Case Report

Homeless Person with Mental Illness and COVID-19: a case report

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ABSTRACT

Homeless persons with mental illness (HPMI) present with unique challenges in medical, psychological, social, and familial domains. Handling such cases requires a holistic approach for a comprehensive solution to the patient and his/her caregivers. Here we present such a case which presented during the COVID-19 pandemic.

Keywords: HPMI, Pandemic, Mental illness, Health access, Schizophrenia.

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Introduction

The Universal Declaration of Human Rights (UDHR) defines homeless as those who do not live in a regular residence due to lack of adequate housing, safety, and availability [1]. A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour.

According to 2011 Census 1.77 million people are found to be homeless in India and 1/5th of the homeless population has been diagnosed with mental disorder [2]. The major disorders are schizophrenia, severe and recurrent major depression, and bipolar disorders. Survey conducted by National Mental Health Survey (NMHS) estimated number of HPMI being nil to 1% in some states. NMHS estimates the number of HPMI to be as high as 15,000 in few states.

Lack of infrastructure, awareness and facilities lead to the variation as according to Mental Health Atlas of 2017 there were less than 2 mental health workers per 100,000 population in India. Multiple factors contribute to high vulnerability of HPMI in acquiring and spreading COVID-19 infection including poor self-care, inadequate sanitation, lack of nutrition, immunocompromised state, overcrowding and lack of awareness of COVID-19 [3].

Mental Health Care Act,2017(MHCA) has laid various measures for treatment of HPMI patients. Mental health professionals played a major role in counselling and psychosocial management to address the mental health issues of HPMI [4].

Case Report

A 45-year-old lady was brought to a tertiary care teaching hospital Psychiatry department in a dishevelled state. She was found wandering around on the streets with extremely poor personal hygiene and self-care. She was brought in as her behaviour was found to be unusual by passers-by who referred her to the NGO (Non-Governmental Organization). On examination, she was found to be malnourished, with poor hygiene and stability. Her vitals were stable with no focal

neurodeficit grossly apparent. On mental status examination, she was bewildered, with raised psychomotor activity, mannerisms, hallucinations, and impaired insight. She was admitted to the ward. Since consent from the patient could not be obtained, it was obtained from the organization which brought her in. She was investigated for basic hemogram and routine investigations, which was normal apart from mild anaemia. A medicolegal case was registered with the police, so her whereabouts could be traced. The treating team first took care of her hygiene, cleanliness, and nutrition. She was given round the clock fluids containing electrolytes such as ORS, and nutritious meals from the hospital canteen. She was examined by departments of general medicine, surgery and obstetrics for any comorbid illness that can complicate current psychiatric presentation. For her behavioural symptoms, she was treated with olanzapine 5 to 10 mg and a multivitamin tablet. This was specifically chosen as it would promote good sleep, and appetite. She was monitored round the clock for vital functions, cognition, affective response, and vegetative functions. Over next 28 days, she recovered well, and her hallucinations, mannerisms stopped completely. Meanwhile, the police had found her relatives based on a missing complaint filed by them. They were reunited with the patient in the ward during her treatment. Background history from relatives indicated that the patient had a history of schizophrenia and was on treatment for past 7-8 years. During COVID-19 pandemic, loss of income, and restrictions on free movement affected her access and ability to buy medicines, which lead to an acute exacerbation about 2 months before presentation due to which she absconded from her home.

The patient was discharged after 28 days inpatient stay in custody of her relatives. They were counselled about the need for continuous treatment with proper follow ups.

Discussion

The case highlights the importance of equity and justice. HPMI patients become more vulnerable to lack of health care access during socio-political instability, pandemics, crisis, war. Covid-19 pandemic was a major challenge worldwide and the vulnerable groups specially HPMI were majorly affected as they were unable to access the healthcare facilities which exacerbated their disease.

Lack of healthcare facilities is matched by a dearth of health care workers as well. According to WHO (World Health Organization) India has 0.3 psychiatrists ,0.12 nurses,0.07 psychologists, and 0.07 social workers per 100,000 population while the desirable number is anything above 3 psychiatrists per 100,000 population [5]. HPMI is an endpoint of lifetime of severe mental illness. Social isolation, stigma, and perceptions of being removed from the society makes such patients vulnerable and they become reluctant to seek help.

The marginalized homeless population and HPMI have not been given priority under the Indian Pandemic Act Of 1897. Policy, administrative measures, and implications must guarantee that the HPMI are restored with minimum of decency empowered and aided in preventing infections like others [6]. In May 2013, WHO updated a comprehensive Mental Health Action Plan 2013-2030 which includes indicator on preparedness for mental and psychosocial support in public health emergencies.

Conclusion

Severe psychiatric illnesses like schizophrenia can have significant impact on a person's quality of life if treatment is suddenly stopped and other stressors present concurrently. Basic rights such as access to healthcare therefore is vital in preventing such occurrences in the community.

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