

## Human Rights Violation in Mental Health: A Case Report from India

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### Introduction

Mental health concerns continue to be largely neglected, despite the high prevalence of mental disorders in society [1]. People with mental illness experience violation of their civil, cultural, economic, political and social rights the world over [2]. India is not an exception with respect to human rights violations of patients with psychiatric disorders, despite having various legal measures such as the Mental Health Act 1987, Persons with Disabilities Act 1995 etc., to prevent the same [3,4]. Furthermore, India is also a signatory to the Alma Ata Declaration in 1978 that states that health, which is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right [5]. In 2007, India was among the many countries that ratified the UN Convention on the Rights of Persons with Disabilities, which includes People with Mental Impairment [6]. Although India has various legal measures to protect the human rights of the mentally ill, the proper implementation of these acts came into question after the Erwadi fire accident in 2001 which caused the death of 25 mentally ill patients who were chained in a faith based 'mental asylum' at Erwadi Village in South India [7]. A recent article reported a young man with mental illness chained to a tree with ant bites and open wounds on his legs [8]. What appears to be painfully obvious is that these violations continue to occur in India, more often in the rural areas of the country.

Though there are a number of reports of human rights violations of the mentally ill in psychiatric institutional settings, such incidents happening in their own homes are often overlooked and under-reported. The following case is an illustration of such one incident. Informed consent to publish this case, on the basis of anonymity, was obtained from the patient.

**Keywords:** Human rights; Mental illness; Case report

### Case Report

Mr. K, a 41 year old unmarried gentleman from a rural village of South India, belonging to a lower socio-economic status, was pre-morbidly well-adjusted and one amongst the few who graduated from his village. He had been suffering from Paranoid Schizophrenia for the past 21 years. Apparently, about 17 years ago he was treated in a tertiary care center for his illness but discontinued treatment within a year due to non-affordability and non-availability of medications as reported by a family member. His illness worsened following drug default, and as the patient was difficult to manage, in 1997, family members confined him to a room at home. He was home-bound in a single room on the terrace and the room had no proper ventilation or sanitary facilities. Food was given through a single window whenever the patient made some noise or threw objects indicating that he was hungry. His personal care was neglected throughout these years. Six

years ago, the room in which patient was confined was further reduced in space by dividing it into two rooms and patient's room from then on had no door and only a small window. One year ago, a local journalist came to know about this incident and published information about the same in local newspaper. Following this, the local government representatives, along with the regional health team released the patient from solitary confinement and he was brought to our institute for treatment. At the time of admission, patient's hair was matted and overgrown, conversation with him was difficult; he responded only by occasional grunts and he had a cervical lymph node swelling that was later evaluated and found to be tubercular lymphadenitis. After around three months of treatment with an antipsychotic at our institute, the patient recovered enough to be placed in a government-run rehabilitation facility close to his hometown with the active involvement of the district administration. Over the last eight months, he continues to do well as per the report of the treating psychiatrist.

### Discussion

This report highlights not only the extreme neglect and abuse suffered by this individual, but also the fact that with the involvement of the local authorities and relatively simple psychiatric treatment, most of these patients can return to a meaningful state of functioning. However, this gentleman is only one amongst thousands of mentally ill patients who are denied their basic rights because of their illness. There would be many others like him who are not reported. The family members of this patient later reported issues such as lack of accessibility to public psychiatric care in the region, inability to afford treatment in private care and inability to manage the patient when he would become violent. The Magistrate (Tahsildar) of the same Taluk/Block also later mentioned that there are nearly 200 to 250 untreated persons with severe mental illness in the district, and expressed the need for District Mental Health Program.

From the aforesaid facts, it is likely that human rights violation of mentally ill is not uncommon in home settings also. Though the inception of National Mental Health Programme happened three decades ago, the primary aim of the programme of providing basic mental health care to rural and economically backward areas is incomplete [9,10]. The goings-on in rural areas such as the one depicted here depict the true reality of how unjustly mentally ill individuals are treated. In reality, the implementation of Acts and Conventions dealing with human rights of persons with mental illness is unsuccessful [11]. However, legal sanctions alone may not provide adequate protection; the real need is for the proper implementation of mental health policies and programmes, especially in rural areas. This has to be done through establishing adequate mental health treatment centers, mental health manpower development, and provision of basic

mental health training for the doctors in primary health centers, training the community volunteers for the identification and appropriate referral of mentally ill cases, community participation, educating and changing community attitudes towards mental illness and so on. The mental health professionals, governmental and non-governmental organizations, and other stakeholders should unify their efforts in order to bring desired changes in the mental health system of the country and advocating for human rights of people with mental illness.

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