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Mental Health Care Resource Book

Concepts and Praxis for Social Workers
and Mental Health Professionals

Editor

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Chapter 17

Destitution, Mental Illness and Law: Issues, Challenges and Possibilities



Mohd. Tarique

Abstract A sizable number of destitute live on the streets and many suffer from mental health issues. Some end up on the streets after either being abandoned by the family or as a result of wandering around in the state of illness, while others developed illness due to the extreme abuses faced on the hostile street. The State mechanism, i.e., legal framework to address homeless persons with mental illness is about first turning them invisible and then punishing under Beggary laws. If homeless are vulnerable, more vulnerable are the homeless people with mental illness. Even more vulnerable are those mentally ill homeless who are caught under beggary laws. At present, anti-beggary laws exist in more than 20 states and two Union Territories. The features of these anti-beggary laws in different states are almost similar. Almost all states criminalize mental illness as the term ‘beggar’ has been defined in such a manner that ‘homeless mentally ill’ person wandering about is legally considered a ‘beggar’ and therefore punished. Person arrested under the Beggary Law can be kept in custody for a period ranging from 1 to 10 years and for an indefinite period under special circumstances. Most civil interventions too exclude people by its design. Koshish has been working to end this criminalization of mental illness. Following ‘Systems Approach’, organization collaborates with the state in offering rehabilitation services while opposing them on law. Over the years, thousands have been supported but more importantly, the intervention has demonstrated an alternative and is impacting policy-level reforms. Koshish is not an expert on mental health but it has managed to make these institutions visible. Basing its interventions on fundamental needs of empathy and compassion, Koshish has established that institutions of mental health are not the only ones that need reforms.

Keywords Koshish • Mental illness • Law and destitution

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Understanding Homelessness

There are a large number of people who are forced to live on the streets. They are the most visible yet the most invisible residents of our cities. We see them on an everyday basis but rarely acknowledge their existence and that is how they remain invisible to us. They remain as invisible from our vision as from the policies and programmes. The terms 'we' and 'us' here are used both for the state as well as the citizens. There are a range of reasons how and why people end up being on the streets and live a life of destitution. Some of the key reasons remain distress migration, breaking down of families, failed relationships, employment requirements, caste-based violence, natural disasters, development projects, failed agriculture, historical practices and traditions like with several denotified tribes, health factors including mental illnesses or disabilities. These are just a few reasons to mention here.

For the homeless, life, on the streets is extremely tough and vulnerable, full of exploitation and abuse. What remains common to most of these people is the enhanced vulnerability and absence of structural support to overcome those vulnerabilities. Worst, most of these people face a legal response that further pushes them down and deeper into the cycles of helplessness and destitution.

Most Indian states, at least 24 of them have laws on beggary that penalize the state of destitution. The features of these anti-beggary laws in different states are almost similar. Broadly, all are criminalizing in nature, where people, irrespective of their physical, economic, and psychological condition are arrested and punished for begging.

The way beggary has been defined in most of these laws, anyone wandering about aimlessly (read person with mental illness) or appears to be living off alms (read most elderly or persons with disability), pretending to be selling articles or performing arts (read certain de-notified tribes giving street performances, acrobatics etc.) is technically considered a 'beggar' and therefore be liable for penal action under the law. The people who need state's assistance, who need to be protected, taken care of and who need treatment are made to serve the sentence under these anti-beggary laws.

Mental Health, Homelessness and Law

For the homeless, life on the streets is extremely tough and abusive; full of exploitation and hostility. The worst affected within the homeless population are probably those suffering with mental health issues; their vulnerability is much higher. Despite having severe mental health-related issues, they have extremely limited or no access to treatment.

Many people end up on the streets after either being abandoned by the family or as a result of wandering around in the state of illness, while others may have developed

mental illness due to the extreme forms of abuse and violence encountered while living on the streets.

The worst affected are those mentally ill homeless people who are caught under the beggary law. Section 17.2 i (d) of the Act, while defining what 'Begging' means, says, 'having no visible means of subsistence and wandering about or remaining in any public place in such condition or manner, as makes it likely that the person doing so exist by soliciting or receiving alms'. This one clause is enough to get any person with mental illness or even otherwise, arrested.

The law provides for detention ranging from 1 year to a 10-year period as punishment for begging with 1–3 years detention for first-time offence and 3–10 years for repeat offence. Also, under special circumstances, if Superintendent of the Certified Home concludes that the person is incurably helpless and would not be able to come out of begging, this detention could be extended for indefinite period after a Special Appeal process. Speaking specifically in the context of mental illness, most people would run the risk of an indefinite detention. With no control on their illness, it is certain that they would be punished as 'repeat-offenders'. So, a person with mental illness who is detained for 1 year for wandering around aimlessly, can be sentenced for any period of detention upto 10 years for 'having not recovered' from illness and further be detained for a life time.

Sadly, this life time detention is done as a favour to the person. The assumption here is that the person does not have a way to sustain himself/herself and therefore state grants sanction for his/her stays in a custodial institution for an indefinite period. What remains ambiguous here is legal identity that is created/maintained while granting this; person lives in a custodial institution as an offender. Most homeless persons with mental illnesses are at risk of being processed under this clause. If the aim is to provide relief and care, why does state need to detain such persons in institutions that are custodial in nature? Why can the state not provide for voluntary centres where care and treatment with efforts made at rehabilitation?

The legal status of a person sent to Beggars Homes is that of an offender who is sent to the institution to serve the detention period. Therefore, often the person is not put on the required treatment. Once the detention period is over, the person is released out of the institution gates. With nowhere to go mostly and no control on one's life as a result of increased illness or helplessness, person is back on the street, with higher vulnerability and greater possibilities of abuse and exploitation.

Koshish—Civil Society Experiment

Koshish was initiated by Tata Institute of Social Sciences, Mumbai as its field action project as a response to this criminalization of destitution happening in the form of Beggary Prevention Legislations. Different situations of vulnerabilities are processed under these laws as offences. Persons with Mental Illness, Elderly and abandoned, disabled, persons from de-notified communities, transgender, persons affected with leprosy etc. are all included and the way beggary has been defined, all these categories

of people technically become Beggars who can be arrested. It was to oppose and end this 'criminalization of poverty' that Koshish came into being for.

Approach: Following 'Systems Approach' and collaborative practice, Koshish has intervened to demonstrate the strong community-based rehab model that can be followed upon once law is repealed. It is important to create support system for the community and for that, Koshish has attempted to build alliances and networked with a large number of agencies working on issues of urban poverty or allied areas.

Started in Mumbai in 2006, programme expanded to Delhi in 2009 and in 2012, it was extended to Bihar. With the firm belief in 'Systems Approach', project has worked in collaboration with the states through the custodial institutions and civil society organizations through community-based intervention, with efforts to facilitate rehabilitation of persons processed under the Beggary Law, bringing overall change in custodial conditions and facilitating people's exit from state of destitution.

Koshish offers whole range of programmes and services right from the street outreach to legal aid to people processed under Beggary law to sensitization of different government agencies to capacity building to advocacy for policy changes and reforms. Amidst several other programmes, Koshish works extensively with persons with mental health issues. There are two crucial intervention models that Koshish has developed based on its experience with this population over the years. Both the models are based on fundamental need and capacity of every human being; need to be loved and accepted and compassion and empathy to understand other person's suffering and pain.

Based on the belief that every person deserves a life of dignity, these models have challenged the convention structures and shown extremely satisfying changes. One model is implemented at the institutional level where people with mental illness are brought to beggar homes and spend their detention period. The other model is carried out with homeless clusters in the communities where we work with. In the following paragraphs, we will unpack both the interventions and attempt to understand how both these models can easily be replicated for different locations and profile of people simply because of the principles of engagement that these interventions follow as design.

(a) My Space—Institutional Care Model: This is Koshish's intervention in the custodial institutions. The concept of 'My Space' revolves around the inner strength and capabilities of the person. The intervention draws its strength from fundamental nature and need of human beings. People display tremendous grit to fight the odds and survival instincts. While working in these institutions, we saw a completely different side of human existence.

The extremes of lives people on streets live with are very disturbing. 'My Space' programme has its roots in the disturbing life story of one such female client that we worked with several years ago. Waheeda (name changed) had been in the Beggars Home for more than 8 years when Koshish social worker first met her. She was about 35 years old then. She informed that she has lived her entire life in the institutions. She was a child with polio below her waist and was abandoned at some point of time that she did not remember very clearly. All she remembered was about staying at a

child care institution for about 10 years till she grew into an adult and was shifted to another shelter home for women. She was in that institution for about 6–7 years and then lived on streets for couple of years before being brought to Beggars Home under the Beggary Prevention Law.

Those who are aware of custodial institutions and their functioning would know and understand the control and discipline that govern the lives of people there. The control is exercised to such an extent that every aspect of one's life is decided by the set rules and control of the authorities; so much so that things like sleep or eating are also decided by the authorities. The realization that someone had been living her entire life in this manner where minutest choices are also not made by her was very unsettling. While sharing her experience of staying in different institutions she spoke about how she wouldn't be allowed to sleep outside the hours allocated for sleeping. Even for sitting in the barracks, people had to follow caregivers' instructions. One wondered how could someone live entire life under such fear and control; the loss of agency of self and individuality with prolonged stay in institutions could literally make a person lifeless. Something had to be done to alter this.

This disturbance is what caused the birth of 'My Space'. This was conceived as a place that would allow some degree of freedom and space for self-determination within the custodial setup.

Thanks to a sensitive official, when this concept was shared with the authorities, it was not only agreed upon, directions were also issued for the required administrative changes. Within the larger custodial environment, this one barrack was dedicated to this initiative that was started as an experiment but grew into one of the core interventions and catalyst in the rehabilitation process.

'My Space' is a specially created space within the Certified Institution where people experience the joy of being themselves, being free. We have this special barrack where residents come for a fixed period every day and engage themselves in the activities of their choice. Though we have a structured training and educational programme running but largely it depends on the wish of the residents. They do whatever they wish for: sing, dance, run, play, sleep or simply not do anything. No one tells them what they should be doing. For these few hours when these residents are at 'My Space', they are not governed by the rules of the institution but their likings and choices. Whole idea of this place is to ensure freedom and space of choice not just in physical sense but also emotionally and psychologically. In their otherwise controlled lives, 'My Space' became a part that was theirs, that did not require any permissions, that did not bring any control or directions. One could leave everything behind and just do what heart desired.

People usually say that persons with mental illness are dangerous...they get wild...have no sense of what they do and so on. The fact is that they understand life far better, they understand relations in a most unpretentious way, they value another person, a smile is enough to make them trust you. They love you more than you would love them.

The response to the 'My Space' has been phenomenon, way beyond what we expected. We started this experiment simply to break the control that was exercised on the lives of people but it turned out to have much deeper impact. We experienced

that women would simply want to sleep, especially on their first few days of coming to 'My Space'. We realized it was the absence of fear of being beaten up or reprimanded for sleeping at odd hours. It was also a painful reminder of how custody deprives people of things as basic as 'sleep'. Women would start with sleeping but gradually start engaging with different activities. It is here that many women had their first interactions with fellow residents of the institutions.

'My Space' ensured an environment where there was no fear and that triggered recovery for large number of women. Many women who had not spoken or shared anything for several years began to speak. They started recalling their past; they started hoping for a different future. Simply by removing fear Koshish was able to make people regain control on their lives. Once they started revisiting their past, many women were able to recall their families, the addresses and so on. Those who needed psychiatric intervention, showed willingness to get treated and once on medication, results were surprisingly quicker; the healing was much faster and organic.

So far 'My Space' has facilitated reintegration of several hundred men and women into their families; many of them after more than a decade. An extremely simple concept, based on love and compassion, coupled with necessary treatment, My Space has resulted in recovery and rehabilitation of such cases that were thought to be untreatable. Simply by accepting people the way they are, showing that they matter and offering them human warmth, 'My Space' has been able to counter the ill effects of years of illness, abuse and neglect.

While it is unfortunate truth that many families dump these people, especially women for treatment at hospitals and then, never return, we also met families who left the ill person after going through deep turmoil and crisis for survival. They reached a point where looking after mentally ill person became unaffordable in several ways, not just financially. 'My Space' enabled us to support such families in supporting their family members. It has been an extremely fulfilling learning where we understood how absence of comprehensive mental health care system is resulting in families abandoning patients in the family. Unfortunately, this vital reality gets shadowed in the hype of stigma and awareness aspects. While stigma and awareness around mental illness remain key factors, it is time to accept that availability, access, and affordability of mental health care facilities is much bigger reality.

What keeps this programme relevant even after a decade and half, is the inner strength that all of us possess as humans. Despite mental illness, people can build new relations, they are able to reciprocate warmth and affection extended to them. They might be incoherent or fail to remember their past life and families, they have the capacity to build new ones.

With little support, they can start anew. We are witness to their capacities in doing that. The patience and faith that they have in relations is tremendous, their belief in human goodness is unbelievable.

(b) Ehsaas—Community-Based Care Model: It is scary to see the high prevalence of mental health issues within the communities living on the streets. Though it is not at all surprising given the excessive level of abuse, exploitation, and stress that people on the streets are forced to live with. Given the complexity of the people facing

the double jeopardy of homelessness and mental illness, comprehensive intervention was required.

Ehsaas is the extension of the work, Koshish has already been doing with institutional setups in different states. Ehsaas was initiated with specific focus and goal of addressing widespread prejudices around mental illness and develop a mechanism that addresses the mental health issues with a prevention approach. While the broader goal is to address the issues homeless communities face regarding mental health, idea is to facilitate their daily struggles vis a vis citizenship including their engagement with the state and thereby reduce the factors that cause or trigger mental health issues.

With this intervention, we implement the community-based programmes to address different vulnerabilities of the homeless population. The idea is to address mental health issues through range of other services that impact the vulnerabilities and therefore the mental health.

Stigma and discrimination toward individuals experiencing mental disorders is a pattern all over. However, with homeless population, this gets worse because of the Beggary law where illness itself is treated as an offence. Further, state action like evictions or exclusion from scope of government schemes adds to their plight. Life becomes an everyday struggle where survival itself becomes a challenge. The resultant stress and pressure often break down people but unfortunately, there is very little or no support available for people to cope or address this pressure. Denial of services comes largely from the denial of identity amounting to denial of existence. This intervention aims to break this feeling of 'being unwanted' or 'being a burden' a message that is constantly communicated to homeless citizens. The community project aims to change this experience of 'being unwanted' that homeless communities live all through and build a narrative that they are not only 'not unwanted' but play a constructive role in running or functioning of our cities.

Often the early signs of illness either go unnoticed or the families have no resources or access to seek treatment. Also, the access to treatment is affected by the stigma attached with mental illness. This is where Koshish wanted to build a strong community-level prevention programme. We not only wanted to break this stigma but also build community-level volunteers who understand key aspects of mental health and work towards ensuring healthy mental health for the members of the cluster through the mental health responders.

We run community support programmes with the homeless clusters with focus on youth. While the end goal is to address mental illness, the design focuses on mitigating the factors that often cause distress and may trigger mental health issues. Ehsaas is a set of comprehensive services offered in the community, with various groups, trying to check and reduce the vulnerabilities they are faced with. It includes education programme for children, vocational training and support with livelihood, mentorship for youth, sessions on gender equality, developing peer-support group, legal assistance in interface with police/municipal actions, facilitation for citizenship entitlements like banking services, voter cards, health services, pensions etc. The ultimate purpose for this community intervention is to spread mental health well-being within the homeless population.

Some of the key aspects of community intervention are:

- a. **Counselling:** Primary support that the intervention offers the communities is professional counselling that enables people to deal better with the issues and complications. This is not restricted to medical situations but acts as a broader support available to community where it feels supported and cared for. Counsellor also works towards deconstructing the mental health and how it is understood within the communities.
- b. **Peer Support Group:** We began with forming a collective of persons, especially women who were trained in identifying early signs of illness. These people now anchor as 'Peer Support group' that not only spreads awareness about the issue but also facilitates other community members' access to care services whenever there is a need. Most importantly, this group of community volunteers prevents any sort of violence facing persons with mental health issues in the community.
- c. **Education:** Children are the worst victim where not only the present but future is also ruined. With parents facing crisis, children are forced to beg or live as destitute or unguided lives, getting thrown into lives of uncertainty and anxiety. The trauma caused due to the life they live is bound to cause severe mental health issues. Also, children are exposed to violent situations at a very early age while living on streets. Fear, uncertainty, violence, deprivation; everything contributes and adds to their difficult and often disrupted upbringing.

Children's education is a crucial aspect of this framework. Education is used as a tool to address this situation. It has worked to a large extent and provides these children with a real opportunity and acts as a barrier for mental illness. Due to the historical factors as well as the socio-economic situation of the present, children from these communities are deprived from receiving education. Education is one certain way that has changed the lives of children who were mostly forced into destitution.

There are many children from the communities that have traditionally been into vocations of selling small articles or rag picking. Once children are prepared to cope up and adjust with the mainstream education, they are admitted into government schools for formal education. We continue to offer support classes so that children adjust well in the regular schooling. Working closely with teachers and school administration is another crucial aspect of this intervention. This is done in order to ensure that children are treated respectfully and with care.

- d. **Livelihood:** Absence of stable and socially acceptable livelihood has been identified as one key factor causing stress and anxiety in homeless communities. The uncertainty about employment often pushes people into alcohol and other kind of substance abuse. Ehsaas focuses on creating the opportunities for livelihood for the community people, especially the youth. This includes vocational training, special inputs whenever required and career guidance and facilitation. We also work towards facilitating independent working or self-initiatives.
- e. **Capacity Building Through Relevant Training and Life Skills:** For persons affected with mental health issues, vocational training and life skills serve as factors that reduce families 'resistance towards the person's acceptance in family.

The purpose therefore is to provide certain life skills that build person's capacity to handle threats and pressures of staying within the family setup.

We have developed a process that involves a cycle where first a person is prepared mentally to get ready to work and earn livelihood. This is also the phase where one's emotional stability is assessed and social skills are developed. This is then supplemented by trainings with life skills, which enable the person to deal effectively with the challenges of everyday life.

- f. **Facilitating Access to Government Schemes:** There are several existing schemes that should have been extended to homeless communities. However, people's inability to fight the resistance from systems created for delivery of those services results in constant exclusion and marginalization. Community programme focuses towards increasing the access to government services and schemes, (especially health, education, and elderly care).
- g. **Sanitation and Living Environment:** As part of the community intervention, one of the goals has been to motivate the community to improve their living surroundings. While there is a clear neglect that the community faces from the authorities, leading to the unhygienic conditions, there has also been a need for the community to take more responsibility. Improved sanitation and living environment have resulted in better health in the community.
- h. **Health Referrals:** Health is one of the first compromise that a homeless person makes. In many cases, situation is such that any long-term intervention can be initiated only after immediate health situation has been addressed. Therefore, health referrals are one of the primary components. This is done by leveraging government facilities shouldering the responsibility with better access to health services.
- i. **Emergency Support to Families:** Often we have seen that family's own condition is extremely weak and vulnerable and they are unable to take care of ill person despite the willingness to do that. Family might be all caring and concerned about its person but may have very limited or no capacity to support the treatment. Also, there are incidents that create serious survival issues for the family. In such situation, we reach out to family and offer support to take care of emergency. This includes emotional support, connecting with relevant agencies or financial support (towards medicines, food, travel etc.). First effort, however, is to get them support through government systems.
- j. **Recreational Programme:** Recreational Programme assumes far greater significance in the context of the depressing environment of the community sites and the abusive background that most people face. The recreational activities are intended to facilitate client's social skills and repair the emotional strains that he or she may have suffered. Through these programmes, we convey understanding, acceptance, and support for the homeless persons.
- k. **Institutional Placement:** All possible attempts are made to reintegrate the abandoned/destitute clients with their families wherever possible. However, there are situations when family no more remains an option for the client to return to. This is due to various reasons. In some cases, families are unwilling to accept them while in other clients do not want to return to their families. Few clients do

not have any family at all, while still others are there who do not remember the details of the family to be traced back.

In such situations, institutional placement comes up as an effective alternative, especially for women, unless the person is capable enough of independent living. So, we develop individual plan according to specific needs (training, employment, temporary shelter, medical care etc.) and shift them in shelter homes or institutions catering to those needs.

Relevance for ‘Systems Approach’

Despite being a small organization, Koshish has been able to create successful impact both at the field intervention as well as policy changes. This has been possible due to the ‘Systems Approach’ practised by the organization. We needed a strategy through which we would reach to the maximum people possible. Government structures are certainly the best resource in this regard. Civil Society Organizations and passionate individuals can and have been making significant impact but the problem that we are faced with is huge. Response, too, needed to be in accordance.

We may evolve best practices but it is extremely difficult for any single organization to reach out to every person requiring support. Most thought-out and successful approach might fail to address the need as the scale and numbers go up. The issue of mental health is complex and must not be addressed as tokenism and therefore even to think of the alternatives, continued and sustained efforts are essential and this sort of continuity is possible with the committed and serious government involvement.

The issue with the government, despite having the required resources, is the lack of personal investment and compassion in their execution of programmes. This investing of self is as critical as any other resources, rather it is more crucial. Government systems, unfortunately, lack personal and humane approach, at least mostly, if not always.

Answer lies in the union of the two. Civil society groups evolve the strategy/approach and then government collaborating and ensuring that it is adopted as part of its programme and covers the entire population needing support. This is exactly what Koshish followed. We work closely with state government as well as central government in order to create enabling programmes for the homeless and destitute citizens. In fact, all our programmes are being implemented in partnership with state governments.

Many of us have our reservations when it comes to working with the government setup. It may not be without reasons also. Experience has been that though government talks of partnership, in actual, relationship is rarely of equality. For an effective and healthy partnership to evolve, equality is central requirement. Unfortunately, this is where government tends to go wrong.

Secondly, and more obvious one, is the difference of approach, positions, and philosophies. People involved in NGOs are largely driven by their passion and sense

of affection towards the people suffering and this is where they find it difficult to relate with the government institutions as partners.

Now, this is what we must work towards to break. Civil society needs to trust the government and vice versa. We must realize that there are certain cores which should remain non-negotiable but broader flexibility must be there to accept each other as partners working for a common cause.

Compassion and skills of the Civil Society Organizations coupled with the resources and machinery that the government has can produce wonders. We must work together provided both government as well as NGO partners share equal authority and responsibilities. Government must realize that it is not only the resources that matter when it comes to the rehabilitation. To address the needs for mental health care, one needs very high degree of skills and motivation. The expertise and the skills that social workers bring in must be acknowledged and valued by the government.

Through our experience at Koshish, we can say it is possible. We have been supported and encouraged by some extremely beautiful officers in the different institutions governed by the state. Be it civil hospital, beggars' home, or regional mental hospital, everywhere we have found officers who invested themselves thoroughly, gave their best and ensured that the required support was made available.

We are not the experts in mental health but we are linking up various institutions of government and ensuring that unavailability of support groups should not mean unavailability of treatment for these people. We are opposing the beggary law but at the same time, engaging with the government helping them understand the futility of continuing the draconian legislation on beggary. We need to work towards creating an environment where the resistance for each other is replaced with acceptance, common understanding and shared compassion for our people.

Investing in Youth

One of the core strengths of the organization has been its 'Youth Engagement' programme. If organization has succeeded in reaching out to significantly high numbers, it was, to great extent, because of our young 'Friends of Koshish', as they are called. In our engagement with youth, we attempt to build them into strong support for the cause but more importantly, develop them into citizens with compassion and acceptance for the poor.

We have consciously invested in youth as we involve them as ambassadors for our work. We want them to change the narrative around homelessness where apathy and neglect rule the description. We reach out to the youth in multiple ways including through orientation sessions/talks in colleges and universities, special night walks, internships and volunteer opportunities. While their immediate form of engagement is through activities related to our direct work, there is constant dialogue on values that matter. Youth, equipped with values of compassion and empathy are the best bet for bringing any kind of change towards inclusive world. Koshish considers it

a responsibility to engage and invest in young people where the fears are removed, ground realities exposed, doubts cleared and decision left on them.

An extension of youth engagement is team building process. It is important to understand that given the extremes homeless people go through in life, dealing with their situation is not easy for the staff/personnel dealing with them and it is essential that strong system is built for their support as well. Koshish invests significantly in supporting its teams and ensures the best mechanisms of support for them legally, financially, and emotionally.

Call for Solidarity

Lives of the homeless citizens with mental illness are often cornered due to the widely prevalent biases, apprehensions and stigma attached with the mental illness. Largely seen as unproductive and difficult to work with, this is the population that needs extended period of support as compared to any other settled group since their capacity to adjust is lesser, learning is slower and abuse is far more devastating and traumatizing. However, with serious and constant efforts, with adequate individual planning, assessing person's strength and personality, chances for stable rehabilitation grow manifold.

Empathy and Compassion is all that we need to trigger the change. Rest everything follows. There is a lot of credibility that the organization has built through its continuous work and display of results. It has shown to the government that it is possible to rehabilitate without punishing and criminalizing them. While we fight the states criminalizing people's vulnerabilities, we also do not want them to be in that situation of vulnerability. With the social capital that the organization has successfully built over the years, there is a real possibility of leveraging that to build strong support for the cause. Idea is to connect with as many stakeholders as possible and educate them on the realities of the life that homeless people are forced to live.

Mental health is not our forte but what we have managed to do is that we have made these institutions visible. We have brought out the fact that institutions of mental health are not the only ones that we need to look at while addressing or providing for mental health care needs. People who had been removed and taken out of sight, we have brought them back and hope that more effective intervention is carried out by the people who know it best. We seek support and collaboration from every possible agency that can help restore dignity into the lives of homeless persons.

We all must continue with our efforts, in whatever form, whatever manner. Whatever strategy or approach we might follow; we must walk together to ensure the availability of our collective strength.

Fight must be kept on!