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Case Study

# A Compilation of Case Reports of The Reintegration of Persons with Mental Illness with Their Family Members

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## ABSTRACT

**Introduction:** Homelessness intersects with mental health issues, posing significant challenges to achieving the objectives outlined in the National Mental Health Policy. This study explores recent advancements in technology and collaborative initiatives aimed at facilitating family reintegration for homeless individuals with mental illnesses, particularly schizophrenia. Drawing on case reports from a tertiary care mental health setting in North Karnataka, the study analyzes successful reintegration efforts and discusses their implications for future interventions and policies. **Objectives:** To investigate recent advancements in technology and collaborative initiatives aimed at facilitating family reintegration and to present case reports illustrating successful reintegration efforts at a tertiary care mental health setting in North Karnataka. **Methodology**: Case reports of successful reintegration efforts are analyzed. **Findings:** This study highlights the complex nature of the reintegration process for individuals with mental illness. Technological advancements, such as online voter lists and digital communication tools, offer efficient means for family tracing and communication. **Conclusion:** This study underscores the importance of addressing the complex challenges faced by individuals with mental illness experiencing homelessness. Through a combination of technological innovations, interdisciplinary collaboration, and ethical considerations, successful reintegration efforts can be realized.

***Keywords:*** *Technology-Enabled Reintegration, Unknown, Family Reintegration, Psychiatric Social Work Intervention, Homelessness*

Homelessness represents a multifaceted social challenge that intricately intersects with mental health issues, creating formidable impediments to the realization of the goals delineated in the 2014 National Mental Health Policy (NMHP) in India. Recent studies in India have cast light on promising strategies to tackle this predicament, especially

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in the realm of family reintegration for homeless individuals grappling with mental illnesses like schizophrenia or Mania. (Gowda, et al., 2017). While the historical reintegration of such individuals into their families posed considerable challenges, the infusion of technology has proven to be an invaluable asset in the reintegration and rehabilitation of mentally ill individuals experiencing homelessness.

A thorough exploration of the intricate nexus between homelessness and mental health is encapsulated in the literature review. A study conducted in Maputo and Matola examines the family reintegration process, shedding light on the dynamics involved and elucidating factors that either facilitate or impede successful reunification. (Gouveia et al, 2017) Another study in South India commendably addresses clinical outcomes and rehabilitation efforts using technology for homeless mentally ill patients, providing a holistic perspective on the challenges (Gowda, et al., 2017). A retrospective study on deinstitutionalization and community reintegration adds depth to discussions on long-term outcomes, underscoring the significance of sustained support beyond institutional care (Kumar, Nagar, Soni, & Gupta, 2019).

Additionally, the Annual Homeless Assessment Report (AHAR) conducted by the US Department of Housing and Urban Development (HUD) in 2015 furnishes a comprehensive snapshot of homelessness in the United States. It quantifies the number of homeless individuals, emphasizing the urgent need for targeted interventions, particularly in addressing the prevalence of serious mental illness among this population. Collectively, these studies contribute to a nuanced understanding of the challenges and opportunities inherent in supporting individuals experiencing both homelessness and mental health issues.

In this paper, we are presenting four case reports concerning individuals with mental illness, often unidentified or homeless wanderers, who have been brought in under the court's reception order. The dedicated team at a Tertiary care mental health setting in North Karnataka has diligently worked towards the successful reintegration of these individuals with their families, investing significant efforts in the process.

## CASE 1

Mr. S, a 40-year-old male, was discovered in a disheveled state in Bellari district, exhibiting signs of agitation and psychosis. Following a court's reception order under MHCA Section 102, he was admitted to the Forensic ward at a Tertiary care mental health setting in North Karnataka. The Psychiatric social work team faced challenges in tracing Mr. S's family due to his non-cooperation, inconsistent information, and remote locations. Despite these hurdles, the team employed a multifaceted approach, including psycho-education, Insight facilitation to enhance insight. On the other hand, tracing the address started using Google Map- street view. The client used to tell a multiple address which made the tracing process difficult. However, the PSW team was able to locate his district based on the information. The team contacted Police through proper channel in locating his address. An innovative method was adopted by the PSW team in tracing the address and family members. First the team asked the client the details of his district, then the team went on searching in Electoral list of the district extensively. Though it was finding difficult to search a name in online electoral voter's list in a Largest democratic nation like in India where there are lot of polling stations in a single constituency. Searching online electoral voters list needed a rigorous efforts. However, after an intensive searching effort, the team successfully identified the client's village, easing the preliminary family tracing process. Then the team contacted local Police and community

support group in tracing the family members, which was 670 kilometres away from the treating hospital. The PSW team coordinated with the family, verified the documents once they come to the hospital. In the recognition process, Mr. S exhibited the ability to recognize his family members by their names. This crucial step, documented in the client's file, was promptly communicated to the Medical Superintendent, unit head, and treating team. Despite challenges, the dedicated efforts of the PSW team using technology resulted in the successful reintegration of Mr. S with his family. Arrangements made to refer the client to District mental health programme team for follow up treatment.

**CASE 2**

Mrs. C, a 35-year-old female, was discovered at the Bagalkot around 10 pm, following calls from the public expressing concern about her peculiar behavior. The police responded promptly, taking her into custody to ensure her safety. Upon discovery, Mrs. C was observed wandering, occasionally removing her clothing, and expressing beliefs of being guided by divine force. The police intervened to understand the circumstances surrounding her actions, revealing guarded behavior and limited information. Despite disclosing her name and offering vague details about her background, she failed to provide a coherent explanation for her unusual actions. Following initial interactions, Mrs. C was brought before the magistrate, and a court's reception order led to her transfer to a tertiary mental health setting. Upon examination, Mrs. C's vital signs were stable. During the Mental Status Examination, she displayed a conscious but guarded. While her speech was relevant and comprehensible, her physical appearance was described as poorly kept. Notably, her psychomotor activity was increased, engaging in singing, dancing, and exhibiting disruptive and threatening behavior. The findings suggested a complex mental health presentation, potentially indicative of mania. Mrs. C disclosed that she studied up to the 7th standard, is married, and has no children.

The case was referred to the Department of Psychiatric Social Work to trace and reintegrate family members. The police, in collaboration with the social work team, formulated a plan to trace the family. Initial challenges arose due to Mrs. C providing incorrect information about her name, religion, husband's name and the place. Despite confusion, the team successfully located her place in Bihar google map. After locating the village. The local police was contacted. Mrs. C initially provided misinformation due to her illness, identifying as belonging to Islam with her husband named Mr. P. However, her actual name is M, and she follows the Hindu religion, causing initial difficulties in tracing the family. With persistence from the police and support from the local community, the correct family was traced, verified through video call after taking permission from authority and once verified, they were brought to the hospital for reintegration. This successful reunification underscored the importance of collaborative efforts between law enforcement and mental health professionals. Arrangements made to refer the client to District mental health programme team for follow up treatment.

**CASE 3**

Mrs. V was admitted to the tertiary care mental health setting under a reception order. Upon admission, she displayed consciousness but lacked cooperation, necessitating the use of a wheelchair for mobility due to neurological comorbidity. Mrs. V exhibited absent eye-to-eye contact and proved challenging to build rapport with. Speech irregularities, such as occasional irrelevance and muttering, were observed. Neurological examination revealed asterexis, spasticity, brisk bilateral knee jerk, and myoclonic jerks. A CT brain scan indicated cerebellar degeneration and cerebellar ataxia with spastic paraparesis, prompting investigations into chronic nutritional and infectious disorders. Tests, including VDRL, anti-TPO antibodies, and

urine culture, were conducted. Timely initiation of comprehensive treatment, including physiotherapy and speech therapy, resulted in significant improvements.

**Family Reunification Challenges:**
Locating Mrs. V's family presented challenges due to her illness. once she could tell her locality, The PSW team collaborated with local authorities, sought police assistance, and successfully located and contacted her family. A video call was arranged to communicate with family members, revealing that Mrs. V's family included a visually impaired mother residing with a 13-year-old granddaughter (the client's daughter). Mrs. V's husband, who has a mental illness, was untraceable. The family faced difficulties in providing care, with the mother expressing concerns about her inability to care for her daughter. Despite psycho-education about the illness, treatment, and family roles, the mother insisted on keeping Mrs. V in the hospital.

**Advocacy for Community Living:**
Considering the goal of reintegrating Mrs. V into society and advocating for her right to community living, the treating team wrote a letter to the court, citing Article 19 of the MHCA Act 2017 in India. Emphasizing the right to community living, the team aimed to balance the family's concerns with the broader objective of fostering community reintegration.

**Comprehensive Support Assessment:**
Simultaneously, a thorough assessment of the supportive system was conducted, taking into account the family's living conditions in a small house in a slum area. The team explored support from the local community, establishing liaison and networking with DMHP, Asha worker, and other relevant entities. This comprehensive approach contributed to the successful community reintegration of Mrs. V.

**CASE 4**
Mr. B, a 19 years old, hailed from an unknown place, found out in the street of Kalaghatagi creating public nuisance. The police personnel presented him before the magistrate, and a court's reception order was obtained for admission. The client's primary mode of communication was in Hindi, and through initial conversations, it was discerned that he hailed from North India.

The PSW team get onto daily interactions with the client, gradually establishing rapport and building trust. Despite the initial challenges in obtaining precise information, the team demonstrated perseverance. As the client showed signs of improvement, he began to disclose his village name, although he inconsistently mentioned multiple states including Chhattisgarh, Bihar, and Uttar Pradesh. To locate the client's family, extensive efforts were made, including the utilization of Google Maps and thorough searches in the electoral rolls of different constituencies of different states. Through meticulous investigation, the client's electoral name was successfully identified. Subsequently, with the collaboration of local police personnel, contact was established with the family members. The family members were located and contacted, providing crucial information about the client's background and residential details. Despite the client's challenges in accurately conveying his information, the collaborative efforts of the PSW team and law enforcement led to the successful integration of the individual with his family. Arrangements made to refer the client to District mental health programme team for follow up treatment.

## DISCUSSION

The 2011 Census Report reveals a concerning statistic for India, indicating that 1.77 million people, constituting 0.15% of the nation's total population, are homeless. Within this demographic, there is a notable prevalence of mental illness and street children. (Census of India, 2011)

The National Mental Health Survey (NMHS) provides varied estimates of homeless patients with mental illness (HPMI) across states, ranging from "nil" to as high as "15,000." Approximately one-fifth of this homeless population grapples with severe mental disorders, significantly impacting their quality of life. The intricate relationship between mental illness and homelessness has been explored in studies, particularly the "Know the Unknown" project in South India, which underscores the potential for family reintegration through a collaborative, multidisciplinary approach. (Gowda, et al., 2017)

To address the challenges of family tracing, previous studies have adopted technological interventions, including Google Maps, and digital communication tools. (Gowda, et al., 2017) In these case studies the PSW team has adopted an innovative approach through online electoral voter lists, in addition to intensive search in Google Map. However, the use of such technology raises ethical concerns, particularly regarding the right to privacy. Striking a delicate balance between moral, ethical, and legal considerations while emphasizing reintegration is imperative. Consent, either from the client or a nominated representative, must be sought before employing technology in treatment-related decisions. The importance of obtaining informed consent before using electoral roll data cannot be overstated, respecting individual autonomy. Professionals should ensure that the use of electoral roll data aligns with its intended purpose and is ethically justifiable in the mental health care context.

While rapid family tracing using electoral roll data can expedite reintegration, it is crucial to adhere to the principles of data minimization, collecting only necessary information for family tracing. This aligns with the values of confidentiality, professional commitment, and respect for autonomy. By reducing the duration of institutionalization, there is potential to minimize the risk of long-term confinement and uphold the right to live in the community, as emphasized in the Mental Healthcare Act of 2017.

## CONCLUSION

The intersection of homelessness and mental health in India is a complex challenge affecting a significant portion of the population. While technological advancements offer efficient tools for family tracing, ethical considerations around privacy underscore the importance of a cautious and consent-driven approach. The cases from a tertiary care mental health care setting showcase the dedication of mental health professionals, notably psychiatric social workers and the use of technology in successfully reintegrating individuals into their families through innovative methods and collaborations. The discussion emphasizes the delicate balance required between technological interventions, ethical considerations, and legal frameworks. Key steps include obtaining informed consent, practicing data minimization, and ensuring ethical use of electoral roll data to respect individual autonomy and privacy. The reduction in institutionalization duration through rapid family tracing aligns with the principles of the Mental Healthcare Act of 2017, advocating for the right to live in the community.

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***Conflict of Interest***

The author(s) declared no conflict of interest.

***Ethical Considerations***

Permission to use the medical records was obtained from the Director of the Institution. All personal identifiers have been removed to maintain anonymity, ensuring that patient confidentiality is preserved throughout the study.


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