



balm THE BANYAN
ACADEMY OF
LEADERSHIP IN
MENTAL HEALTH

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MENTAL HEALTH

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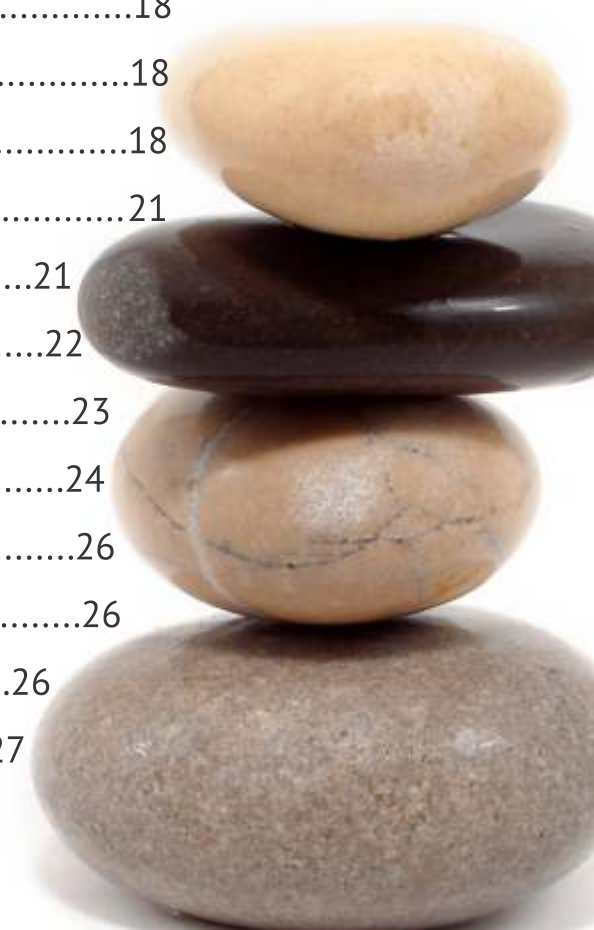
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ANNUAL REPORT 2013 – 2014

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Vision

An inclusive and humane world – capabilities, justice and equity promotive

Mission

To increase active stakeholder participation in the mental health sector, particularly in support deficient regions and positively affect prevalent trends through research, networking & advocacy.

To train, nurture & equip human resources in the mental health sector with appropriate knowledge, skills & competencies.

To map, document and disseminate information on best practices, challenges and progress in the mental health sector.

Message from the Founders



Everytime we sit down to recap the highlights of the year gone by, we are amazed by our journey and by the determination, commitment and deep engagement of many of our colleagues, residents, supporters and friends, who make tough targets and ambitious goals seem simple and attainable. This last year, our 20th, was particularly special as we worked on consolidation of our services and development of strategic direction for persons, poor and homeless, living with mental health issues.

Our services are embedded in a philosophy and culture of user-centricity and promotion of capabilities. This approach has driven our research agenda as well, as we inquire into complex problems around long term care, family burden, human rights, multi-dimensional distress and personal recovery. Living and working with vulnerable groups in a milieu ridden by persistent problems has enabled us to build a sense of openness to multiple realities and ambiguities.

It is with a hope of encouraging learning in this real world context that the Institute of Mental Health, Social Sciences and Transdisciplinary Research was founded in collaboration with the Tata Institute of Social Sciences and Vrije Universiteit, Amsterdam. Today, we take pride in our campus - the hustle and bustle of the students and residents as they live, learn and work, together, in the same campus: inclusion, not just in articulation and philosophy, but in spirit and action. It is our aspiration that this form of constructivism in

education and research will help build a gritty, informed, analytic and skilled cadre of human resources, much needed in the health and development sectors.

Between 2014 and 2015, we hope to be able to capture some of our robust processes and their impact on distress alleviation and enhancement of quality of life at individual and family levels; based on two decades of work with more than 5,000 individuals across urban and rural locations through our Transit Care Centre, Rural and Urban Mental Health Programmes and Clinical and Social care services. At the heart of all this work is the individual who despite her vulnerabilities, distress, marginalisation and exclusion, fights back, with a little support, claims her rightful space and urges us at The Banyan and BALM and in society in general to work towards a climate of justice and equity. From these individuals, we draw much of our perspectives and inspiration!

Dr. Vandana Gopikumar & Vaishnavi Jayakumar

Message from the Director



The Banyan Academy of Leadership in Mental Health was created to carry out advocacy on mental health issues based on the insights gained from The Banyan's work with persons with mental illness experiencing homelessness, build capacity of the stakeholders working with The Banyan across the country, conduct research to strengthen the evidence base for effective implementation of mental health programmes, focus on issues involved in service delivery, service utilisation and burden of mental disorders on the family.

Being a non profit organisation, BALM has worked at three levels to provide valuable insights in mental health care in India. Recently, BALM has been able to initiate and launch the Institute of Mental Health, Social Sciences and Transdisciplinary Research (IMHST) in collaboration with the premier national institute, the Tata Institute of Social Sciences and VU University Amsterdam. It will be a very special and joyous moment of all of us in BALM to see our first batch of students pass out in March 2015. The human resources developed at the IMHST will soon provide highly trained social work practitioners to take up the challenge of mental health care to reach the unreached so far in the country.

It is very well known that the country had only 123 District Mental Health Programme (DMHP) sites until recently. There are several barriers in implementing decentralised mental health programmes

and the most important of is the lack of technical skills and managerial ability amongst the programme officers at the taluk and district level to effectively implement the DMHP. The team at BALM and I sincerely believe that the post graduates will fill the void of lack of high quality social work practitioners in the country and provide the necessary impetus for effective implementation of public mental health program's in the country and ensure that the treatment gap is reduced, disparities in service delivery is bridged, governance is improved and equity is restored in the community for people needing mental health services.

The Banyan Academy of Leadership in Mental Health is attracting academicians, scholars, research fellows and interns from various universities around the world. Our commitment and willingness to endure in less travelled paths in the care of homelessness and mental illness, poverty, marginality, long term housing options and many other challenging as well as human resource building endeavours is encouraging professionals to partner with us to gather knowledge for the benefit of human kind. I, and the team at BALM, are sure that we will add to the knowledge base in core areas mentioned above and contribute to equipping high quality human resources who will act as catalysts to bring change in the society with respect to policy, programmes and governance with respect to mental health care in the country.

Dr.K.V.Kishore Kumar

Message from the Dean's desk



The need for well trained professionals with competent skill sets is the need of the hour and is felt more so in the health sector, especially mental health. To meet the growing demand and to plug the existing gaps, the courses offered at IMHST can fill the void to a certain extent.

This academic year saw a mix of challenges, concerns, success and emotions normally associated with the beginnings of an institute and launching of a high demanding course like master's programme in social work focussing in the area of mental health. But, we were able to keep up our deadlines comfortably because of the help and timely support of several well-wishers.

I take this opportunity to thank all the members of the Board of Trustees for their support and giving the much needed space to function independently, to Ms. Vandana for her intense involvement and far sighted vision to take the institute to greater heights. A special thanks to Dr. S. Parasuraman, Director, Tata Institute of Social Sciences for his continuous support to the institute in more ways than one and to Dr. Asha Banu, Chairperson, Centre for Mental Health, TISS and to all our experts and members of the Advisory committee.

My sincere thanks to the Faculty of VU University, Amsterdam, Prof. Joske Bunders, Prof. Barbara Regeer, Dr. Dirk Essink and others who gave us valuable academic insights and teaching support.

My sincere thanks to the fieldwork agencies that extended full support and made our students' experience at fieldwork very meaningful.

I would like to thank my team members; Mr. K. S. Ramesh, who took on a lot of responsibility much beyond teaching requirements, to all the visiting/guest faculty- Dr. Kishore Kumar, Dr. Lakshmi Sankaran, Dr. Madhu Sharan, Dr. Shilpa Pandit, Ms. Lakshmi Narasimhan, Dr. K. Sathyamurthy and to Ms. Divina D'Costa and Ms. Erinda Shah for providing valuable insights to our students.

I deeply appreciate Ms. Mirjam Dijkxhoorn, Deputy Director, BALM for the administrative support that helped things to sail smoothly, Ms. Suganthi Christopher, our administrative coordinator and Ms. Roshni Ravi, Coordinator, Field Work Secretariat for her assistance in putting the annual report together.

To all at The Banyan, especially Ms. Swapna Vinodh, Mr. Ashok Kumar and the team at the Health Centre, Kovalam headed by Mr. P. M. Salih, our heartfelt thanks for their unstinted support. A very special thanks to Mr. Velan, Murthy and the transport team for driving us safely and responding to our last minute requests.

Last but not the least, to all my students, the most important actors, who readily met challenges thrown up by academic and field practice demands, adjusting to a new socio cultural milieu, different food menu, long daily commute and yet all of them have come out in flying colours in their examinations.

Looking forward to all of you for your continuous support in the coming years,

Dr. P. Nalini Rao

About The Banyan



Established in 1993, The Banyan, is a registered not for profit organisation in Chennai, India, providing comprehensive **mental health services for persons with mental illness**, living in homelessness and poverty at community and institutional settings. The organisation is driven by the principal goal of restoring the ability to exercise freedom and choice for those affected by mental health issues

Today, The Banyan has reached out to over 5000 people across eight locations (urban and rural), and offers a spectrum of care including emergency care, outpatient treatment, focused social care programmes, and assisted living for those requiring long term care.

Recognising the complexity and embeddedness of the problems in the mental health sector, The Banyan pioneers innovative approaches at the individual, community and governance levels catering to 50 villages in the Thirupurur block, Kanchipuram district and nine wards in the Chennai district.

Despite its exponential growth, The Banyan remains firmly rooted in the philosophy and value of deep engagement, and responsiveness resulting in a user centric organisational culture.



About BALM

The Banyan Academy of Leadership in Mental Health (BALM) was founded in 2007.

The organisation's strategy has focused on research, capacity building and dissemination.

In order to implement and study innovations in mental health care for people affected by homelessness and poverty, the Mental Health and Social Action Lab (MHSAL) engages in action research and capacity building of stakeholders, both organisations and individuals. Innovations and key findings of studies have been shared at seminars, where stakeholders from the mental health sector discuss challenges, best practices and innovations.

In 2013, BALM initiated the Institute of Mental Health, Social Sciences and Transdisciplinary Research (IMHST) in collaboration with Tata Institute of Social Sciences (TISS), Mumbai and Vrije

Universiteit (VU), Amsterdam to educate a cadre of professionals imbued with core values, knowledge and skills to address mental health issues from a development perspective.

In addition, BALM offered tailor-made, practice-oriented training programmes for mental health professionals, community workers, health care workers, and judicial officers, with the aim to improve their understanding of and responses to persons with mental health concerns, leading to improved mental health services offered to vulnerable groups, such as homeless persons.

Finally, an important focus of BALM was the monitoring of The Banyan's services by collaborating with The Banyan projects in developing comprehensive database, that is designed to aid staff in collecting and analysing clinical data and outcomes, programmatic progress, identifying important trends and areas for improvement.



Programmes at Balm

- A. **Mental Health Social Action Laboratory (MHSAL)**
- B. **Institute of Mental Health, Social Sciences and Transdisciplinary Research (IMHST)**
- C. **Training**
- D. **Monitoring and Evaluation**
- E. **Seminars**
- F. **Other activities**

A. Mental Health Social Action Laboratory (MHSAL)

The Mental Health and Social Action Lab was initiated as an action research unit of The Banyan and The Banyan Academy of Leadership in Mental Health in 2012. The unit provides the space to understand, apply and test new ways to address issues in the mental health sector. Mental health is increasingly being recognised as an important public health priority. However, the nature of mental health problems and its interface with poverty and homelessness is complex, and there are several unanswered questions critical to policy decisions such as quality assurance in institutional settings, effective implementation strategies in low resource settings, mediators and moderators of recovery and implications for practice, and integrated social-clinical responses that can help people living with mental illness. Through three domains of work - research, fellowships and partnerships - MHSAL hopes to answer these questions and contribute to the mental health sector.

I) Research

a. Perceptions of Human rights among service users of The Banyan

Principal Investigators: Dr. Vandana Gopikumar, Lakshmi Narasimhan

Co-investigator: Prof. Joske Bunders

Background

Rights are universal and inherent in all human beings. In the real world, however, circumstances lead to inequitable life experiences, depriving many of justice and freedom. The human rights discourse in the context of mental health may be divided into two lobbies: one that considers agency and legal capacity and another that focuses on the right to health. With this backdrop, in this study considers the perspectives of service-users of a mental health organization who have experienced homelessness or poverty.

Methods

The authors undertook consultations with service-users of The

Banyan, a non-profit organization based in the Indian city of Chennai, in order to understand their perspectives on what constituted human rights. Qualitative interviews were conducted with women (n=15) who have used one or more of The Banyan's institutional services. Interviews were conducted by a team of researchers, two with master's level training in social work (n=7), one with a post-graduate degree in international development (n=7) and one with master's level training in psychology (n=1). This was followed up by a focus group discussion (FGD) with participants in which coded segments from the interviews were presented for purpose of discussion, analysis and interpretation.

Key findings

The construct of human rights, emerging from consultations with service-users, emphasises on attainment of fundamentals – adequate food, housing and work – that are essential for survival and pursuit of well-being. These perspectives further posit an instrumental relationship between attaining these fundamental needs and achieving more complex personal states of agency, affiliation and control over life. We conclude that the human rights discourse in mental health must look beyond binaries and focus on addressing deprivations that represent intractable barriers for people to move from distress to a happy place.

b. Pathways to Homelessness and Recovery Narratives in Mental Health

Principal Investigator: Dr. Vandana Gopikumar

Co-investigators: Kamala Easwaran, Mrinalini Ravi, Nirmal Jude, Prof. Joske Bunders

Background (references to be added as footnotes)

The co-occurrence of mental ill health and homelessness represents a persistent and complex social problem. Homeless persons living with a mental illness experience multiple deprivations and are susceptible to further vulnerabilities such as substance abuse, cognitive deficits, depression, physical ill health and a heightened risk

of committing suicide (Muñoz et al. 1998; Gelberg et al. 1996; Weinreb et al. 1998). Johnson and Chamberlain (2008) posit multivariate pathways into homelessness that include the loss of traditional livelihoods, poverty, unemployment, social exclusion, urbanization, changing social institutions (family dynamics), chronic ill health, poor access to health services and out-of-pocket expenditure. Among many critical aspects, family breakdown has been widely accepted as a key factor leading to an individual's eventual descent into homelessness (Chamberlain et al. 2011). Given this background, the study aimed to examine the role of the family as a critical unit that both triggers a descent into homelessness and enables recovery.

Methods

A qualitatively driven mixed methods design primarily drawing from phenomenological approaches was employed. Unstructured personal interviews (n=4) and focus group discussions (n=23) were conducted. Phone interviews with a single qualitative probe were conducted to elicit values underlying recovery oriented practice with mental health professionals at The Banyan (n=6). Towards the same end, a two item semi structured questionnaire was administered to mental health leaders and founders of civil society (n=6) organisations across five states.

Key findings

Familial disorganisation in precipitating distress and homelessness emerged as a significant theme. On the other end, the role of family is indicated as a major theme in enabling recovery. Value framework that emerged from brief consultations emphasized on mimicking family within institutional spaces as a therapeutic recovery enabler. Implications of this result may aid in the process of reforms in mental hospitals. The development of human resource capability to implement value or recovery based frameworks has to be built.

c. Service User Experiences of Involuntary Mental Health Care at The Banyan, India

Principal Investigators: Dr. Vandana Gopikumar, Mrinalini Ravi

Background:

Coercive mental health care has been a regular practice for many centuries now. Over the years, increasing importance has been given to a person's right to choose their own preferred pathways to recovery, with promising results. Both medical and rights based perspectives have evidence to support their theories, but more work needs to be carried out in different contexts. These supposedly opposing perspectives need to be viewed as different ends of the same continuum, thereby developing care practices that are flexible, inclusive, rights based, and adaptable to different settings. It is also important to define rights in such a way that it is user centric, capabilities promotive and applicable to the larger population.

Currently there is very limited literature on service-user experiences of mental health care in institutional settings in India, and even fewer ones involving homeless persons. This study would therefore explore client's experiences of the rescue process into the institution, their stay within the institution, relationships with staff, perceived coercion and participation, and overall outcome of their stay at The Banyan. Social workers, health care workers and other support staffs' perspectives of involuntary care will also be explored in this study.

Methodology:

This study has used a mixed methods approach with qualitative and quantitative enquiries of staff and service user's experiences. 37 clients and 7 former and current employees were interviewed through questionnaires, focus group discussions and informal interviews. The questionnaire was developed by the primary investigators and translated and back translated into Tamil.

Key Findings:

The study is nearing completion, but preliminary findings suggest that the clients viewed the "rescue" as a positive incident which

turned their lives around for the better. Even though they found the process frightening and the institution intimidating, the clients felt that it was better than the horrors they faced on the streets, and the care they were provided helped them regain their premorbid identities. Recommendations to improve the rescue process, such as avoiding night rescues and carrying food and water packets have been suggested by the staff and clients. These suggestions will be incorporated into The Banyan's institutional protocols and could also have larger policy implications in the Indian context.

d. Alcohol use and its impact among households accessing The Banyan's Kovalam clinic

Principal Investigator: Dr. Lakshmi Sankaran

Co-investigator: Lakshmi Narasimhan

The research, 'Alcohol Use Disorders (AUD) and its impact among households accessing the Rural Mental Health Programme (RMHP)' is expected to inform an intervention that can address the issue of AUD among households accessing the outpatient services in the RMHP of The Banyan in Kovalam. The study collected data through interviews and home visits of person accessing the RMHP of The Banyan.

Progress

Data collection for the study was concluded. Preparation of codebook, data entry and preliminary analysis has been completed. Interpretation and writing up of report is expected to be completed in the coming year.

e. NALAM – Effect of multi-dimensional services offered by village based mobilizers on mental health and well being

Principal Investigator: Dr. K.V Kishore Kumar

Co-investigator: Lakshmi Narasimhan

The Banyan's NALAM project is a multi-interventional model that approaches mental health from a wellness perspective; more specifically, it seeks to recognize that mental health is not only a

medical but a social phenomenon and that good mental health is facilitated and enhanced by one's positive development in other domains of their life. Skilled community workers have been screened and trained from across the Thirupurur block to systematically address key areas of distress in their communities. They will operate out of NALAM centres and will provide skills development programmes, informal support groups, counselling, medical assistance and other forms of social prescribing. The aim of this project is to universalise the access to mental health care through a broader distress focused point of entry and monitor whether a more decentralized, accessible community based approach could result in better mental health and well-being outcomes.

Funding has been attained from Grand Challenges Canada for The Banyan (sister organization) to implement this project.

f. To study the knowledge, attitude, practice (KAP) and help seeking behaviour (HSB) related to mental illness amongst select population groups in an urban low income area of Chennai, Tamil Nadu.

Principal Investigator: Dr. Lakshmi Ravikanth

Objectives

1. To study the knowledge, attitudes, practices (KAP) and help seeking behaviour (HSB) related to mental illness amongst select population groups in an urban low income area of Chennai, Tamil Nadu
2. To understand the feasibility of providing general health led mental health care in an urban setting
3. To provide recommendations on the integration of mental health with primary care in an urban setting

Methodology

Primary survey of a population living in the catchment area of a Corporation Clinic, with a Family Planning Association of India (FPAI) outpost, in Chennai.

Data has been collected by means of a door-to-door survey in the four sectors of Kannikapuram, Sivalingapuram, M.G.R. Nagar and

Choolaipalam. Trained surveyors have administered a total of 600 questionnaires. The survey has been conducted in one phase and to control bias, only one person from a family was surveyed.

Sampling Methodology:

Sample Size: 600 (2% of population)

The sample was stratified by age into three groups each of 200.

Group 1 consists of Adolescents in the age group of 11-19 years

Group 2 consists of Young Adult Population in the age group of 20-40 years

Group 3 consists of General Adult Population in the age group 41-60 years.

Progress

Data collection for the study was concluded. Data entry, clean up and preliminary statistical analysis was done. Interpretation and writing up of report is expected to be completed in the coming year.

g. What do service users want? A content analysis of what service users may write in psychiatric advance directives in India

Principal Investigator: Dr. Soumitra Pathare

Co-investigators: Dr. Laura Shields, Dr. Renuka Nardodkar, Lakshmi Narasimhan and Prof. Joske Bunders

Published in Asian Journal of Psychiatry (2014)
<http://dx.doi.org/10.1016/j.ajp.2014.10.006>

Abstract

Although psychiatric advance directives give service users control over their care, very few studies exist on the content of PADs. This paper aims to contribute to this evidence base by presenting the content of psychiatric advance directives in India.

Participants were 75 clients seeking outpatient care at a mental health services organisation in Tamil Nadu, India, who agreed to draft a PAD.

Most clients were comfortable with appointing a representative

(usually a family member) to make decisions on their behalf during a period of decisional incapacity or relapse, were willing to accept admission to the hospital/clinic and take medication if required, wanted to have a trusted person to discuss their mental health problems. No client used the opportunity to outright refuse treatment.

This study highlights an important first step in improving the quality of mental health care by documenting user preferences for care in India. More in-depth research is needed to elicit rich descriptions of experiences of care and user-centred understanding of rights.

Unpacking the psychiatric advance directive in low-resource settings: an exploratory qualitative study in Tamil Nadu, India

Principal Investigator: Dr. Laura Shields

Co-investigators: Dr. Soumitra Pathare, Selina van Zelst, Sophie Dijkkamp, Lakshmi Narasimhan and Prof. Joske Bunders.

Published in International Journal of Mental Health Systems (2013)
Vol. 7, p. 29 - 39

Abstract

Background: Psychiatric advance directives, a tool to document preferences for care in advance of decisional incapacity, have been shown to benefit persons with mental illness in a number of countries through improving medication adherence, reducing symptoms from escalating in a crisis, accelerating recovery, and enhancing service user autonomy. While concepts such as autonomy are important in a number of high-income country settings, it remains unclear whether tools like psychiatric advance directives are suitable in a different context. The recent introduction of the psychiatric advance directive into draft legislation in India prompts the question as to how feasible psychiatric advance directives are in the Indian context. The aim of this study is to explore the feasibility and utility of PADs in India, with a focus on the need for individual control over decision making and barriers to implementation, by exploring views of its central stakeholders, service users and carers.

Methods: Qualitative semi-structured interviews (n = 51) with clients (n = 39) and carers (n = 12) seeking mental health treatment at

outpatient clinics in urban and rural settings provided by a non-profit organisation in Tamil Nadu, India.

Results: Clients engaged in a number of forms of decision-making (passive, active, and collaborative) depending on the situation and decision at hand, and had high levels of self-efficacy. Most clients and carers were unfamiliar with PADs, and while some clients felt it is important to have a say in treatment wishes, carers expressed concerns about service user capacity to make decisions. After completing PADs, clients reported an increase in self-efficacy and an increased desire to make decisions.

Conclusions: The introduction of psychiatric advance directives in India appears to be associated with positive outcomes for some service users, however, there is a need to better understand how this tool can be adapted to better suit the care context in India and hold meaning and value for service users to complete.

ii) Capacity Building

Rural Mental Health Programme (RMHP)

As part of BALM's endeavours to collaborate with the RMHP team of The Banyan to build capacity on project management and streamlining of databases, with the goal to increase efficiency and impact of services, BALM has engaged with the project in a structured way.

BALM assisted in project reviews and strategic planning exercises for the RMHP. BALM also followed up on the securing of a Government Order to co-locate weekly mental health clinics at the Sembakkam Primary Health Centre in Thiruporur block, which commenced in September 2013.

Modifications to the existing database were made to improve the identification of active and inactive clients of the outpatient clinics, leading to increased follow up rates and a proactive strategy to encourage clients to attend the monthly clinic. Similarly, the number of conversions of new clients to regular clients were analysed and suggestions were made on possible approaches to increase the rate of conversion.

Open shelter for homeless men with psycho-social disabilities

BALM has supported the team of the open shelter, a public – private partnership between The Banyan, Corporation of Chennai and HCL Technologies Foundation, with stakeholder linkages, including securing a Government Order to conduct monthly mental health clinics at the Urban Primary Health Centre.

iii) BALM Fellows

BALM launched a Fellowship Programme in Mental Health in 2012. The programme is aimed at fostering solutions that address key challenges in the sector. The Fellowship programme provides an opportunity for individuals who have shown outstanding skills and leadership to implement mental health services in real world settings. The Fellowship works with a specific focus on individuals who have a first hand experience of mental health as user-survivors or caregivers and who have made the journey towards recovery and are ready to synthesise their learning for larger outreach to others affected by similar issues.

BALM supported two rural fellows in Tamil Nadu in this year:

- P.Thiruselvi provided mental health services in a tribal area in Nilgiris district in Tamil Nadu in collaboration with the NGO Ashwini. Thiruselvi provided counseling at the Mental Health Outpatient Clinics and followed up with clients through phone calls and home visits.
- K. Malarvizhi contributed to a study on the experiences of persons with mental health issues after recovery and has conducted interviews with reintegrated clients of The Banyan in Vellore District, Tamil Nadu



B. Institute of Mental Health, Social Sciences and Transdisciplinary Research (IMHST)

IMHST was founded in 2013 as an academic offshoot of BALM with the goal of increasing capacity of human resources in the fields of social work and mental health, and bridging the gap between social work theory and practice.

Rapid, complex changes in society due to phenomena such as urbanization, unemployment, migration and changing family structures have rendered individuals vulnerable to poverty, ill health and homelessness. In order to affect change at multiple levels and to positively impact the lives of these vulnerable populations, an in depth understanding of the health, poverty and homelessness nexus is essential. Currently there is an obvious dearth of social work practitioners adequately equipped with theoretical knowledge and grassroots experience who can consolidate these layered realities and affect large changes. Thus a training/teaching program that combines ideas of social justice and empowerment along with the knowledge and skills to understand individual, interpersonal and societal distress is crucial.

The Banyan Academy of Leadership in Mental Health (BALM), with this vision in mind, launched the Institute of Mental Health, Social Sciences and Transdisciplinary Research in collaboration with The Tata Institute of Social Sciences (TISS) and the Athena Institute of Vrije Universiteit (VU), Amsterdam in 2013. The current post graduate course with a foundation in social work and an incremental training in perspectives and skills in mental health aims to fill this gap, training and passion schooling a new league of mental health professionals infused with the ethos and 'DNA' of The Banyan and its work. Besides developing students' capacities, VU supports and

collaborates with IMHST, offering strategic inputs on qualitative and participatory action research methods, reflexive learning, Leadership and sustainable development - all essential in implementation and management of programmes.

The Campus

IMHST is co-located with the clustered group homes of women with long term needs of The Banyan in the Tiruvidandai Panchayat of Kanchipuram District, which creates a unique setting where classroom learning and grassroots realities are combined, leading to a dynamic learning experience. Students are provided opportunities to encounter mental health interventions that situate their practice in diverse ideologies and contexts and are equipped to handle a wide variety of situations. The intent is to facilitate leadership in the mental health sector that is grounded in and capable of bringing together clinical, political and socio-economic knowledge in field applications. The campus will also house a café and a vocational training unit that will be run by The Banyan's clients themselves, which will be open to the community, thereby building a truly inclusive learning space.

It is the vision of IMHST that bottom up innovation, entrepreneurial and sustainable responses to complex problems and cutting edge research impacting quality of interventions and health and social policy is achieved. The collaborations support IMHST in offering strategic inputs on qualitative and participatory action research methods, reflexive learning, leadership and sustainable development - all essential in implementation and management of programmes.



Courses Offered

In the year 2013 – 2014, IMHST offered the MA program in Social Work and Mental Health. Two more programs commenced in 2014 :

- Applied Psychology with specialisation in Counseling Psychology
- Management, Policy Analysis and Entrepreneurship in Health and Mental Health

Fieldwork Projects

Fieldwork practice is an essential part of learning at IMHST and is vital to the students' understanding of the layered realities of different social concerns within communities. Fieldwork experiences help expose students to different aspects of problems, ensuring that they learn to navigate different roles and responsibilities to comprehensively address the issue at all levels. Fieldwork conferences with practitioners are held regularly for reflection and learning.

Based on their interests and aptitude, students opt for placements at different fieldwork agencies such as local Panchayats, NGOs, schools, shelters for the aged and homeless, national institutes for differently abled and community development agencies. This mix helps the students work within the policy and ideology of institutions at the micro (NGOs) and macro (the government) levels, and ensure adequate exposure for the students to engage in depth and gain experience in social work practice, after which they progress towards applying their research training to critically examine and evaluate social policy. ☒

Faculty

At IMHST, the students have access to excellent faculty not just from partnering Institutes but from other domains including practice and implementation, policy and legislation, sociology and community medicine, public health and social work; the students are nurtured in an environment of learning and constructivist epistemology.

Founding Directors

1. Dr. Vandana Gopikumar (The Banyan & BALM)
2. Prof. Dr. S. Parasuraman (Tata Institute of Social Sciences)
3. Prof. Dr. Joske Bunders (VU University, Amsterdam)

Faculty

1. Dr. P. Nalini Rao, Dean (M.A, M.Phil, PhD in Social Work)
2. Mr. K S Ramesh, Assistant Professor and Faculty Coordinator (M.Phil in Social Work)
3. Dr. Barbara Reeger, (Athena Institute, VU University, PhD)
4. Dr. K. V. Kishore Kumar, (Psychiatrist and Director, The Banyan & BALM, MD)
5. Dr. Lakshmi Sankaran (M.Phil, PhD Social Work)
6. Dr. Shilpa Pandit (PhD Psychology)
7. Dr. Madhu Sharan (CEO, South Asia, Hand in Hand, PhD Sociology)
8. Ms. Lakshmi Narasimhan, (Deputy Director, Mental Health and Social Action Laboratory MHSAL, MA in Social Work)
9. Ms. Mirjam Dijkxhoorn (Deputy Director, BALM, MSc in Cultural Anthropology and Sociology)

Special Lectures and Workshops:

The students have had the opportunity to be exposed to inspirational lectures and workshops offered by expert faculty from diverse sectors such as (mental) health, marginalisation, (rural) development and finance.

- Dr. Nachiket Mor (Reserve Bank of India & Founder, IKP Centre for Technologies in Public Health): Challenges of Growth and Development in India
- Mr. Sanjay Rao Chaganti (Population Services International): Social Marketing
- Dr. Soumitra Pathare (Indian Law Society Pune): Mental

Health Care Bill 2013

- Dr. Ravi Chellam (Madras Crocodile Bank Trust): Conservation Biology
- Mr. Jeevanandham (Climate Change Officer, UNO, Cambodia): Agriculture, Rural Development, Green Revolution & Food Security
- Prof. Gokul Mandayam, (School of Social Work, University of Southern California): Social Work Education & Practice in USA
- Mr. Gurubaran, (Director of Cooperatives Thiruporur & Former President, Vadanaemili Panchayat): Local Governance, Culture & Customs
- Ms. K. Malarvizhi, (BALM fellow): Vaniyambadi Rural Mental Health Program
- Mr. Edward Dostaler (M.Phil Mental Health and Anthropology): Homelessness & Higher Education in USA, Contribution of Geography to Health and Medicine
- Ms. Archana Padmakar (M.Phil Clinical Psychology): Psychology and Health

Workshops

- Dr. Nalini Rao (Dean, IMHST): Understanding Self
- Dr. Nalini Rao (Dean, IMHST): Working with Individuals
- Mr. Jeyachandran (Creative Director, Tharu Media): Street Theatre Workshop
- Mr. Narayanan (COO, Hand in Hand): Working with Groups and Communities
- Mr. Arnout Bunders (VU University, Amsterdam): Social Policy Analysis Workshop
- Ms. Miranda Lakerveld (Music-theatre and Opera director, The Netherlands): Using drama as a method of non-violent communication and community engagement
- Dr. Steven J. Wolin, (George Washington University and

Medical Centre, Washington D.C., in collaboration with Samudra Trust): Using Resilience in Family Therapy

Student Affairs:

The first batch of IMHST students are a small, but diverse group of 15 individuals who have demonstrated their abilities to become competent practitioners and policy makers through their significant contributions to the constantly evolving care practices of The Banyan.

In order to ensure the all-round development of students not merely as committed and skilled professionals but also sincere and passionate individuals, a mentorship program has been initiated. These mentors, predominantly from The Banyan team, work with students inside and outside the classroom, and facilitate in expanding the students' vision beyond their immediate realities, towards larger goals and worldviews.

Counseling services are also offered to students experiencing stress or those in need of additional support.

From the coming academic year, the students will initiate new discussion forums on cinema, theatre, sports, cultural interests and academia, and include students from other colleges in these interactions.

Student-speak

Videesha: "Joining the Institute of Mental Health, Social Sciences and Transdisciplinary Research was a novel experience. The experience of studying in an institute, which focuses on the practical experiences as much as on the theoretical aspect, has helped me grow not only as a student but also as a person. The institute has taught me compassion and humility by allowing us to interact with the residents. Joining this institute was one of the best decisions I made, as it has opened a whole new world for me and I will forever cherish my time here. It is not every day that you get to be a part and contribute to a great work in action and I was lucky enough to be part of IMHST and The Banyan".

Rosina: "IMHST is a home, not just a campus. I have gained a hands on experience, which has taught me much beyond the textbooks."

Pallavi: "My journey at IMHST made me realise my inner values and how to bravely stand for them. The institute has equipped me with strong theoretical base and skills to contribute constructively to the society. In an artist's vocabulary: it has added a missing tint of color to the pallet of my life".

C. Training

BALM has organised training programmes for Mental Health Professionals, Community Workers and Health Care Workers, Interns and External Stakeholders. Training programmes are planned as per the needs expressed by staff and partners and aim to improve the quality of care offered at The Banyan and in the mental health sector by combining theory with practice.

Mental Health professionals

- Introduction to mental health and psychopathology
- Basic pharmacotherapy
- Case management
- Monitoring side effects
- Care plan development
- Managing aggression
- Standardised Psychiatric Rating Scales (BPRS, WHO-QOL, EPSRS, IDEAS, GAF, Family Burden, Clinical Global Index)
- Complex Trauma: East meets West by Lucy Kralj (UK)
- Non-violent communication: using drama as a tool by Miranda Lakerveld (The Netherlands)
- Using resilience in families and communities by Dr. Steven Wolin (USA)
- Bi-monthly Case Presentation Conferences have been initiated as part of 'Continuous Learning', where a multi-disciplinary team discussed complex cases.

Health Care Workers and Community Workers

- Introduction to mental health and psychopathology
- Basic Pharmacotherapy
- Monitoring Side effects
- Care Plan development
- First Aid (with St. John's Ambulance)

Judicial officers

BALM has conducted two training programmes in June and August for Judicial Officers at the Chandigarh and National Judicial Academies. 210 judicial officers were sensitised on the laws that are applicable to mental health and on the role of the judiciary in creating a society that is aware and sensitive to the needs of persons with mental health issues, including homeless persons. The Programme was conducted in collaboration with The Indian Law Society, Pune

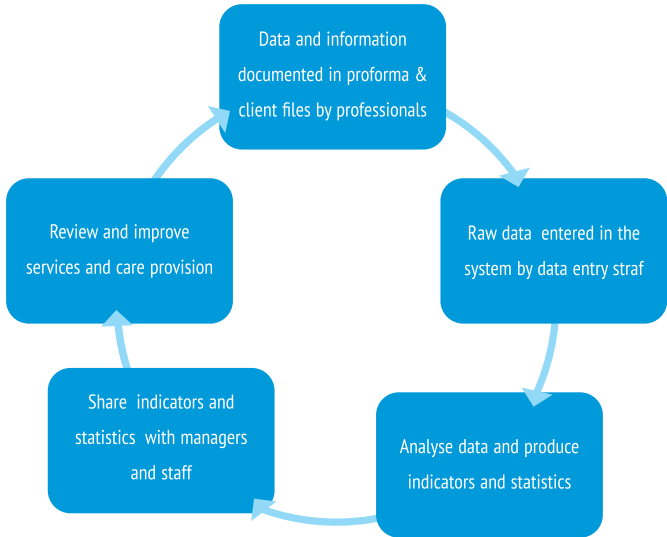
Internships

BALM facilitated the internships of 56 students during the year. Interns came from across the country and the world (Tamil Nadu, Delhi, Kerala, Karnataka, USA, Germany, and the Netherlands) and from a range of disciplines (social work, psychology, nursing, medicine, law, business administration, sociology and media). All interns go through an introduction process and are linked to a mentor in a project of The Banyan for appropriate field exposure and in order to be able to link theory to practice.

BALM and The Banyan would like to thank all the interns for their contributions!

D. Monitoring and Evaluation

BALM, in collaboration with The Banyan team, has designed a monitoring and evaluation system in order to regularly collect relevant data. The aim of Monitoring and Evaluation is to gather data that informs the team of positive trends and areas that need improvement. Data is also used for donor reporting purposes.



Activities of the M&E department included:

- Introducing a new proforma for collecting data related to inpatient and outpatient care.
 - Developing an online cloud-based data collection system that makes raw data available to all professionals and managers in order to analyse and understand trends in service delivery, outcomes and service utilization and to use the data for evaluation, planning, reporting or research.
 - Conducting a Clinical Audit, with the aim of understanding the current psychiatric, medical and social status and needs of all inpatient clients across projects of The Banyan. The outcomes of the Clinical Audit were used to improve targeted interventions and facilitated long term strategic planning of the organisation.
 - Conducting a satisfaction survey amongst clients accessing the outpatient services at The Banyan's Rural and Urban Mental Health Programmes. The WHO Quality Rights Tool Kit was used as a guideline to develop the assessment tool.
- The results indicated that most clients accessing outpatients' services at The Banyan community clinics are satisfied with the quality of medication, quality of professionals, services and the interaction by the staff. The full report is available on request.
- Conducting regular hygiene, night and bathing rounds at The Banyan projects to monitor the quality of care provided.

Engagement with the Directorate for Rural Development and Panchayati Raj

Following the feasibility study that BALM conducted at the request of the Directorate for Rural Development and Panchayati Raj, Government of Tamil Nadu in 2012, on including persons with disabilities in the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), a report was generated highlighting the trends in enrolment of the general population and persons with disabilities in all districts of Tamilnadu. The report used quantitative data available with the Directorate.

E. Seminars

Purpose of organising seminars

- To address key issues of access to mental health care and family and disease burden in people from low socio-economic groups.
- To build sectoral representation of various groups on a common platform.
- To initiate a dialogue on issues of concern in the mental health sector amongst stakeholders.
- To collate and analyse suggestions and recommendations from various stakeholders and advocate for necessary changes in policy and services.
- To provide strong networking opportunities for collaborators through exchange of information.

1. BALM conducted a seminar on 30th and 31st August 2013 on 'Homelessness and Mental Health'. Government officials and representatives of NGOs from across India working with homeless persons addressed the issues below:

- Ethical and rights-related issues when working with homeless persons with mental health issues
- Current government and civil society initiatives to address homelessness.

- Laws related to homeless persons with mental health issues, including the Mental Health Act and the Prevention of Beggary Acts.
2. On 3rd and 4th January 2014, BALM conducted a symposium on 'Social Prescribing and Development Practice'.

The objectives of the seminar were:

- To discuss the significance of social prescribing by social workers that are in keeping with the ethics of the profession
- To create a platform or forum for social workers to arrive at a set of definite and clear tasks of intervention that promote wellness and identify related activities, responsibilities with deliverable
- To be able to harmonise social work methods and social prescribing with an aim to synergize the clarity of one's role and performance in a range of intervention settings and develop indicators of outcome.

Following the symposium, 3 special events were held:

- Dr. Soumitra Pathare, who was part of the team drafting the new Mental Health Care Bill, conducted a lecture on the implications of the new Bill for the mental health sector.
- Miranda Lakerveld, a music theatre director from the Netherlands, gave a lecture on 'Metamorphoses: Madness in Music and Myth'. The lecture was followed by a panel discussion. A music theater performance followed, by Akhila Ramnarayan's group of dancers and residents of The Banyan.
- The symposium concluded with a screening of the documentary 'Come with me' by Anjali Mental Health Rights Organisation, Kolkata, followed by a panel discussion.

F.Other Activities

Counselling services

BALM and The Banyan partnered with HCL Technologies for a novel initiative. BALM staff visited HCL offices twice a week to provide counseling services to employees. The counselor offered individual counseling sessions, but also engaged in 'floor walks', to address a large group of employees on the life situations when counselling can be beneficial and on basic stress management techniques. BALM also conducted a sessions for HR personnel on addresses mental health issues amongst staff.

PhD programme

In collaboration with VU University, BALM offers a PhD programme for The Banyan and BALM staff. 11 candidates are currently pursuing their doctoral degree on various topics related to the work of The Banyan. VU faculty visits regularly for supervision

Senior Management of The Banyan

Two staff of BALM are contributing to the Senior Management Team of The Banyan to monitor the culture, outcomes and impact of the organisation and to assist in fundraising and HR management.



Principal Partners

Navajbai Ratan Tata Trust
VU University
Tata Institute of Social Sciences
HCL Technologies Foundation
Mr. Jagdev Singh Gill

BALM Chairs

Mr. Shiva Kumar & Prabha Engineers
Ms. Arathi Krishnan
Real Image Technologies
Grundfos Pumps India

IMHST

Mr. Ranvir Shah

BALM Fellows
Harsh Rohatgi

Academic Partners

VU University, Amsterdam
Tata Institute of Social Sciences

BALMTeam

Dr. Vandana Gopikumar, Founder

Vandana Gopikumar is a founder trustee of BALM and was a driving force behind its inception in 2007. The birth of BALM was a direct response to The Banyan's own experiences in the mental health and development sector, which she had earlier co-founded with Vaishnavi Jayakumar in 1993.

Since the creation of BALM in 2007, she has been engaged in facilitating the strategic expansion of The Banyan BALM in an attempt to influence reforms and improve the quality of services in mental health sector. Though her focus has been sharper on service delivery, effective management and organizational development over the past two decades, Vandana has also been involved in policy outreach, as an active member of the Mental Health Policy Group constituted by the Ministry of Health and Family Welfare, Government of India. She is also an advisor to the special commissioner on homelessness appointed by the Supreme Court.

She has published in Business Standard, Indian Journal of Medical Ethics, Economic and Political Weekly and Commonwealth Health Publications, besides leading dailies and a few peer reviewed journals.

Vandana has a Masters degree in Medical and Psychiatric Social Work from the Madras School of Social Work, Chennai, India and has a Doctoral fellow with VU, Amsterdam, exploring issues related to social exclusion, deprivation, mental health and homeless using a transdisciplinary lens.

Dr. K.V. Kishore Kumar, Director

Dr. K. V. Kishore Kumar is the director of The Banyan & BALM. Previously he was a senior psychiatrist at the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, India, where he headed the Community Health services in the Dept. of Psychiatry. He has served as advisor to the Govt of India on the National Mental Health Policy and District Mental Health Program. He

has worked with the govt of Karnataka on committees for prevention of corporal punishment and destitute relief centers. He has also advised the World Health Organization (WHO) on mental health service in Somalia.

He has published extensively in national and international journals. He is a board or management committee member of various NGOs. He has extensive experience in teaching students in Psychiatry, Psychology, Psychiatric social work, Nursing and WHO fellows; general practitioners; community level workers; government officials; headmasters etc. He is also actively involved in clinical practice, including community care and work with homeless persons with mental illness in Government institutions.

His areas of interest include community mental health services, research and training of primary care doctors and general practitioners; Mental Health Care of the Homeless mentally ill in urban locations; Life Skills education for adolescents in schools; Psychosocial issues of disasters; Psychosocial rehabilitation of the mentally ill in rural areas using local resources and networking with NGOs; Economics of mental health; Epidemiology of mental disorders; Functioning and disablement among persons with schizophrenia.

Dr. P. Nalini Rao, Dean IMHST

Dr. Nalini Rao holds a PhD degree in Social Work and her expertise includes women, children, mental health and social development. She has twenty years of extensive academic experience in teaching, designing course work and implementation of post graduate and doctoral programmes in Social Work to her credit at the Madras School of Social Work. She has conducted social development research projects for industry and the government, published in national and international journals and functions in an advisory capacity at notable academic and private sector institutions.

Mirjam Dijkxhoorn, Deputy Director

Mirjam Dijkxhoorn has an M.Sc. degree in Cultural Anthropology and Sociology of non-Western countries from the University of Amsterdam. Besides managing the activities of BALM, Mirjam is

currently a doctoral fellow with VU University on independent living options for homeless women with mental health issues and innovative models of mental health care for marginalised groups.

Lakshmi Narasimhan, Senior Research Associate

Lakshmi Narasimhan graduated from Mount Carmel in Bangalore with psychology, economy and sociology. She continued to do an MA in Social Work (Social Welfare Administration) from the Tata Institute of Social Sciences (TISS), Mumbai. She has been associated with The Banyan and BALM both as a volunteer and an employee since 2005. Lakshmi is the co-investigator on the NALAM Trial and is a doctoral fellow with VU University and focuses on community responses and access to mental health care.

Erinda Shah, Head Monitoring and Evaluation

Erinda has an MA in Social Work from the University of Tirana, Albania. She has 12 years of experience in the development sector and worked with a range of international agencies and non-governmental organizations such as the World Health Organization (WHO), UNICEF, Helsinki Committee, Indian Council for Child Welfare- Tamil Nadu, etc. Erinda worked at the National Mental Health reform program in Albania supported by the WHO.

Erinda serves as a consultant on child protection for UNICEF in India. She has done research on effectiveness of bottom up approach on social policy development and her current research interests revolve around monitoring and evaluation methods of social policy implementation.

Smriti Vallath, Junior Research Associate

Smriti has an MSc in Clinical Psychology from Swansea University, UK and a Bachelors degree in Psychology (Hons.) from Christ University, Bangalore. Previously, she has worked with the NHS, UK as an assistant psychologist focusing on adult psychopathology. She currently focuses on research projects involving alcohol use, bipolar disorder and children as caregivers. She is also involved in a meta analytical analysis on memory inhibition and schizotypy and eyewitness testimony and schizotypy. Smriti has been involved in several research projects in the field of schizotypy and memory.

Mrinalini Ravi, Research Associate

Mrinalini comes from a psychology background, with a master's degree in Mental Health Services Research from King's College London and a bachelor's degree from Women's Christian College (WCC) Chennai. She has worked on various projects related to Panchayat training, government services, and client utilisation and satisfaction with the services. Mrinalini is a doctoral fellow with VU University on institutional mental health care.

Roshni Ravi, Research Associate

Roshni Ravi holds a Masters in Counselling from the Tata Institute of Social Sciences, Mumbai. She has a Bachelor Degree in Psychology, Sociology and Economics from Mount Carmel College, Bangalore. Her research interests include exploring the applicability of humanistic and existential therapeutic models, the role of 'presence' in therapeutic interactions, attitudes towards help-seeking among persons with mental illness and understanding happiness and subjective well-being as a component of mental health.

Suganthi Christopher, Co-ordinator Administration

Suganthi has a PG Diploma in Nutrition and Dietetics and did her under graduation from Women's Christian College, Chennai. She has worked with BPOs such as Perot Systems, Apollo Health Street and Access Health Care services and currently coordinates administration at BALM.

K.S.Ramesh, Assistant Professor & Faculty Co-ordinator

Ramesh has an M.Phil degree in Social Work and has experience in clinical research, health project management, entrepreneurship, consulting, counselling and training. He has been teaching Social Work for over six years and his interests lie in the areas of Social Group Work, Healthcare Management and Entrepreneurship, Community Health, and Standards and Ethics of Social Work practice. His main research interests include language policies and development, skill development practices and training needs and outcomes.

Board of Trustees

1. Mr. Alok Sarin –Nehru Memorial Museum and Library & Psychiatrist
2. Mr. Balraj Vasudevan, Managing Director Autopumps and Bearings Pvt.Ltd.
3. Mr. Harsh Mander, Aman Biradari and centre for equity studies.
4. Mr. Mani Ratnam, Film Maker
5. Ms. Madhuri Menon, Founder, Amaya Consultancy
6. Mr. Mustafa Moochhala, Founder, Innobridge Consultancy
7. Dr. S. Parasuraman, Director, Tata Institute of Social Sciences
8. Mr. P.S.Raman, Advocate
9. Mr. A. Sankara Narayanan, Industrialist and Chairman of the Board of Trustees of The Banyan.
10. Mr. Shiva Kumar, CEO, Prabha Engineers
11. Ms. Shobhana Ramachandran, Managing Director, TVS Sri Chakra Ltd.
12. Ms. Vandana Gopikumar, Founder Managing Trustee – The Banyan
13. Ms. Vaishnavi Jayakumar, Founder Trustee – The Banyan
14. Mr. Vikram Phadke, Interior Design Consultant

Note: Mr. Alok Sarin has resigned the post per December 2013.

Advisory Committee

- Mr. Akhileshwar Sahay – Wholemind India Foundation
- Dr. Alok Sarin - Nehru Memorial Museum and Library & Psychiatrist
- Dr. Anirudh Kala – Clinical Director, The Mind Plus
- Dr. Gayathri Balagopal – Economist
- Dr. Madhu Sharan – CEO, South Asia, Hand in Hand
- Dr. B.J. Prashantham – Christian Counselling Centre
- Dr. Shubhada Maitra – Tata Institute of Social Sciences
- Dr. Soumitra Pathare – Centre for Mental Health Law and Policy, Indian Law Society
- Dr. Vikram Gupta – Previously Sir Ratan Tata Trust
- Mr. Tarique Mohd – Founder, Koshish
- Ms. Tanya Dutt – Aasha

Ethics Committee

All research conducted at BALM is reviewed by an ethics committee, comprising of mental health professionals, a user-survivor and a lawyer.

Financial Statement

Balance Sheet

BALANCE SHEET AS ON MARCH 31, 2014			
LIABILITIES	SCHEDULE NO	AMOUNT (Rs)	AMOUNT (Rs)
		AS ON 31.03.13	AS ON 31.03.14
Capital Fund	Annexure - 1	-867670.13	-303528.97
Loans & Advances		687792.00	687792.00
Current Liabilities	Annexure - 2	1732288.00	1419437.00
TOTAL		1552409.87	1803700.03
ASSETS			
Fixed Assets	Annexure - 3	22337.47	226591.29
Current Assets	Annexure - 4	223451.00	296492.00
Cash & Bank Balance		1306621.40	1280616.74
TOTAL		1552409.87	1803700.03

For THE BANYAN

For G.JOSEPH & CO.,
CHARTERED ACCOUNTANTS.
[FRN 001383S]

BALRAJ VASUDEVAN
HONORARY TREASURER

VIJI JOSEPH.
PARTNER.
(Membership No : 027151)

PLACE : CHENNAI
DATE : August 21, 2014

Receipts & Payments

RECEIPTS & PAYMENTS ACCOUNT FOR THE YEAR ENDED MARCH 31, 2014		
PARTICULARS	AMOUNT (Rs)	
	Year Ended 31.03.2014	
RECEIPTS		
Opening Balance		
Cash - in - Hand	1282.00	
Axis Bank Ltd	103456.91	
ICICI Bank	8948.00	
ICICI Bank - NRTT	431599.79	
Axis Bank FCRA	5550.70	
Fixed Deposits	755784.00	1306621.40
Grant - NRTT		800000.00
Donations - General		3322760.00
Consultancy charges		514818.00
Interest Income		2449.00
Course Fees		510800.00
IMHST Course Deposit		100000.00
Increase in Sundry Creditors		12253.00
TOTAL		6569701.40

Receipts & Payments

RECEIPTS & PAYMENTS ACCOUNT FOR THE YEAR ENDED MARCH 31 , 2013		
PAYMENTS	AMOUNT (Rs)	
	Year Ended 31.03.2014	
NRTT Grant Expenses		887253.00
Institute of Mental Health Social Sciences		1644795.00
Mental Health Social Action Lab		184518.00
Professional & Consultancy		76243.00
Salaries & Wages		1043947.00
Stakeholder Relations		7000.00
Training & Education		4610.00
Seminar Expenses		484922.00
Studies on the Banyan's Project		25549.00
Study Tour		8608.00
Internal Training Programee		17873.00
Travel & Transportation		120690.00
Printing & Stationery		52702.00
Communication		51813.00
Bank Charges		1769.66
Books & Periodicals		5526.00
General Expenses		12591.00
Internal Audit Fee		33708.00
Maintenance of Equipments		2400.00
TDS Short Payment & Late Payment		13360.00
Volunteer Expenses		16710.00
Advances	21557.00	
Purchase of Laptop		63000.00
Purchase of Software		234947.00
Decrease in Outstanding Liabilities		272993
Closing Balance		
Cash - in - Hand	26546.00	
Axis Bank Ltd - 13499436	48185.65	
ICICI Bank - 032901000112	8948.00	
ICICI Bank - 602701224002 - NRTT	1062928.79	
Axis Bank - 35603962	4008.30	
Kotak Bank - 8411432649	20000.00	
Fixed Deposits	110000.00	
	1280616.74	
TOTAL		6569701.40

Income & Expenditure

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED MARCH 31 , 2014	
INCOME	AMOUNT (Rs)
	Year Ended 31.03.2014
Grant - NRTT	850346.00
Donations - General	3322760.00
Consultancy charges	514818.00
Interest Income	53933.00
Course Fees	510800.00
Sundry Creditors Written Off	129855.00
TOTAL	5382512.00

For THE BANYAN

BALRAJ VASUDEVAN
HONORARY TREASURER

PLACE : CHENNAI
DATE : August 21 , 2014

For G.JOSEPH & CO.,
CHARTERED ACCOUNTANTS.
[FRN 001383S]

VIII JOSEPH.
PARTNER.
(Membership No : 027151)

Income & Expenditure

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED MARCH 31 , 2014	
Expenditure	AMOUNT (Rs)
	Year Ended 31.03.2014
NRTT Grant Expenses -Annexure 5	887253.00
Institute of Mental Health Social Sciences -Annexure 6	1644795.00
Mental Health Social Action Lab	184518.00
Professional & Consultancy	76243.00
Salaries & Wages	1043947.00
Stakeholder Relations	7000.00
Training & Education	4610.00
Seminar Expenses	484922.00
Studies on the Banyan's Project	25549.00
Study Tour	8608.00
Internal Training Programee	17873.00
Travel & Transportation	120690.00
Printing & Stationery	52702.00
Communication	51813
Bank Charges	1769.66
Books & Periodicals	5526.00
General Expenses	12591.00
Internal Audit Fee	33708.00
Maintenance of Equipments	2400.00
Audit Fees	28090.00
TDS Short Payment & Late Payment	13360.00
Volunteer Expenses	16710
Depreciation on Assets	93693.18
Excess of Income over Expenditure	564141.16
TOTAL	5382512.00

Audit Report

To
The Banyan
6th Main Road,Mogappair ERI Scheme,
Mogappair West,
Chennai 600 037.

We have audited the attached Balance sheet of Banyan Academy of Leadership in Mental Health Trust as on March 31,2014 and also the Income and Expenditure account for the year ended on that date annexed thereto.These financial statements are the responsibility of the Management.Our responsibility is to express an opinion on these financial statements based on our audit.

We have conducted our audit in accordance with auditing standards generally accepted in India.Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.An audit includes examination,on a test basis,evidence supporting the amounts and disclosures in the financial statements.An audit also includes assessing the accounting principles used and significant estimates made by management,as well as evaluating the overall financial statements' presentation.We believe that our audit provides a reasonable basis for our opinion.

Further to our comments above and the notes on accounts annexed hereto,we report that :

1. We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
2. In our opinion,proper books of accounts have been kept by the organisation in so far as it appears from our examination of these books;
3. The balance sheet, income and expenditure and the receipts and payments account referred to in this report are in agreement with the books of accounts.
4. In our opinion and to the best of our knowledge and information and according to the explanations given to us the said balance sheet and the income and expenditure account subject to the notes on accounts attached hereto give a true and fair view
(i) in so far as it relates to the Balance Sheet,of the state of affairs as on March 31,2014
and
(ii) in so far as it relates to the Income and Expenditure account of the excess of income over expenditure for the year ended on March 31,2014.

For G.JOSEPH & CO.,
CHARTERED ACCOUNTANTS.

VIJI JOSEPH.
PARTNER.
(Membership No :027151)
FRN :0013835

PLACE : CHENNAI
DATE : August 21 ,2014