

Homeless, mentally ill women face vicious cycle in India

November 25 2014

An award-winning study by a Loyola University Chicago Stritch School of Medicine researcher has documented how homeless, mentally ill women in India face a vicious cycle:

During psychotic episodes, they wander away from home, sometimes for long distances, and wind up in homeless shelters. They then are returned to their families before undergoing sufficient psychosocial rehabilitation to deal with their illness. Consequently, they suffer mental illness relapses and wind up homeless again.

"The study illustrates how there must be a balance between reintegrating homeless, mentally ill women with their families and achieving a psychiatric remission first," said study author Anita Rao, who presented her findings to the University of Oxford's 2014 Mental Health Conference: A Global Focus.

Rao, a third-year medical student at Loyola University Chicago Stritch School of Medicine, received the prestigious Lancet Psychiatry Poster Prize for her study. Lancet is one of the world's leading medical journals.

The combination of homelessness and mental illness is a global phenomenon, occurring in rich and poor countries alike. India has a total homeless population of 78 million. It's unknown what percentage of India's homeless population is mentally ill. But in the United States, an estimated 20 to 25 percent of the homeless population has a mental

illness.

Rao, an Indian American, spent five months studying mentally ill homeless women in the city of Mysore in the state of Karnataka, India. Rao is fluent in Kannada, a language spoken in Karnataka.

Rao surveyed 21 women in a residential facility for homeless, mentally ill women. The surveys were prepared in conjunction with the Indian National Institute of Mental Health and Neurosciences. Information was collected on the women's socio-demographic variables and psychosocial and familial conditions in four time periods: before the onset of illness, during the course of illness, during episodes of homelessness and after institutionalization. Among the findings:

- Four women had bipolar disorder, seven had schizophrenia and 10 had psychosis not otherwise specified.
- The two main developments leading to homelessness were death of a primary caregiver and abandonment by family members.
- More than half of the women (52 percent) came from states other than Karnataka, including Andhra Pradesh, Maharashtra and Tamilnadu. This illustrates how mentally ill people have a tendency to wander. However, Indian families are reluctant for moral reasons to accept a female family member who has wandered away for a long period of time.
- The women had relatively short stays in the facility: ten women stayed 1 to 10 months and eight stayed 11 to 20 months, while only three stayed 21 months or longer. This indicates women were reunited with their families either before they had achieved remission from their illness or shortly thereafter—regardless of whether they had undergone sufficient psychosocial rehabilitation.

While typically the goal in India is to reunite mentally ill women with

their families, the goal in the United States is to find homeless, [mentally ill](#) women jobs and housing. But in either case, it's critically important that women first receive adequate psychosocial rehabilitation. Such rehab includes classes and group sessions to help patients and families understand the disease and learn skills to deal with stresses that can trigger [mental illness](#) episodes, Rao said.

After graduating from medical school, Rao would like to do a dual residency in neurology and psychiatry. Her father, Murali Rao, MD, is chair of the Department of Psychiatry and Behavioral Neurosciences at Loyola University Medical Center.

"He is a role model of the type of physician I would like to become," Anita Rao said. "He's very humanistic in his approach to medicine. The patient always is at the center of his practice."

Provided by Loyola University Health System

Citation: Homeless, mentally ill women face vicious cycle in India (2014, November 25) retrieved 20 March 2024 from <https://medicalxpress.com/news/2014-11-homeless-mentally-ill-women-vicious.html>

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