PROJECT NAYA DAUR - ISWAR SANKALPA's Project for the Homeless Mentally Ill People of Kolkata

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Language
English

Project Naya Daur is the pilot project of Iswar Sankalpa. Iswar Sankalpa is an NGO for the Homeless Mentally Ill People of Kolkata. The NGO was founded by professionals from the field of Psychological well-being in 2007 in Kolkata to provide care and treatment to those mentally ill patients, who are homeless.

ISWAR SANKALPA has been working since June 2007 in the 141 wards of Kolkata Municipal Corporation. In the course of our work we have identified 466 homeless people in various stages of mental illness on the streets of Kolkata. Out of these, 130 have been in contact for treatment. We have restored/rehabilitated 30 patients already.

Our immediate aim is to offer at least a modicum of civil decency and medical help to the urban homeless mentally ill and our long term goal is to evolve a culturally nuanced mental health curriculum and service. Few highlights of our project are:

i) We do not believe in uprooting and institutionalization of people in the name of medical service. That is neither dignified nor cost effective and renders restitution and rehabilitation that much more difficult. We believe that people even if mentally ill do possess the right to self-determination and autonomy. It is our practice to negotiate with the people concerned at every step while providing support and care.

ii) Even homeless people have their sense of belongingness. Belongingness to their particular corner of the pavement, to the few tattered clothes and tittbits they possess, to the similar pavement dwelling neighbors. We respect that sense of belongingness. While we realize that homelessness is not a self-made choice we try to offer alternative forms of living and treatment that are then adapted and adopted according to individual preference and need.

iii) We believe intervention, medical or otherwise, should be at the minimum level with minimum disruption of a person’s ongoing life. Therefore we try to provide support and care as much as desired and accepted by the person concerned, while trying not to subsume her/his existential self under the rubric of modern psychiatric discourse.

iv) We try to mobilize neighbors and local community resources towards care taking of the ill. This has two objectives:
   a) this is the most cost-effective method of medical care. The neighborhood is actively encouraged to take part in the care and treatment of the person concerned. We hold local awareness camps and small training workshops to enable the care giving process. Local resources in the form of food, clothing and shelter are mobilized through these interactions and this greatly helps to enrich the service provided by us.
   b) increase in face-to-face contact with the mentally ill persons tends to reduce the mythical fear of the ‘mad’ and reduces stigma of mental illness and mentally ill persons. Furthermore we hope these activities will go a long way towards augmenting social bonding and responsibility sharing.

v) We try to elicit and understand ‘the meaning of madness’ in local cultural context and to bring these into our theorization and practice. In the long run we hope to generate an alternative model of understanding mental distress as well as care giving for the distressed – alternate to what is being taught and practiced in hospitals and extension clinics. Our efforts to build an alternative community care model for the mentally ill remains acutely aware of the fact that such endeavors need to take into account different processes of pathologization and marginalization that might be operative in such namings. We realize that we need to guard against settling for simplistic explanations and solutions. We believe a different concept of mind – its health, its pathology – born out of community experiences, perceptions and cognitions can then help evolve a more viable notion of community care in the field of mental health. Exposure and experience in our field work for medical graduates will bring in a unique cultural sensitivity and ability to contextualize essential and general services.

Our work in the last 1 year:

Initiated the first ever base line survey on the prevalence of homeless mentally ill patients on the streets of Kolkata. Till date we have registered 466 patients in the 141 wards of Kolkata.

Community resources have been mobilised for the care and support of fellow human beings.

40 community caregivers are dedicating their time and energy to keep a watchful and caring eye on the clients in their community. We, at Sankalpa, are doing our bit to support their endeavors by providing medicines, referral services and other items of need.

Not all patients need hospitalization. Some can go on living on the streets and feel at home in the street community to which they belong. They choose to live on the streets and we respect their choice. We visit them regularly and extend our help as and when solicited.

We propose

In the course of our work we have realized that for the chronic mentally ill, homelessness is a complex problem with multiple causative factors. Based on our ground work carried out in the last one year and insights gathered from the community it is our dream to be able to redefine mental illness-health in a way that would be able to address the everyday lived problems of this section in a more meaningful manner. According to us there are three primary stake holders with Sankalpa acting as the mediator between them – the care seeker, the care giver (community) and the state. Through our work in the community and outside, we aim to bring together all the primary stake holders to formulate a comprehensive care model.

Visit our website www.isankalpa.org [1] for further details about our organization.

Changemakers Taxonomy:
Mental health [2]

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