

Schizophrenic chained to tree for 15 years: where we stand under Mental Health Act 1987?

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After 64 years of independence the situation in India still seems very bleak as far as mental illness is concerned. Mr. SRG, a resident of Ajansara, Hinghghat Taluka of Wardha District was chained to a tree for 15 years like an animal in the courtyard outside his house. Many of the villagers would visit the temple near their house and look at him, but nobody rescued him.

CHAINED FOR 15 YEARS IN VILLAGE AJANSARA, TALUKA HINGHGHAT HIS SUMMARY OF ILLNESS

Mr. SRG, a 45 years old divorced male, a resident of Ajansara, Taluka Hinghghat, District Wardha was brought by his younger brother Valmik and mother Sitabai on 30th April at 2 a.m. Shockingly, he had been chained by his hand to a tree outside their house for the last 15 years.

The duration of his illness was 20 years and his predominant symptoms were of withdrawn behavior, fearfulness, abusiveness, aggressiveness, suspiciousness, sleep

disturbance and poor personal care. The patient had 2 suicidal attempts in the past—once by insecticide poisoning (18 years ago) and once by jumping into a well (17 years ago). He was admitted 4 times to regional mental hospital in Nagpur, Maharashtra (once for 3 years and 3 times for 1 year each). He underwent faith healing as well. He was violent towards the villagers and his family members. With the consent of, and possibly support of the villagers, he was tied by a chain to a tree like an animal. He had not showered or practiced basic personal hygiene for almost 15 years. He was disheveled and had a shaggy beard and wild, overgrown hair. He came to be known amongst the villagers as “**Bedi wale Baba**” (**Chained Baba**) for the last 13 years. Villagers would come and ask him questions during the village fare at a nearby temple. When he would slap the villager who was asking the question, they considered it an omen that their work would be done.

There was a family history of mental illness in his grandfather. He had an 18 years old daughter living with his divorced wife.

On mental state examination on the day of admission, the patient was a middle aged male of average built sitting comfortably on a chair with hair and beard grown and soiled. The patient smelled very badly, his clothes were soiled and dirty. He had a metal chain around his left hand and had a scar mark around his right hand. His behavior was withdrawn and he had reduced psychomotor activity. Rapport couldn't be established. He had a monotonous speech with a low volume and productivity. His thought

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stream was retarded and his affect was blunt. He demonstrated echolalia (Repeating the words) as well. On cognitive testing the patient was in clear consciousness and fully oriented. However the patient did not cooperate for further mental state examination. He had no insight towards his illness.

He was hospitalized in Psychiatry ward of Mahatma Gandhi Institute Of Medical Sciences, Sevagram on 30th April, 2011 at 2:00 A.M., whilst brought in chain.

In psychiatry ward on day of admission

He was put on medication and the chain was removed.

At the time of discharge from Psychiatry Ward

He was commenced on injection of long acting drugs along with oral medication. Advantage of injection is that the medication will be released in the body continuously for almost 1 month as

it is oil based & this is very cheap. The cost of treatment per day comes to Rs.1.40/-. His family was counseled for illness & drug compliance & regular drug intake for indefinite period.

Psychoeducation was given about the illness, treatment & rehabilitation. The family was advised not to restrain him in future and in case of help to contact us unhesitantly round the clock. We have also written to Collector, Civil Surgeon Wardha to support the family by providing free medications to the patient.

In case in the future, family members cannot cope with the patient and his aggressive behavior, then he should be hospitalized in Regional Mental Hospital, Nagpur under reception order of the magistrate under Mental Health Act of 1987.

After discharge he expressed that he wants to do farming with his brother.

Chained for 15 years in village Ajansara, Taluka Hinghghat



In psychiatry ward on day of admission



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At the time of discharge from Psychiatry Ward



DISCUSSION

Whilst he was chained for 15 years. No NGOs, Human Rights organizations, government and even Andhashraddha Nirmoolan Samiti did anything to rescue him. In India in 2001, there was a tragic incident resulting in the death of 25 chained mentally ill in Erwadi, in a private asylum in Tamil Nadu, which shook the nation. (Behere et al., 2001)

Indian lunacy act of 1912 modified to Indian mental Health Act, 1987. Chapter VIII deals with protection of human rights of mentally ill persons. (Behere et al., 2010) The section 81 states (1) No mentally ill person shall be subjected during treatment, to any indignity whether physical or mental or cruelty. Even this act could not help prevent the chaining of the mentally ill.

There is an amendment to this act which is in a draft stage known as Mental Health Care Act 2010. In this act there is proposal in section 9 : Right to protection from Cruel, Inhuman, and Degrading Treatment which states that

- i. All person with mental illness have a right to live with dignity.
- ii. No person with mental illness shall be subjected to any cruel inhuman or degrading treatment in a mental health facility.
- iii. Protection from cruel inhuman and degrading treatment means that all persons have the following minimum rights in mental health facilities:
 - a) to live in safe and hygienic environment
 - b) to have adequate sanitary conditions
 - c) to have facilities for leisure, recreation, education and religious practices
 - d) Protection of privacy, in particular for women
 - e) Not to be forced to undertake work in a mental health facility they do not wish to do and appropriate remuneration for work when undertaken.
 - f) to have adequate provision for preparing the person for living in the community
 - g) to have adequate provision for food, space, and access to articles of personal hygiene. In particular, women's personal hygiene needs shall be adequately addressed by providing

access to items that may be required during menstruation.

- h) to not be subject to compulsory tonsuring (shaving of head hair).
- i) to wear own personal clothes and not be forced to wear uniforms provided by the facility.
- j) to be protected from all physical, emotional and/or sexual abuse

Moreover **Section 53: Restraint and Seclusion** further proposes

- i. Physical restraint or seclusion may only be used when it is the only means available to prevent imminent and immediate harm to person concerned or to others.
- ii. Physical restraint or seclusion may only be used if it is authorized by the psychiatrist in charge of the person's treatment at the mental health facility.
- iii. Physical restraint or seclusion shall not be used longer than is absolutely necessary to prevent the immediate risk of significant harm.
- iv. The medical officer in charge of the mental health facility shall be responsible for ensuring that the method, nature of restraint or seclusion, justification for its imposition and the duration of the restraint or seclusion are immediately recorded in the person's medical notes.
- v. In no case will restraint or seclusion be used as a form of punishment.

Though the Mental Health Care Act of December, 2010 addresses the issues of basic rights of mentally ill more clearly, still it is not perfect and it needs several modification before it becomes a law to safeguard the interests of mentally ill patients.

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