

Tracing and Reuniting with Family of Unknown Mentally Ill Persons

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Abstract: Many mentally ill persons are getting admitted in psychiatric hospitals as 'unknown' patients. They have right to family. Authors explained the process of family tracing and reuniting of the family with these unknown patients in the Indian context. Generally social workers in multi disciplinary team carry out family tracing and reuniting process. Legal implications of the process were discussed.

Key words: unknown patient, mentally ill, social worker, family tracing, family reuniting, family reintegration.

I. INTRODUCTION

A large number of patients are admitted to hospitals in large cities without any identification. These "unknown" patients represent a unique problem in developing countries (1). In India also, there are a number of unknown cases received in many hospitals especially in government hospitals. Many homeless/wandering mentally ill persons also are getting admitted in psychiatric hospitals. These "unknown" patients are mainly admitted by police, general public and many times the family themselves abandon the patient in the hospital premises and disappear. Many might have undergone different types of abuse/violence from general public, family etc. Right to family is the right of a mentally ill person (2). So it is very important to do needful to trace the family to get reunited to prevent further homelessness, abuse and rights violations. It is a challenging job to trace the family to get reunited with their family. Rights based psychosocial interventions for these patients are generally carried out by Social Workers (SWs) in psychiatric hospitals along with other team members such as psychiatrist, psychologist and nurse. Tracing and reuniting with family of unknown mentally ill patients is a team effort and the SW may take leadership in this process. Here, the authors discuss the process of tracing and re-uniting with family of these unknown patients in Indian context.

II. TRACING THE FAMILY

When a mentally ill patient is admitted as unknown in hospital, it is important to inform the nearest police station

about the patient and getting a reception order from court under Mental Health Act, 1987; is essential to continue inpatient treatment (3). If the patient is child, then the team may approach Child Welfare Committee formed under the Juvenile Justice (Care and Protection of Children) Act, 2000 (4) or child line agency for care and protection services.

- Collect patient's name, address and contact details of family members/relatives/neighbours/colleagues/class mates/teachers/school/workplace etc.
- If the contact details are available, contact family members or known persons and ask them to come to the hospital immediately.
- If contact details are not very clear; contact Sub Inspector of nearest police station where patient resides, post office (as post man/post woman know many of the people personally), panchayath /municipality (better ward councillors; they may know many of the neighbours), health inspector/ accredited social health activists (ASHA)/anganwadi workers (theses officials may have direct contact with many residents)/ taluk office/district collector/state level authorities etc.
- In case of phone numbers are not available; SWs can send letters to the concerned persons with patient's photograph. Photograph should be taken with the written consent of patient if he/she is able to give consent. Even otherwise photograph may be taken and sent considering the good intention of helping the patient.
- If the patient is from a particular state (and no other contact details are available), then contact the police and enquire about missing cases and seek help to find the family.
- Broadcast patients' details through TV/news paper etc. in the concerned region.
- Seek Non Government Organizations' (NGO) help as well if needed.
- The team may also consider use of social networking sites to trace the family.

- If the SW team is taking the patient to find the family in his/her locality; inform the Sub Inspector of police and a people's representative (ward councillor/ panchayath member) about your home visit and seek help in the process. This will help the team to avoid legal complications and to get support for the team and to the patient.

III. IF THE FAMILY IS TRACED

- If the family is traced, ask them to meet the treating team at the hospital immediately. A letter may be posted with acknowledgement card to them for this apart with phone calls.
- If they are ready to come; ask them to come with valid original documents proving the relationship. Ask to get a family photograph which includes the patient or any other photograph of patient to prove the relationship. This may help to prove that the patient is related to the particular family/person coming to see the patient and to avoid sending the patient to wrong hands.
- Prepare the patient to meet the family.
- Allow the patient to meet the family only in the presence of SW.
- Ensure that the patient recognize the family members.
- Check the patient is ready to go with them or not.
- If the patient is not recognising the family but the family is able to give proof showing the relationship; legal consultation may be taken before sending the patient along with the family or may wait to see improvement in patient's condition. If the patient is not ready to go with family, do not send without his/her consent.
- Once the family comes, check reasons for abandoning/missing the patient.
- Educate them about the illness and take measures to prevent abandoning/missing in future. Ensure treatment compliance.
- Take a photograph along with the family member before sending the patient. This may help to tackle legal issues if comes in future.

IV. IF THE FAMILY IS TRACED, BUT NOT READY TO COME TO THE HOSPITAL OR TO ACCEPT THE PATIENT

- In many cases, though the family is traced, many families may not be interested to take the patient back home
- Understand their situation in an empathetic way and reassure help and motivate them to see the patient.
- If the family is adamant and not ready to accept/discharge the patient, the team may seek police's help. SW may request the police to make a

home visit and send the report to the treating team. Ask the police to make it clear in their report that whether the family is ready to discharge the patient or not. And to inform the family that the treating team may take measures for the best interest of patient if the family is not ready to accept the patient. This may help to avoid any legal issues. After getting report from police, the treating team may plan placement/rehabilitation of the patient.

- The team may also be able to approach the women's commission / human rights commission if the family is reluctant.
- Also if the patient is woman, then the department of women development/ welfare also may be approached.
- If the family is not ready to come and if the team has got the clear written evidence that the family has abandoned/not interested in the patient, the treating team can plan place/rehabilitate the patient in any suitable organisation. Right to rehabilitation is a right of persons with mental illness (2). Sometimes it may require permission from the court. The treating team should ensure that the rights of patient are protected in the organisation where the patient is getting admitted for placement/rehabilitation purpose. Post-discharge monitoring to be made essential (5).
- Sometimes if the SW team is taking the patient to home; and if the family is reluctant to accept the patient, do not leave the patient in the home. Negotiate with the family to accept the patient and necessary measures may be taken to place in the family with the help of neighbours/police/ people's representative.

V. CHALLENGES IN REINTEGRATING PATIENT BACK TO FAMILY

- Difficulty to understand patient's language and difficulty to collect their sociodemographic details
- Noncooperation from patient in giving details mainly due to their psychopathology or severity of illness/disability/mental retardation/cognitive deficits. If it is difficult, wait for some days to get the clear information.
- Inadequate information provided by the patient
- If it is female patient, family may reluctant to accept compared to male patients.
- Noncooperation/lack of interest from concerned authorities and not sensitive to the need of tracing the family.
- Family members may not be interested to take the patients back due to stigma, distance from hospital, financial issues, relationship issues etc.
- Alliance between authorities and family members which may prevent the reuniting process.

- Prevailing stigma in community also may interfere in the family tracing and reuniting process.

VI. DOCUMENTATION

It is very important to document all the details collected. All communications should be written in the individual file of the patient. Including phone calls made, phone numbers, address and copy of letters sent should be filed; which would help in avoiding legal complications in future.

VII. CONCLUSION

Right to health for people with mental disorders means availability of mental health services, accessibility to the services and quality services with regard to both physical and mental health care (6). Adequate measures to be taken to prevent mentally ill persons become 'unknown'. Addressing stigma and accessibility, availability, acceptability and affordability of mental health care may help in prevention. Necessary legal measures to be taken against the family those

who abandon/discard mentally ill patients for which a legal policy is required. It is the unknown patients' right to be traced their families and to reunite with them. Unknown cases are potentially legal cases. Hence, at most care to be made in the intervention process. SWs have major role in the family tracing and reuniting process.

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