

AROGYA

Emergency Response Unit

March - November 2010

Mental Health Pilot Project for the
Homeless Mentally Ill in Kolkata

A Report

Creating a space for the
nowhere man



When you are homeless and can barely clothe your body,
You have only your dignity to remind you
that you are human.
You are vulnerable – socially, physically and emotionally.

When you are mentally ill,
You lose your sense of self
and other human beings shun you.
You are alone – socially, physically and emotionally

When you are homeless and mentally ill,
The world turns its back on you.
You do not exist.
You become the nowhere man

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Implemented by
Iswar Sankalpa

Sankalpa ISWAR

In collaboration with
The Kolkata Police



Supported by
The Mani Devi Jhunjhunwala Charity Trust

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Homeless people suffering from mental illnesses are among the most stigmatized, marginalized and vulnerable members of society. Crudely referred to as 'pagol' on the street, these hapless persons wander from place to place, lost to their families, ignored by welfare and health agencies, and pariahs to the rest of society. No one cares to understand that these people are not 'crazy' - all they have is a mental disease, - an incommunicable medical condition that can be reversed with medication, care and a little support.

Through Arogya 2010, Iswar Sankalpa and the Kolkata Police, supported by the Mani Devi Jhunjunwala Charity Trust, come together to restore dignity and meaning to the lives of homeless mentally ill persons on the streets of Kolkata, West Bengal.

ACKNOWLEDGEMENTS

Iswar Sankalpa gratefully acknowledges the Kolkata Police, the Mani Devi Jhunjunwala Charity Trust, particularly Mr. Sanjay Jhunjunwala, the Institute of Psychiatry, Kolkata Pavlov Mental Hospital, M. R. Bangur Hospital, R. G. Kar Hospital and N.R.S. Hospital for their support and active partnership in Arogya 2010.

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CHAPTER 1

INTRODUCTION

PROJECT OVERVIEW

Arogya – Emergency Response Unit - 2010 (hereinafter referred to as Arogya 2010) is a pilot project which provides emergency care and allied services to homeless mentally ill persons within the Kolkata metropolitan area, West Bengal.

Arogya 2010 commenced in March 2010 and ended in November 2010 and was a collaborative effort between Iswar Sankalpa and the Kolkata Police, and has been funded by the Mani Devi Jhunjhunwala Charity Trust, Kolkata.

PROJECT CONTEXT

► HOMELESS MENTALLY ILL PERSONS – A MEDICO-SOCIAL PERSPECTIVE

- Homeless mentally ill persons belong mainly to economically backward and socially marginalised families and are often seen - in various states of mental distress and physical abuse - around railway stations, bus stands, pilgrim centres and on street corners. They are the 'invisible people', separated from and/or abandoned by their families. It is estimated that there are over 400,000 homeless mentally ill people in India, and amongst these, over 90% have diagnosable and treatable mental disorders.
- Homeless people suffering from mental illnesses are among the most stigmatized, marginalized and vulnerable members of society. Crudely referred to as 'pagol' on the street, these hapless persons wander from place to place, lost to their families, ignored by welfare and health agencies, and pariahs to the rest of society. Victims of the vicious link between poverty and mental illness, they are the least able to take care of themselves, and yet are subject to a hostile environment that can only worsen their condition.
- More than other homeless people who stick together in families and communities and survive by begging or working for minimal wages, the mentally ill are the most vulnerable because they are shunned even by other homeless people.
- Many have some form of psychosis, and paranoia causes them to distrust others. They lose their memories, and wander around in a constant state of hyper-vigilance

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and fear. Those who have depression and other mood disorders have no motivation to look after themselves, and with no social or familial support to protect them from the pain in their minds, remain lost in an inner world of torment and trauma. The mental illness leaves them incapable of even foraging for a meal, keeping themselves clean and protecting themselves from a hostile environment.

- Mentally disabled women and children on the streets are especially vulnerable to physical and sexual abuse. With the mental disease having taken away all physical and psychological coping mechanisms, they are totally defenseless against violence and rape.
- Four out of five mentally ill homeless persons also have significant physical health problems. Unable to take care of themselves, they suffer from problems ranging from malnutrition, open lesions, rabies, AIDS and wounds and are especially vulnerable to communicable diseases.
- Perhaps the most significant fact in this context is that 9 out of 10 mentally ill persons are homeless because they can't remember where they've come from. With psychiatric treatment, they remember their names and addresses, and have no reason to be homeless anymore.

► ISWAR SANKALPA'S WORK WITH HOMELESS MENTALLY ILL PERSONS

Iswar Sankalpa's flagship project is Naya Daur. Initiated in June 2007, Naya Daur is a mental health treatment project with a difference - it provides care and treatment to a population that is invisible to the rest of society – the homeless mentally ill. Naya Daur's team of mental health professionals works within the metropolitan area of Kolkata with the following objectives:

- To provide mental health facilities to counter the abysmal lack of mental health in the public health system
- To address discrimination in a class of people already marginalized by poverty
- To bring together a range of agencies needed to take care of the needs of a mentally ill person

Naya Daur is a sustainable community-based care and support program for the homeless mentally ill - a program that weaves together state, private and community into a network of resources that not only cares for the beneficiary population, but works actively towards making them productive members of families and community.

The state government is constitutionally responsible for the delivery of health-care services to all citizens, its resources, though inadequate, are still vastly larger than any other organization. Where the state government significantly fails is in the convergence of planning and service delivery. Iswar Sankalpa has stepped in here and formed a

fruitful liaison with the government and its diverse arms to bring psychiatric care and allied services to marginalized and under-privileged persons in need of mental health care.

Key amongst the government players are the Kolkata Police, the state's Social Welfare department, the Kolkata Municipal Corporation and of course, the state Health Department's psychiatric and general hospitals where Iswar Sankalpa takes acute psychiatric cases for treatment. In many cases, patients do not need hospitalization - all they need is regular medication and some help in caring for themselves. For such patients, Iswar Sankalpa mobilizes people from the community to regularly give them their medicines, take them for a hair cut or a bath, and ensure that they are protected from abuse and other crimes as far as possible. These community caregivers are ordinary people, struggling to make ends meet in their own lives.

(SEE APPENDIX I: ISWAR SANKALPA FACTSHEET 2007 - NOVEMBER 2010 FOR A STATISTICAL OVERVIEW OF THE ORGANIZATION'S ACTIVITIES SINCE INCEPTION)

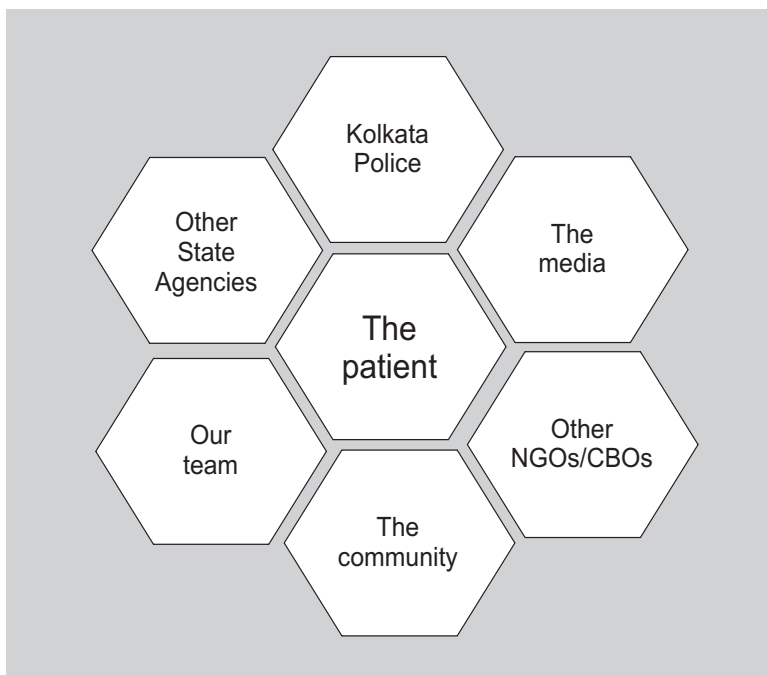


FIGURE 1: ISWAR SANKALPA'S MENTAL HEALTH DELIVERY MODEL

► PROJECT AROGYA 2010 – AN EMERGENCY RESPONSE UNIT

Iswar Sankalpa locates its patients in a number of ways. In 2007, it conducted a baseline survey of homeless mentally ill persons in 141 municipal wards of Kolkata, and identified certain areas where there is a higher density of such persons. Concerned persons such as the Kolkata Police, individual citizens and organizations who know of Iswar Sankalpa's work also refer patients to us.

A number of such persons, when identified, are referred to as 'emergency cases'. They

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are people who – because of acute psychiatric distress - are highly agitated, hostile, often causing a disturbance in the neighbourhood, and in the absence of immediate medical and psychological intervention, are a danger to themselves and to others. Many such persons are also in a deplorable physical condition, with open sores, wounds and other communicable diseases. Such emergency cases need

- A medical crisis response team to assess their condition and provide emergency care
- The permission of appropriate medical and legal authorities for custody, and
- Immediate hospitalization / medical care

THE KEY PLAYERS IN THIS PROJECT ARE THE KOLKATA POLICE AND ISWAR SANKALPA, AND THE BENEFICIARY STAKEHOLDERS ARE EMERGENCY CASES OF HOMELESS MENTALLY ILL PERSONS ON THE STREET WHO, IN LEGAL TERMS IS A PERSON 'CAUSING A LAW-AND-ORDER PROBLEM – I.E. LIKELY TO HARM SELF/OTHERS'.

Arogya 2010 is a pilot project which deals with such emergency cases, and is the convergence of efforts between state agencies on the one hand - the Kolkata Police and state-run psychiatric and general hospitals, and Iswar Sankalpa and private in-patient health care facilities on the other. The key players in this project are the Kolkata Police and Iswar Sankalpa, and the beneficiary stakeholders are emergency cases of homeless mentally ill persons on the street who, in legal terms is a person 'causing a law-and-order problem – i.e. likely to harm self/others'.

► HOW THE KOLKATA POLICE BECAME A PART OF THE PROJECT

Prior to Iswar Sankalpa's partnership with the Kolkata Police, the latter did not have the wherewithal to deal with aggressive or traumatised mentally disturbed people on the streets in need of emergency care. Periodically, the Kolkata Police would, under the Vagrancy Act, 1943, round up homeless persons to be produced before a Magistrate. All such 'vagrants' – including severe psychiatric cases, would be detained indefinitely in the Vagrants Home until they were classified either as lepers, the insane or mentally deficient, suffering from communicable diseases or children. Persons declared by the Magistrate to be 'insane or mentally deficient' were then transferred to the Vagrants Home in Murshidabad, the only one in West Bengal earmarked for psychiatric cases, where they would languish practically unattended because of the dearth of state-employed psychiatrists.

Later, when Iswar Sankalpa began work in the field in 2007, an informal partnership grew between the two organizations. Each time our social workers located a homeless mentally ill person who needed hospitalization, we reported the matter to the local police station as a matter of course before hospitalizing the patient. The collaboration grew through sustained advocacy on the part of Iswar Sankalpa and a high degree of receptiveness on the part of the Kolkata Police, and as an increasing number of police stations became aware of the existence of an organization that took care of a hitherto ignored population, some began regularly coordinating with Iswar Sankalpa as soon as they came across such persons. Through their extensive networks, the Police also worked to identify the homes and families of such rescued persons, many of who come from distant states. Their involvement further increased with the setting up of a Drop-In-Centre at the Hastings Police Station as a rehabilitation space for recovering patients.

CHAPTER 2

ABOUT AROGYA 2010

PURPOSE OF AROGYA 2010

Arogya 2010 is a pilot project that maps the technical and medical capabilities of Iswar Sankalpa with the duties and capabilities of the Kolkata Police to:

- Identify mentally ill persons on the street who are, because of their psychiatric condition, at risk of causing harm to themselves or to others.
- Deliver emergency response services to such persons, which include assessment of the person's mental and physical condition, and if the person needs further medical treatment, procurement of a medical certificate and producing such a person before a magistrate for custody orders.
- Make provision for such patients in state hospitals, and refer them to private care in the event that state facilities are not available
- Take medical and financial responsibility for the recovering patient.
- Locate the families of recovering patients and repatriate them to their homes. If families cannot be located, or refuse to take the patient back, make other provisions for the safety and future of such cases.

Caveat: Project Arogya does not deal with people who are chemically dependent.

HOW PROJECT AROGYA WORKS

Under Section 25 of the Mental Health Act, 1987, the Officer-in-Charge of a police station is duty bound to take into protective custody any wandering mentally ill person who is not able to take care of himself or is dangerous because of such illness (SEE APPENDIX II: SECTION 25 OF THE MENTAL HEALTH ACT, 1987). The mentally ill person must be produced by the Officer-in-Charge of the concerned police station before the nearest magistrate within 24 hours for further orders. (SEE APPENDIX III SECTION 26 OF THE MENTAL HEALTH ACT, 1987).

In a order dated 22nd February 2010, Sri Bani Brata Basu, Special Commissioner of

UNDER SECTION 25 OF THE MENTAL HEALTH ACT, 1987, THE OFFICER-IN-CHARGE OF A POLICE STATION IS DUTY BOUND TO TAKE INTO PROTECTIVE CUSTODY ANY WANDERING MENTALLY ILL PERSON WHO IS NOT ABLE TO TAKE CARE OF HIMSELF OR IS DANGEROUS BECAUSE OF SUCH ILLNES

AS OF MARCH 2010, OUR
TEAM BEGAN PROVIDING
TECHNICAL ASSISTANCE
TO POLICE STATIONS
WITHIN THE KOLKATA
METROPOLITAN AREA
UNDER AROGYA 2010

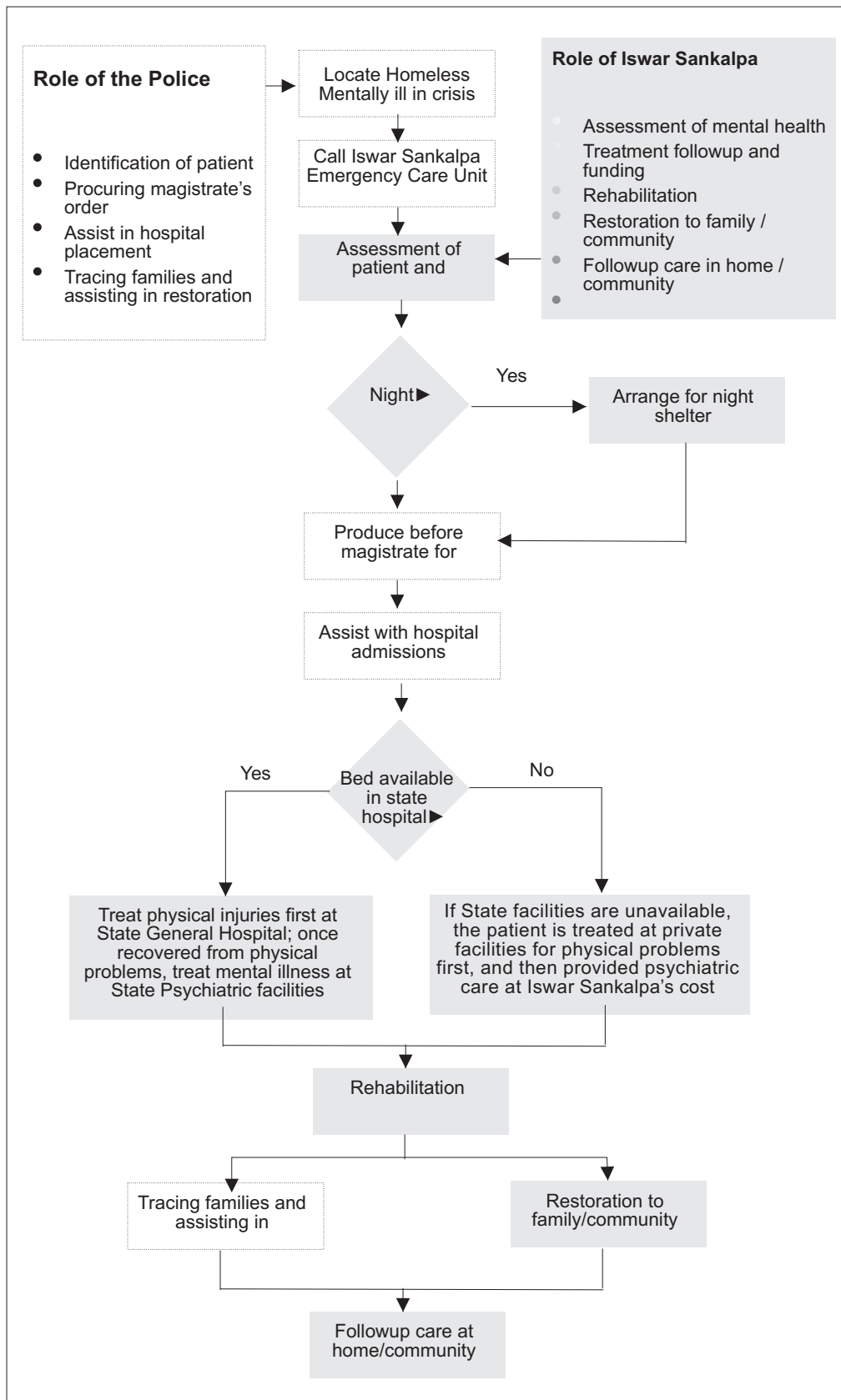
Police II, with the permission of the Commissioner of Police, Sri Goutam Mohan Chakraborty, issued instructions to all Divisional Deputy Commissioners reminding them of their duties towards the homeless mentally ill under the Mental Health Act, 1987 and advised them of the procedures and protocols to be followed towards such persons (SEE APPENDIX IV: ORDER LETTER TO POLICE STATIONS).

As of March 2010, our team began providing technical assistance to police stations within the Kolkata metropolitan area under Arogya 2010.

- The process begins when a police station contacts Iswar Sankalpa when the police come to know of a person who is creating a law-and-order problem on the streets and appears to be psychologically disturbed.
- Iswar Sankalpa sends an Emergency Response Unit consisting of a fully equipped ambulance and a trained social worker to assess the case, and if their assessment confirms that the person does need psychiatric treatment, the team arranges for emergency care, assists the police in acquiring a doctor's certificate and often provides overnight hospitalization or shelter until the police can produce the person before a magistrate.
- Once the magistrate assigns the patient to Iswar Sankalpa's care, the organization takes complete responsibility for follow-up and support to the patient - including paying for all costs - until release from hospital. Often the patient's physical condition needs to be treated first, and given the lack of space and facilities in public hospitals, as well as their reluctance to deal with psychiatric cases, Iswar Sankalpa is usually forced to admit him / her in a private nursing home.
- After patients are released from hospital, Iswar Sankalpa takes care of them, either by placing them at shelters or homes, or back into the community, and provides them with rehabilitation services for as long as necessary.
- In cases where patients divulge their names and addresses, the Kolkata Police and Iswar Sankalpa work together to restore them to their families.

20 POLICE STATIONS THAT TOOK PART IN THE PROCESS

Alipore	Jorasankho	Sinthee
Amherst Street	Kalighat	Tangra
Barrabazar	Karaya	Tiljala
Beliaghata	Maidan	Tollygunge
Bhawanipore	New Alipore	Watgunge
Gariahat	North Port	Charu Market
Hare Street	Phoolbagan	
Hastings	Shakespeare Sarani	



IF STATE FACILITIES ARE UNAVAILABLE, THE PATIENT IS TREATED AT PRIVATE FACILITIES FOR PHYSICAL PROBLEMS FIRST, AND THEN PROVIDED PSYCHIATRIC CARE AT ISWAR SANKALPA'S COST

FIGURE 2: PROCESS FLOW SHOWING ROLES AND RESPONSIBILITIES OF POLICE AND ISWAR SANKALPA



AFTER AN EXTENSIVE SEARCH HER FAMILY WAS LOCATED, AND WITH THE COOPERATION OF THE KOLKATA POLICE, THE CUTTACK POLICE AND THE PANCHAYAT PRADHAN OF HER VILLAGE, SHE WAS RESTORED TO THEM.

CASE STUDIES

► Patient One's case highlights the range of organizational resources that are needed to handle a particular case, and how, when the arms of the law, health department and the social sector come together, the human rights of citizens are protected and lives are saved. Patient One, about 16 – 18 years old, was found on 15th March 2010 by the Kolkata Police near Central Avenue (under Jorasankho Police Station), creating a disturbance by trying to direct traffic. She was found to be mentally disturbed, though not violent, by Iswar Sankalpa's emergency response team, and taken to Amrapali Nursing Home for the night. The next day, she was produced in Court by the Kolkata Police, where the Magistrate officially put her into the care and custody of Iswar Sankalpa, and issued an order that she be admitted to Pavlov Mental Hospital, a state psychiatric facility. While she underwent treatment, her family was traced by the Kolkata Police, and Iswar Sankalpa's social workers intervened to reunite her with her family. Today, she is home again, with Iswar Sankalpa conducting regular follow-up visits.

► Patient Two could not have been more appropriately 'found' –wandering aimlessly on the Kolkata Maidan on the 15th of April 2010, she stumbled into an IPS Officers cricket match being held there. She was muttering and chuckling to herself and wearing only a shawl. When approached by the Emergency Response Unit, she was initially wary, but agreed to go to Amrapali Nursing Home, and subsequently revealed her name and address. Quick coordination between the Maidan Police Station and Sankrail Police station - where her home is - ensured that her family were immediately informed. They arrived to collect her the next day - It turns out that she has been suffering from psychiatric disorders for about 3 years, and is now being treated at SSKM hospital.

► Patient Three, a girl in her early twenties, was referred to Iswar Sankalpa by South Port Police station. While her general appearance was more-or-less clean and she appeared physically healthy, she was constantly talking to herself, and when addressed, would reply very aggressively. Careful handling by the Emergency Response Unit ensured that she agreed to go with them to Iswar Sankalpa's night shelter called Sarbari, where she was diagnosed as displaying manic symptoms. She did not however, require hospitalization, and was domiciled in Sarbari. After she began to trust her caregivers, she revealed her natal family's address in Cuttack (her husband had deserted her), and expressed a great deal of sadness whenever she thought about her three-year old daughter. After an extensive search her family was located, and with the cooperation of the Kolkata Police, the Cuttack Police and the Panchayat Pradhan of her village, she was restored to them. She has recovered enough to understand the need for regular medical treatment and self-care and hopes to bring her life back towards a semblance of normalcy.

CHAPTER 3

EVALUATING THE PROJECT

PROJECT OUTPUTS

The following highlight some statistics which resulted from Project Arogya 2010. Of the 39 persons identified and rescued, 19 have been restored to their families – they are homeless no more.

	Nos.
Patients rescued Men(6), Women (33)	39
Patients in mental hospitals at end of project period	8
Patients in night shelter at end of project period	7
Patients restored to family during course of project	19
Patients who died in hospital during course of project	3
Patients who escaped from safety net	2
Police stations who participated	22
Hospitals that admitted patients	7

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SIGNIFICANT OUTCOMES

► INCREASE IN NUMBER OF RESTORATIONS AND REPATRIATIONS

The longer a mental illness remains untreated; the worse is its effect on the mental abilities of a patient. Therefore the earlier a wandering homeless person is picked up by the police, the earlier and easier it is to restore the person to his or her family. With the deterioration of mental faculties, patients who have been missing from home for the last 4 – 7 yrs find it difficult to remember their exact address, moreover in many cases, the families have moved from their original addresses, husbands have remarried and therefore it becomes even more difficult to return them to their families.

With the commencement of Arogya 2010, and with the Police Commissioner's order to all police stations to actively identify such cases, the prompt detection of a mentally ill person who has wandered away from home allows for earlier treatment and quicker recovery, as well as for speedier restoration of the person to his / her family.

During the period June 2007 – November 2010 (a period of 41 months), Iswar Sankalpa has identified over 1080 homeless mentally ill persons, treated 602 persons, and repatriated 62 of them to their homes. Of these 62, 19 persons (30% of those restored) were identified and repatriated during Arogya 2010 project (March – November 2010) itself. Of these 19 persons, some persons have been lost only for a number of days, or a few weeks, before being reunited with their families.

► ENSURING COOPERATION OF OTHER GOVERNMENT STAKEHOLDERS

The support of the Police Department and the issuance of court orders to hospitals to admit cases have been of great help to Iswar Sankalpa in getting patients admitted to state government hospitals. Apart from ensuring that state agencies - who often plead scarcity of resources as an excuse for not providing adequate services - admit our patients, the presence of state support for the individual who has lost his or her identity to an illness has given a humanitarian face to the state's service delivery mechanisms. People who were looked upon as 'security threats'/law breakers or simply human junk who needed to be removed during beautification drives in the city have now been offered a helping hand.

► OTHER DEMONSTRABLE GAINS

As a pilot project, Arogya 2010 demonstrates that:

- Convergence is imperative between agencies – whether private or public - to provide services to persons who are marginalized and do not have the means to demand their rights. It has been Iswar Sankalpa's experience that neither the State Health Department nor the State Social Welfare Department are willing to take responsibility for the homeless mentally ill. While the State Social Welfare

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Department feels that since these are mentally-ill patients, they should come under the purview of the Health Department; the Health Department is of the view that since they are homeless, they are the Social Welfare Department's responsibility.

Yet, the partnership between Iswar Sankalpa and the Kolkata Police shows that convergence is an achievable strategy and can occur seamlessly if it is facilitated by proper planning and the application of appropriate technical and procedural inputs from multi-disciplinary perspectives. Successful outcomes have also given Iswar Sankalpa a foundation on which to build positive partnerships with other state agencies.

- Convergence also needs commitment at the highest levels, and the order issued by the Special Commissioner of Police II on 22nd February 2010 has been a big step in the right direction.
- Apart from giving the Kolkata Police the ability to better deal with their legal obligations under the Mental Health Act, 1987, this gives them the opportunity to showcase the often unseen and unappreciated humane aspects of police work. Moreover, their participation shows that once the stigma and myths that surround mental health – and especially about the purported aggressiveness of the mentally ill - are dispelled, it is possible for non-medical persons to be an integral part of the treatment and care process.
- Mental health is an issue that receives the least amount of funding, attention and resources from both the private and public sector. While the Mental Health Act came into being in 1987 – today, almost 23 years later, most of its provisions remain only on paper. By taking cognizance of their duties under Section 25 of the said Act, the Kolkata Police are playing a significant role as state agencies in ensuring the rights of mentally ill homeless people – their right to medical care, their right to dignity, and their right to all the resources and services that other citizens of this country enjoy.

CONVERGENCE ALSO NEEDS COMMITMENT AT THE HIGHEST LEVELS, AND THE ORDER ISSUED BY THE SPECIAL COMMISSIONER OF POLICE II ON 22ND FEBRUARY 2010 HAS BEEN A BIG STEP IN THE RIGHT DIRECTION..

CONSTRAINTS

► TRAINING OF POLICE PERSONNEL

Some amount of training in the provisions of the Mental Health Act 1987, orientation in the needs of mentally ill homeless persons, and training in court procedures is necessary for police personnel to better handle the process of procuring court orders.

► NEED FOR A BLANKET RECEPTION ORDER

Under the existing system, the time between which an emergency patient is identified and hospitalized depends on how quickly the police can produce the patient before the Court, and how fast the Court gives an order in the case. Often, patients have to be

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kept overnight in shelters and nursing homes and full-fledged medical care is delayed till this official process is completed. It would be very beneficial for patients who are in urgent need of medical attention, if the Commissioner of Police could, within the purview of the various legislations involved, issue a blanket Order of Reception in lieu of the court process.

CHAPTER 4

THE WAY FORWARD

Homelessness is a complex problem for which there is no easy solution, and for the homeless, mentally-ill, a debilitating psychiatric condition exacerbates the situation. Yet, as the statistics that emerge from Arogya 2010s demonstrate if you proactively treat the mental illness – to some measure, you treat homelessness, a problem that all urban areas across the globe continually struggle with.

For the Kolkata Police, the processes and procedures that are a part of their role in Arogya 2010 – identifying the homeless mentally ill, producing them before the appropriate Court and tracing their families – are a part of normal police work, and is their responsibility as mandated under the Mental Health Act, 1987. With minimal training, this process can be replicated across all police stations across the city, and could become a model for police departments in other cities to emulate.

A scaling up of identification of such cases will result in a better utilization of resources for both organizations. For the Kolkata Police, keeping rescued persons in Iswar Sankalpa's care ensures that such persons stay off the streets while their families are being located, and contributes to the long-term objective of reducing homelessness. For Iswar Sankalpa, quicker repatriation of patients to their families means that funding and human resources can be spread over a larger number of homeless mentally ill persons.

The question of institutional sustainability does arise – however, Iswar Sankalpa is an organization that intends on working with the homeless mentally ill for the long-term. Given the commitment of both the Kolkata Police and Iswar Sankalpa, continuing the processes initiated during Arogya 2010 are well worth the returns in human terms as well as in keeping the streets safe and law-abiding.

GIVEN THE COMMITMENT OF BOTH THE KOLKATA POLICE AND ISWAR SANKALPA, CONTINUING THE PROCESSES INITIATED DURING AROGYA 2010 ARE WELL WORTH THE RETURNS IN HUMAN TERMS AS WELL AS IN KEEPING THE STREETS SAFE AND LAW-ABIDING.

APPENDICES

APPENDIX I

► ISWAR SANKALPA OUTPUTS FACT SHEET 2007 – NOVEMBER 2010

No of patients-

Identified	1080*
Treated	602
Under follow up	602
Emergencies	116
Referrals	146
Repatriated	62

No of patients provided with

Food	1417
Clothes	1039
Hygiene care	601

Events and groups

Community mental health committees created	2 (25 people)
Awareness Camps conducted	69 (2140 people)
Advocacy meetings held	12 (258 people)

* All patients who are identified do not come under the coverage of treatment because

- Being on the street with no fixed space, sometimes they are difficult to find
- Some persons do not engage with social workers, and leave no scope for negotiation of treatment
- In many cases, even if persons are approachable and engage in discussion, they refuse to come for treatment

APPENDIX II

► SECTION 25 OF THE MENTAL HEALTH ACT, 1987

POWERS AND DUTIES OF POLICE OFFICERS IN RESPECT OF CERTAIN MENTALLY ILL PERSONS -

Every officer in charge of a police station -

1. May take or cause to be taken into protection any person found wandering at large within the limits of his station whom he has reason to believe to be so mentally ill as to be incapable of taking care of himself, and
2. Shall take or cause to be taken into protection any person within the limits of his station whom he has reason to believe to be dangerous by reason of mental illness.
 - a. No person taken into protection under sub-section (1) shall be detained by the police without being informed, as soon as may be, of the grounds for taking him into such protection, or where, in the opinion of the officer taking the person into protection, such person is not capable of understanding those grounds, without his relatives or friends, if any, being informed of such grounds.
 - b. Every person who is taken into protection and detained under this section shall be produced before the nearest Magistrate within a period of twenty-four hours of taking him into such protection excluding the time necessary for the journey from the place where he was taken into such protection of the Court of the Magistrate and shall not be detained beyond the said period without the authority of the Magistrate.

APPENDIX III

► SECTION 26 OF THE MENTAL HEALTH ACT, 1987

PROCEDURE ON PRODUCTION OF MENTALLY ILL PERSON

1. If a person is produced before the Magistrate under sub-section (3) of Sec. 23, and if in his opinion, there are sufficient grounds for proceeding further, the Magistrate shall –

- a. Examine the person to assess his capacity to understand.
- b. Cause him to be examined by a medical officer, and
- c. Make such inquiries in relation to such person as he may deem necessary.

2. After the completion of the proceeding under sub-section (1), the Magistrate may pass a reception order authorising the detention of the said person as an in-patient in a psychiatric hospital or psychiatric nursing home

- a. if the medical officer certifies such person to be a mentally ill person, and
- b. if the Magistrate is satisfied that the said person is a mentally ill person and that in the interest of the health and personal safety of that person or for the protection of others, it is necessary to pass such order.

Provided that if any relative or friend of the mentally ill person desires that the mentally ill person be sent to any particular licensed psychiatric hospital or licensed psychiatric nursing home for treatment therein and undertakes in writing to the satisfaction of the Magistrate to pay the cost of maintenance of the mentally ill person in such hospital or nursing home, the Magistrate shall, if the medical officer in charge of such hospital or nursing home consents, make a reception order for the admission of the mentally ill person into that hospital or nursing home and detention therein;

Provided further that if any relative or friend of the mentally ill person enters into a bond, with or without sureties for such amount as the Magistrate may determine, undertaking that such mentally ill person will be properly taken care of and shall be prevented from doing any injury to himself or to others, the Magistrate may, instead of making a reception order, hand him over to the care of such relative or friend.

APPENDIX IV

► ORDER LETTER TO POLICE STATIONS

22nd February 2010

To All Divisional DCs

Sub: Taking help of NGO 'Iswar Sankalpa' in taking charge of mentally ill persons.

You are perhaps aware that u/s 23 of the Mental Health Act (1987), an officer-in-charge of a P.S. is duty bound to take into protective custody any wandering mentally ill person who is not able to take care of himself or is dangerous because of such illness. The mentally ill person must be produced by the concerned O.C. before the nearest magistrate within the next 24 hrs.

Often, it is the experience that the uncared for mentally ill person lies on the roadside and some skilled doctor must render some initial treatment to him on the spot before he can be even moved to the hospital. Also, sometimes, accommodation at the Govt hospital may not be available or may be inadequate. In these cases, the above NGO can help the O.C. by sending their volunteers and doctors to the spot for rendering primary treatment and also shifting the ill person in a private psychiatric clinic, till he is produced before the magistrate. The cost of such private treatment will be borne by the NGO.

Even after the mentally ill patient is produced before the concerned Court, the NGO will follow it up by giving prayer for taking custody of the patient and his complete treatment and rehabilitation. They have also been able to restore many mentally ill patients who have forgotten their names and address back to their families.

I will request you to circulate this matter to all the O.C.s/ACs under your control so that they may feel free to contact the above NGO whose particulars are given below, in case of any problem while taking charge of mentally ill people under the provisions of the Mental Health Act(1987):

Smt Sarbani Das Roy, Secretary
'ISWAR SANKALPA'
138, S.P. Mukherjee Road, Kolkata-700026.
Ph-24197451 / Cell: 9830260089
E-mail: isankalpa@gmail.com

It is also requested that all necessary help may be provided to the concerned NGO by the O.C.s under your jurisdiction in rescuing and treatment etc of the mentally ill persons in terms of the provisions of the Mental Health Act (1987).

It is hereby mentioned that this is a pilot project by the NGO initially for five months, but will be extended round the year depending on the experiences gathered, as stated by the NGO. Smt Sarbani Das Roy has also been requested to get in touch with you for any clarification etc.

This memo is being issued with the approval of Ld C.P.

Sd/-

(B. B. Basu)

Spl. Commissioner of Police (II)

Kolkata.

C.C.

(1) DC DD

(2) Smt Sarbani Das Roy, secretary, ISWAR SANKALPA.



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ABOUT THE PROJECT STAKEHOLDERS

ISWAR SANKALPA

Established in June 2007, Iswar Sankalpa is an organization that brings psychiatric care and allied services to the homeless mentally ill on the streets of Kolkata. The team comprises psychiatrists, social workers, psychologists and activists who work with hospitals, state and private agencies and communities to bring acutely needed medical treatment to homeless persons suffering from psychological disorders.

The Project Coordinator for Arogya 2010 was Tapan Pradhan, supported by Kalu Prasad and other Iswar Sankalpa staff. Supporting psychiatrists were Dr. Abir Mukherjee and Dr. Sri Kumar Mukherjee.

Governing body

Patron	Smt. Rotrout Roychowdhury
President	Dr. Ranadip Ranjan Ghosh Roy
Vice President	Dr. Prabir Paul
Secretary	Smt. Sarbani Das Roy
Asst. Secretary	Dr. Debashis Chatterjee
Treasurer	Dr. Srikumar Mukherjee
Member	Sri Surajit Ray
Member	Smt. Kalpana Basu Mazumder

Team

Tapan Pradhan
Chameli Rani Saha
Banani Nath
Tanmay Roy
Rumpa Halder
Suprokash Chakravorty
Kalu Prasad
Subir Sen
Mrinmoyee Bose
Samata Biswas
Monorama Majumder
Sabitri Mondal
Laboni Roy

THE KOLKATA POLICE

The Kolkata Police have been pivotal partners ever since Iswar Sankalpa commenced work - they have been instrumental in identifying street-dwellers in need of psychological care, in expediting the process that authorizes Iswar Sankalpa to take care of their patients, in ensuring that state hospitals provide them with treatment, and most importantly – in tracing the families of the patients - some of whom hail from other states. Through their Para Football Programmes, they have introduced Iswar Sankalpa to various community clubs who have subsequently been successfully roped into their health and awareness activities.

In a major breakthrough in community-based care for a vulnerable population, the Kolkata Police, under a socially-aware leadership, collaborated with Iswar Sankalpa for the rehabilitation and protection of homeless mentally ill persons. On 5th December, 2009, Sri Goutam Mohan Chakraborty, Commissioner of Police, inaugurated a Drop-in-Centre at the Hastings Police Station. Iswar Sankalpa uses the Drop-In-Centre as a rehabilitation space for recovering patients whose families are yet to be traced, or for those who have no families to go back to. Recovering patients, particularly males, often become victims of chemical addiction on the street, and the drop-in-centre has been especially useful in preventing them from falling prey to street drugs.

The police also provide security as well as refer women to our 100 bedded night-shelter in Chetla, where 50 beds are reserved for mentally ill women.

AROGYA

Emergency Response Unit

March - November 2010

Mental Health Pilot Project for the
Homeless Mentally Ill in Kolkata

Implemented by
Iswar Sankalpa

Sankalpa^{ISWAR}

In collaboration with
The Kolkata Police



Supported by
The Mani Devi Jhunjunwala Charity Trust

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