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## **Exploring the Current Status of the Rehabilitation and Welfare Programs for Women with Severe Mental Illness**

**Yatheesh Bharadwaj H S, Sateesh R Koujalgi**

Dharwad Institute of Mental Health and Neurosciences, Dharwad, India

Email: yatheesh428@gmail.com, hodpswdimhans@gmail.com

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### **Abstract**

This study examines the multifaceted challenges faced by mentally ill women in developing countries, with a particular focus on India. Drawing on research from various sources, including studies conducted in India, the paper highlights several critical issues affecting mentally ill women, such as societal misconceptions about mental illness, legal vulnerabilities, caregiving burdens, and the absence of state-supported programs. The study underscores the urgent need for comprehensive government interventions to address these challenges, including legal protections, access to healthcare and support services, efforts to combat stigma, and targeted interventions for vulnerable populations, such as homeless individuals with mental illness. Despite ongoing efforts, gaps in the availability and utilization of rehabilitation services persist, especially for women. The paper calls for continued advocacy, policy reform, and community support to address gender disparities and improve the effectiveness of rehabilitation services, ultimately striving for a future where mental health is prioritized and all individuals have the opportunity to thrive.

**Keywords: Rehabilitation, Welfare Programs, Women, Mental Illness.**

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### **INTRODUCTION**

Mental illness poses a significant public health challenge, affecting approximately one in four people globally at some point in their lives. (World Health Organization, 2004). Mental health disorders contribute substantially to the global burden of disease, impacting not only individuals but also their families, communities, and societies at large (Bond et al., 2001).

Within the realm of mental health, the unique challenges faced by women deserve particular attention. Gender disparities in mental health manifest across various life stages and circumstances, influenced by societal norms, cultural expectations, and biological factors. Women experience higher rates of conditions like depression and anxiety, often compounded by factors such as caregiving responsibilities, socioeconomic status, and access to healthcare. Addressing women's mental health necessitates tailored interventions that consider the intersectionality of gender with other social determinants. In light of these complexities, it is imperative to adopt a comprehensive approach to mental health that addresses the diverse needs of individuals, promotes gender equity, and enhances support systems for rehabilitation and recovery. By prioritizing mental health literacy, reducing stigma, and integrating gender-

responsive strategies into policies and programs, we can strive towards a future where mental health is prioritized, and all individuals have the opportunity to thrive.

A study conducted in India brings attention to the significant challenges faced by mentally ill women in developing countries, shedding light on several critical issues. One prominent issue highlighted in the research is the widespread misunderstanding surrounding mental illness and its consequences. This misunderstanding often leads to the erroneous belief that marriage can remedy all problems, resulting in mentally ill women being married off without disclosing their condition to their prospective husbands and their families. This lack of awareness perpetuates harmful practices and denies women the opportunity for informed consent in their marital relationships.

Furthermore, the research underscores the legal vulnerabilities faced by mentally ill women, who often lack adequate legal protection, particularly regarding maintenance after separation or divorce. This leaves them economically dependent on their families, exacerbating their vulnerability and hindering their ability to access essential support services.

Another significant aspect illuminated by the study is the burden of care disproportionately falling on aging parents. With aging parents shouldering the responsibility of caring for mentally ill daughters, often while grappling with their own health issues, the situation presents significant challenges for both the women and their families.

Moreover, the absence of state-managed support programs further compounds the challenges faced by mentally ill women, limiting their access to crucial services such as healthcare, financial assistance, and protection from exploitation. This absence underscores the need for comprehensive government interventions to address the intersecting needs of mentally ill women in developing countries.

Additionally, the research highlights the pervasive stigmatization and negative attitudes surrounding mental illness, which contribute to the isolation and marginalization of affected women. Negative attitudes from spouses, their families, and broader society often hasten separations or desertions, further exacerbating the challenges faced by mentally ill women.

Moving beyond the specific focus on mentally ill women, the study also delves into the intersection of mental health and homelessness, particularly among women. Homelessness presents a complex societal issue intertwined with mental health concerns, with a significant proportion of homeless individuals, particularly women, grappling with mental health disorders. Recognizing this correlation, initiatives such as the National Mental Health Program emphasize the importance of improving access to mental health services for marginalized communities, including the homeless population.

Furthermore, research conducted in South India provides valuable insights into the clinical outcomes and rehabilitation efforts for homeless individuals with mental illness. This research underscores the multifaceted nature of their needs and the importance of tailored interventions to address their mental health and social support requirements.

The research underscores the urgent need for comprehensive government-sponsored welfare and rehabilitation programs aimed at addressing the intersecting challenges faced by mentally ill women, particularly in regions like Karnataka. Such initiatives should encompass

legal protection, access to healthcare and support services, efforts to combat stigma, and targeted interventions for vulnerable populations such as homeless individuals with mental illness.

## **METHODS**

The proposed research method will employ a mixed-method approach to investigate the multifaceted challenges encountered by mentally ill women in developing countries, with a focus on India. Quantitative analysis will be conducted utilizing data on rehabilitation/halfway homes, intake capacity, occupancy rates, and the proportion of individuals in mental health institutions compared to those accessing rehabilitation services. Utilization rates and vacancy statistics will be computed to assess the efficiency and availability of rehabilitation services. Additionally, qualitative methods such as interviews and focus groups will be employed to explore the lived experiences of mentally ill women, caregivers, and stakeholders, elucidating perceptions, barriers, and gaps in support systems. The study will also analyze government policies and welfare programs aimed at addressing mental health issues and empowering women, evaluating their effectiveness and identifying implementation challenges. By triangulating quantitative and qualitative data, the research aims to provide comprehensive insights into the complex dynamics of mental health challenges faced by women in India and propose recommendations for policy reform and community-based interventions to enhance support systems and promote gender equity in mental health care.

## **RESULTS AND DISCUSSION**

The escalating concern surrounding mental illness has highlighted the specific hurdles encountered by women, particularly the heightened risk of homelessness compounded by inadequate rehabilitation services. Without sufficient support, mentally ill women face increased vulnerability, potentially leading to homelessness. However, societal backing can play a pivotal role in their rehabilitation.

The media spotlight on a former famous ramp model found in distress on the streets of New Delhi, suffering from psychosis and substance abuse, spurred government action to address the needs of mentally ill women. Following media coverage, a Delhi University student filed a Public Interest Litigation, prompting the Delhi High Court to direct the establishment of specialized wards for mentally ill homeless women within state-run shelter homes. These wards, staffed with psychiatrists and medical personnel, aimed to facilitate their rehabilitation. (Chatterjee et al, 2020). This incident catalyzed a significant shift in governmental approach, leading to collaborative efforts with NGOs to establish Rehabilitation Homes and halfway houses nationwide. These initiatives offer crucial support and services, marking a pivotal moment in recognizing and addressing the unique needs of mentally ill women, ensuring they receive the care and assistance they require.

### **Programs for persons with mental illness**

**Manasadhara:** "Manasadhara" (Day Care) Centers was announced in the budget in the year 2013-14. Manasadhara is a Community Mental Health Day care programme, funded by the

state government. Presently, these centers are functional in 15 districts (Bangalore Rural, Bangalore Urban, Dakshina Kannada, Kodagu, Udupi, Tumkur, Hassan, Dharwad, Gadag, Mandya, Chitradurga, Chamarnajagar, Haveri, Chikkaballapur and Belgaum). Efforts to initiate these centers in all the districts (1 for each district) are in progress. Enhancing the mental health of adolescents is a component of Rashtriya Kishor Swasthya Karyakram (RKSK) and is included as an activity under the Manasadhara Programme.

### **Half way/long stay homes**

According to MANOASHRAYA, the Dashboard on Rehabilitation Homes(RH)/ Halfway Homes(HH) in the country provides State/UT-wise details of RH/HH, including the number of homes, intake capacity, occupancy, and number of persons languishing in Mental Health Institutions.

<b>Category</b>	<b>Total</b>
<b>Total number of Rehabilitation/Halfway homes</b>	355
<b>Total Intake capacity in these RH/HH</b>	
- Male	11,597
- Female	11,963
<b>Total Occupancy in RH/HH</b>	
- Male	8,774
- Female	9,426
<b>Total No. of persons languishing in Mental Health Institutions</b>	1733
- Male	831
- Female	902

There are 355 rehabilitation/halfway homes in total. These facilities serve as essential resources for individuals requiring support and assistance in overcoming challenges such as addiction, homelessness, and mental health issues.

### **Total Intake Capacity:**

The intake capacity refers to the total number of individuals that these rehabilitation/halfway homes can accommodate. The total intake capacity for males is 11,597, while for females, it is 11,963. This indicates the maximum capacity of these facilities to provide support and services.

### **Total Occupancy:**

The total occupancy reflects the actual number of individuals currently residing in these rehabilitation/halfway homes. For males, the total occupancy is 8,774, and for females, it is 9,426. This indicates the current utilization of these facilities.

### **Total Number of Persons Languishing in Mental Health Institutions:**

1,733 individuals are languishing in mental health institutions in total. Among them, 831 are male, and 902 are female. This highlights the prevalence of mental health issues and the need for comprehensive support and intervention.

### **Utilization Rate:**

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The utilization rate can be calculated by dividing the total occupancy by the total intake capacity and multiplying by 100. This provides insights into how efficiently these facilities are being utilized. For males, 75.7% and females, 78.8%. These utilization rates indicate that a significant portion of the capacity is being utilized, suggesting a demand for rehabilitation services.

### **Vacancy:**

Vacancy refers to the difference between the total intake capacity and the total occupancy. This represents the available capacity for additional individuals seeking rehabilitation services.

For males:  $11,597 - 8,774 = 2,823$

For females:  $11,963 - 9,426 = 2,537$

These vacancies suggest that there is room for more individuals to be accommodated in these facilities.

### **Proportion in Mental Health Institutions Compared to RH/HH Occupancy:**

This comparison provides insights into the prevalence of mental health issues among individuals accessing rehabilitation services. It can be calculated by dividing the number of individuals in mental health institutions by the total occupancy of rehabilitation/halfway homes and multiplying by 100.

For males:  $(831 / 8,774) * 100 \approx 9.5\%$

For females:  $(902 / 9,426) * 100 \approx 9.6\%$

These proportions suggest that a significant portion of individuals accessing rehabilitation services may also require mental health support. Overall, the data highlights the importance of rehabilitation/halfway homes and the prevalence of mental health issues among individuals seeking support. It underscores the need for comprehensive and integrated approaches to address the diverse needs of individuals in rehabilitation settings.

According to Government Order No: MME: 145: PHP: 2006(3), Bengaluru, dated 17-08-2007, Manasa Kendras (short stay and permanent stay) are being implemented in Bengaluru, Belgaum, Bellary, Raichur, and Shimoga. However, only Bengaluru and Belgaum Manasakendra are functioning, and the remaining are not yet fully functioning.

**Disability Certificate:** Issued by competent authorities to assess the level of disability, enabling individuals to avail welfare benefits.

**Free Transportation Facility:** Persons with mental illness (PwMI) can avail of travel concessions such as concessional bus passes and rail concessions. Additionally, any women, including women with mental illness, can travel in non-AC buses across the state free of cost under the Sthri Shakthi project. This will help her to come to the hospital, get treatment regularly, and avoid relapses.

**Disability Pension:** PwMI with 75% and above disability receive a pension of Rs. 1,400 per month, while those with 40% to 74% disability receive Rs. 800 per month.

**Job Reservations:** The government of Karnataka has identified posts for persons with mental illness in Group C and Group D categories. The Right to Persons with Disability Bill proposes 1% reservation for persons with mental retardation, mental illness, and autism.

**Pension Transfer:** Government employees/pensioners/family pensioners can transfer a pension to a disabled dependent in the family.

**Udhyogini Scheme:** Encourages women to take loans from banks for income-generating activities, providing assistance in the form of subsidies to avoid reliance on private money lenders.

These benefits and schemes aim to support persons with mental illness in Karnataka by providing financial assistance, job opportunities, and access to transportation and loans for economic empowerment.

## CONCLUSION

Addressing mental health issues, especially among women, requires a comprehensive approach considering the intersectionality of gender with other social determinants. Challenges faced by mentally ill women in developing countries like India include misconceptions, legal vulnerabilities, stigma, and lack of support programs, exacerbated by homelessness. While government and NGOs collaborate to establish rehabilitation homes and specialized wards, there are gaps in service availability, particularly for women. Welfare programs aim to provide support, including financial aid and employment opportunities, but obstacles remain in implementation and equitable access. Addressing gender disparities and improving rehabilitation services demand sustained advocacy, policy reform, and community support, alongside efforts to prioritize mental health literacy and reduce stigma.

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**First publication right:**

Journal Transnational Universal Studies (JTUS)

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