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Case Study

Safeguarding the Right to Community Living: Role of Psychiatric Social Workers in Community Reintegration of Persons with Mental Illness

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ABSTRACT

The right to live in the community is a human right of persons with mental illness, as emphasized under the Mental Healthcare Act (MHCA), 2017 in India. Despite clinical recovery, many patients remain institutionalized due to family abandonment, stigma, and lack of social support, resulting in violation of their right to community living. This paper presents a detailed case study highlighting the crucial role of a Psychiatric Social Worker (PSW) in facilitating the discharge and community reintegration of a person with chronic mental illness admitted in a tertiary psychiatric institution. Through coordinated psychosocial interventions, legal advocacy, escorted discharge, family intervention, and community resource mapping, the PSW team ensured safe reintegration, after care, and restoration of dignity. The case underscores the importance of a rights-based, multidisciplinary, and community-oriented approach in psychiatric social work practice.

Keywords: *Community living, Psychosocial Intervention, Community Reintegration, Schizophrenia Psychosocial Rehabilitation, Follow up care*

Family is the fundamental unit of society and a primary source of emotional, social, and economic support for individuals. Healthy family functioning contributes significantly to individual well-being and social productivity. However, the onset of mental illness in a family member often disrupts family dynamics and functioning. Due to stigma, lack of awareness, financial constraints, and limited caregiving capacity, families may find it difficult to manage long-term psychiatric illness. In extreme situations, these challenges lead to neglect or abandonment of persons with mental illness in psychiatric institutions.

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Community living and social inclusion are globally recognized as essential components of mental health care. In India, the Mental Healthcare Act (MHCA), 2017 legally mandates the protection of these rights, emphasizing deinstitutionalization and rehabilitation. Psychiatric Social Workers (PSWs) play a pivotal role in bridging institutional care and community reintegration by addressing psychosocial barriers, mobilizing family and community resources, and advocating for patients' rights. This paper documents a case that illustrates the professional role and ethical responsibility of a PSW in safeguarding the right to community living.

Clinical details of the patient

Mr. JK, 42 years old, completed his primary schooling, separated, currently unemployed, Hindu male of lower socio-economic status belonging to rural background of the Bihar was admitted by his caregivers (mother and cousin brother). The patient was known case of paranoid schizophrenia with total duration of illness of five years. After the adequate inpatient treatment, he started showing improvement to the extent that he did not require further hospitalization. Thus, his family was contacted for the discharge. But they keep postponing their visit to hospital for the discharge with different reasons including health issues of mother, financial constraints, unavailability of transport and other. Patient's residence was 400km away from the institution and it takes overnight journey which made alone discharge unsafe considering his long-standing illness. Thus, after sending 3 discharge letters at his given residence address by the treating psychiatrist, the case was referred to the psychiatric social worker considering the discharge problem due to family's incorporation violating his right to community living.

Psychosocial Interventions

During the transition from hospitalization, the patient was equipped with illness management skills through the following interventions to promote independence:

- **Activity Scheduling:** the patient was educated regarding the importance of a routine in recovery to prevent relapse. Thus, a routine was initiated from the hospital itself where patient started maintaining his daily activities as per the schedule made mutually.
- **Psychoeducation:** Sessions focused on improving his understanding about the nature of illness, its symptoms, importance of medication adherence, possible side effects and managing them, identification of warning signs of relapse and regular follow-ups. During the sessions, he was well engaged and able to summarise the sessions as well. Educating the patient about the nature of illness, medication adherence, relapse prevention, and coping strategies.
- **Vocational Rehabilitation:** The patient was encouraged to engage in occupational therapy unit where he enrolled himself in chair making as per his interest. As he was consistent there and with gradual improvement in functioning, he earned fourteen hundred rupees by the discharge date. He was encouraged toward productive engagement suitable to the patient's abilities and rural background.

Difficulties Encountered during the Discharge Process

Mother and the cousin brother were contacted telephonically by the PSW. The psychosocial assessment revealed that mother is the only caregiver, poor financial condition, lack of knowledge regarding illness and treatment process. They showed constant lack of interest for the discharge of the patient even after multiple psychoeducation sessions and patient's

right advocacy. The case was referred to paralegal staff of the institution as patient's right for legal aid. They followed the same communication with family and got no positive response.

The case was further discussed with the director of the institution. As per the Mental Healthcare Act 2017, every person with mental illness has the right to live in the community and be provided with support for rehabilitation. So, in view of delayed in family member's arrival for discharge, the treating team was decided for alone discharge. However, considering the patient's diagnosis (Paranoid Schizophrenia), his long distance from the institution (around 400–600 km, Bihar), and poor family support, it was decided to make a team of two psychiatric social workers to escort the patient at his home so that his rights can be safeguarded. The PSW contacted the police station to confirm the address and to ensure that family is residing at the residence. Coordination was established with family through the police for smooth and safe reintegration for both patient and PSW team.

Steps taken by the Psychiatric Social Work Team for the discharge

After seven months of hospitalization, the Psychiatric Social Work team successfully carried out the escorted discharge of the patient to his hometown in Munger district, Bihar. His bills and train tickets were paid by the institution; medicines were arranged from the aid-fund run by the institution's' nursing staff. His money earned from chair making was given to him. Discharge counselling was done. For ensuring a smooth and safe transition, the team first informed the local police station about the patient's arrival, which helped in maintaining safety and coordination. After reaching his hometown, patient was handed over to the mother in the presence of the police. The home visit was done with police, living condition was assessed, resource mapping was done. The family was psycho-educated regarding the aftercare and positive prognostic factors of the patient. Tertiary support was strengthened by encouraging for the regular follow-ups (tele-services or in-person) and linking them with the nearest district mental health program.

Outcomes

The patient has been successfully reintegrated into his community. Free medication has been ensured to maintain treatment adherence and prevent relapse. The family has been actively educated, motivated, and empowered to participate in the patient's ongoing treatment and follow-up, strengthening their role as caregivers. The patient is now living with his family, maintaining well and started engaging in farming activities as well as some household chores. The discharge and handed over process was followed by the Section 19 (Right to community living) of the Mental Health Care Act 2017, ensuing patient's dignity and reintegration into society.

Follow up Care

Follow-up care is a crucial component of mental health treatment, especially after hospital discharge. It ensures after care and helps individuals with psychiatric illness maintain clinical stability and functional recovery. It also supports psychosocial rehabilitation, including improvement in self-care, occupational functioning, and social relationships. Family involvement during follow-up strengthens the support system, enhances supervision, and reduces caregiver burden.

During the post-discharge follow-up, the psychiatric social work scholar contacted the patient's family members to obtain an update on his health condition and daily functioning.

The family reported that the patient remained clinically stable. He was compliant with his prescribed medication, maintained adequate self-care, consumed meals regularly, and continued his occupational activities, earning approximately ₹5,000 per month. The family members also reported that they continued to provide regular supervision and supportive care.

CONCLUSION

This case highlights a serious injustice faced by a psychiatric patient who underwent an unnecessarily prolonged hospitalization following abandonment by his family. It raises critical concerns regarding the effectiveness and accountability of the legal aid personnel appointed by the District Legal Services Authority (DLSA) within psychiatric institutions. Furthermore, the case underscores the vital role of the Mental Healthcare Act (MHCA), 2017 in safeguarding the rights of persons with mental illness, preventing arbitrary institutionalization, and ensuring access to care that upholds dignity, autonomy, and humane living conditions.

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Conflict of Interest

The author(s) declared no conflict of interest.

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