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Journal Papers

Innovations in Continuity of Care Among Homeless Persons with Severe Mental Illnesses by Smriti Vallath & Archana Padmakar

<https://link.springer.com/referenceworkentry/10.1007/978-3-319-70134-9_149-1>

Abstract

Homelessness, severe mental illnesses, and poverty result in marginalization and exclusion from community integration, leading to stigma and discrimination. This distress is further perpetuated by inaccessible opportunities to pursue capabilities. Therefore, there is a need for integrated community care services that emphasize social roles, regaining identity and transcending structural barriers. This chapter aims to illustrate and highlight The Banyan Aftercare Model (TBAM) that uses integrated approaches to facilitate continuity in care services (CoC). Toward this, five representative cases from The Banyan were selected to highlight the interplay of life experiences, critical time interventions, and CoC. This chapter notes that integrated services are essential to sustain well-being; however, care delivery must de-emphasize symptom recovery and instead focus on enhanced social roles, community integration, self-sustenance, breaking barriers, and increasing accessibility to opportunities.

Contextualising Legal Capacity and Supported Decision Making in the Global South Experiences: of Homeless Women with Mental Health Issues from Chennai, India

By Mrinalini Ravi, Barbara Regeer, Archana Padmakar, Vandana Gopikumar and

Joske Bunders

Edited by Michael Ashley Stein, Faraaz Mahomed, Vikram Patel and Charlene Sunkel

<https://www.cambridge.org/core/books/abs/mental-health-legal-capacity-and-human-rights/contextualising-legal-capacity-and-supported-decision-making-in-the-global-south-experiences-of-homeless-women-with-mental-health-issues-from-chennai-india/6FC14573F5B1B23DF5D9F11CC2539EF6>

Abstract

Persons with mental health issues are among the most under-represented populations in rights discourse, and more so those from the Global South, who have been further subjugated by the intersections of poverty, patriarchy, and systemic isolation wrought by colonial and outmoded psychiatric treatments. The issue is worse still for women with mental illness in the Global South, many of whom are driven to the extreme margins, including but not limited to chronic homelessness. Through an enquiry into the lives of these women, and their experiences of exclusion, homelessness, and involuntary commitment, this chapter aims to deconstruct traditionally accepted notions of human rights and recalibrate a service paradigm that can mould itself to fit the diverse needs of an ultra-vulnerable population over a strong foundation of liberty, access to choice, and commitment to diversity. The study is set in The Banyan, a Chennai (India)-based not-for-profit organisation, focussed on humanitarian, equity, and justice-centric responses to the needs of homeless women with mental health issues.

Mental Health, Legal Capacity, and Human Rights

Edited by Michael Ashley Stein, Harvard Law School, Faraaz Mahomed, Wits University, Vikram Patel, Harvard Medical School, Charlene Sunkel, Global Mental Health Peer Network

<https://pubmed.ncbi.nlm.nih.gov/35030315/>

*No abstract available*

Prevalence, service use and clinical correlates of hallucinations and delusions in an out-patient population from India

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<https://research.vu.nl/en/publications/prevalence-service-use-and-clinical-correlates-of-hallucinations->

Abstract

Background: Despite the persistent public health problem of positive psychotic symptoms, understanding of symptom specific prevalence rates, clinical correlates and service utilisation are sparse. Aims: The current study aimed to establish prevalence, clinical and service utilisation correlates of hallucinations and delusions in people accessing outpatient clinics in Tamil Nadu, India. Methods: Secondary patient data from outpatient clinics, over a 12-month period, in 2016, was used for analysis (N = 917). Based on the presence of positive psychotic symptoms (PPSx), the sample was divided into four groups for analysis- hallucinations-only (H), delusions-only (D), both hallucinations and delusions (HD) and neither PPSx (N-PPSx). Results: Findings indicate that the most prevalent PPSx were hallucinations (10.7%) however, barriers to service utilisation and clinical correlates were associated predominantly with the D and the HD group; as was severe work impairment. Yet, this group was most likely to remain with psychiatric services. Lastly, diagnostic challenges were apparent within the sample. Conclusions: The study revealed that despite more barriers to service utilisation, persons with PPSx remain in contact with services. Yet prognosis remains only moderate at best, indicating other mediating and underlying factors impeding recovery may be interplaying and, therefore, a need for enhanced biopsychosocial approaches.

Adapting the Trauma History Questionnaire for use in a population of homeless people with severe mental illness in Tamil Nadu, India: qualitative study

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<https://pubmed.ncbi.nlm.nih.gov/34218840/>

Abstract

**Background**: The Trauma History Questionnaire (THQ) is one of the most widely used traumatic event inventories, but its lack of validation makes it unsuitable for the millions of homeless people with severe mental illness in India, who are particularly vulnerable to trauma exposure.

**Aims**: To translate and culturally adapt the THQ for use in a population of homeless people with severe mental illness in Tamil Nadu, India.

Method: We used Herdman et al's model of cultural equivalence to conduct an in-depth qualitative assessment of the cultural validity of the THQ. Following several translations, conceptual, item, semantic and operational equivalence of the THQ was assessed through four focus groups with user-survivors (n = 20) and two focus groups with mental health professionals (n = 11).

**Results**: Several adaptations, including the addition of 18 items about relationships, homelessness and mental illness, were necessary to improve cultural validity. Three items, such as rape, were removed for reasons of irrelevance or cultural insensitivity. Items like 'adultery' and 'mental illness' were reworded to 'extramarital affair' and 'mental health problem', respectively, to capture the cultural nuances of the Tamil language. Findings revealed a divergence in views on tool acceptability between user-survivors, who felt empowered to voice their experiences, and mental health professionals, who were concerned for patient well-being. Providing a sense of pride and autonomy, user-survivors preferred self-administration, whereas mental health professionals preferred rater administration.

**Conclusions**: Culture significantly affects what types of events are considered traumatic, highlighting the importance of cultural validation of instruments for use in novel populations and settings.

**Keywords**: Trauma; post-traumatic stress disorder; qualitative research; rating scales; transcultural psychiatry.

"If somebody could just understand what I am going through, it would make all the difference": Conceptualizations of trauma in homeless populations experiencing severe mental illness

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<https://pubmed.ncbi.nlm.nih.gov/32148189/>

Abstract

Exposure to violence, vulnerability due to lack of shelter, alienation due to stigma, the experiences of severe mental illness (SMI) and subsequent institutionalization, make homeless persons with SMI uniquely susceptible to trauma exposure and subsequent mental health consequences. This study aims to contribute to the development of culturally sensitive interventions for identifying and treating trauma in a population of homeless persons with SMI in Tamil Nadu, India by understanding the manifestations of trauma and its associated consequences in this population. Free-listing exercises followed by in-depth interviews were conducted with a convenience sample of 26 user-survivors who have experienced homelessness or were at risk of homelessness, and suffered from SMI. Topics explored included events considered to be traumatic, pathways to trauma, associated emotional, physical and social complaints, and coping strategies. Results indicate discrepancies in classification of traumatic events between user-survivors and the Diagnostic and Statistical Manual of Mental Disorders. Traumatic experiences, particularly relating to social relationships and poverty, mentioned by user-survivors did not match traditional conceptualizations of trauma. Positive coping strategies for trauma included being mentally strong, knowledge and awareness, whereas the main negative coping strategy is avoidance. User-survivors attributed their experiences of homelessness and SMI to past traumas. Differing views of trauma between user-survivors and mental health professionals can lead to misdiagnosis and under-recognition of trauma in this population of homeless persons with SMI.

Keywords: India; Tamil Nadu; homelessness; severe mental illness; trauma.

Healers Or Predators? C/nundy, S; K. Desiraju, S. Hardcover – 29 June 2018

by Samiran Nundy (Author), Keshav Desiraju (Author), Sanjay Nagral (Author)

<https://global.oup.com/academic/product/healers-or-predators-9780199489541?cc=in&lang=en>&

Description

For every story of optimism about the growth of medical tourism to India, there are multiple others about medical neglect. Scratch the surface and you find a thick layer of corruption in this life-sustaining sector.  
  
This hard-hitting volume shows a mirror to the society and, more specifically, to those associated with the health sector—-on how healers, in many cases, are shifting shape to becoming predators. In the essays by contributors from within and outside the medical fraternity, we see the many faces, the many facets of corruption—-from exorbitant billing by corporate hospitals to the non-merit-based selection in medical colleges to the questionable motives playing strong in the area of organ transplantation.  
  
But Healers or Predators? is not only about the illness affecting the sector. It also offers solutions, and some stories of hope. The Foreword by Amartya Sen is an added bonus.