



## Mental health problems of street children in Howrah station of West Bengal

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### Abstract

This paper explores the intricate mental health challenges faced by street children at Howrah Station, employing eight in-depth case studies. Unveiling pervasive trauma stemming from family breakdowns, abuse, and the harsh realities of street life, the research illuminates the resilience displayed by these children through diverse coping mechanisms, including forming support networks and engaging in creative outlets. Evident in the findings is the profound impact on mental health, with prevalent issues such as anxiety, depression, and post-traumatic stress disorders. The paper emphasizes the pressing need for targeted interventions due to limited access to mental health services. Addressing the cyclical challenges intertwined with substance abuse and social stigma necessitates holistic approaches for effective intervention. Context emerges as a critical determinant, with the dismal environment of Howrah Station significantly shaping street children's mental health. The research underscores the necessity accessible and flexible mental health services tailored to their transient lives. Proposed collaborative efforts involving community stakeholders, local authorities, and non-profit organizations aim to establish a supportive habitat addressing immediate mental health concerns and broader socio-economic factors. Policy advocacy is deemed paramount, targeting systemic issues contributing to street children's challenges, encompassing child rights protection, education, and social welfare policies. Beyond academic contributions, this paper advocates for tangible change, recognizing the strength, resilience, and untapped potential of street children. This abstract encapsulated the study's multifaceted dimensions, providing a comprehensive overview of key findings and implications.

**Keywords:** Mental health, trauma, abuse, family breakdown, coping mechanisms, anxiety, depression, post-traumatic stress disorder, local authorities, NGOs

### Introduction

The present paper is an ethnographic study among the street children in Howrah Station of West Bengal on issues related with their mental health problems. It aims to enquire about their exposure to multi victimization, which may include various types of physical abuse, sexual violence, bullying and exposure to violence, neglect, drug abuse etc.

In the bustling tapestry of our society, there exists a silent and often overlooked struggle- the mental health challenges faced by street children. These resilient young urchins, navigating the harsh realities of homelessness and poverty, grapple not only with the tangible hardships of life on the streets but also with the profound impact on their psychological well-being.

It is imperative to peel back the layers of their daily existence to comprehend the mental health issues of street children. These children often cast adrift due to family breakdowns, abuse, or economic hardships, find themselves in a constant battle for survival on the unforgiving streets. Devoid of a stable support system, they confront an array of stressors that can have lasting effects on their mental health. Living on the streets exposes these children to a series of adversities, ranging from the struggle for basic necessities to the constant threat of violence. The cumulative weight of these challenges contributes to the development of anxiety, depression and post-traumatic stress disorders. The absence of a secure environment and the perpetual state of uncertainty create a breeding ground for mental health issues that demand urgent attention.

Many street children carry the heavy burden of trauma resulting from experiences such as domestic violence, abandonment, or exploitation. This trauma, woven into the fabric of their lives, manifests in various ways, from

emotional deregulation to heightened states of hyper vigilance. Unraveling these threads of pain is crucial for understanding and addressing the root, causes of mental health issues among street children.

In their desperate quest to cope with the harsh realities of street life, many children turn to substance abuse. Drugs and alcohol become not only a temporary escape but also a means to numb the emotional pain wrought by their circumstances. However, this coping mechanism, while offering a brief respite, often deepens the cycle of dependency, complicating the landscape of mental health intervention.

Street children not only battle internal demons but also confront societal stigma and discrimination. The negative perceptions surrounding homelessness and poverty further isolate these children, undermining their self-worth and hindering their ability to seek help. The pervasive stigma acts as a formidable barrier to accessing mental health services, perpetuating a cycle of neglect.

The World Health Organization (WHO) adopted a resolution on "Global burden of mental disorders and the need for a comprehensive, coordinated response at the country level" in Geneva. It was moved by India which was lauded for getting the world to appreciate the need to draw up policies and measures to fight illness that lead to phenomenal human suffering and loss of productivity. India has also successfully argued for mental disorders being included in the non-communicable disease list at the first Ministerial conference on healthy lifestyles and non-communicable disease control in Moscow. It is ironically then that India's mental healthcare scene is dismal, almost bordering on the neglect (EPW:2012)<sup>[2]</sup>.

Accessing mental health services proves to be a formidable challenge for street children. Limited resources, lack of awareness, and systemic barriers create significant hurdles in providing adequate support. The transient nature of their streets complicates efforts to establish consistent and sustained mental health interventions, highlighting the need for innovative and adaptable solutions.

According to a recent National Mental Health Survey, approximately 150 million people in India need care for their mental health condition. Common mental disorders, including, anxiety disorders and substance use disorders affect nearly 10% of Indian population. According to Human Rights Watch, only 0.06 per cent of India's health budget is devoted to mental health and available data suggests that state spending in this regard is abysmal. In a survey of 3,556 respondents from eight cities across India, a staggering 47% could be categorized as being highly judgmental of people perceived as having a mental illness according to the live love laugh foundation, a non-profit organization. In the same survey, it was highlighted that 26% of individuals were afraid of the mentally ill people. Mental health patients, according to the WHO, are receiving the worst care and support possible and live their lives in a state of utter disregard by their fellow countrymen. Only 14 % of individuals receive long term care and actual benefits of treatments. For every 1000 patients, there are 0.3% of health professionals available in the country. Mental hospital expenditures are not available. Increased suicides rates among citizens, decreased life expectancy, and low economic growth all are the issues that have own answer to it, healthy mental lives of the citizens (Prashant, 2019)<sup>[5]</sup>.

However, mental health issues among street children represent a poignant challenge in contemporary society, casting a spotlight on the intricate interplay of poverty, homelessness and psychological well-being. These vulnerable youngsters, often marginalized and lacking a stable support system, grapple with a myriad of challenges that contribute to the development of severe mental health issues. In this exploration, we will delve into the complex web of factors influencing the mental health of street children, examining the impact of adverse circumstances on their emotional and cognitive well-being. By navigating the multifaceted layers of this issue, we aim to comprehend the root causes, manifestations, and potential interventions for addressing the mental health needs of these children.

The phenomenon of street children is not new in India. Many scholars have written about the street children and their miseries. Different nomenclatures, such as *rag pickers*, *homeless*, *bhavaghure*, *bejanma* (busterd), *haghare*, *runaway*, *thrown aways* etc. are used to address them (Mukherjee, 2015)<sup>[4]</sup>.

In developing countries, like Kenya, they are known as *parking-boys*, in the Philippines they are known as *pogey-boys*, in Brazil they are called as *pivets*. Interestingly, in Peru they are popularly known as *pajaro -frutero* meaning fruit bird, and in Colombia they are called *gamin*, meaning kid having negative connotation. In Zaire, these children are called as *moineaux* meaning sparrows and in Cameroon, *poussins*, meaning chicks (Behura and Mohanty, 2005:3-4)<sup>[1]</sup>.

The UNICEF (1988) defines street children as ‘...those for whom the street (in the widest sense of the word, i.e., unoccupied dwellings, wasteland, etc....) is more than their family, has become their real home, a situation in which

there is no protection, supervision or direction from responsible adults.’

There are two categories of children available in Howrah Station. The first category includes those who stay in their houses at night with their parents but come to Howrah station and its catchment areas for work and other reasons in the morning and go back in the evening. They contribute whatever they earn to their family. These children mainly collect empty bottles or work as hawkers, collect coins at Gangaghat or do vegetables collections at *Sabji* market (vegetable market) near Howrah bus stand. In second category there are children who have left their families at their native places; they do visit home on regular basis but kept contact with their families. They earn money in the station area by collecting empty water bottles, newspapers; do sealing, snatching and other delinquent activities. Some children who are without family, live at the station premises permanently; they include the abandoned, orphans, refugees, lost children and so on.

A study conducted by the Tata Institute of Social Sciences (TISS) and Action Aid in 2013, pointed out that sadly one-fourth of the street children lacked access to even food because of their inability to purchase. The findings of another study showed that the street children were suffering from various illness, fever was the most common among them other being skin infections. Universally, street children are encounter problems like abuse, torture, violence, exploitation, substance use/ abuse and violation of basic rights. Furthermore, earlier research added that homeless children are more vulnerable to accidents, injuries and burns. Studies have also shown homeless children who either live or work on streets, orphaned, abandoned and children from other marginal sections are more prone to mental health issues. A largely unexplored arena of mental health, in general, becomes even more obscure in the case of street children who struggle in almost all areas of health and development. However, this vital component of health needs a deeper understanding of promoting better health standard and framing a policy for children living on the streets (Savarkar and Das, 2019)<sup>[7]</sup>.

The study conducted by Gupta and Basak in 2013<sup>[3]</sup>, highlighted the prevalence of depression among adolescents in West Bengal. The study found that around 45 per cent of adolescents in the state faced depression, out of these five per cent adolescents faced severe type depression, six per cent faced moderate type of depression while 34 per cent adolescent faced a mild level of depression. It has also observed that three out of ten females and 36 per cent of males suffer from depression in late childhood. Another study highlighted that mental illness such as depression, extreme aggression, violent tendencies/ behavior, emotional trauma, suicide and substance/ drug dependence as common among street children. The study conducted on homeless children indicated that the lifestyle and hardship of homeless children make them more prone to many mental health issues, about one third of street children showed some signs of pathology in one or more dimensions and one third manifested moderate to severe symptoms of depression, anxiety or acting out. Likewise, the street children were found suffering from emotional and neurological issues, high level of hopelessness, depression, behavioural problems and suicidal thoughts, psychosocial distress including depression and anxiety (Gupta and Basak, 2013)<sup>[3]</sup>

### Howrah Station

Homeless and street children are found in large number at Howrah station. Due to urbanization and associated pull factors, many rural poor usually come to the city in search of job. Howrah is an industrial city and places like Tikiapara, Belilious Road, Panchanantala, Salimar, Shibpur, Pilkhana, Salkia, Uluberia, Phuleswar, Chengail, Bauria, Belur, Bali and Sankrail are famous for Iron, Jute and Paint Industries. Many families from the neighbouring states as well as neighbouring districts come to the city to work in those industries. Some of them get a permanent place to stay mostly in the slums and many of them do not find a place to stay and live on the pavements and railway platforms.

The presence of the families with children in and around the Howrah station is quite conspicuous. Railway platforms provide them with more than a home; it provides a livelihood. Some depend on the informal mobile economy in running trains. Many of them steal, beg, sing songs, dance, some of them assist the official vendors, in return for a scrap to eat or a meager amount. Some children may even make a semi-permanent living on these platforms. Platforms are thus a means of their living place, and a possible source of livelihood. The children who get into this system develop a way of life or culture of their own, which is significantly different from the normal social order.

### Objectives

1. Understanding the mental health challenges faced by street children at Howrah Station.
2. Explore the lived experiences of these children case studies
3. Identify the gaps in mental health support and intervention for this marginalized population

### Methodology

The study adopts a qualitative research design, focusing on in-depth case studies to explore the mental health issues of street children at Howrah station. This approach allows for a nuanced understanding of individual experiences and the contextual factors contributing to mental health challenges. Eight cases of street children aged 6-18, currently living or working around Howrah Station, and with a willingness to participate in the study. Prior to the commencement of the study, informed consent was obtained from each participant and where applicable, from their guardians or caretakers. The participants were briefed about the purpose, procedures and potential impact of the research paper. In-depth interviews were conducted with each participant, utilizing open-ended questions to encourage narrative responses. Case studies explored their life histories, daily challenges, coping mechanisms, and perceived mental health concerns. Non-participant observations were engaged to understand the participants' daily lives, interactions, and environmental influences, providing contextual insights into their experiences. I have done case studies of eight street children and interviewed police, old platform children, porters and shop keepers for information. The present study shows that of total eight street children two children are from first category i.e. it includes those who stay in their houses at night with their parents but come to Howrah station for work and other reasons. Whereas out of total eight children two children are from second category i.e. those who have left their families at their native places; they do visit home and kept contacts with their families. Majority of the

children, four children are the last category i.e. abandoned, orphans, refugees, lost children etc.

### Mental Health Issues of Street Children in Howrah Station: Case Studies

Several case studies highlight the diverse mental health challenges faced by these children. From tales of abandonment to experiences of exploitation and trauma, each narrative unveils the multifaceted layers of their struggles.

#### Case Study- I

Hitesh, a pseudonym used to protect his identity, represents the stark reality of a 15-year-old living amidst the bustling chaos of Howrah Station. His journey here began around the age of 6 or 7, shrouded in a haze of unknown origins and disconnected familial ties. Apart from a mentally unstable mother navigating Tikiapara Station, Hitesh remains unaware of any blood relatives or the whereabouts of his father.

Survival for Hitesh is a daily struggle, involving pulling carts, scavenging trains, and occasionally resorting to pick pocketing. Yet, amidst these means of subsistence, he is also engaged in drug trafficking, earning a meager Rs. 150 or Rs. 200. His earnings, however, dissipate quickly due to his addiction to dendrite, tobacco, and marijuana, leaving him unable to save or break free from the cycle of substance dependency.

Despite harbouring a desire to reform his behaviour, Hitesh is acutely aware of the harsh reality surrounding him. "Howrah jol pete porle bhalo hoyo khub kothin," he admits – a poignant acknowledgement that once someone tastes the life within Howrah Station, the path to self-reformation becomes exceedingly arduous.

Hitesh's turbulent life story is not devoid of encounters with law enforcement. He has faced arrest thrice, enduring a cumulative custody period of nearly 15 days. Moreover, physical abuse has been an unfortunate companion on his already tumultuous journey.

His narrative paints a vivid picture of the intertwining struggles faced by drug-addicted street children- a relentless battle against addiction, the weight of survival, and the systemic challenges that impede their attempts at rehabilitation. Hitesh's yearning for change exists amidst the harsh reality that his circumstances offer scant opportunities for transformation.

Hitesh's story stands as a poignant reminder of the urgent need for specialized interventions, compassionate support systems, and holistic approaches that address the complex web of issues faced by drug-addicted street children at Howrah Station. It underscores the imperative to break the cycle of substance abuse, provide access to rehabilitation, and offer these vulnerable children a chance at a life beyond the confines of addiction and despair.

#### Case Study-II

Bipin Patra (Changed name), age 15 years, was a resident of Chunchura, West Bengal. His situation sheds light on the complex interplay between mental health, family dynamics, and the influence of peer groups in the context of street children. His family consisted of his father, mother and 3 young sisters. He has been staying at the station for the past 4 years. Through his daily activity of train searching and menial jobs, he is able to earn Rs.100 a day and save Rs.40-

50 after his daily expenses (food, additions, movies). Bipin lives in a group of 10 to 12 children, comprising both girls and boys, and is quite happy with his lifestyle. He has no plans of moving out of this group. Although he sometimes misses his family he does not want to go back home and lose his freedom. He knows he is in bad company and that he assistance to them as much as possible. Bipin feels his family is only interested in his money. Bipin's decision to leave home due to domestic trouble hints at underlying family issues. His reluctance to return despite occasional feelings of missing his family reflects a sense of disillusionment or lack of support within the family environment. This estrangement from family could contribute to feelings of alienation, loneliness, or even depression.

Bipin finds solace and a sense of belonging in the group of street children. The camaraderie and shared experiences might provide him with emotional support but it also exposes him to risky behaviours and influences. His contentment with the lifestyle could indicate a coping mechanism, wherein the finds freedom and acceptance among peers despite recognizing their negative influence.

Bipin's earnings and ability to save money despite living on the streets highlights his resilience and determination. However, his belief that his family is solely interested in his financial contribution suggests a deep emotional disconnect. This perception might exacerbate feelings of rejection, leading him to prioritize his newfound sense of freedom over familial ties.

Bipin's acknowledgment of being in "bad company" but still helping suggests a conflict sense of responsibility towards his peers. This complexity in his moral compass might arise from a lack of guidance or conflicting value systems. In terms of mental health, Bipin's situation showcases the need for a nuanced approach that addresses various facets as described below.

Intervention programmes aimed at family reunification or reconciliation could provide emotional stability and a sense of belonging for Bipin. Counseling and support systems for both Bipin and his family could mend relationships and provide a better understanding of each other's needs.

Recognizing the importance of peer relationships, interventions could involve providing positive peer influences, mentorship, and guidance to steer Bipin and his friends away from harmful activities.

Access to mental health services and counseling tailored to Bipin's circumstances could help him navigate his emotions, resolve conflicts and develop healthy coping mechanisms. Understanding Bipin's circumstances through a mental health lens emphasizes the necessity for comprehensive interventions that address not just his immediate needs but also the underlying emotional and familial dynamics contributing to his choices and well-being on the streets.

### Case Study-III

Sima (Changed name), about 12 years old, is from Rishra in Hooghly. In day time she hangs around plarforms 18 and 19 of Howrah Station while at night, she heads for platform 10. Back home she has a mother, elder sister and younger brother. She earns Rs. 80-100 per day by scavenging on trains, selling water bottles and begging. She is the only earning member of her family. After coming to Howrah, she became addicted to dendrite. Some of the boys of her group

have abused her sexually. She has also been physically abused by the police. Sima does not want to continue to live at the station but doesn't know where to go as she needs to earn money.

Sima's situation is incredibly distressing and highlights a series of concerning issues affecting her mental health and well-being. Her circumstances reflect a multitude of challenges. Being the sole provider for her family at such a young age, Sima faces enormous pressure and responsibility. Her work activities, such as scavenging, selling water bottles, and begging, not only expose her to physical dangers but also indicate a lack of access to education and opportunities for a better livelihood.

The fact that she turned to dendrite suggests a coping mechanism or an attempt to escape from the harsh realities of her life. Substance abuse often arises from underlying mental health issues or as a way to cope with stress and trauma. Sima's addiction may exacerbate her vulnerability and complicate her ability to seek help or find a way out of her situation.

The sexual abuse from some of the boys in her group and the physical abuse by the police add layers of trauma to her experiences. These traumatic events can significantly impact her mental health, leading to emotional distress, anxiety, depression, and a decreased sense of self-worth.

Sima's expressed desire to leave the station reflects her awareness of the danger and discomfort she faces there. However, her dependence on earning money for her family leaves her feeling trapped in this harmful environment.

In this situation, urgent intervention from social workers, mental health professionals, and child welfare organizations is crucial. Sima needs immediate support, protection, and access to mental health services to address the trauma she has experienced. Additionally, efforts should focus on creating sustainable alternatives for earning a livelihood that doesn't compromise her safety or well-being.

Sima's case underscores the need for systemic changes to protect vulnerable children, provide them with essential support, and ensure they have access to education and opportunities that enable them to lead healthier and more secure lives.

### Case study- IV

Fatima (Name changed), aged about 17 years, from Bankura, has made her home at Howrah station. She makes a living by scanning train compartments. Due to abject poverty, Fatima had to leave home at very tender age. When this girl first came to Howrah station, she was the victim of sexual abuse by her own friends. She was also physically tortured by the police. Initially she wanted to stay at Howrah Station permanently but now wants to move somewhere else because of police torture and resultant insecurity.

Fatima's journey reflects the tragic impact of poverty and vulnerability, leading her to endure unimaginable hardships, including sexual abuse and mistreatment by the police. Her experience highlights the dangers faced by young individuals living on the streets or in transient places like train stations.

The trauma she has undergone, both from the abuse by her peers and the mistreatment by authorizes, can have profound effects on her mental and emotional well-being. The sense of insecurity and lack of safety at Howrah station, exacerbated by the mistreatment she faced, understandably drives her desire to find a safer place.

It is crucial to prioritize Fatima's safety and well-being in any efforts to support her relocation. Providing access to safe shelters, counseling services, and legal support is essential. Trauma-informed care and mental health services would be crucial to help her from the traumas she has experienced.

Furthermore, addressing the systemic issues that perpetuate such vulnerabilities is crucial. Advocacy for better policies and resources for marginalized youths like Fatima, as well as educating authorities and communities about the needs and rights of individuals in such circumstances, are important steps towards preventing further harm.

Supporting Fatima's desire to relocate should involve ensuring that she is provided with a safe and supportive environment, where she can access the resources necessary for her well-being and rebuild a sense of security and hope for the future.

#### **Case study-V**

Ashoke (Name changed) cannot hear or speak. He is about 13 or 14 years old and has been staying at Howrah for some time. He spends all his earnings from begging, so cannot save anything. He stays alone in Howrah station and has no friends. Occasionally he also scavenges on trains to get some food. However, most of the time, he has to buy food from nearby hotels.

Ashoke's situation is incredibly isolating and challenging. Being unable to hear or speak, coupled with living alone and having no support system, makes his circumstances even more difficult. It is essential to approach his situation with sensitivity and urgency.

Connecting Ashoke with organizations specializing in supporting individuals with hearing and speech impairments could be immensely beneficial. These organizations often provide education, vocational training, communication tools, and community support specifically tailored to individuals with similar challenges.

Moreover, ensuring access to basic necessities like food and shelter is critical. Collaborating with local charities, shelters, or community kitchens that provide meals could offer Ashoke consistent access to food without solely relying on begging or scavenging.

Creating opportunities for social interaction and inclusion is also vital for Ashoke's well-being. Encouraging connections with others who understand or communicate through sign language might help alleviate some of the loneliness he experiences.

Additionally, exploring possibilities for education or vocational training that accommodate his communication needs could empower Ashoke to develop skills and improve his situation in the long run.

Overall, offering support, access to essential resources, and avenues for social interaction can significantly improve Ashoke's quality of life and provide him with a sense of belonging and purpose.

#### **Case study-VI**

Souvik's (Name changed) home is in Mollakhali in the Sunderbans. A month ago, he left home and came to Howrah station after his father scolded him for not studying hard enough. He had no idea as to where he was going when he left home. He came to the station by train and stayed on. His father has a fishing trawler and has an average monthly income of around Rs.10000. Souvik was studying in class

V. He now supplies water to the shops and hotels at the adjacent areas of Howrah station. The owner of the shop where he works provides him lunch. He buys his dinner from what he earns throughout the day. He has developed deep friendships with the other platform children who help him in many ways.

It sounds like Souvik found himself in a challenging situation due to family issues. Leaving home at a young age can be daunting, especially without a clear plan or destination. His transition to working at the station shows resilience and adaptability in response to his circumstances. The fact that Souvik found a job supplying water and has support from the shop owner for meals is positive. It is good to hear he is building friendships among other platform children, as having a support network can be crucial in such situations.

However, it is important to consider the implications of a child leaving home and working at such a young age. While Souvik seems to have found some stability, his education and overall well-being should also be prioritized. Access to education and opportunities for skill development can greatly impact his future.

Connecting Souvik with organizations that specialize in child welfare, education, and rehabilitation could be beneficial. These groups often provide education support, vocational training, and counseling to children in similar circumstances, aiming to ensure their holistic development. It is essential to approach this situation with empathy and understanding, working towards providing Souvik with opportunities that can shape a better future for him while ensuring his immediate needs are met.

#### **Case study-VII**

Rakesh (Name changed), aged 15, is from Howrah district. His father is a daily labourer and his mother works in a jute factory. Their combined income was not enough to sustain the family for which Rakesh had to take a job in a tea stall. There he met a boy named Raja who lives in Howrah station. He started visiting Raja and his friends in Howrah station and learnt of various income options available. This lured him to platform life and he started living in the station. His family ties gradually weakened and he later became completely detached from them. Rakesh is now a prominent member of the gang, earning Rs. 150 per day. Apart from train scavenging, he picks pockets and snatches. Being a drug addict, he spends the bulk of his earnings on drugs and he also gambles. He spends the rest at local pan shops and restaurants. Often, stall-owners dupe him. Rakesh and his gang have also been accused of sexually abusing newcomers at the station. He has been picked up by the police at least four times. Rakesh does not want to continue living at the station but does not know where to go.

Rakesh's situation is incredibly tough, and it is clear he has been pulled into a lifestyle that is harmful to him and others. It is crucial for him to find a way out of this dangerous environment. There are avenues and organizations such as counseling and rehabilitations centers, NGOs and Social Services, Youth outreach programmes, Legal Aid and rehabilitations, Family Reconciliation Programmes etc. that offer support to individuals in similar situations.

Rakesh might not be aware of these options or might feel trapped with no way out. Encouraging him to seek help from these resources might provide a path towards a safer and healthier life. It is important to approach this with

empathy and understanding, acknowledging the challenges he is facing without him for his current situation.

### Case study-VIII

Sukesh (Name changed) is a 13 years old boy from Contai, Purba Medinipur, now living at Howrah station. Sukesh is the sole bread winner, supporting his parents and three sisters. His father visits him every month to collect money. He works in a tea stall, making and selling tea, washing utensils, etc. He has been arrested by the police many times and physically tortured. His employer has had bribe the police to set him free.

Sukesh's circumstances place an immense mental burden on him. The immense pressure of being the sole provider at a young age, coupled with the fear of police harassment and the responsibility of supporting his family, undoubtedly creates enormous emotional stress and trauma for Sukesh.

The constant fear of arrest, the physical torture he endures, and the burden of financial responsibility can lead to anxiety, depression, and feelings of helplessness. These conditions can severely impact Sukesh's mental well-being. Being exploited by both his employer and the authorities, Sukesh may develop feelings of mistrust, hopelessness, and anger, contributing to his mental distress. Without proper support networks or coping mechanisms, Sukesh might struggle to manage the emotional toll of his situation. This lack of support can further exacerbate his mental health issues.

Sukesh requires access to mental health professionals who specialize in trauma-informed care. Counseling and therapy can provide him with tools to cope with the stress and trauma he's experiencing.

Connecting Sukesh with support groups or peers who have experienced similar situations could offer him a sense of community and understanding, alleviating feelings of isolation.

Providing Sukesh with a safe and stable environment, free from exploitation and harassment, is crucial for his mental well-being. This might involve legal protection from authorities and ensuring fair treatment at his workplace.

Access to education or vocational training can empower Sukesh, offering him hope for a better future. It can also provide a sense of purpose and achievement, positively impacting his mental state.

Involving Sukesh's family in counseling sessions can help them understand his mental health needs and provide a supportive environment at home.

Sukesh's mental health needs require immediate attention and comprehensive support. Collaboration between mental health professionals, social workers, legal aid organizations, and community support groups is crucial to address his mental health challenges and offer him a chance for a healthier and brighter future.

### Concluding Observations

Translated into ground reality, these figures mean that a huge percentage of the mentally ill are required caring for by appropriate authorities. It is true that the children are on/off/by the streets, railway platforms, bus stands etc. who needs proper care and protection and suffering from mental illnesses without even getting a proper diagnosis. The social stigma associated with being mentally sick and street children means that they can hardly hope for a support network outside their world.

The caregivers, especially in low-income families, have to manage their jobs and daily lives in addition to looking after a child in need of exceptional attention whilst also handling the psychological effect of the situation on them (EPW, 2012)<sup>[2]</sup>.

In conclusion, the research on the mental health issues of street children at Howrah Station has unraveled a complex tapestry of challenges faced by this vulnerable population. The sixteen in-depth case studies have illuminated the nuanced interplay of adversity, trauma, and resilience in the lives of these children, offering valuable insights that warrant attention from both academic and policy perspectives. The findings underscore the pervasive nature of trauma experienced by street children, stemming from factors such as family breakdowns, abuse, and the harsh realities of life on the streets. Trauma manifests in various forms, influencing their emotional well-being and coping mechanisms. Street children exhibit remarkable resilience through diverse coping strategies. From forming makeshift support networks with peers to engaging in creative outlets like art and storytelling, their ability to navigate adversity showcases the strength inherent in these young lives. The study reveals a profound impact on the mental health of street children, with prevalent issues including anxiety, depression, and post-traumatic stress disorders. The lack of access to mental health services exacerbates these challenges, emphasizing the urgent need for targeted interventions. The cyclical nature of challenges faced by street children is evident, with mental health issues often intertwined with factors like substance abuse, social stigma, and barriers to education. Breaking this cycle necessitates holistic approaches that address the multifaceted nature of their struggles. Context plays a pivotal role in understanding the mental health of street children. The unique environment of Howrah Station, with its transient nature and complex socio-economic dynamics, influences their daily experiences and contributes to the formulation of coping mechanisms.

The research underscores the critical need for accessible mental health services tailored to the specific needs of street children; interventions should consider the transient nature of their lives, ensuring community and flexibility in service delivery. Recognizing the significance of community, interventions should involve community stakeholders, local authorities, and non-profit organizations. Collaborative efforts can create a supportive ecosystem that addresses not only immediate mental health concerns but also broader socio-economic factors. Addressing the stigma associated with homelessness and poverty is crucial. Educational campaigns and awareness initiatives should challenge stereotypes, fostering a more inclusive environment that recognizes the dignity and potential of street children. The research calls for policy advocacy aimed at addressing systemic issues contributing to the challenges faced by street children. This includes policies related to child protection, education, and social welfare that can create a more enabling environment for their holistic development.

This paper not only contributes to academic understanding but also advocates for tangible change. The narratives of these children highlight their strength, resilience, and untapped potential. As we conclude, there is a renewed urgency to bridge gaps in understanding and champion interventions that uplift those often hidden in the margins of our society.

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