

A retrospective study of the sociodemographic profile, prevalence, severity of illness, risk factors, biochemical parameters and rehabilitation outcomes of 50 female homeless person with mental illness in a span of two years at Neuropsychiatric hospital in India

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Introduction: Census of India found that 1.77 million people in India are homeless or wandering, amounting to 0.15 percent of the nation's entire population. The bi-directionality of mental illness and homelessness creates a vicious cycle, and many women seem to end up in shelter care homes. Females face compounded risk due to gender-based violence, financial dependence, societal neglect, higher exposure to exploitation, violence by public, and restricted healthcare. National Mental Healthcare Act (MHCA), 2017 of India focuses mainly on the rights of patients with MI and their community-based living. Its patient-centric and involves active involvement of the police under section 100 of the act. There are studies reporting clear-cut gender differences in reintegration with family or community in females and this area little researched due to stigma around mental illness and homelessness. s

Objective: To assess the sociodemographic profile, prevalence and severity of illness, risk factors, biochemical parameters and rehabilitation outcomes in 50 female HPMI

Method : Retrospective study including 50 adult female HPMI patients recruited through purposive sampling over 24 months. Ethical clearance was obtained. Data was collected from the inpatient records of a tertiary neuropsychiatric hospital in Delhi (IHBAS). Diagnoses were made using ICD-10 DCR . Relevant clinical and sociodemographic details were recorded. BPRS was used.

Results: Risk factors mainly comprised of low educational levels, intellectual disability and poor family support. Most patients scored high on BPRS and most prevalent condition was Schizophrenia. Nutritional deficiencies and skin infestation were prominent. Average duration of stay was highest for patients with intellectual disability. Reintegration rate was around 40%.

Conclusion: Pharmacotherapy alone is insufficient to treat persons with chronic mental illness and lately there has been a paradigm shift towards the integration of evidence-based rehabilitation models and recovery models, which focus on collaborative approaches to care.

35th Euro Congress on Psychiatrists and Psychologists

June 16-17, 2025

Webinar

Biography

Preeti Singh is a dedicated mental health professional affiliated with the Institute of Human Behaviour and Allied Sciences (IHBAS), India, in the Department of Psychiatry. With a strong academic background and clinical experience, she has been actively involved in the diagnosis, treatment, and management of various psychiatric disorders. Dr. Singh's areas of interest include community psychiatry, women's mental health, and the psychosocial aspects of psychiatric care. She has contributed to several mental health awareness initiatives and advocates for reducing stigma associated with psychiatric illness in India. Dr. Singh is also involved in academic teaching and research, aiming to bridge the gap between clinical practice and public health in psychiatry. Her work reflects a commitment to evidence-based care and improving mental health outcomes at both the individual and community levels. She continues to participate in national and international forums to share insights and enhance collaborative approaches in mental healthcare.

Received: April 24, 2025; **Accepted:** April 25, 2025; **Published:** June 17, 2025
