



# A Case Report Of The Reintegration Of Person With Mental Illness With Their Family Members.

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## Abstract

The reintegration of homeless individuals with schizophrenia into family settings presents complex challenges and opportunities. Persons suffering from mental illness may become separated from their families due to psychopathology and cognitive distortions. Sometimes, they are unable to recall their names or residential addresses and wander to distant places. According to the 2011 Census, about 1.77 million people in India are homeless or wandering, of which 726,169 (41%) were women. Achieving the objectives outlined in the National Mental Health Policy (2014) requires innovative strategies. This study explores recent advancements in technology and collaborative initiatives involving the Police Department, District Social Security Officer, and the Research Academy for Rural Enrichment (RARE) that aim to facilitate family reintegration for homeless individuals with schizophrenia. Drawing on a case report from the District Mental Health Programme (DMHP), Subarnapur, Odisha, the study analyses successful reintegration efforts and discusses their implications for future interventions and policies. Objective: To investigate recent technological advances and collaborative initiatives with civil society aimed at reintegrating homeless individuals with their families. Findings: The study highlights the complex nature of the reintegration process for individuals with mental illness. However, the use of technologies such as Aadhaar card, Facebook, Google Maps, and digital communication tools provides effective means for family tracing and communication.

**Keywords:** Schizophrenia, Homelessness & Reintegration.

## Introduction

Mental illness and homelessness are interrelated and form a vicious cycle. One of the biggest challenges is the lack of awareness and the social stigma attached to mental illness, which hinders reintegration of People with Mental Illness (PWMI) (Kumar, 2014). Schizophrenia is a functional psychotic disorder characterized by delusional beliefs, hallucinations, and disturbances in thought, perception, and behavior. Distorted cognition, persecutory thinking, and changes in perception and behavior isolate individuals from society. These symptoms increase the risk of wandering away from home, thereby aggravating homelessness among people with schizophrenia (Picchioni & Murray, 2007). Homelessness is a major social and public health concern worldwide, attributed to various individual and structural factors. It may lead to the development of mental health issues, while the risk of mental illness is significantly higher among homeless populations (The Lancet, 2014). The National Mental Health Policy (NMHP; 2014) recognizes homelessness as one of the critical issues that undermines the fulfilment of policy goals. One of its objectives is to increase access to mental health services for vulnerable groups, including the homeless (Kaur & Pathak (2016). In India, several studies have highlighted promising strategies to address this issue, particularly in the area of family reintegration for homeless individuals with schizophrenia, mania, or substance use disorders (Gowda et al., 2017). Historically, reintegration posed considerable challenges, but the infusion of technology has emerged as an invaluable asset in rehabilitation and reunification. Gouveia et al. (2017), conducted a study in Maputo and Matola, about the family reintegration process and shed light on factors that either facilitate or hinder reunification. Similarly, a study in South India addressed clinical outcomes and rehabilitation using technology for homeless mentally ill patients, providing a holistic view of the challenges (Gowda et al., 2017). Additionally, Kumar et al. (2019), studied on deinstitutionalization and community reintegration, underscored the importance of sustained support beyond institutional care.

## Benefits of Family Reintegration

- Improved patient outcomes: Reduced relapse rates, fewer hospitalizations, and better medication adherence are potential benefits of family involvement.
- Reduced family burden: Family members may experience a decrease in stress, anxiety, and emotional strain when they feel equipped to support their loved ones.
- Enhanced social functioning: Reintegration enables individuals to rebuild social connections and participate more fully in community life.
- Improved quality of life: By fostering a supportive environment, family reintegration enhances the overall quality of life for both patients and their families.
- Early identification of relapse: Families are often the first to notice warning signs of relapse and can seek timely medical intervention.
- Continuity of care: Families provide long-term support that complements medical and psychosocial interventions, ensuring sustained recovery.
- Economic benefits: Reintegration can reduce healthcare costs associated with repeated hospitalization and institutional care.
- Strengthened family bonds: Reintegration fosters emotional closeness, rebuilding trust and relationships that were previously disrupted.
- Reduced stigma and discrimination: Positive family involvement can improve community perceptions and reduce the social stigma attached to mental illness.
- Promotion of independence: A supportive family environment encourages patients to engage in vocational, educational, or self-care activities, enhancing autonomy.
- Community safety and stability: Reintegration reduces wandering and homelessness, contributing to safer communities.
- Holistic rehabilitation: Families can facilitate engagement in cultural, spiritual, and recreational activities, which support overall recovery and well-being.

## Case Report

The index patient, Mr. B, a 36-year-old male, was found wandering from Dhenkanal District, Odisha, to Kanpur Gram Panchayat, Birmaharajpur Block, Subarnapur District, Odisha. He lived on the outskirts of a village, where a benevolent villager, Mr. Ramesh Badi, cared for him like a son for several months. Eventually, Mr. Badi brought Mr. B to the District Mental Health Programme (DMHP) Unit, Subarnapur for treatment. A mental status examination was conducted by a Psychiatric Social Worker (PSW) and Clinical Psychologist (CP). The patient appeared unkempt, with poor hygiene. His speech was spontaneous and comprehensible but irrelevant, incoherent at times, and delivered at an increased volume. His affect was irritable, and he displayed delusions of reference and persecution along with second-person auditory hallucinations. After serial assessments, a provisional diagnosis of paranoid schizophrenia was made. The psychiatrist prescribed Tab. Olanzapine 10 mg, Tab. Trihexyphenidyl 2 mg, Tab. Clonazepam 1 mg, along with multivitamin syrup. After one month of continuous medication, coupled with supportive and behavioural interventions, the patient showed significant improvement in biological functioning, self-care, hygiene, interpersonal relationships, and communication skills. When asked about his residence, the patient mentioned the name of a village. The DMHP team employed multiple strategies to trace his family:

1. Social media searches (Facebook) to circulate information and identify the district.
2. Aadhaar card verification using biometric systems (though no existing entry was found, fresh enrollment was initiated).
3. Unstructured in-depth interviews in regional dialects to gather qualitative information.
4. Use of ICT tools (Google Maps, mobile phones, Internet) for tracing addresses.
5. Collaboration with local police, Zila Parishad, and Gram Panchayat to locate family members.

Through these combined efforts, the patient was successfully reintegrated with his family.

## Discussion

This case demonstrates that family reintegration of homeless individuals with schizophrenia is a complex, multi-step process requiring collaboration between healthcare systems, civil society, and government departments. The integration of technology (Aadhaar, social media, GIS tools) with community-based interventions provides a replicable model for other districts in India.

## Conclusion

Health is a public good, and increased investments can broaden its scope to include nutrition, awareness of health rights, social health, women's health, and child health, thereby linking it to broader paradigms of social justice and equity-based care that challenge discriminatory practices. Achieving these goals requires intersectoral coordination, bridging care gaps, addressing intersectionalities, and promoting convergence across systems. Lee et al; (2016), provided an appropriate lens through which to address individual, familial, community, and societal well-being, in alignment with the Sustainable Development Goals (SDGs) about Mental health. Swaminath, et al; (2019) found that in India, Homeless Persons with Mental Illness (HPMI) face significant challenges and vulnerabilities, often lacking access to even basic necessities and healthcare. The Mental Healthcare Act (2017) acknowledges the rights of HPMI, but implementation gaps and inadequate infrastructure continue to limit its effectiveness, highlighting the urgent need for improved support systems. Patnaik et al; (2022). A study was conducted by the Banyan Academy of Leadership in Mental Health (2010) reported that among women with severe mental disorders who were reintegrated: 58.7% were diagnosed with schizophrenia, 18.7% with mood disorders, 4% with intellectual disability and psychosis, while no diagnosis was available for 18.6%. Negative attitudes and misconceptions about mental illness create further barriers to reintegration and social acceptance Gayathri & Mathew (2019). Thara & Patel, (2010). While NGOs provide valuable services, their coverage and accessibility remain limited. The Mental Healthcare Act includes provisions for involuntary admission and protection of the rights of mentally ill persons, but significant challenges persist in ensuring sustainable reintegration of HPMI into families and communities. A collaborative and multidisciplinary approach is therefore essential. Mental health professionals play a pivotal role, yet obtaining accurate personal details of HPMI continues to be a major challenge in tracing families and facilitating reintegration (Goodrich et al; (2013).



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