community - Strengthening Social Network

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Abstract: Degree of low acceptability and the negative attitudes of the society towards persons labeled “mentally ill” are well known. Social isolation and lack of meaningful life continue to be a problem for persons with severe mental illness. Attachment, social integration, reassurance of personal worth, reliable alliance are the integral components of social support that effectively integrate the individual into the broader social context. Social network is a part of social support system which facilitates relationship building between individuals, associations and organizations, so that, they may work together in a spirit of co-operation. Many elements of wider social network aid significantly in stabilization and reintegration process. Reintegration includes advancement of social and vocational goals so that the client may function successfully in non-patient environments. It is a long term process, difficulties are encountered at various stages, still with sparks of hope being provided by members of family and community, successful reintegration of mentally ill persons is possible. Here, an attempt has been made to discuss the efforts made and challenges faced with respect to reintegration of mentally ill persons with special focus on enhancing social network and community participation through some case studies.

Keywords- reintegration, social network, community participation.

I. Introduction

People with severe mental illness no longer spend years of their lives in psychiatric institutions. They may have multiple residential, vocational, educational and social needs and wants. A person with severe mental illness wants and needs more than just symptom relief ^[1]. People who have a mental illness need similar opportunities and responsibilities as other members of the community. This is the basic human rights applicable for everyone.

In developed countries, there has been a major shift in the focus of care from hospitals to the community, from recovery to rehabilitation. Both rehabilitation and reintegration are parts of the same process. Rehabilitation focuses on people regaining valued roles in their communities with success and satisfaction ^[2]. The concept of reintegration is defined by three keystone goals –

- Have a meaningful, responsible activity, in most cases derived from competitive employment that gives a purpose to daily life.
- Live independently and have a place of one’s own.
- Effectively function within a circle of family and friends.

Rehabilitation begins from the time treatment is initiated. As patient shows improvement, discharge is planned. Support from known and trusted people both within the mental health institution and outside is very much essential. Like in IHBAS (Institute of Human Behaviour & Allied Sciences) and in any other Government Mental Health Institution where admissions of mentally ill persons are done as per Mental Health Act, 1987 ^[3], at least 50% of such admissions are through reception order. While reintegration of persons with mental illness with their family may be possible to some extent in voluntary cases or cases admitted under section 19 of Mental Health Act, 1987, the same is not the case for persons admitted through reception order. Such admissions are of those persons who are found wandering on the streets or picked up by police whose identify is almost always not known. However, in our experience at IHBAS, we have achieved success to a large extent by enhancing clients’ open social network system. Open Social Networks are characterized by having a relatively large number of persons and connections whose ties are weak. These weak connections may act as bridge to other networks that are considerably close.

An attempt has been made here to share a few successful case-reports where the community has been actively involved in the reintegration of persons with mental illness.

II. Method

Case Report-1

Mrs. (A), 25 years old, married illiterate Muslim lady was admitted to IHBAS on 3rd November, 2004 under Reception Order of Metropolitan Magistrate, Patiala House Court, Delhi. The patient was treated for psychosis and showed significant improvement within 4-5 months. During hospitalization, details about her family & socio-economic conditions were gathered and it was found that patient belonged to village 'Sadvita', district Kishanganj, Bihar. She was married and had one son. Her husband had deserted her for the last 4-5 years. She had also lost her parents and hence was staying with her brother's family. The patient was able to communicate her address to the case worker and the following attempts were made to facilitate the reintegration process.

- Phonogram and Registered post letter were sent on the available address.
- The Court was informed about the patient's present status and available address (through official letter and personal visit) to trace the family member with the help of the concerned investigating officer (I.O.).
- Attempts were made to contact I.O. of the case but no response was obtained.
- One local NGO was traced and details of the patient's present condition, address and other information was communicated through e-mail.
- One local Panchayat leader of that respective locality was identified with the help of the NGO.
- One official registered post letter was sent the Panchayat Leader to help in tracing the family.

After doing all efforts, the client's family member (brother) reported to the hospital along with Panchayat Leader and a detailed psychoeducation was given to the family and the Panchayat Leader to ensure drug compliance and follow-up with nearby State Govt. hospital in their own locality. Patient was discharged under section 40 of MHA, 1987 and was reintegrated with family successfully.

Difficulties Encountered

Investigating Officer (I.O.) of the case was highly uncooperative. The Court had instructed the respective I.O. to trace the family member on the basis of available address. I.O. reported to the court as well as IHBAS that there was no such place or village and the address was not correct. On the basis of that report, the case was dissolved by the Court. Even upon reporting the subsequent development i.e. both address and place had been verified and confirmed through a local NGO. The Court did not take any action.

Highlight of the case report:-

The community participation in this specific case was spontaneous and forthcoming. The local NGO and the Panchayat leader actively intervened in the entire reintegration process and facilitated the future management of the patient.

Case Report-2

Miss (B), is a 27 years old, unmarried Hindu lady, resident of Pathanthitta, a district in the Southern State, Kerala in India. She was rescued by the Delhi Police near the jungle area of airport and subsequently admitted to IHBAS through reception order. Patient suffered from BPAD (Bipolar Affective Disorder) and was treated accordingly. After recovery, she had given her home address and telephone number. It was found that she was a qualified nurse and was working in her home town prior to her coming to IHBAS. During her illness period, she had left her hometown with one of her known male friends who accompanied her to Delhi.

The family (mother) was contacted telephonically but mother refused to accept the patient as she had left her home with a male friend. The Court and Investigating Officer (I.O.) of the respective case were informed through official letter and personal visit to court. I.O. also tried to convince the family but the family did not come forward to accept her in her current predicament.

Ultimately the Resident Commissioner of Kerala was approached through an official letter and also through telephonic communication with respect to the patient's further rehabilitation plans. After the necessary official communication between the Court and Resident Commissioner of Kerala, the concerned Metropolitan Magistrate dealing with the case, passed the order to Resident commissioner, Kerala to explore whether the Kerala Govt. could take this lady to Kerala for further treatment and rehabilitation.

On the basis of order given by the Court, the Resident Commissioner of Kerala contacted the Social welfare Department of Kerala Govt. who agreed to accommodate her in some welfare center for women at Trivandrum. The respective I.O. made necessary arrangements for transfer of the patient from Delhi to Trivandrum.

The patient was ultimately rehabilitated in a women's shelter home and it was understood later that the patient took up a job in a private Nursing home.

Highlights of the Case -

- Co-operation from I.O. of respective case.
- Active participation of Magistrate and Resident commissioner of respective state in patient's whole reintegration process.

Case Report-3

Patient (C), a 38 years old, unmarried Hindu lady was brought by Delhi Police to IHBAS by the order of Metropolitan Magistrate. She was treated for psychosis (unspecified) and during her recovery phase, she gave the complete address and all other necessary information regarding her family. She belonged to a village on the Delhi-Haryana border. After the death of her parents, she was staying with her nephew. She reported that she also had some property in the form of agricultural land which helped her to maintain her daily living. Home visits were made to the patient's parental home twice. The first was made with the patient to confirm the address as well as to understand the patient's actual family situation. During this visit, the relatives and other family members (two brothers and sisters) of the patient refused to take her back on account of their own limitations & difficulties.

Hence, a second home visit was carried out. During the 2nd visit, the matter was discussed with the "Sarpanch" of the village and other local community leaders where the patient's future rehabilitation issues were discussed with focus on patient's present stabilization phase, property related matter and non-acceptance by family members.

The local Panchayat leaders then arranged another meeting a few days later with the patient's family members & relatives and the concerned case worker. With active participation of the village Panchayat body, the matter was amicably resolved. It was mutually decided that one of the patient's brothers would take responsibility of the patient and her maintenance cost would be done from the income generated by her property. Psycho education was provided to the family members, local Panchayat and all other relatives including the patient. Patient was discharged under section 40 of MHA, 1987 and reintegrated with her family.

Highlights of the case

- Patient's reintegration with family was possible through active participation of community leaders.
- The rejection of family and the property dispute was amicably resolved with active intervention by the local Panchayat body and the patient was successfully reintegrated with the family.
- It was also observed during later follow-ups (still continuing at IHBAS) that the community has taken initiative in the patient's drug compliance and regular follow-up.

III. Discussion

The above mentioned case reports are three successful cases of reintegration and rehabilitation of mentally ill persons with family/society. In the world of mental health care much attention is paid to reintegration of persons with mentally ill into the society. It should be the task of professionals to look for the most suitable form of reintegration. For some among the patients, it will remain the protective climate of a home, for a few others it will take the form of sheltered living and working; for many it will become, hopefully, the society in which they can take up their role again.

There is evidence suggesting relationships between size of social networks and mental health service used. An inverse relationship has been reported between the size of social network/ social support and in-patient service use^{[4] [5]}. A smaller social network and less social support were associated with more frequent hospital admissions^[6]. Social networks can have an impact on service use by providing information, mobilizing resources, avoiding stressors, facilitating access to services, avoiding social isolation, helping to plan hospital discharge and community care. The linkage of patients with their peers in the community is a normalizing intervention that helps ease patients' transition from a highly structured ward milieu, which is often their only social support^[7]. The likelihood of hospitalization decreased with an increase network size, while the number of services used by patients grew as the social network size increased^[8].

Research studies also documented the importance of enhancing social support and social network to strengthen the rehabilitation process of mentally ill persons^[9]. Different methods of Social work practice can be used significantly at different stages of reintegration and rehabilitation process. Beside case work method, group work and to some extent community organization can be implemented successfully in the entire reintegration process, which is also supported by the documents of intervention strategies used in present case-studies.

Community support will be necessary to maintain equilibrium between patients and family, to provide help at times of crisis and prevent deterioration. Support can promote the confidence required to cope with the unexpected events. But in reality, things are not very easy for those persons, both suffering/recovering from severe mental illnesses. A lot of hurdles and difficulties are faced by the clients and the family members in the reintegration process.

Some of the critical aspects noted with respect to reintegration of mentally ill persons are-

- The existing Mental Health Act, 1987 does not mention anything about patient's rehabilitation aspects except focusing on patient's admission and discharge criteria and procedures.
- The mental health policy makers' vision of providing mental health services and resources like easy accessibility and availability of treatment benefits, free treatment, comprehensive treatment comprising interventions by a team of mental health professional is a far away dream for the general population except for the fortunate few in metropolitan cities.
- Employment programmes and training facilities within the community are limited. The problem most urgently in need of resolution is the lack of meaningful daily occupation for persons with mental illness on their road to recovery.
- With the increasing population of persons with mental illness requiring long term institutional care, the facilities, both at the government and non- governmental level, in terms of half way homes, residential care homes is highly inadequate.
- Government funds are not sufficient to implement the entire rehabilitation and re-integration process.
- The label of being "mentally ill" could become a stigma when the person tries to go back to normal life.

IV. Conclusion

In conclusion it is emphasized that the critical issues mentioned above need to be addressed adequately and appropriately. Certain recommendations are given below:

- The need for a distinct philosophy and policy of rehabilitation programme for persons with mental illness.
- Creation of an adequate infrastructure at state and district levels to ensure provision of comprehensive treatment and rehabilitation of persons with severe mental illness.
- Need for a Public Private Partnership of both Government machinery and non govt. sectors for creation of rehabilitation opportunities and facilities.
- Need for a clearer legislative measure that will help in the reintegration of patients with mental illness successfully into society.

By the collaborative efforts of all stakeholders, that includes, the Government organizations and departments, the non- governmental sector, the mental health professionals, the carers, the sufferers and also the civil society citizens, it is possible to enhance the quality of life of persons suffering/recovering from severe mental illnesses by assuring them not only better inclusion in the community but also a life of dignity and respect.

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