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INDIA

# Adivasis and the Indian State: Forced displacement takes toll on mental health of Kerala tribals; community-led initiatives may hold solution

Some officials believe mental health issues resulting in suicides, alcoholism, drug abuse and a sudden change in food habits might have resulted in the early deaths of many tribal men.

Nevin Thomas | September 03, 2019 20:52:26 IST



While many adivasis in Kerala face serious mental health challenges, most of them hesitate to seek help.

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**Some officials believe mental health issues resulting in suicides, alcoholism, drug abuse and a sudden change in food habits might have resulted in the early deaths.**

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**The biggest problem across all panchayats in Wayanad with a substantial tribal population has been distress caused due to forced displacement.**

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**The adivasis, according to an activist, are never consulted with regards to where they will be displaced to.**

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***Editor's Note:** In this eighteen-part series, we will attempt to address the tropes associated with the communities in question from an adivasi perspective while also exploring the contemporary relationship of adivasi citizens with the Indian government. This is the tenth article of the [series](#) on adivasi communities in peninsular India.*

Raghu has dug himself a small pit under a tree, surrounded by lush green bushes. He refuses to move. But he greets each question thrown at him with a wry smile. It would seem he understood it all. But there is nothing else, apart from the occasional smiles.

“He had been cured of his disease,” says Lalitha. Her former ward’s mental health had deteriorated again, which had led to this relapse of his old problems. “He spends the entire day sitting under the tree. Doesn’t want to go to his house,” she says.

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His distant relative, Meenakshi, a woman well past her 50s is also there. She is the one who has been taking care of Raghu. His family doesn’t live in the area anymore. She says Raghu just visits their

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house when he is hungry. Both of them are dependent on the little salary that Meenakshi earns through MNREGA that lasts a month or two. She is too old to sell firewood now.

“I keep telling everyone who asks me about the tribes in the town to come spend a day with me and see it themselves,” Lalitha says, while quickly going through the stock of medicines that had been given to Raghu’s neighbour. There are small sketches indicating what is to be had in the morning and what in the night.

She is unfazed by what she has seen. After all, in her own words, she has seen it all, since joining a tribal mobile unit, at a small office in Kerala’s Naiketty in 2010. She belongs to the Kattunayakar tribal community, one among the four major tribes (Kuruman, Paniya and Urali being the other three) which have a significant presence in the Noolpuzha grama panchayat (the second largest tribal-dominated grama panchayat in Kerala) in the district of Wayanad.

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### Mind matters

“What I noticed was how mental health concerns were non-existent at that time. There was hardly anything being done,” recalls Lalitha. Around the time she joined, there was a visiting clinic at their panchayat every third Wednesday of the month, set up after a team of doctors from NIMHANS (National Institute of Mental Health and Neurosciences) had recommended it.

But they hardly got any patients. The problem, Lalitha noticed, was the tribal folks’ inhibitions about seeking help. Some believed the medicine was black magic while others had trust issues as their interactions with the State were marked by conflict.

“Babu was a mental health patient who got picked up by one of these camps. Nobody knew where he disappeared because his relatives also couldn’t read or write. Finally, just before an election, we told political parties to search for him and found him in a hospital,” says Lalitha. Now people refuse to visit the clinic because they are afraid.

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Lalitha with a patient. Image: Nevin Thomas

To tackle this problem, Lalitha told the doctors that they should visit people from the tribal community at their own homes, which prompted the first change in plan in the region. “It wasn’t easy though. The moment a patient feels better, he or she might move to a different location and even cross panchayats. So, it became difficult to keep track of them,” she adds.

Later, she joined MHAT, a charitable trust based at the Institute of Palliative Medicine in Kozhikode, which provides community-based mental healthcare to people from marginalised identities in the region. The objective was clear for MHAT – ensure the patient gets better before taking up more. It didn’t matter if they did not have a lot of patients.

“We used to only take care of around four or five patients, but we ensured they were cured. And once people saw the results, they started telling us about more patients who were suffering,” explains Lalitha, who pointed out how the community played a huge role in executing their programs.

“The tribal communities are more sensitive to mental health patients than you might think. They don’t ostracise mental health patients like others. We follow a system similar to the DOTS (Directly Observed Treatment, short-course) scheme used for TB. We don’t have enough workers for it, so we rely on neighbours to ensure the patients get their medicines on time. And they are almost always willing to help.”

### **The disappearing men**

What has been a concerning development for Lalitha and her team is the strange disappearance of middle-aged men from the adivasi

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The Uddhav Thackeray-led UBT has called for 20 June – the day last year that Eknath Shinde raised a banner of revolt – to be marked as ‘Gaddar Divas’ with Sanjay Raut even tweeting a letter to the United Nations demanding the same. Shinde in turn has accused Uddhav of being a traitor for ‘betraying

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Many people on social media are wondering why the five passengers who died on the tourist submersible would risk their lives to view the wreckage of the Titanic. For some, the trip to the floor of the North Atlantic has become an obsession, while others are searching for an adrenaline rush

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### **Explained: The ‘catastrophic implosion’ of the Titan submersible**

The implosion itself would have killed everyone within less than 20 milliseconds. In fact, the human brain can’t even process information at this speed. As much as the news is devastating, perhaps it is somewhat reassuring the Titan’s passengers would not have suffered a terrifying and drawn-out end

communities. A quick glimpse through their survey books reveals a pattern that many struggle to fully understand – there are hardly any tribal men alive who are aged between 40 and 60.

There are no formal studies explaining the strange phenomenon, but the tribal office in Noolpuzha believes mental health issues resulting in suicides, alcoholism, drug abuse and a sudden change in food habits might have resulted in the early deaths of men in the region.

Another argument looks at what happened 40 to 60 years ago when the much-praised land reform movement had taken over the state. On paper, the reforms were supposed to benefit the Dalits and adivasis in the state, by freeing them from the oppressive social structures like the *Janmi-Kudiyam* (Landlord-Tenant). But the Kerala Land Reforms Act (implemented in 1970) and the subsequent promise to give cultivable land to Adivasis in 1975, largely remain unfulfilled till date. Protests over land allotment resulted in violence at Wayanad's Muthanga in 2003 after the police fired gunshots and burnt adivasi camps. A tribal boy named Jogi and a policeman named Vinod lost their lives on that fateful day that served as a reminder of the general apathy towards the tribal communities in the state.

“There are men above 60 who have in some way survived this, probably because they had access to better food and lived their formative years with lesser stress,” points out Lalitha. “There is this feeling here that our diseases began when we started having the ration food that came with all sort of preservatives and poisons.”

But guesses are all that exist at the moment, even though Lalitha is hoping to collect more data with the help of Laneesh, a tribal social worker and a resident of Muthanga.

She recalls a time when she had to boil water and provide rehydration supplements after the entire village in Anapanthi was struck by dysentery. Almost everyone was affected and Lalitha personally had to attend to most, considering they didn't even have the energy to get up. An anomaly, she says, for tribes who often have the access to the cleanest waters next to the springs and food from the forest.

### **State's plan**

In 2013, the Kerala government, under the guidance of then Scheduled Tribes Development Department director S Harikishore, appointed Committed Social Workers (CSW) across panchayats

with a tribal presence. It initially started as a pilot project for 26 panchayats in Wayanad with one CSW each but has, in the years, grown to become a state-wide plan by the government.

Apart from making sociological interventions for preventing alcoholism, drug abuse child marriage etc. the CSWs were also given the task of making basic government services available by ensuring people had various certificates like the ration card, election card and Aadhaar number.



*Lalitha at the Tribal Office in Naiketty (Wayanad). The government of Kerala has started similar offices in all panchayats with a tribal population in the state but staff shortage continues to be a big problem with employees having to don multiple roles to keep the office functioning. Nevin Thomas*

Similarly, in 2017, the state government launched the Aardram scheme to restructure the public health system so that government hospitals are more ‘patient-friendly and efficient’. It also envisaged developing Primary Health Centres (PHC) into Family Health Centres (FHC), capable of meeting the healthcare needs of all members of the family.

Noolpuzha has been one of the biggest success stories of the mission, with its FHC securing the first position in the country in the National Quality Assurance Certification (NQAC) process.

But the scheme still struggles to persuade adivasis to visit clinics, partly because of their hesitation to reach out for help.

A CSW who works in the area said, “The government had a clear design in place for the work we had to do. But the tribal extension offices where we work don’t really have an idea of how to best utilise us. Eventually, we become like any other worker and it is understandable, because most of these offices are short-staffed.”

A highly qualified team of social workers, which includes more than 40 adivasis, has been involved in data collection, information dissemination and intervention schemes (apart from other duties) across many grama panchayats in the state. But the team's reach remains limited.

The CSW said, "Let us look at mental health issues. A lot of us are trained psychiatric social workers also. We should be going to families and counseling them, holding seminars on a frequent basis educating them etc. Our primary role was intervention. But we are not able to do it because we have other work to finish first. Even when we do engage in intervention, we face limitations. For example, the panchayat might not even have a public de-addiction centre. And private ones are expensive," he adds.

Ration remains a big concern for tribal families in the region. In this regard, the CSW said, "I've been working here for almost six years now and I can't say we are any better. We don't have a monitoring method in place and if I were to take a guess, I'd say around 40 percent of adivasis here still don't have Aadhaar cards."

Meenakshi, psychiatric patient Raghu's caretaker, concurs.

"Look at this card," she says, handing over the distinctly yellow ration card, with her basic details mentioned. Her monthly income, it states, was Rs 400. Raghu's name was not mentioned in the list of dependents. And such was the case with most families in the region. "How do I take Raghu to office now to get a ration card?" she asks. So Raghu, Meenakshi, and all her visitors were to survive on the 30 kg rice and 5 kg wheat that came with the AAY (Andhodaya Anna Yojana) ration cards.



A close up of Meenakshi's ration card. Image: Nevin Thomas

Further, according to Lalitha, the food lacks supplements, such as proteins and iron content, which makes it worse for mental health patients who are taking medicines. Sickle cell anemia is a very common condition in the region.

“It is important that we have some scheme in place, just like we have one to allot pregnant women pulses or some extra food while undergoing treatment,” says Lalitha.

### **Displacement’s distress**

The biggest problem across all panchayats in Wayanad with a substantial tribal population has been distress caused due to forced displacement. The government’s assurances remain unfulfilled while more and more adivasis continue to be “rehabilitated” to crowded colonies. Settlements such as the ones in Pallivel and Thiruvannur, which host families who were moved out of their ancestral homes in Ammavayal, Kurichiad and Arakunji were only paid Rs 10 lakhs for doing so – a sum that’s grossly inadequate, considering that they have to buy new land and a house.

The adivasis, according to Lalitha, are never consulted with regards to where they will be displaced to. “All adivasis will have a *Moopan* (leader) who dictates the rules. He/she loses power when they move to a new locality where another Moopan already exists. Moreover, every community has its own customs and rituals, which people are forced to give up when they get displaced,” she says.

Even though employment schemes guarantee minimum work to the displaced adivasis, they are often not happy about work such as road construction, which is very different from the work they have been doing for centuries.

For instance, the Kurumans are direct descendants of the Pallavas who were once powerful throughout South India but later got defeated by the Kongu and Chola kings. Their principal occupations, since, have always been wood-cutting, and the collection of forest produce. The Kattunayakars were once called the ‘kings of the jungle’ and for years, have been engaged in the collection and gathering of forest produce especially wild honey.

“Most of the times, they don’t want to become labourers breaking rocks or maintaining roads. They are not used to destructive work. And it is important to identify what works best for them before just calling them lazy,” points out Lalitha, who believes occupations such as making brooms would be more suited for the adivasis.

Another problem with employment schemes, according to the social worker, was the delay in payments after the work gets over. “The practice was to pay monthly or fortnightly. But most adivasi families don’t have savings to survive that long. So they slowly stopped coming. Thankfully, we are now starting a scheme where the workers will get paid in advance.”

Lalitha holds firm to the positives. “We’ve come a long way in addressing the mental health issues in the region. And that is because a lot of people believed in a mobile, community-based approach. So many people from the locality volunteered in different capacities,” she remembers.



*Lalitha with a patient. Image credit. Nevin Thomas*

The work has only begun, but Lalitha is not sure how successful it will be in the long run. “In this region, tribes which live for longer are the ones with lesser interference from others, such as the communities in Kurichiad. But now, even they are falling into the trap of alcoholism,” she points out. She is hopeful that a team from the government or a private organisation will be able to confirm her team’s findings about men dying before 40 before it gets too late.

The solution, according to her, is to stall this ‘development’ that involves the tribal communities.

She says, “Let the people who want to come to towns do so, and let the ones who do not want to move remain where they are. But with the history of government apathy and the rampant speed of ‘development’ it is only a matter of time before everyone is displaced.”

“So in the end, after all the development comes, when roads and

houses are built, there will be no one left here to enjoy all that. Everyone will be gone,” she remarks.

*\*Raghu and Babu, mentioned in the copy, are changed names to protect the identities of the psychiatric patients*

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