



Homelessness and Mental Health: Challenging Issue in an Indian Context

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“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” (Universal Declaration of Human Rights, article 25, par. 1.)

In the above declaration, housing is reported as a basic right, but in India, number of people is unfortunately deprived of it. Such people are commonly known as homeless people. *Homelessness* is the condition and social category of people who lack housing, because they cannot afford, or are otherwise unable to maintain, a regular, safe, and adequate shelter. These people either live on the streets, in jail, in an institution, or in other places not meant to be adequate nighttime residences. The legal definition of “homeless” varies from country to country. According to the census of India, the homeless people are those who do not live in census houses (a census house is referred to a structure with a roof¹). Homelessness is a prevalent social problem throughout the world; unfortunately the number of homeless people worldwide has grown steadily in recent years.²

The number of people living in slums in India has more than doubled in the past two decades and now exceeds the entire population of Britain³. United Nations Commission on Human Rights in 2005 noted that an estimated 100 million people -one-quarter of the world's population- live without shelter or in unhealthy and unacceptable conditions. The Action Aid in 2003 had found out that there were 78 million homeless people in India alone. Child Relief and You (CRY) in 2006 estimated that 11 million homeless children live on the streets. According to UN-HABITAT, India is home to 63% of all slum dwellers in South Asia. This amounts to 170 million people, 17% of the world's slum dwellers. Number of factors contributes to this social problem. Low per capita income is one factor that marks the sharp divide between India's wealthiest and poorest citizens. Approximately 35 percent of India's 260 million people (a group almost equal to the entire population of the United States) still earns \$1 or less a day. And according to the United Nations, 70 million people earn less than \$2 a day. As India continues to grow in economic stature, there's much debate over the country's ability to tackle poverty and urban homelessness⁴. In a 1993 report, WHO offered the following list of causes for this phenomenon called homelessness: “Family breakdown, Armed conflict, Poverty, Natural and man-made disasters, Famine, Physical and sexual abuse, Exploitation by adults, Dislocation through migration, Urbanization and overcrowding, Acculturation, HIV/AIDS”. Structural factors also contribute to homelessness which include: Lack of affordable housing, changes in the industrial economy leading to unemployment, inadequate income supports, the de-institutionalization of patients with mental health problems, and the erosion of family and social support. These factors can be divided into following categories⁵

- **Poverty:** Homelessness and poverty are attached together. Poor people are not in a position to pay for housing, food, child care, health care, and education. Researchers observed about 84 percents of homeless individuals below 100 percent Federal Poverty Level, as compared to 50 percent of housed individuals.⁶
- **Drug Addiction:** Data indicates that alcohol and drug abuse are excessively high among the homeless inhabitants. People who are poor and addicted are obviously at augmented risk of homelessness. Homeless individuals reported more substance use problems than nonhomeless individuals, including currently smoking (59 percent vs. 30 percent), binge drinking in the past year (40 percent vs. 20 percent), being at high risk of alcohol dependence (12 percent vs. 1.1 percent), being at high risk of drug dependence (15percent vs. 1.2 percent), and ever injecting drugs (14 percent vs. 3 percent).⁶
- **War:** It causes unexpected homelessness. People who are in a good position suddenly loose their home due to battle among countries. Apart from this, community violence's which happen at times in India has become one factor for homelessness. Recent riots in India, Muzaffarnagar, Uttar Pradesh and Bodo tribes Assam, have led number of families homeless.
- **Unhealthy relationships between young people and their parents or guardians:** It could be either because some parents don't give right of property to their children as a punishment for their misbehavior or heinous crime and some adolescents run away from their homes for not being able to adjust with the family or to live their life the way they want.

- **Unemployment:** Due to rising problem of unemployment, some people are not able to afford to have a house or to take a rented house leading finally to homelessness.
- **Divorce:** Anyone in a family whether mother, father or child can become homeless due to separation. Single parents with dependent children are mostly at risk of homelessness.
- **Natural disaster:** Cyclone, Tsunami and other calamities totally destroy the region resulting in homelessness of thousands of people.⁵ In India, recent floods in Uttarakhand caused a lot of damage and thousands of people have to get settled at other places as they were left homeless by the natural disaster.

The relation of homelessness and mental health is bidirectional i.e., homelessness leads to deterioration of mental health and in turn mental illness can also lead to homelessness. It forms a vicious cycle from which escape of an individual becomes difficult. Some studies have been conducted to assess the prevalence of mental illness in such population. For example in one study reported one hundred and forty homeless persons were admitted to the department of psychiatry of a north Indian medical university from February 2005 to July 2011. Of these, one hundred and twenty-seven (90.7%) had psychiatric illness and six had only intellectual disabilities. Most of the patients (55.7%) had more than one psychiatric diagnosis. HMI had considerably high rates of comorbid substance abuse (44.3%), intellectual disabilities (38.6%) and physical problems (75.4%)⁷. In another study carried out at Haryana homeless inmates indicate that the prevalence of depression and posttraumatic stress disorder (PTSD) were higher followed by conversion disorder, mental retardation and panic disorder. The results also show that more than 60% of inmates met the criteria for at least one psychiatric disorder⁸. People who are homeless have high mortality rates than general population⁹. Estimates indicate that at least 30 percent of persons experiencing homelessness suffer from serious mental illness, and that 50 percent or more are active substance abusers, with many having comorbid mental illness and substance abuse conditions^{10,11}.

Mental illnesses bring a lot of challenges in the life of homeless people. Serious mental illnesses disrupt people's ability to carry out essential aspects of daily life, such as self care and household management. Mental illnesses may also prevent people from forming and maintaining stable relationships or cause people to misinterpret others' guidance and react irrationally. This often results in pushing away caregivers, family, and friends who may be the force and social support that keeps the person from becoming homeless. As a result of these factors, people with mental illnesses are much more likely to become homeless than the general population. A study of people with serious mental illnesses by California's public mental health system found that 15% were homeless at least once in a one-year period. Patients with schizophrenia or bipolar disorder are particularly vulnerable. The stigma attached to such illness has always been a serious issue in India. Social isolation, stigma and a perception of being displaced from society make it difficult for this client group to canvas for better services.

Mental illness may cause people to neglect taking the necessary precautions against disease and can lead to physical problems such as respiratory infections, skin diseases, or exposure to tuberculosis or HIV. Some mentally ill people self-medicate using street drugs, which can lead not only to addictions, but also to disease transmission. This combination of mental illness, substance abuse, and poor physical health makes it very difficult for people to obtain employment and residential stability.¹²

The mentally ill because of their affected condition, are not only shunned but also receive no support or sympathy of any kinds. They often face poor living condition, infection, inaccessibility to basic health services, premature death and so on. Studies have shown that homeless women with schizophrenia are sexually assaulted at alarming rates, which exposes them to all kinds of deprivation and infections including the HIV virus. A systematic review of the twenty one studies and revealed that homeless adolescents are diagnosed with widely varying rates of mental health disorders and high rates of sexually transmitted infection¹³. Streets have become home to the mentally ill in India due to lack of social support and care. Statistics suggest that 25% of the mentally ill in India are homeless. Nimesh G.Desai, the director of Institute of Human Behavior and Allied Sciences (IHBAS) at Delhi, India in an interview suggested that "Homelessness among mentally ill is growing significantly—it has really become a major concern." IHBAS also providing out reach service facilities (twice a week) for the mentally ill homeless with the active collaboration of NGO Aasharay Adhikar Abhiyan (AAA) and magistrate over 12 years at Jama Masjid, Delhi. Mukul Goswami of Ashadeep, a mental health society that operates in Guhawati, Assam, India reported that 90% of the mentally ill homeless people are suffering from Schizophrenia or an alternate mood disorder. These mentally ill people are capable of harming themselves or those around them, most of the women are sexually abused and almost all have health issues like skin diseases and respiratory problems. He further mentioned that locating and admitting homeless patients is a persistent challenge. The ones that do get admitted are either found by the police authorities or volunteers from NGO.¹⁴

The difficulties of addressing combined substance misuse and mental illness (dual diagnosis), which exists in this group, has long been acknowledged¹⁵. International evidence suggests homeless individuals often find it difficult to access the health and social care they need¹⁶. The reasons for this include stigma, financial obstacles, lack of knowledge about state entitlements, healthcare system barriers, the competing priorities of homeless persons themselves and lack of community care. Homeless individuals face many challenges in accessing,

utilizing, and maintaining health care services, and report unmet health care needs for multiple types of health care^{10,17}

Keeping in mind the mental health consequences of homelessness, urgent attention and steps to be taken in this regard becomes compulsory for all concerned authorities and professionals. No doubt that already steps have been taken in these lines by NGOs hospitals, professional but that is not yet adequate. A number of NGOs are coming to the rescue of the mentally ill poor. The Banyan, a Chennai (India) based home for destitute and mentally ill women has gained international attention for the model rehabilitation program. The program extends its support beyond the treatment as it found that families refuse to accept the mentally ill once treated owing to the stigma attached to mental ill-health. It has rehabilitated over 1000 people who are now leading meaningful lives with economic activities¹⁰. Navachetna – a home for homeless ill women is working on rehabilitate the mentally affected homeless women living on the streets of Guwahati from 2005. Their work has become an inspiration for other professionals as they have reintegrated 362 with their families out of 401 till October 2012¹⁴.

The media both in national and international level are giving much attention to the street children in recent years. The 2009 Oscar Award nominated movie “*Slumdog Millionaire*” by Danny Boyle have drawn much attention to the life of *homeless /street children* in India. The efforts to increase awareness have led to several initiatives involving numerous groups working with street children, the launching of specific schemes and programs at the local, state and national level and the initiation of numerous studies on street children. A central scheme for the welfare of street children has recently been initiated by the Indian Government’s Ministry of Welfare, which gives funding to NGOs on programs related to street children.¹⁸

Author already worked with mentally ill homeless people when he was working as a psychiatric social worker under District Mental Health Program/ National Mental Health Program at IHBAS, Delhi (January 2009 to September 2011) and conducted (once a week) group therapy secession having 8-12 homeless people with poly substance abuse at Jama Masjid, Delhi. He observed that lack of motivation for initiation and maintenance of abstinence are common factors that make treatment difficult and challenging. Author has seen that most of the homeless were found from the 3rd and 4th decade, started substance abuse in early childhood, harbored poor knowledge about the risks involved with substance abuse and indulged in poly substance abuse. Majority was either unmarried or was separated. Few had HIV positive status and involved in high risk behavior. The individuals attending more than 40 to 60 % of the group interactive secessions showed perceptible reduction in high risk behavior and showed positive changes in behaviors related to substance abuse.

Conclusion

The issue of mental health among homeless people is not only important but also serious issue. Mental illnesses and homelessness is interwoven and forms a vicious cycle. The biggest challenge that Mental Health Care in India face is the lack of awareness and social stigma attached to the illness. The menace of substance abuse, sexually transmitted diseases and difficulty in accessing, utilizing, and maintaining health care services by such people has been a great concern. In light of these challenges, community mental health programs in slums seem to be an option for combating the issue. The reliable estimates of the mental disorders among homeless would help policy makers as well as mental health professionals in the development of psychiatric services. This article advocates the human rights mainly of the homeless people with mental disorders .It are a great urgency to eradicate mental illness in this comparatively more vulnerable population.

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