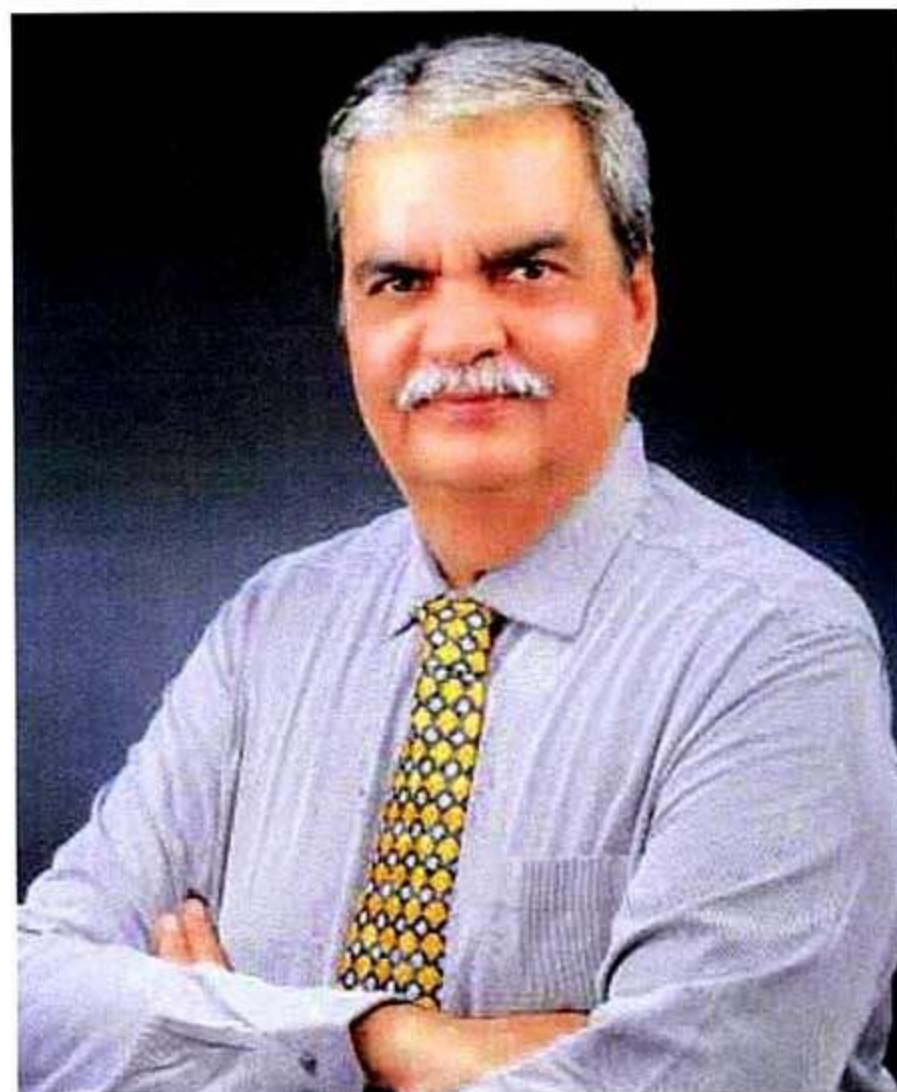


INTERVIEW Bharat Vatwani, psychiatrist, Magsaysay Award winner

“On mental health, all of us need to supplement govt’s efforts”

Dr Bharat Vatwani of the Mumbai-based Shraddha Rehabilitation Foundation – one of the two Indians who won this year’s Ramon Magsaysay Award – has been reuniting mentally ill street-dwellers with their families, fighting against all odds. His mission began in 1997 when he and his wife (Smitha, who is also a practising psychiatrist) spotted a frail young man drinking gutter water out of a coconut shell and took him to their nursing home in Borivali. They treated him and reunited him with his family in Andhra Pradesh. The couple also helped a well-known Sir JJ School of Arts teacher who was suffering from schizophrenia, wandering in the streets for over two years. After treatment, Dr Vatwani fought for him to get his job back. This triggered an overwhelming response from art students who organised a fund-raiser exhibition for Dr Vatwani’s cause to set up an institution for the mentally ill. Vatwani speaks to Geetanjali Minhas about his mission:



Mental illness is curable in most cases, but in India most patients remain undiagnosed and untreated due to attached stigma. How can we raise awareness?

Though curability and stigma are two different issues, both are interconnected towards the final outcome. In massive awareness campaigns both must be addressed specifically and separately. Attitudinal shift happens when patients’ families personally have a positive experience during recovery vis-à-vis the above parameters. That seals the entire process.

How has societal attitude towards mental illness changed over the years?

Significantly yet inadequately treatment facilities are popular all over the country and over-utilised. Due to the shortage of psychiatrists, the population is not being served adequately but people are coming forward for treatment. Social acceptance of the mentally ill is also growing. The family attitude towards their mentally ill member is also undergoing transformation and spouses too are more caring towards their mentally ill partners. Divorces due to cases of mental illness are coming down. Families are making arrangements for the future wellbeing of their mentally ill family members. The society is recognising the fact that a mentally ill person is not so of their own bad deeds and accepting the fact that mental illness is medical in nature and not due to black magic.

In your work, you must have faced many obstacles.

There were financial difficulties as donors in India are not sensitized towards mental illness. There is lack of trained manpower. With our centre located at Karjat, in the interiors, the staff was not ready to stay there. We still do not have an entry-level associate residential psychiatrist or MD (medicine) physician.

In 1996 when we wanted to set up a psychiatric institution at Dahisar in Mumbai people did not want a centre for mentally ill near their residential buildings. They put up huge banners against us and took us to court. Finally we won the court case. With the judge pronouncing that the mentally ill are a part of the society and deserve to be treated within the same society. The judgment gave them their rightful place under the sun.

There were local challenges like power breaks, extreme weather conditions with patients developing heat stroke, and torrential rains leading to functional difficulties. With medical infrastructure at Karjat woefully inadequate due to health complications like heart attacks, malaria, typhoid and TB, patients have to be shifted to faraway hospitals, resulting in loss of manpower and funds.

Other functional difficulties are poor internet connectivity especially during rains, presence of snakes and scorpion, use of boring water for drinking which sometimes causes waterborne diseases, severe infections in patients, skin wounds (maggots), fractures, hypoproteinaemia, seizures, HIV infection and difficulty in tracing out addresses due to multiple languages in the country. It is specially challenging to reunite females from tribal areas and patients

from migrant population with their families as it requires travelling to remote interior villages involving bus changes, crossing water ways on boats and walking long distances on foot. Despite all this sometimes it is not possible to trace out families and at other times families refuse to accept the recovered destitute.

Despite such challenges, what motivates you to continue with your work?

Compassion, commitment, immense job satisfaction, support of our staff, contribution of our well-wishers and every tiny contribution towards reducing human suffering, our own personal and professional expertise in transforming the patients in promoting a successful model till other NGOs replicate it.

President Ram Nath Kovind has acknowledged that India is facing a possible mental health epidemic. Yet India spends only 0.06 percent of its reducing healthcare budget on mental healthcare. The National Health Policy 2017 has a target of investing a mere 2.5% of GDP on health by 2025. In such a scenario due you think the objectives of the new Mental Health Care Act, 2017, can be achieved?

Yes, but we cannot go on waiting and do nothing about it. All of us need to supplement efforts initiated by the gov-

“Fortunately with many new medications for mental illness, long-term stay is not required for most patients.”

ernment which means the private, corporate and pharmaceutical sector, NGOs, charitable organisations, local and foreign funding agencies, local governing authorities, psychiatrists, nursing colleges, social work institutes, youth organisations, media including social media, UN agencies, intergovernmental agencies, religious organisations, advertising agencies, human resource development experts, CSR funds, tax exemption schemes, educational institutes, vocational guidance organisations, employment bureaus etc., can do a lot.

While the number of patients treated in mental asylums has increased manifold there are not enough mental asylums. Those that exist are not run well or do not function as inclusive nurturing places. Your comments.

Fortunately with many new medications for mental illness, long-term stay is not required for most patients. So the need for massive inpatient care on long-term inpatient care has significantly reduced and not a hurdle any more.

Some argue that the Mental Health Review Board proposed in the new law to look into juridical aspects of mental healthcare may discourage not-for-profit and private enterprises from providing mental healthcare



Dr Vatwani with inmates

services that have legal implications. That may push a large number of the needy to public hospitals which do not have sufficient trained people and funds. Your comments.

Although all the laws are invariably perceived as threatening, in reality they exist only to sustain a disciplined design in our total functioning. If our intentions are pure, local authorities are always supportive and if something does get stuck in a bottleneck, courts are always there to modify anything that is impractical. The government too is open to amendments when it helps the smooth functioning of the system. Therefore, NGOs and private sectors should not feel restricted because of this [provision].

Do you think that in taking a rights-based approach for treatment and care of mental illness, the new law overlooks the issue of mental health marked by social perils like inequality, hopelessness, deprivation, poverty and discrimination?

We are in the process of development. Issues of inequality, hopelessness, deprivation, poverty and discrimination are universal in nature and not restricted to India alone. While attempting to sort out these issues we need to protect vulnerable citizens in our society and to that extent the least we can do for them is protect their rights.

When the government aims to increase access to mental healthcare services to vulnerable groups, especially the homeless, those living in remote areas, difficult terrains, and economically, socially and educationally deprived sections, how challenging will it be in the face of absence of data on trends and prevalence of mental illness in the country?

If adequate psychiatric services are in place and widespread population is getting the help it requires, I think absence of accurate data remains only a theoretical requirement and that too in planning stage. This should not deter us from implementing a wide network of services till we overshoot our needs. The data known at present should at least be instrumental in covering all districts of India. ■