balm
BANYAN ACADEMY OF LEADERSHIP IN MENTAL HEALTH

Annual Report
2021-22

Authors
Madhurima Ghosh
Latika Jain
Ramesh KS
Aishwariya Ramesh
Namrata Rao
Mrinalini Ravi
Lakshmi Ravikanth
Lakshmi Sankaran
Mahak Sharma

Editor
Shreya Ramachandran

Design & Layout
Krunal Palande

This report is dedicated to one of the greatest educators of our time,
Prof S Parasuraman.

We will forever be in your debt, Dr P.
Rest in peace.

Remembering our dear "Mr D"

To say that mental health in India underwent a complete structural and attitudinal transformation under Mr. Desiraju's leadership would be an understatement. He was one of those rare bureaucrats who approached the subject with utmost sensitivity, taking in all its nuances, layers and greys. Every voice in the mental health space was heard and considered, but he placed the voices and needs of service users and caregivers, who live and breathe the reality of psychosocial distress, at the center of all his executive decisions. Individual stories and needs mattered most to his vision.

The National Mental Health Policy was one of the greatest achievements of his tenure as Union Health Secretary, followed closely by the Mental Health Care Act of 2017, touted to be one of the most human rights adherent laws in the country.

For us at The Banyan and BALM, Mr. D was a mentor, friend, voice of reason, our genie in a bottle. As shy and understated as he was, he never successfully refused our requests to speak to an audience, teach a class or lead a session. We would get cursed to no end, but he always agreed, albeit begrudgingly.

It was second nature to him to do what was most necessary to further the cause of mental health for ultravulnerable communities in the country.

No words can effectively encapsulate how much he meant to us, and just how much we miss him. A unique combination of childlike impishness, innocence and astounding wisdom, there will never be another like him.

We love you so much, Mr. D. We feel your presence guiding us every day.

Contents

Note from the Chairperson, Co-founders, Managing Trustee and Chair of Executive Committee

"

While large swathes of the population continue to persevere in the face of a pandemic, conflict and ensuing crises, there have been several positive developments as a result of the global community coming together in solidarity towards distress alleviation.

1. Over 4 billion people globally have been vaccinated against COVID-19, and disbursement has been rapid.

2. Countries have identified deficiencies in the public health system and are working together to fix it through initiatives such as the High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response. This and other reports call for nations to come together in responding to new health threats, without waiting for COVID-19 to end. These recommendations include greater global investments from individual nations without compromising on existing programmes into a corpus that will fund research and development, build resilient national health systems and initiate a global governance mechanism[1].

3. Progress in other diseases such as Malaria have been encouraging. The World Health Organisation (WHO) declared China malaria-free in 2021. Community-based approaches to eradicate malaria are being scaled up across global contexts.

4. Commitments to sustainability and economic stability are being made through state and non-state investments in sustainable energy. Corporates are magnifying focus on mental health through several employee wellbeing programmes and initiatives to promote inclusivity, and have begun to create safe spaces for neurodiverse individuals to thrive.

[1] https://pandemic-financing.org/report/foreword/

The pandemic has proven beyond a doubt that coordinated and multistakeholder participation are absolutely central for a robust crisis response. Mental health, a silent pandemic that has been around for decades if not centuries, is no exception. The causes and consequences of mental ill-health or psychosocial distress are multi-faceted, with poverty, social capital, education and living conditions contributing significantly to health and wellbeing indicators.

The Banyan and BALM, with their particular focus on vulnerable communities, have been able to build meaningful partnerships with a range of stakeholders equally committed to the cause of distress alleviation:

With the government of Tamil Nadu, towards establishing its first policy for homeless persons with mental health issues; and then scaling up Emergency Care and Recovery Centres in 13 districts. With the Differently Abled Department, for skilling and placement. With panchayats for community mental health programmes that includes disbursement of social entitlements, training and placement of NALAM workers. Similarly, with the governments of Kerala and Maharashtra, to create inclusive living options for persons incarcerated in mental hospitals or other custodial facilities such as beggars' homes. In the past year, both organisations have increased work with other civil society partners in the scale-up of home again and ECRC, and with academic partners for research and training.

Given the expanse of scale-up programmes and the introduction of new stakeholders, access to data and consensus on outcome measures is crucial.

The Banyan and BALM have spent the past year in developing these systems, consolidating outcome measures and developing tech-enabled solutions in data sciences, a long-term investment, so more time can be spent on core activities of client care and education. These innovations have been highly collaborative exercises with our philanthropic and CSR partners, who are equally invested in streamlining reporting and data systems. Focusing on this will help us with our scale-up across the country, where non-negotiables are established, and also set a template for other organisations to draw from. We are so grateful to our philanthropic, CSR, State and non-state partners for their unfettered commitment to the cause of mental health. We look forward to several more decades of meaningful collaboration.

Without the support of our internal services team upon which The Banyan and BALM rest, ably supported by our internal auditors TR Chaddha and Statutory Auditors Joseph and Associates, our work would not be able to continue, and our firm commitment to transparency would not be adhered to.

We ae also extremely grateful to our Board of Directors and the Executive Committee for your steadfast support. We step into our third decade with pride, excitement and complete gratitude for the support we continue to receive from friends and colleagues invested in the development sector.
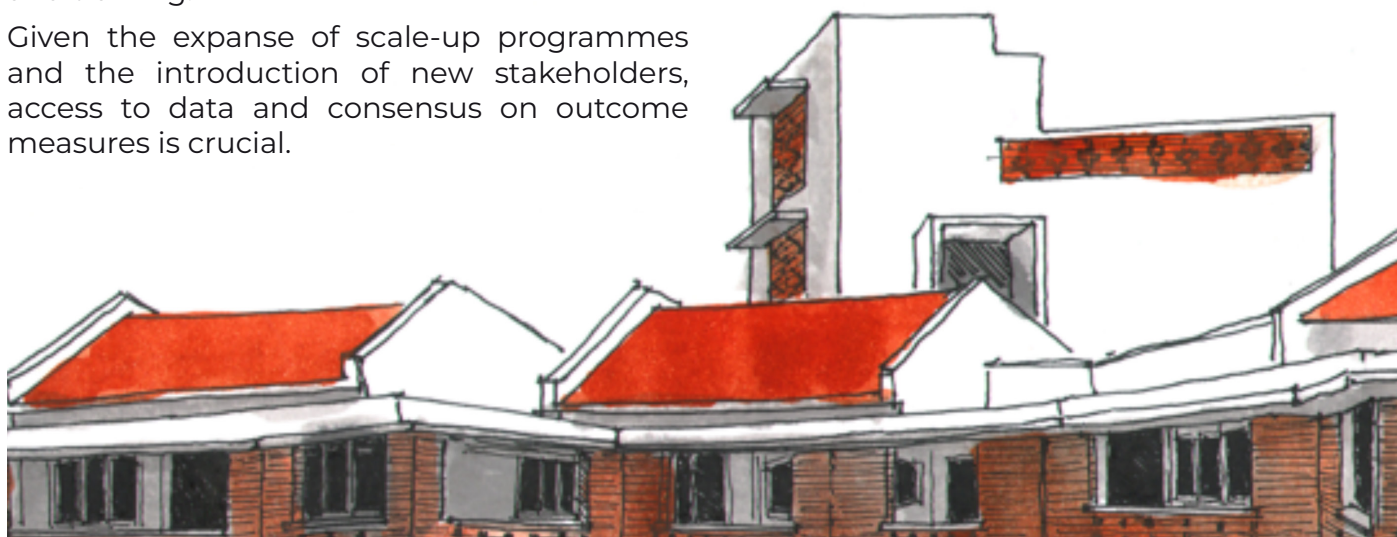
Note from Co-Founders, Sundram Fasteners Centre for Social Action and Research

"

The Banyan was a humanitarian response to a stark social phenomenon paradoxically invisible in the development agenda. Leadership, strategy and governance was therefore built from the ground up, with inputs from our key constituency and experts in the mental health and social justice sectors, which have, historically, operated in silos that resulted in large yet ostensibly distinct pockets of meaningful work. Nonetheless, these interactions held up a mirror to our work, asking important questions on the what and why of persistent and complex problems, and how impact is operationalised and measured. They influenced the direction and pace of the organisation, and very strongly the people who were co-opted into the team, their roles and growth trajectories.

The Banyan has always attracted individuals with a deep and often personal commitment to the cause of homelessness and mental health; those willing to get their hands dirty, and stay the course to achieve the larger vision of equity and social justice. This created the framework upon which the organisation was built. As complex problems became more apparent, there was a need to take risks and become more entrepreneurial, in order to develop new programmes, take existing evidence-based models to scale and engage diverse stakeholders. BALM was one such innovation that was borne out of 14 years of The Banyan's deliberations on how its mental health and social care innovations work for marginalised communities. One such impact metric was the role of human service professionals in driving and sustaining change. Since the need for versatile professionals was already established, BALM added education as a key agenda so existing service providers at The Banyan are supported with structured information on larger goings-on in the global mental health movement, and offered additional skills to make them well-rounded development sector leaders.

In addition, organisations across the country engaged in mental health services, local self-governments and law makers that anchor community-based care for persons with mental health issues were empowered with graded training packages, including the community mental health diploma. Research directly fed into teaching, praxis and policy, and cross-learning was facilitated between academics, practitioners, bureaucrats and lawmakers. What stood out as a key promoter of growth was the blurring of the lines between academics and implementors. Professionals integrating research principles are more capable in articulating realities and needs from the ground to decision makers, and academics construct enquiries collaboratively with players from the field that question prevailing wisdom and theories around existing approaches to care, entrenched upon our thinking and praxis by centuries of colonisation. Our pedagogy thus revolves around holistic learning principles that will enable leaders to fit into a range of roles given the wide treatment and knowhow gap in the sector.

The Centre for Social Action and Research, established 6 years ago to further the role of BALM, now finds itself during a period where the mental health sector is growing at the fastest pace in its history. After decades of inspiring advocacy efforts by service providers, user and caregiver groups, mental health has begun to take centre stage in several policy discussions, media channels, HR strategies and philanthropic agendas. The pandemic almost threw open the floodgates of a brewing mental health crisis compounded by widening socioeconomic gaps, climate uncertainties and unpredictable global politics. This is expected to be a time when we are best resourced to meet current and emerging mental health and social care needs.

From a capabilities standpoint, CSAR is building pedagogical frameworks that can, through short, yet frequent training programmes, enhance clinical and programmatic skills, review and documentation, and stakeholder management for working professionals in the sector. This programme will be converted into a diploma for young professionals looking to take on leadership roles, or incubate new NGOs and will benefit from immersive training in care planning, governance and research to service persons with mental health issues in situations of vulnerability.

Our aim is to therefore create a cadre of empowered, resilient and responsive leaders who can innovate, transform and sustain services and institutions that will actualise our dream of an equal, just and respectful humanity.

We're so happy that you are a part of this journey.
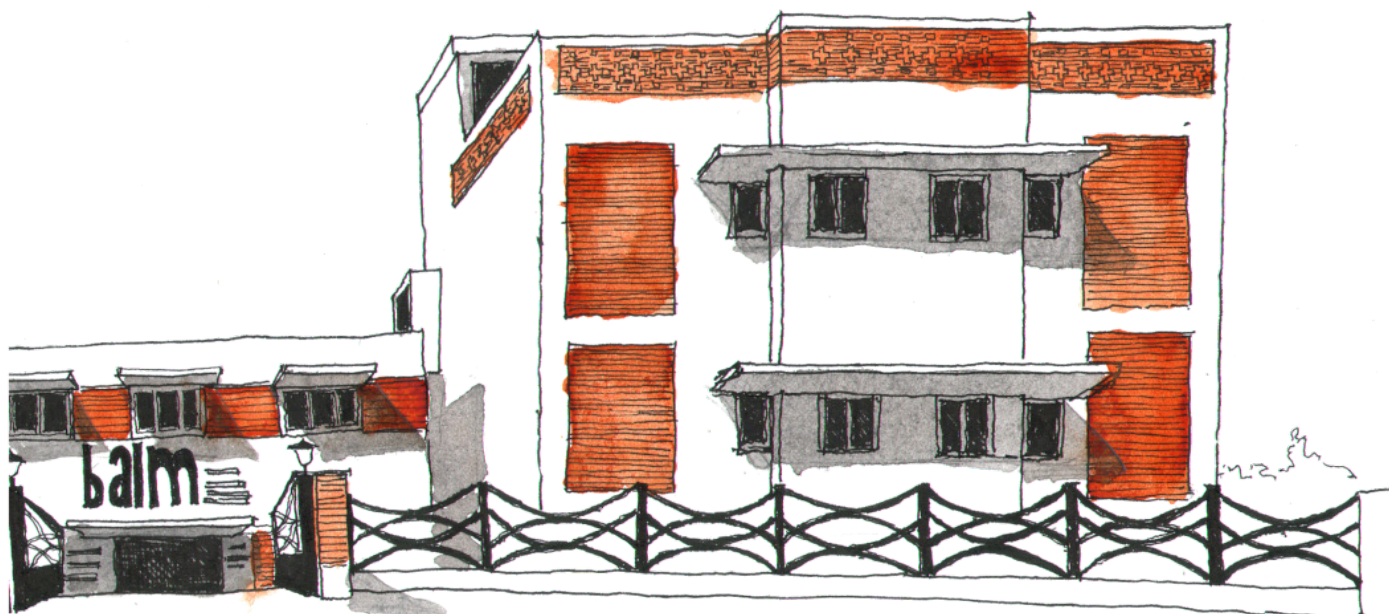
Note from the Director, Deans and Senior Leadership – The Banyan and BALM

The veil of the pandemic lifts as COVID becomes endemic, but uncertainty around this mysterious virus continues.

As we flip through the pages of history, we realise the parallels between the past and present are staggering. Hospitals struggling to meet with growing numbers, ethnicity and wealth dictating how patients are treated, and epidemics and natural disasters leading to a sharp increase in admissions to mental health facilities. Family reunification was a focus then as it is now, but as an end in itself, not looked upon as the most crucial period for follow up care as we now know it to be, when the individual is reorienting themselves to living in and contributing to family life, setting personal goals and navigating pathways to feel included in the community and participate meaningfully. For care providers, this means greater focus on social care packages, including supported employment, access to seed grants/entrepreneurial initiatives, housing options and access to entitlements, especially in the context of individuals in positions of economic disadvantage. Support groups, peer mentoring and community based recreational activities also contribute to meaningful participation. These activities contribute to social prescribing, a process leading to access of non-clinical interventions and activities, typically provided by the community or the voluntary sector, which can impact positively on individual wellbeing and resilience. At The Banyan, this is facilitated through the Centre for Social Needs

and Livelihoods, and the Home Again program, led by NALAM workers and personal assistants trained at BALM. The following research enquiries will evaluate the impact of the NALAM program to meaningfully impact practice:

1. Impact of the Home Again Model across diverse South-East Asian contexts through the Grand Challenges of Canada Scale-Up program

2. Outcomes in continuity of care for persons experiencing severe mental illnesses in southern India

3. Mental Hospitals in Kerala – Role of princely states, colonial influence and parallels to present day institutional care

4. Barriers and motivating factors that sustain employment amongst persons with mental health issues – study of aftercare and OP clients from Chennai and Chengalpattu districts

Child caregivers of persons with mental health issues have been a globally neglected research and implementation domain. Studies show direct psychological impact of parental mental illness on children, and their propensity to themselves develop a range of issues including attention deficit hyperactivity disorder, conduct disorders, and mood and anxiety disorders, especially in the absence of support systems. Parental mental health issues alone are not causative factors, but exposure

to environmental stressors, including stigma and discrimination, poverty, lack of education and stressful life events increases the child's susceptibility to develop a lasting mental health condition[2]. Close to 300 clients accessing The Banyan's services have children, who are offered a range of extended support packages by the Centre for Social Needs and Livelihoods and the Centre for Child and Adolescent Mental Health. 13 children in high-risk situations lacking any and all forms of familial and community support have been offered scholarships till they complete college, through the Centre for Social Action and Research. The Centre for Child and Adolescent Mental Health is also working closely with these children to understand their unique experiences, support offered by parents despite their ill-health, specific needs, goals, aspirations and sources of strength. This enquiry will help us further refine care processes, and extend learnings to children in other high-risk situations, including children in conflict with the law, children from marginalised communities who are still subjected to caste-based discrimination at school, and children living on the streets and in unstable housing conditions. Given the alarming rate of suicide and self-harm of children and adolescents in the country (globally, adolescent suicides have increased 300-400% over the past decade), this issue has become a key focus area for The Banyan and BALM.

Other vulnerable groups such as indigenous communities with whom The Banyan is engaged in Kottamedu (Irulas) and Aghai (Warli, Kathkari, Malhar Koli, Mahadev Koli) face unique mental health challenges. The current mental health system is ill-equipped to offer culturally congruent and integrated care. Coupled with disappearing natural resources and land ownership, persons from indigenous communities find themselves increasingly alienated and in situations of deprivation and intergenerational distress. BALM's Centre for Indigenous Mental Health is working towards building a robust care system for the communities it works with. By first understanding local histories, cultural attributions to mental ill-health and healing

practices, a pilot intervention programme maybe collaboratively developed in Kottamedu and Aghai, and evaluated for impact on clinical and social health parameters.

The Banyan has been closely engaged with State partners in the development policy and actions plans for homeless persons with mental health issues. Monitoring and evaluation plans to measure the impact of the Tamil Nadu Mental Health Policy have been submitted to the government. Research will commence as soon as the policy is released formally. Research on the impact of the ECRC scale-up across 8 districts with the National Health Mission, District Collectorates and CSO partners on individual well-being markers has already been initiated by the Centre for Social Action and Research and the Mental Health Resource Hub. The scope of the study will be extended to understand how these public-private partnerships will also contribute to the architecture of an evidence-based public mental health system.

Researchers at BALM are primarily clinicians, practitioners and persons with lived experience of mental ill-health. They are supported by a team of national and global experts, including Professor Andrew Willford (Indigenous Centre and Case Studies for ECRC and Home Again), Professor Deborah Padgett (Homelessness and Social Vulnerabilities), Professor Joske Bunders and Dr. Barbara Regeer (Transdisciplinary Research), Dr. Nev Jones (Mental Health Resource Hub and ECRC Scale-Up), Professor Sanjeev Jain and Dr. Alok Sarin (History of Psychiatry) and Dr. Nachiket Mor (Public Mental Health). These experts have closely engaged with the work of The Banyan and BALM for anywhere between 2 and 20 years, playing a key role in how research is conceptualised, driven and disseminated.

With support from our advisory board and our team of extremely competent practitioner-researchers, we aim to generate knowledge that is shared across diverse platforms, bridges the gap between policy and practice, and results in meaningful and lasting social change.

[2] Reupert, A. E., J Maybery, D., & Kowalenko, N. M. (2013). Children whose parents have a mental illness: prevalence, need and treatment. The medical journal of Australia, 199(3), S7-S9.

Spotlight

Breaking the
Chains Stigma
Award

2021

On October 14, The Banyan was awarded the Guislain Breaking the Chains Stigma Award in the Science and Technology Category for the year 2021. The Guislain Award envisions an equal, inclusive and just world for persons with mental health issues and felicitates individuals and organisations that focus on these tenets through their programmes, research and advocacy efforts.

To know more, please visit: 2021 Winners - Dr. Guislain Award

Education

Masters Courses

BALM and the Tata Institute of Social Sciences (TISS) completed the last batch of collaborative masters' courses in April 2022. 330 students completed their masters' courses through this collaboration, which was envisioned by Dr Parasuraman in 2012. The last batch of 52 students completed their course at the campus between February and April 2022, after a year and a half of virtual education.

We would like to thank TISS for their support over the past decade, and we look forward to working with them again in the coming years.

Diploma Courses

Diploma in Community Mental Healthcare (DCMH)

BALM has completed seven batches of the Diploma in Community Mental Health programme from 2014, when it was conceptualised, until 2021. The eighth and ninth batches will begin in the latter half of 2022. The DCMH is a unique programme of BALM. This programme aims at creating a committed workforce of mental health workers at the ground level, promoting well-being in the community, and facilitating the early diagnosis of mental distress and access to mental healthcare. The programme focuses on developing grassroot level community workers by providing a six-month diploma training program: 1 person in each panchayat. The programme is offered in the Tamil language. It consists of training locals, implementing promotional and preventative activities in the panchayat, and linking locals with mental health and support services available in their blocks. Participants will attend classes once a week (6-7 hours) and implement field-based assignments, including field visits, fieldwork, and research projects related to mental health for 12 hours every week, as part of their regular work in their neighbourhood. This will directly benefit 10% of their village panchayat population (during the program). It indirectly benefits the entire population over a longer-term. It will create a neighbourhood workforce for mental healthcare initiatives by any government or non-governmental health care organizations.

In addition to the six-month diploma course, the community mental health syllabus has been offered through training of trainers to partner organisations in Tamil Nadu and Karnataka.

Last year, the syllabus was offered as a 6-month ToT program for Sajida Foundation in Bangladesh. Sajida Foundation is a non-profit organisation whose objective is to improve the quality of life in the communities through sustainable and effective mental health interventions. Sajida collaborated with BALM to train mid-career professionals (psychologists and counsellors) who in turn will train community mobilisers placed across the country. The DCMH programme was specifically curated for Sajida employees, and the six-month online training began on September 15, 2021. An online convocation ceremony was held in the presence of Dr. K V Kishore Kumar, Gen Surinder Mehta, and Mohd Fazlul Hoque in March 2022 where 13 students were presented with certificates. A detailed trainer manual was developed by BALM post the training. Supervision will be provided by BALM faculty to address onsite challenges.

Kudumbashree is a poverty eradication and women empowerment programme implemented by the State Poverty Eradication Mission (SPEM) of the government of Kerala. It is a community network that covers the entire state of Kerala. BALM and The Banyan engaged in a discussion with Kudumbashree members to understand-their knowledge of mental health and related concerns. A collaborative workshop was conducted with Kudumbashree members, in which a detailed framework was created for a comprehensive community-based mental health and social care program.. The framework has formally been submitted to the government of Kerala for feedback and will be piloted shortly.

Diploma in Residential Mental Healthcare

The first batch of the Diploma in Residential Mental Healthcare began on January 30 2021 and ended on November 3, 2021. The second batch began in April 2022. The diploma course is six months long and aims to promote wellbeing and wellness among people with mental illness, by training of primary workers or Health Care Workers. This also builds capacity for the workers in planning and executing appropriate and customised interventions based on the needs and rights of the service user, and will enable partnerships with various stakeholders including mental health professionals, healthcare workers, nurses, and non-profit organizations.

There are four modules to this course, and it is divided into Theory Papers comprising of 12 credits and Practicum Papers comprising of 20 credits.

PG Diploma in Applied Buddhist Psychology

The fourth batch of the diploma in Applied Buddhist Psychology started in September 2021, and 17 students completed their convocation on 18th March'22. This is a six-month course, introducing students to the theory and practice of Buddhist Psychology through the Nalanda tradition of intellectual understanding, contemplation, and action. It is a secular approach that draws from Buddhist philosophies of mindfulness, kindness, and compassion. This course is open to all with a basic graduation degree and is offered as a self-development program for the staff of The Banyan and BALM. The USP of this program is its ability to translate simple theoretical constructs into daily life mindfulness practices. Students of the course have volunteered for BALM and The Banyan in their own capacities as journalists, lawyers, and trainers, besides being responsive to the cause of mental health and social well-being as members of civil society. The certificates were distributed in an online convocation ceremony where Swetha Reddy and Sanjay Rao Chaganti were invited as Guests of Honour.

Certificate Course on Open Dialogue

BALM, in collaboration with Dr. Pina Ridente (retired senior psychiatrist from the University of Trieste, Italy), organized the third basic training program in Open Dialogue (OD) from February-March 2022. Envisioned as a combination of family therapy and psychotherapy, this is a world-renowned treatment approach developed in Tornio, Finland, 30 years ago. It involves a psychologically consistent family and social network approach in which the majority of decision-making is carried out via whole system network meetings involving the patient together with his or her family members, as well as the extended social network. Staff are specifically trained in utilising these meetings as the focus of the therapeutic process, enabling a strong emphasis on improved agency and long-term recovery from day one. To facilitate the development of the core skills, attitudes, and values of peer-supported Open Dialogue, students will develop their own mindfulness/contemplative practice.

8 students enrolled in the current batch of Open Dialogue. The course was facilitated by BALM staff along with esteemed external trainers. Internal training mentors include Dr. Lakshmi Sankaran (Chairperson Applied Psychology, BALM), and Keerthana Rajagobalan (Lead, ECRC, Chengalpattu, BALM). Participants will be able to use the dialogic approach and practices in professional contexts (clinical-educational-social) and everyday life; improve skills to manage, facilitate, coordinate and lead teams and groups; use the tools of dialogue and dialogicity in complex situations, and improve their interpersonal relationships and communication skills. The third diploma course began on November 5, 2021 and ended in April 2022.

Certificate course in Trauma informed care

Research shows that early intervention is crucial in trauma recovery and mental well-being (Kearns et al., 2012). The debilitating effects of the COVID-19 pandemic have highlighted the urgent need to improve mental health services, especially at the community level where access
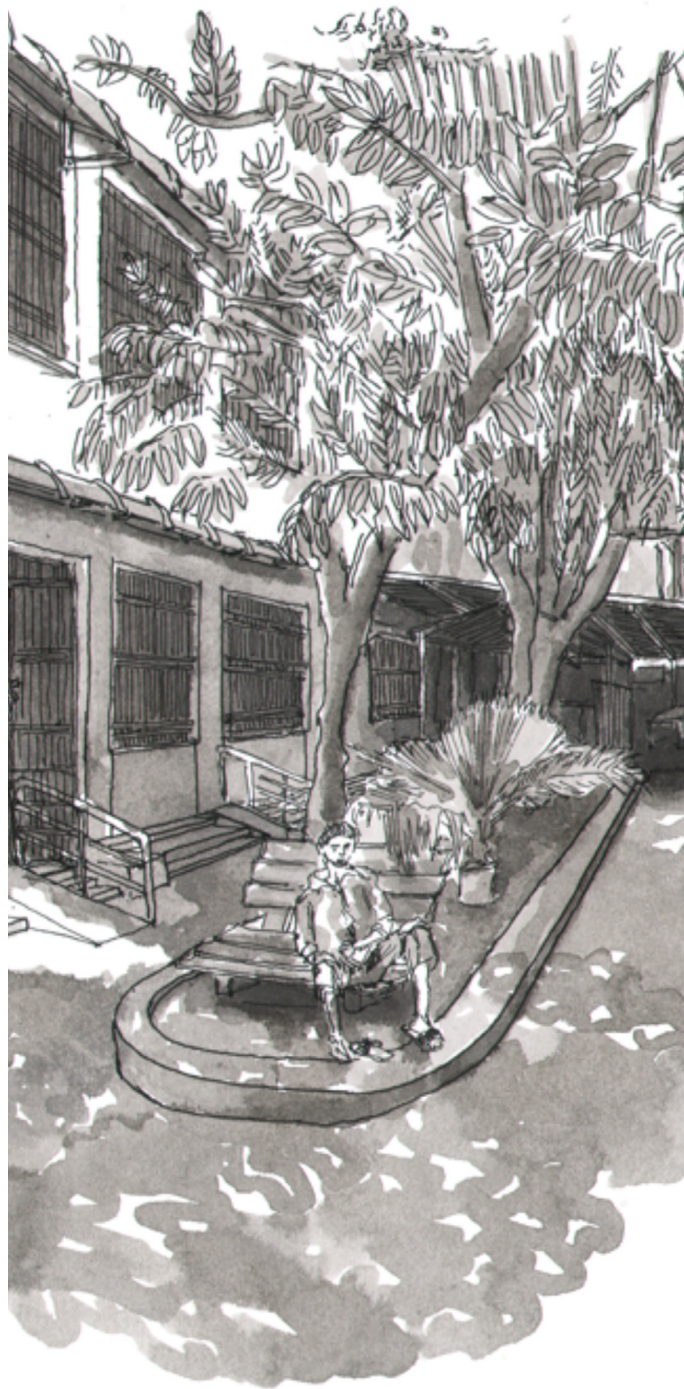
to such services is scarce.

Addressing this need, this certificate course offered by the Centre for Trauma Studies and Innovation was to train lay mental health professionals and community health care workers in trauma-informed approaches to address the needs of clients, especially those who have gone through traumatic experiences.

Partnership

This pilot course was designed in association with a Delhi-based organisation named I AM WELLBEING which has over ten years of experience with trauma therapy in vulnerable communities. Furthermore, CTSI partnered with Praxis, a national-level organisation that works with sanitation workers across 23 states in India. Through Praxis, this course was delivered to participants from the South Asian Sanitation Labour Network (SASLN).

This course is the crux of the Ambedkar Social Impact fellowship program, where the goal is health, dignity, and safety. Twenty state coordinators/volunteers/sanitation workers from SASLN participated in this. The pilot began in February 2022 and concluded in May 2022. The curriculum consisted of six modules ranging from understanding self and community to counselling skills in trauma-informed care. The objective of this course was to train participants in trauma care to support their community better, learn self-care, contextualize their trauma and upskill themselves to become lay community health workers. It is a blend of theoretical and practical courses. Twenty participants across ten states in India were present. The sessions were conducted online every Saturday and Sunday. As a part of the monitoring and evaluation of this course, participants filled out an evaluation form that tested their Knowledge, Attitudes, and Practices (KAPs) on the subject. We had a closing ceremony on 18th June 2022. Out of 20 participants 16 completed the course and there was a 11% improvement in the KAPs of participants.

Webinar/ Workshop/ Training	Facilitator	Date	Aim of the Webinar	Number of Sessions/ Webinars
SOLVE	Dr. Lakshmi Sankaran	March 16 and 24	Integrating Health Promotion into Workplace Occupational Safety & Health Policies (an Orientation)	2 days
American International School, Chennai Career x Training workshop	Mrinalini Ravi Dr. Lakshmi Sankaran	October 2021	BALM and The Banyan partnered with the American International School Chennai (AISC) for their Career X programme. AISC conducts this programme for young adults to provide exposure to students about a wide array of careers in varied industries and sectors.	5 days
Community Mental Healthcare Training Program	Mr Nanda-kumar Thannatchi (Panchayat Academy), Ms Preetha Krishnadas and Ms Aishwarya Ramesh	March 21-22, 2022	The training program was attended by 9 Panchayat members, 2 block panchayat counsellors and 41 self-help group members. The training helped participants gain clarity on the importance of mental health, common signs of mental disorders, rights of people with mental illness, and social entitlements and rehabilitation.	2 days
Health Dignity & Safety of Sanitation Workers	Pragya Akhilesh	November 26-27, ,2021	BALM and the Praxis Institute for Participatory Practices conducted a two-day workshop. This training program expanded on socio- economic, legal and constitutional rights and the way forward in planning legislations and services that are inclusive and rights-centric.	2 days 2 hours each

Webinar/ Workshop/ Training	Facilitator	Date	Aim of the Webinar	Number of Sessions/ Webinars
Solution Focussed Brief Therapy	Dr. Bhasi Sukumaran	June 19, 2021	SFBT is a form of psychotherapy which is solution oriented and enables an individual to discover existing resources and strengths to deal with one's problems.	3 hrs 1 day
Orientation to Grief Therapy	Dr. Keerthi Pai	November 19, 2021	Grief can consume people and impact their mental, physical and emotional well-being as well. The right grief counselling can create a supporting and enabling environment for the client to cope with the loss.	2hr 1day
Acceptance to Commitment Therapy	Dr. Gitanjali	March 18, 2022	The workshop helped participants gain insight into the theory and practice of acceptance and commitment therapy	2 hr 1 day
Orientation to Solution Focused Brief Therapy	Dr. Lakshmi Sankaran	November 29, 2021	This was an activity-based workshop where participants applied exercises to understand SFBT, which can be used along with other techniques and in schools and workplaces in times of adversity in the community.	NA
A Webinar To understand Mental Health in An Unequal World	Dr Lakshmi Ravikanth, Nandhini, Sadaf Vidha, Rachana Iyer	October 10, 2021	IDFC First Bank CSR in partnership with BALM to shed light on financial strain, homelessness and sexual orientation – just a few of the many inequalities that profoundly affect mental well-being.	1 hrs

Internal Training

GCC Home Again

As part of the internal training for the Home Again scale up, BALM staff trained case managers and personal assistants at various replication sites on topics such as psychoeducation, nutrition, hygiene, basic counselling skills, development of client care plan and medical care and basic treatment. These trainings are essential to maintain the overall quality of service provided. Training took place at the time of implementation and refresher trainings were provided whenever necessary. Some of our esteemed staff such as Dr. Vandana Gopikumar, Dr. Kishore Kumar, Lalitha Vellore, Salih, K.S. Ramesh conducted these trainings across sites. Around 76 training sessions has been conducted till April 2022.

SUNDRAM FASTENERS LECTURE SERIES - 2ND EDITION - 14TH AND 23RD JANUARY 2022

The first edition of the lecture series, which was launched in January 2021, focussed on the relationship between mental health and culture, and healing practices of indigenous communities in India. Presentations were made by Professor Andrew Wilford and Mr. SM Vijayanand, and moderated by Mr Keshav Desiraju.

This year, we aimed to delve deeper into the complicated relationship between homelessness and severe mental illness. This series took place over two days in January, and covered topics related to best practices, understanding data and outcome measures, and social architecture in mental health care.

The lecture series received an overwhelming response, with a total of 400+ registrations and 150-250 attendees for the two days.

Research

The Impact of COVID-19 on Ultra-Vulnerable Populations

The report outlines the difficulties and challenges faced by the ultra-vulnerable populations in Tamil Nadu because of COVID-19 and the related restrictions imposed by the government. The report highlights the difficulties that several segments of the population had to experience, from loss in livelihood, social capital, and education to the lives of many, that particularly exacerbated mental health issues for those vulnerable and on the margins.

The report focusses on communities that were stranded and forgotten while blanket lockdowns were imposed across the country. It has captured several case studies to highlight the limitations, and also the enablers for people living with disadvantages including - ration distribution, government intervention, NGO interventions and more. The report recommends a multi-stakeholder approach wherein governments and civil society work together to create a more robust system for the welfare of the communities.

Study	Authors	Overview	Status	Cite
Contextualising Legal Capacity and Supported Decision Making in the Global South: Experiences of Homeless Women with Mental Health Issues from Chennai, India	Mrinalini Ravi Barbara Regeer Archana Padmakar Vandana Gopikumar Joske Bunders	It aims to deconstruct traditionally accepted notions of human rights and recalibrate a services paradigm that can mould itself to fit the diverse needs of an ultra-vulnerable population	Published	Ravi, Mrinalini, et al. "Contextualising Legal Capacity and Supported Decision Making in the Global South: Experiences of Homeless Women with Mental Health Issues from Chennai, India." Mental Health, Legal Capacity, and Human Rights (2021): 10
Rohingyas and Sri Lankan Tamil refugees in Tamil Nadu: a replicable model of semi-permanent resettlement in low-resource settings	R.K. Radhakrishnan, Emma Emily de Wit, Vandana Gopikumar, Joske G.F. Bunders	This study attempts to explore the extent to which the state has provided means for integration in the absence of refugee protection laws and citizenship.	Published	Radhakrishnan, R. K., de Wit, E. E., Gopikumar, V., & Bunders, J. G. (2022). Rohingyas and Sri Lankan Tamil refugees in Tamil Nadu: a replicable model of semi-permanent resettlement in low-resource settings. Equality, Diversity and Inclusion: An International Journal.

Study	Authors	Overview	Status	Cite
Contextualising Legal Capacity and Supported Decision Making in the Global South Experiences: of Homeless Women with Mental Health Issues from Chennai, India	Mrinalini Ravi, Barbara Regeer, Archana Padmakar, Vandana Gopikumar and Joske Bunders	Through an enquiry into the lives of these women, and their experiences of exclusion, homelessness, and involuntary commitment, this chapter aims to deconstruct traditionally accepted notions of human rights and recalibrate a service paradigm that can mould itself to fit the diverse needs of an ultra-vulnerable population over a strong foundation of liberty, access to choice, and commitment to diversity.	Published	Ravi, Mrinalini, et al. "Contextualising Legal Capacity and Supported Decision Making in the Global South: Experiences of Homeless Women with Mental Health Issues from Chennai, India." Mental Health, Legal Capacity, and Human Rights (2021): 10
Making Lived Experiences Matter: Understanding The Journey of Mothers Of Children with Autism In India	Seema Girija Lal	It aims to answer the question of how lived experiences of mothers of children with autism can be understood and supported so as to enable sustainable long-term solutions. Published	Published	Girija Lal, S. (2021). Making Lived Experiences Matter: Understanding The Journey of Mothers Of Children with Autism In India.

Study	Authors	Overview	Status	Cite
Mental health, legal capacity, and human rights	Faraaz Mahomed, Vikram Patel, Charlene Sunkel, and Michael Ashley Stein	Contextualising Legal Capacity and Supported Decision Making in the Global South: Experiences of Homeless Women with Mental Health Issues from Chennai, India	Published	Stein, M. A., Mahomed, F., Patel, V., & Sunkel, C. (Eds.). (2021). Mental health, legal capacity, and human rights. Cambridge University Press..
A Potential Pathway Towards Universal Health Coverage (UHC) for an Indian State	Nachiket Mor	The research aims to understand multiple pathways that can explore Universal Health Coverage in low resource settings especially in the Indian context.	Published	Mor, Nachiket. "A Potential Pathway Towards Universal Health Coverage (UHC) for an Indian State." (2021).
Social Vulnerability and Mental Health Inequalities in the "Syndemic": Call for Action	Roberto Mezzina1, Vandana Gopikumar, John Jenkins, Benedetto Saraceno and S. P. Sashidharan	In this paper we address the interactions of mental health disparities and inequalities with population and individual vulnerability to higher risk of mental ill health during Covid-19	Published	Mezzina, R., Gopikumar, V., Jenkins, J., Saraceno, B., & Sashidharan, S. P. (2022). Social Vulnerability and Mental Health Inequalities in the "Syndemic": Call for Action. Frontiers in psychiatry, 13.

Study	Authors	Overview	Status	Cite
Innovations in Continuity of Care Among Homeless Persons with Severe Mental Illnesses.	Smrithi Vallath, Archana Padmakar	This chapter aims to illustrate and highlight The Banyan Aftercare Model (TBAM) that uses integrated approaches to facilitate continuity in care services (CoC). Toward this, five representative cases from The Banyan were selected to highlight the interplay of life experiences, critical time interventions, and CoC.	Published	Vallath, Smriti, and Archana Padmakar. "Innovations in Continuity of Care Among Homeless Persons with Severe Mental Illnesses." Innovations in Global Mental Health. Cham: Springer International Publishing, 2021. 989-1007
Mitigating the COVID-19 pandemic in India: an in-depth exploration of challenges and opportunities for three vulnerable population groups	Joe Thomas, Emma Emily de Wit, R.K. Radhakrishnan, Nupur Kulkarni, Joske G.F. Bunders-Aelen	This study focuses on the implications of COVID-19-related measures on three population groups in India, including (1) migrant laborers (of which a majority come from Scheduled Castes (SCs) and Scheduled Tribes (STs), as well as Other Backward Classes (OBCs)), (2) children from low-income families and, (3) refugees and internally displaced persons (IDPs).	Published	Thomas, Joe, et al. "Mitigating the COVID-19 pandemic in India: an in-depth exploration of challenges and opportunities for three vulnerable population groups." Equality, Diversity and Inclusion: An International Journal (2021).

Study	Authors	Overview	Status	Cite
Prevalence, service use and clinical correlates of hallucinations and delusions in an out-patient population from India	Smriti Vallath, Lakshmi Narasimhan, Priyanka M, Vishnu Varadarajan, Lakshmi Ravikanth	The current study aimed to establish prevalence, clinical and service utilisation correlates of hallucinations and delusions in people accessing outpatient clinics in Tamil Nadu, India.	Published	Vallath, Smriti, et al. "Prevalence, service use and clinical correlates of hallucinations and delusions in an out-patient population from India." Journal of Mental Health (2021): 1-9.
Adapting the Trauma History Questionnaire for use in a population of homeless people with severe mental illness in Tamil Nadu, India: qualitative study	Andrew R Gilmoor, Smriti Vallath, Ruth M H Peters, Denise van der Ben, Lauren Ng	To translate and culturally adapt the THQ for use in a population of homeless people with severe mental illness in Tamil Nadu, India	Published	Gilmoor, Andrew R., et al. "Adapting the Trauma History Questionnaire for use in a population of homeless people with severe mental illness in Tamil Nadu, India: qualitative study." BJPsych open 7.4 (2021).

Study	Authors	Overview	Status	Cite
Stigma, lost opportunities, and growth: Understanding experiences of caregivers of persons with mental illness in Tamil Nadu, India	Mirjam A. Dijkxhoorn Archana Padmakar Joske F. G Bunders Barbara J. Regeer	This study aimed to address gaps in understanding of the lived experiences of caregivers of persons with mental illness in low-income countries. It was conducted among caregivers of persons with mental illness making use of a free non-governmental clinic in and around Chennai, India.	Published	Dijkxhoorn, Mirjam A., et al. "Stigma, lost opportunities, and growth: Understanding experiences of caregivers of persons with mental illness in Tamil Nadu, India." Transcultural Psychiatry (2022): 13634615211059692.
Rohingyas and Sri Lankan Tamil refugees in Tamil Nadu: a replicable model of semi-permanent resettlement in low-resource settings	R.K. Radhakrishnan, Emma Emily de Wit, Vandana Gopikumar, Joske G.F. Bunders	After being forced to flee their respective home countries, Sri Lankan Tamils and Rohingya refugees resettled in the Indian state of Tamil Nadu. This study attempts to explore the extent to which the state has provided means for integration in the absence of refugee protection laws and citizenship	Published	Radhakrishnan, R. K., et al. "Rohingyas and Sri Lankan Tamil refugees in Tamil Nadu: a replicable model of semi-permanent resettlement in low-resource settings." Equality, Diversity, and Inclusion: An International Journal (2022).

Study	Authors	Overview	Status	Cite
A Mental Health initiative for the LGBTQIA+- A review	Lakshmi Sankaran	BALM and the Solidarity Foundation reviewed a Mental Health Initiative, a helpline during COVID, for the LGBTQIA+ community. The study highlighted the pertinence of peer supporters especially in the absence of professional MH support (due to access) in low resource settings. Therefore, a pilot training manual was designed to help guide and train peer mentors called as First Responders. The training was conducted on June 2-3, 2022 with 8-9 participants.	September, 2021	

Upcoming Enquiries

GCC Home Again Transition to Scale 3

Home Again aims to address this need for sustainable pathways to full inclusion for people with psychosocial disabilities, particularly those with histories of homelessness who are over-represented in the institutional long-stay population. Since October 2021, data collection has proceeded for both quantitative and qualitative data. Four states (Andhra Pradesh, Karnataka, Maharashtra and Gujarat) have started their roll-out, and are now providing the first baseline data, and starting on qualitative data as the clients settle into their new homes

- The overall goal is for people with T h e overall goal is for people with psychosocial disabilities to experience lives of their choosing - therefore substantive social inclusion and reduction in disability will be primary outcomes of interest.

- We will focus on fostering partnerships with state and non-state implementing agencies to initiate Home Again across ten states in India, and Sri Lanka.

- The states and regions within India where Home Again is initiated include Gujarat, Karnataka, Madhya Pradesh, Andhra Pradesh, Odisha, the Northeast Region (Assam and Nagaland), and scaling up in Tamil Nadu, Kerala, and Maharashtra, with newer populations. These sites have been chosen based on interests expressed from governments and local partners, and financial commitments secured for implementation of the intervention ensuring sustainability.

- Conservatively, an estimated 420 new people with mental illness with a history of greater than six-months stay in institutional settings will be supported over 24 months in diverse rural and urban contexts. Detailed case vignettes will also be made available, led by Professor Andrew Willford, Dr Vandana Gopikumar, Dr Lakshmi Ravikanth and colleagues.

Emergency Care and Recovery Centre – Scale up and Replication

The ECRC approach emerged from Banyan's flagship Transit Care Centre model, conceptualised in 1993 to offer safe spaces and comprehensive biopsychosocial care for persons with mental health issues in acute need. Street-based outreach, critical time interventions, inpatient biopsychosocial care, predischarge services, reintegration, and aftercare constitute cornerstones of the model built on values of responsiveness, individual dignity, choice, and person-centred care. The model has been taken to scale across 8 districts in Tamil Nadu – 6 in collaboration with the National Health Mission, and 2 in collaboration with district collectorates. Enquiries led by Drs Gopikumar, Jones, Narasimhan and Padmakar commenced in 2021 to understand impact of the scale-up and viability for further expansion across Tamil Nadu over the next 5 years. Clinical parameters, partnerships management, resource mobilisation and sustainability planning of this scale up will be studied using transdisciplinary approaches.

Highlights

- At any point of time, ECRCs are catering services to 414 homeless persons with mental illness

- Mental health facilities are more accessible to homeless persons making healing process far more conductive and less asylum-centric

- The ECRC structure and process manual was further revised based on service user audit feedback

- 13 interdisciplinary case conferences have been conducted to discuss challenging and complex cases with mental health professionals.

- Mental Healthcare Team conducted Quality Audits in 7 districts of Tamil Nadu

Workshops & Capacity Building

Capacity building is an important process for individuals and organizations to obtain, improve and retain skills, knowledge, tools and other resources needed to do their jobs competently or to a greater capacity to obtain better results. Capacity building training was conducted at regular intervals to address the necessary institutional skills gap. Most of the training was done in a hybrid mode.

- Ms. Fanny Nathaniel conducted a Clothing Management= session for all the ECRC teams in March 2022. Ms. Nathaniel has been a volunteer with The Banyan for the last 15 years. All the teams participated in this webinar and discussed their challenges regarding management of clients' clothes and the trainer provided solutions to their problem.

- Studies have shown that art therapy, colouring mandalas, and drawing, in general, can minimize anxiety and combat negative moods. The BALM Department of Psychology conducted group sessions on Stress Management through Art Therapy. Ms. Sangavi Soundarya, Clinical Psychologist with The Banyan, took the sessions in two batches of 15 participants each. The participants gave positive feedback.

- Dr. Geetanjali Natarajan conducted a two hours workshop on Acceptance & Commitment therapy. This workshop was curated for mental health professionals to help them gain a good insight into the theory and practice of acceptance and commitment therapy. Dr. Natarajan is professor and HOD of the Dept. Of Clinical Psychology, Amrita Institute of Medical Sciences, Kochi. (18th March, 2022)

- Dr. Keerthi Pai conducted a workshop on Orientation to Grief Therapy. The aim of the training was to help the participants grieve, to understand and cope with emotions that people experience and ultimately find a way to move on in a healthy way. Dr. Keerthi Pai is the joint secretary of Tamil Nadu Association of Clinical Psychologists (TNACP) (19th November, 2021)

Micro enquiries:

1. Kerala: Outcomes in continuity of care for persons experiencing severe mental illnesses in southern India

Abstract

Mental health and social care pathways are non-linear and complex, particularly in the context of those who experience concomitant homelessness. Globally, 100 million (United Nations, 2005) homeless persons with mental illness (HPMI) have experienced neglect, higher rates of unemployment, involuntary commitment, poor social mobility and sparse social capital. This study explores the impact of intensive care coordination and support circles on continued well-being, mental health gains and the social roles of mental health service users (MHSU). The researchers followed 189 persons discharged over a period from three mental health centres in Kerala over a period of three years to understand levels of community re-entry and community inclusion. This is the first amongst a series of articles that will explore pathways in, through and out of homelessness, the role of support circles in enabling community re-entry and the role of social determinants and intensive case management in initiating and sustaining community inclusion.

Results: This article examines the background socio demographic profile of persons with severe mental illnesses and the outcomes of Continuity of Care (CoC) services. 52 males and 137 female clients participated in the study, 77 were discharged to their families, 48 to Home Again and 64 to other institutions for long term care in between 2017 to 2019. 64 continued to live with their families, 26 stayed back in the Home again, 47 in the long-term institutions, 10 clients had to be readmitted to mental hospitals while 16 went missing, 10 passed away and 3 people accessed the Emergency Care and Recovery Center at The Banyan.

Keywords: Homelessness, Severe mental illnesses Mental Health, Continuity of Care, Intensive Case Management, Global South, India

2. Aghai study

Conceptualizations of the Indigenous Mental Health Assessment among the Adivasis of Aghai Village: A Survey in the Anthropological Orientation in Cross-Cultural Psychiatry and Healing Model

Abstract

The Adivasi communities or Schedule tribes in India represent a section of Indian society, as estimated around 8.6 % of the Indian population is comprised of ST or Adivasis. This population group widely experiences many disadvantages and continual suffering, specifically attuned to—social exclusion, psychological marginalization, economic disparities, identity-based struggle, and structural violence. The mental health of the Tribal population in India is a highly neglected factor of attention in the aspect of tribal health and wellbeing. Indicatively, the accountability for the burden of mental disorders existing among them is sparsely known. It is also evidentially necessary to articulate that the traditional livelihood and indigeneity of these people are in discordance with the modes of modernization thus resulting in the loss of the customary right over the resources, development of low self-esteem, and higher prevalence of psychological distress.

Indeed, at this juncture, we present a perspective to explanatory and descriptive analysis of the mental health burden with the mutual interest of anthropology and psychology,

anthropological orientation in cross-cultural psychiatry, culture and cognition across the tribal communities in the Aghai village, inhabiting the ecological zone of the Tanasa Wildlife sanctuary along the basin of Tanasa water reservoir. Aghai village, located in the Shahapur taluka, Thane district, Maharashtra, is the homeland of various indigenous or Adivasi communities including--Warli, Konkani, Mahadev Koli, Malhar Koli, Thakur, and Katkari. Earlier, a pilot study was nested to conceptualize the existing help-seeking behaviour for mental health concerns among these communities, the study was preliminary based on the clients' accessing the BANYAN-run Outpatient Department (OPD) at Aghai Village, popularly known to the consensus as 'Sunday Clinic' and focus group discussion with clinicians visit the clinic weekly. In addition, the tribal people in this region are perceived to fulfill their mental health needs through the traditional healers or 'Bhagats' and are characterized by minimalistic mental health literacy.

In order to bring forth a contextualized justification, the present study is opportune to understand the local emotional experiences, locally named distress syndromes, the framework of meaning, and idioms of distress. Furthermore, it envisions how the concepts and dialogues of mental illness or psychiatric distress, are conditioned through a pluralistic mix of religion, magic, myth, belief, and medicine in a non-western society; collectively impression on the diversity, complexity and striking features of traditional healing practices and practitioners largely functioning in the periphery of tribal society. Fundamentally, the ingrained prospects of this study are to introduce three sustainable goals in the particularity of "Adivasis social and emotional well-being" --- (a) Implementation of strategies for Promotion and Prevention of mental health among the tribal population (b) Culturally Holistic Community and Person-Family Centered Care and Advocacy (c) Connected Service and Support Spectrum.

3. Peer research

Decolonised research practises emerged from discourses in social choice theory, post-positivist truths and allied disciplines such as social psychiatry to build collective consciousness towards creating a knowledge ecosystem embedded in equity, justice and participation. Involving persons with lived experience in knowledge generation through Participatory Action Research has been able to increase ownership to effect collective change, challenge power structures and create a more holistic understanding of roadblocks preventing imagination and realisation of a just society. Participatory Action Research as a practice in mental health has been prevalent since the early '70s, but there is negligible data on the same in low-resource settings, especially India, which is already burdened with a legacy of collectivist and patriarchal socio-political mores. As peer leaders have always been integral to The Banyan's services, and the authenticity and originality of their views enriched services and research alike. This study was an effort to test the possibility of conducting a service user audit with persons with mental health issues from ultra-poor communities as co-researchers. Through participant observation, focus groups discussions (n=5), experiences of both client researchers and staff researchers were obtained. Results from the study highlight the potential for pathbreaking learnings and innovations should this previously untapped cohort be suitably integrated into the service and research matrix of hospitals, non-governmental organisations and policy makers.

4. Impact of parental mental illness on children

A strong connection exists between parental mental illness and lifetime mental health risk for their children (Ruud et. al., 2019). Compared to other children, those growing up with a parent with a mental illness are at risk of a range of adverse behavioural, developmental

and emotional outcomes. Further, bi-directionally, parental mental illness can cause the child to distance from the parent, which can further increase their distress, exacerbate the illness and impede recovery. (Murphy et al., 2017). In addition to the direct impact of mental illness, it is also important to consider other forms of social disadvantage (including poverty, caste etc) that often co-occur with mental ill health, and heighten the vulnerability of this group. Living on the margins causes hindered access to basic needs like clean water, sanitation, food, clothing, shelter, physical safety, education, employment, health care and social security. Mental health challenges and such intersections of social disadvantage, therefore, become cyclical. Yet, literature on the impact of parental illness particularly in low and middle-income countries remains limited. Hence, this study aims to primarily explore young people's experiences of living with parental mental illness and understand their needs, to better inform supportive interventions for this group.

5. Risk factors that contribute to adolescent suicide in India: a systematic review

Suicide is a massive public health concern. As per the NCRB report (2020), India alone has recorded around 1,53,052 deaths due to suicides at the rate of 11.3%. The age group (18 - below 30 years) was the most vulnerable, resulting in suicides. Research indicates that early detection and prevention of mental illness can reduce the burden on the public health system (Colizzi et al., 2020). Most Indians lack community and support services for the prevention of suicide and have limited access to care for mental illnesses associated with suicide, particularly access in primary to the treatment of depression which has been shown to reduce suicidal behaviours (Patel et al., 2011). Identifying the risk factors which contribute to a suicide attempt or lead to it is of utmost importance to limit their future occurrences and makes them preventable. For this research paper, we are looking at data from three sources – published academic papers, media reports and organizational reports on suicide. Key words have been selected and segregated based on O' Connor's IMV model of suicidal behaviour (O' Connor, 2018). Data will be collected over the last 15 years for published papers, last 10 years for media reports, and last 5 years for organizational reports. Once we collect data, we will short list relevant findings. For this review, a mixed methods approach will be taken. To analyse and synthesize findings from shortlisted articles, a thematic analysis technique will be used. A meta-analysis will be considered where statistical data such as effect size, prevalence rates, demographical differences etc. will be collectively synthesized.

Social Action and Public Policy

Movement for Global Mental Health

The Movement for Global Mental Health (MGMH) is a network of individuals and organisations that aim to improve services for people living with mental health problems, especially in low-and-middle income countries. The movement began in 2007 through a spirit of volunteerism and collaboration. It benefits members and individuals through knowledge sharing, networking, and news and updates among other things. Anyone can submit an application to host the secretariat for a period of 3 years, after which someone else takes over. BALM is planning a summit in collaboration with the Forum for Medical Ethics (FMES), Sangath, Centre for Mental Health Law and Policy in December 2022. BALM will help identify the next secretariat for 2023 to 2026, supported by the Advisory Board.

Newsletters published in the last year 2021 and 2022

- June 2021
- July 2021
- August 2021
- January 2022
- March 2022

Tamil Nadu draft policy for HPwMI

The Banyan and BALM were invited by the government of Tamil Nadu to author a policy exclusively for Homeless Persons with Mental Health Issues (HPwMI) in August 2021. BALM convened stakeholders from academic partners including NIMHANS, Sitaram Bhartia Institute, Vrije Universiteit, Cornell University, and the University of Pittsburgh to contribute to the theoretical framework and recommendations for action. The policy, the first of its kind in the world, has recommended a lifecycle and ecosystem-based approach to caring for the homeless and mentally ill, wherein each district will be self-sufficient with outreach, emergency, continued, and long-term care, such that care gaps are reduced and logistics are taken care of as well. The policy, now available in the public domain , will be released formally by the Ministry of Health and Family Welfare in the coming months.

The Policy highlights the following:

1. Neglect and exclusion being the norms in outreach for HPMI, evidenced by forced institutionalisation & coercive practices
2. Crimes against HPMI are seldom reported, acknowledged or addressed
3. Commitment to public health protocols- what is the adequate staff-to-client ratio, how can access to basic needs be improved
4. Information Asymmetry - Ensuring that all citizens are informed of the safety measures and can access them
5. Creating non-linear care pathways to develop person-centered responses

Mental Health & Social Care Resource Hub

MHSCRH was founded at the Banyan Academy by Dr. Vandana Gopikumar, and is led by Drs Nev Jones (University of Pittsburgh) and Archana Padmakar (The Banyan and BALM) in December 2021.

This hub is focused on collaborative knowledge generation, localized development and adaptation of promising interventions and supports, and bi-directional exchange of ideas across countries, contexts and positionalities. Its particular focus are the individuals and communities at the intersections of homelessness/housing instability, psychosocial disability and social, cultural and structural minoritization. Specifically, the complex intersections of highly stigmatized psychiatric diagnoses with the vectors of ethnicity, culture, religion, caste, gender and poverty. This hub aims to adopt a critical but pragmatic orientation towards the hard work of real-world change: prioritizing direct stakeholder involvement and leadership, the integration of local knowledges, including those historically subjugated, and the ideals of dynamic, continuously learning systems, rather than static sites-of-implementation.

In this work, the MHSCRH will bring together scholars, practitioners, peer advocates and

activists, caregivers, clinicians, civil society organizations and state actors. The integration of diverse perspectives will help stimulate ideas, interactions and relationships capable of unsettling potentially unhelpful but entrenched ways of thinking, and create space for the meaningful involvement and leadership of those with the most at stake (service recipients, community leaders, and local social networks).

MHSCRH will support three sets of interlinked activities: first, the development of a repository of open access resources and tools designed to support localized adaptation, stakeholder involvement, and access to existing knowledge; second, implementation of targeted research projects, including those focused on understanding the role of structural determinants, intersectional identities and socioeconomic vectors in shaping the lives and trajectories of homeless persons in Tamil-Nadu, and throughout India and the effectiveness and impact of innovations and supports designed to maximize community participation and flourishing; and, finally, capacity building and dissemination through presentations, webinars, training and continuing education series designed to bring together stakeholders and practitioners from diverse global regions.

Fellowships

TVS Sundram Fasteners Limited supported BALM to launch the SFL Fellowship in the year 2019. It was conceptualized to bolster field-based learning through the learn-as-you earn model. This is the first of its kind fellowship in mental health in India, as it amalgamates practice with theoretical tenets. The fellowship is dynamic in nature as it focusses on individuals working in mental health, peer advocates, and people who are passionate about mental health and development.

It is an opportunity meant for young people who want to work in the mental health sector, particularly to bridge the treatment and care gap for ultra-vulnerable populations. A SFL Fellow is supported for a duration of 2-3 years, and they receive guidance and support

from The Banyan to develop a more nuanced understanding of running an organization. The mentorship model supports social entrepreneurs, peer advocates, and individuals working in the development sector. This year, 10 social entrepreneurs at different stages of their career benefitted from the Sundram Fasteners Fellowship. These included senior mental health professionals trained at The Banyan who launched their own organisations, leaders and advocates of local self-governance, and graduates placed at ECRC and Home Again Replication Sites.

Mental Health and Social Care Hub, Kovandakurichi, Trichy

The success that Amili and Janaki, our peer leaders have had in Trichy with the Home Again model, has helped us recognise their deep-rooted enterprising nature that extends beyond the task of care-giving and includes empowering, inspiring and motivating those in their care to achieve more than they thought was possible.

Keeping this in mind, Banyan and BALM are creating a mental health and social care hub in Kovandakurichi, in Trichy to include a residential complex and multiple social care hubs that cater to diverse needs of women experiencing mental ill health, socio-economic disadvantages and/or psychological trauma.

These hubs will provide counselling and mental health services and empower women living with psycho-social disability through the setting up of various social enterprises.

1. Training hub – Diploma and short courses for panchayats, self-help groups and the general public on community mental health, residential mental healthcare, and other skill-building courses that will offer newer employment options, particularly for women and neurodiverse individuals.

2. Mental Health and distress: Mental health clinics that offer counselling, psychiatric consultation, family and group therapy for women facing violence and abuse at home, mental ill health or any other form of social distress. Women who require help will

be identified with the help of local SHGs, government bodies, PHCs and through awareness programmes in the community.

3. Independent Living Options for Women with Severe Mental Health Issues: Small units are proposed for 4-5 residents to live in, since they have opted to make this village their home. This hub will contain recreational spaces and specially designed living spaces that provides security, safety and independence for its residents, with provisions for living arrangements for the caregiver as well, typically, also a distressed woman.
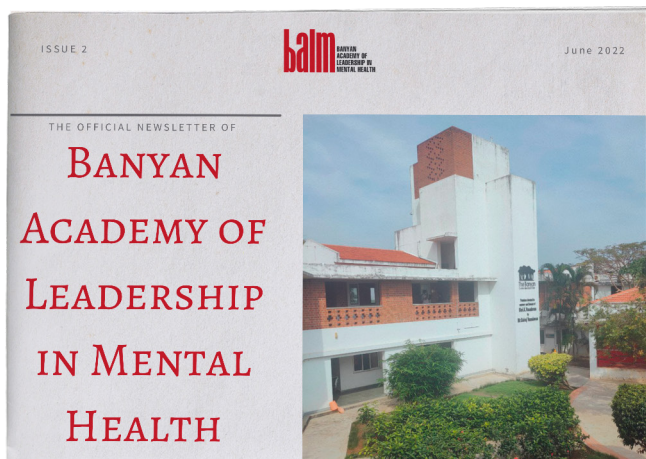
Newsletters

Issue 2 — June 2022

THE OFFICIAL NEWSLETTER OF

Banyan Academy of Leadership in Mental Health
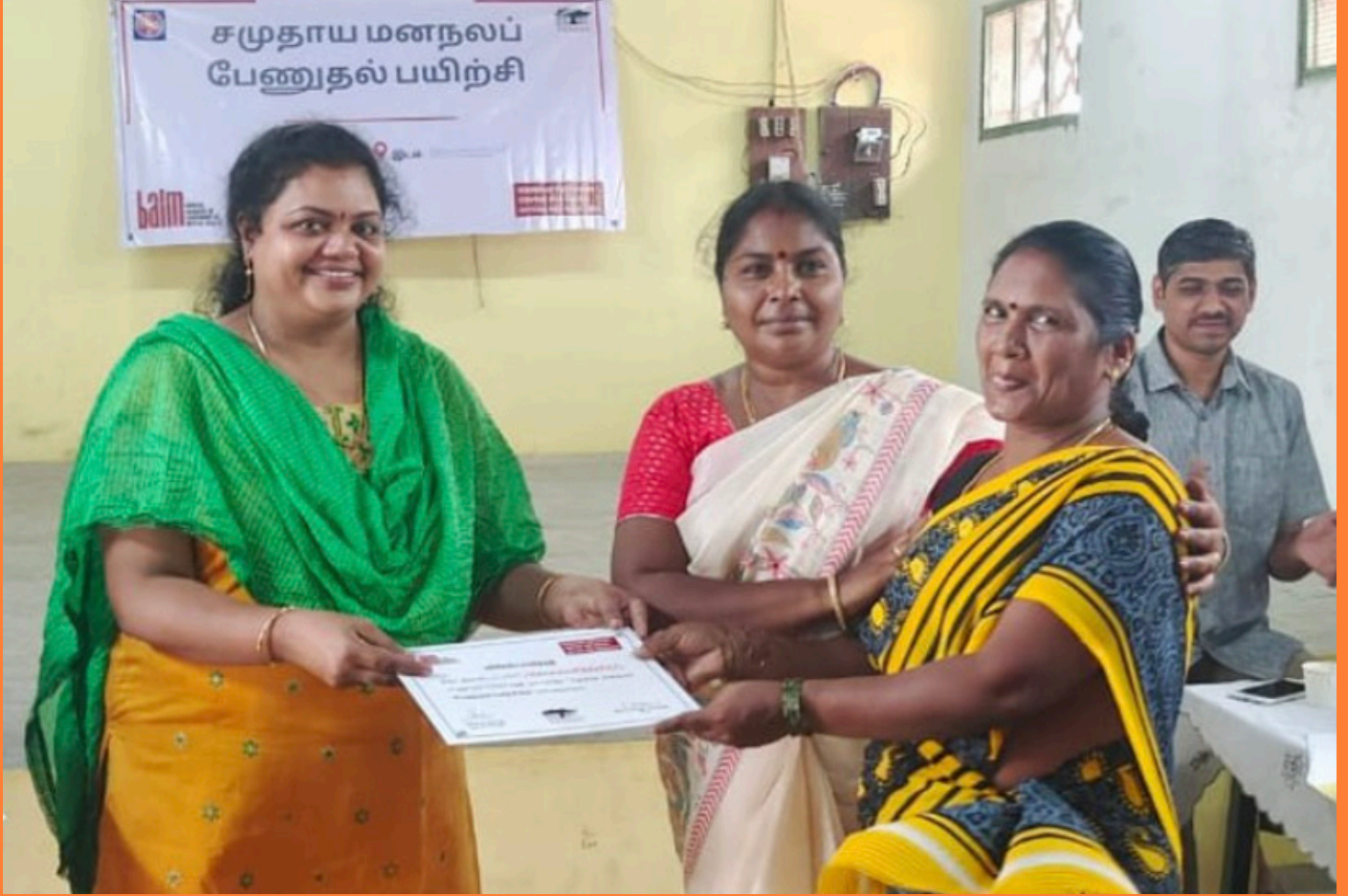
As we reach the half way mark in 2022, The Banyan Academy is excited to be sharing several new initiatives, courses, webinars, and more.

In this Issue you will find more details about the short courses that began in the quarter, the registrations and classe... all of these from... some... and a...

This year BALM closed the Masters courses which began in collaboration with TISS in the very early years of the institute. The last batch for Applied Clinical Psychology and Social work concluded in the months of March and April. The convocation will be held in the months of August-September for 2020-2022 batch. Owing to the pandemic, the last batch...

THE...

Issue 1 — March 2022

THE OFFICIAL NEWSLETTER OF

Banyan Academy of Leadership in Mental Health
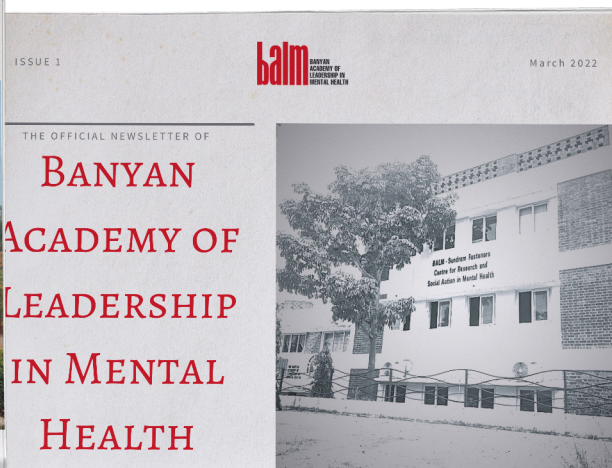
A NEW YEAR AND NEW PROGRAMS

At Banyan Academy of Leadership in Mental Health we are in the midst of change and transition. BALM is now entering an extremely exciting phase. Our education and training programmes will take on a new avatar to meet the needs of an evolving mental health sector. To start with, we have ...hort courses taught by academicians ...nce from across the world. The aim ... courses, apart from skill building to ...he care gap, is to create value ...orks that will sustain person-... mental health services for ...le communities in India and beyond. ...ourses are just a sample of what is to

If you work in mental health or allied health and development services, or are a graduate with an interest in the sector, do get in touch. Our courses are also closely linked to research studies, pilots and social action programmes at BALM and Banyan, at the Centres for Social Action and Research, Emergency Care and Recovery, Mental Health and Inclusive Development, Social Needs and Livelihoods, Implementation Sciences, Trauma Studies and Innovation, and finally the Mental Health and Social Care Resource Hub. Fellowships will also be awarded to young entrepreneurs interested in these courses, our research and social action projects. With Thanks to all BALM students and alumni.

Issue 1 — March 2022

COVID I...

Home Again

Where it beg...

Transit Care Centre ...prehensive ...acute need. Street ...ocial care, ...erstones of the ...nd person-

Home Again aims ... people with psych... homelessness ... Since Octobe... qualitative ... baseline ... homes ... sites, ... coll...

Consequences

As the world faced several distre... consequences of the pandemic, the lo... middle-income countries have had to face severe social and economic consequences after the pandemic. India witnessed massive reverse migration which was triggered by sudden lockdowns and lack of support and social entitlements for the migrating population.

Effects

This uncovered the increasing disadvantages faced by the ultravulnerable groups that lack access to social care and health care. The question that arises, is, did COVID 19 exacerbate their disadvantages and render them more vulnerable than before the pandemic?

To be published soon

Redesign is underway to be completed approximately by end April 2022 ready for publishing on our website. Subscribe to our quarterly newsletter to stay in the loop on research, courses and programs from BALM.

Newsletters

1. June 2021
2. July 2021
3. August 2021
4. January 2022
5. March 2022

Financial Reports

Income and Expenditure Account for the year ended March, 31, 2022

Non-FCRA Account

Liabilities		as on 31.03.2021 Amount (Rs.)	as on 31.03.2022 Amount (Rs.)
General Fund	Annexure - 1	2,33,95,597	1,51,36,023
Current Liabilities	Annexure - 2	4,16,402	16,65,209
Total		**2,38,11,999**	**1,68,01,233**
Assets			
Fixed Assets	Annexure - 3	27,22,327	1,18,31,086
Current Assets	Annexure - 4	6,17,316	5,78,840
Cash & Bank		2,04,72,356	43,91,307
Total		**2,38,11,999**	**1,68,01,233**

For BALM TRUST

For G.Joseph & Co., Chartered Accountants

[FRN 001383S]

Balraj Vasudevan | Honorary Treasurer

Viji Joseph, Partner

Place : Chennai | Date : September 21, 2022

[Membership No : 027151]

Banyan Academy of Leadership in Mental Health Trust

6th Main Road, Mogappair Eri Scheme, Mogappair West , Chennai - 600 037

Receipts and Payments Account for the year ended March, 31, 2022

Non-FCRA Account

Receipts	Amount (Rs.)	Payments	Amount (Rs.)
Opening Balance		Education	1,01,18,974
Cash - in - Hand	4,391	Research	27,98,673
Axis Bank Ltd - 13499436	55,723	Social Action	67,25,804
ICICI Bank - 032901000112	8,948	Mental Health & Resource Hub	42,74,179
Axis Bank - 35603962	3,879	Other Programme Expenses	5,66,696
Kotak Bank - 8411432649	1,97,37,988	Administration	22,56,220
Kotak Bank - 8411622477	60,977	Assets Maintenance	38,49,761
IDFC BANK 10061721449	6,00,449		
Donations - General	2,08,62,239	Purchase of Fixed Assets	6,70,212
Consultancy charges	7,73,000	Building Work in Progress	89,62,561
Interest Income	4,98,463		
Course Fees	12,69,717	Closing Balance	
Miscellaneous Income	5,620	Cash - in - Hand	15,583
		Axis Bank Ltd - 13499436	89,056
Loans & Advances	43,399	ICICI Bank - 032901000112	3,879
Sundry Creditors	1,36,301	Axis Bank - 35603962	8,948
Expense Payable	3,40,391	Kotak Bank - 8411432649	11,98,578
		Kotak Bank - 8411622477	12,90,931
		IDFC BANK 10061721449	15,71,429
Total	**4,44,01,486**	**Total**	**4,44,01,486**

Banyan Academy of Leadership in Mental Health Trust

6th Main Road, Mogappair Eri Scheme, Mogappair West , Chennai - 600 037

Income and Expenditure Account for the year ended March, 31, 2022
Non-FCRA Account

Income		as on 31.03.2021 Amount (Rs.)	as on 31.03.2022 Amount (Rs.)
Donations - General		3,70,56,988	2,01,32,448
Consultancy Charges			8,93,000
Interest Income		4,80,796	5,53,963
Course Fees		15,96,597	12,69,717
Miscellaneous Income			5,620
Excess of Expenditure over Income			82,59,574
Total		**3,91,34,381**	**3,11,14,321**

Expenditure			
Education	Annexure - 5	1,20,68,971	1,01,18,974
Research	Annexure - 6		27,98,673
Social Action	Annexure - 7		67,25,804
Mental Health and Resource Hub	Annexure - 8		42,74,179
Other Programme Expenses	Annexure - 9	94,59,185	5,66,696
Administration	Annexure - 10		22,56,220
Assets Maintenance	Annexure - 11	17,44,597	43,73,775
Excess of Income over Expenditure			1,58,61,628
Total		**3,91,34,381**	**3,11,14,321**

For BALM TRUST

For G.Joseph & Co., Chartered Accountants

[FRN 001383S]

Balraj Vasudevan | Honorary Treasurer

Viji Joseph, Partner

Place : Chennai | Date : September 21, 2022

[Membership No : 027151]

Banyan Academy of Leadership in Mental Health Trust

6th Main Road, Mogappair Eri Scheme, Mogappair West , Chennai - 600 037

Balance Sheet for the year ended March, 31, 2022

Foreign Contribution Account

Liabilities	as on 31.03.2021 Amount (Rs.)	as on 31.03.2022 Amount (Rs.)
General Fund	56,37,657	60,80,082
Add / Less : incorporation of Opening balance	(1,25,742)	
Add : Excess of Income over Expenditure	5,68,167	
Less : Excess of Expenditure over Income		8,769
Closing Balance	60,80,082	60,71,313
Current Liabilities		50,609
Total	**60,80,082**	**61,21,922**

Assets		
Fixed Assets (At Cost)	1,03,503	62,101
Current Assets	54,959	50,000
Cash	7,658	7,658
Bank	59,13,962	60,02,163
Total	**60,80,082**	**61,21,922**

For BALM TRUST

Balraj Vasudevan | Honorary Treasurer
Place : Chennai | Date : September 21, 2022

For G.Joseph & Co., Chartered Accountants
[FRN 001383S]

Viji Joseph, Partner
[Membership No : 027151]

Banyan Academy of Leadership in Mental Health Trust

6th Main Road, Mogappair Eri Scheme, Mogappair West , Chennai - 600 037

Income and Expenditure Account for the year ended March, 31, 2022
Foreign Contribution Account

Expenditure	Amount (Rs.)	Income	Amount (Rs.)
Social Action	1,32,499	Foreign Contribution Received	-
Research & Training	54,960	Bank Interest	2,20,091
Administration			
Depreciation	41,401	Excess of Expenditure over Income	8,769
Total	**2,28,860**	**Total**	**2,28,860**

Receipts and Payments Account for the year ended March, 31, 2022
Foreign Contribution Account

Receipts	Amount (Rs.)	Payments	Amount (Rs.)
Opening Balance - Cash	7,658	Social Action	81,890
Opening Balance - Bank	59,13,962	Programme advance	50,000
Foreign Contribution Received	-	Closing Balance - Cash	7,658
Bank Interest	2,20,091	Closing Balance - Bank	60,02,163
Total	**61,41,711**	**Total**	**61,41,711**

For BALM TRUST

Balraj Vasudevan | Honorary Treasurer
Place : Chennai | Date : September 21, 2022

For G.Joseph & Co., Chartered Accountants
[FRN 001383S]

Viji Joseph, Partner
[Membership No : 027151]

balm

BANYAN
ACADEMY OF
LEADERSHIP IN
MENTAL HEALTH