







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.

Contents

■	Message from the Chairman	1
■	Message from the Founders	2
■	Message from the Treasurer	3
■	About The Banyan & The Banyan Academy of Leadership in Mental Health	4
■	Programmes at BALM	7
	a. Mental Health Social Action Laboratory (MHSAL)	8
	b. Training and Education	11
	c. Monitoring and Evaluation	15
	d. Research and Dissemination	15
■	Support and partnerships	20
■	BALM Team	21
■	Board of Trustees	23
■	Academic Council	23
■	Notes from supporters and partners	24
■	Financial Statement	26



MESSAGE FROM THE CHAIRMAN

2012 has been an important year for The Banyan and BALM with much of our work of the past twenty years being consolidated. We can now begin to share some of the best practices developed within the organisation with the larger constituency of stakeholders in the mental health and social sectors. A lot of research work was introspective and meant to enhance the quality of our services. Our focus has always been the end user - and rightfully our work has been audited by them, our primary customers. Several modifications have been made and will continue to be made based on this essential feedback- a philosophy that is core to The Banyan and BALM.

Our supporters remain a strong source of encouragement. Whether the funding agencies like the NavajbaiRatan Tata Trust or Rangoonwala Foundation, or the Government Grant - SWADHAR; or the continuing support from Corporates, donors and volunteers- the confidence and trust that you have demonstrated lends to our credibility and is a great source of motivation.

Thanks to our partnering organisations, especially the SRTT and NRTT, we have gradually been able to strengthen our internal systems and build professionalism within the organisation. Checks and balances have been built into not just our programmes but our administrative systems as well. A formal programmatic

Monitoring and Evaluation format has also been introduced within BALM to assess the impact of The Banyan's work and build strategy for future direction accordingly.

2013 will be an equally important year as we bid farewell to our CEO David Nash, who did well safeguarding the core beliefs of the organisation as the first external Director. Dr. Kishore Kumar, a veteran in this field with more than thirty years of experience in community mental health through his work at NIMHANS (Asia's premier mental health organisation) , our next Director of The Banyan and BALM will more than do justice to the responsibility that we will shoulder over the next decade. He is of course assisted by a smart, passionate and committed team, who are and always have been our strength and formula for success. Our Education and Research programmes also take off this year as we launch a Masters Programme in Social Work with a focus on Mental Health in collaboration with TISS, Mumbai and VU, Amsterdam.

With all this in the pipeline, it seems like exciting times for The Banyan and BALM in the coming years.

A. SANKARA NARAYANAN



MESSAGE FROM THE FOUNDERS

We've never believed in numbers. Every year was special and every person who walked through our doors much, much more than a statistic. But the big 20 seems significant. And 5,000 people — women, men and children — is a large family. Looking back, every moment, every challenge, success, complexity, folly, story of courage remains as fresh as on the day of the experience.

The smooth transition and growth from a tertiary care centre that reached out to the most vulnerable and provided spaces and options for recovery, to the health clinics that we run in rural and urban communities today — every lesson learnt has been substantive. Our work has honed our ability to strategise, plan and implement, driven by sheer need. We believe, though, that our greatest strength lies in our ability to innovate, to listen, to be led by the voices of our service users, to walk down paths unexplored and without fear of failure, to be persuaded by nothing or no one as much as by our collective vision and consciousness.

How would all this have been possible without every single supporter who owned the same vision? Every portion of pocket money shared by a student, food donated by a rehabilitated resident, time and skills gifted by willing and committed volunteers and multiple resources shared by our dynamic and participatory trustees and donors: Every supporter is special. However, to our longest and most enduring partnership with the Sir Ratan Tata Trust and Navajbai Ratan Tata Trust — we truly couldn't have got this far without you. We don't see you as separate entities. In many ways our work has been toward a common goal and for that energy, encouragement and absolute confidence and trust, we are deeply grateful. Our other supporters, including Sujatha and Bijoy

Paulose and VSNB Containers, Ramakrishnan and Anna Nagar Times, Balraj Vasudevan and Shobhana Ramachandran, have taught us so much about generosity, humility and selflessness. From the rented house to our own building, you remain our strength. Nisreen and the Rangoonwala Foundation, Swadhar, Zurich, Lufthansa, M. Mahadevan, Amarnath Reddy, K.C. Mohan, L.Lakshman, A. S. Narayanan, Nachiket Mor have all strengthened us through this last decade in ways that only we know and deeply value.

As we engage with newer challenges, reconcile with grey spaces and complex issues that may find limited or no solutions, we live in hope: hope that we will together as The Banyan and BALM, as a movement that promotes equality and justice, try build a world and achieve a reality that will treat all, irrespective of one's ability or disability, social class or economic background, equally and fairly in ways that we'd like to be treated ourselves. Let's hope the next decades of our work in continued service provision, research and now education will cultivate an environment and ethos that sets value and ethics above all. With this as our goal and vision, we cannot but seek your blessings so all of us are gifted with continued passion, insight, compassion, determination and fortitude.

We hope we do those whom we serve justice and make our heroes M.A. Vellodi and Gerhard Fischer (whose memories we always celebrate) proud!

Vandana Gopikumar & Vaishnavi Jayakumar



MESSAGE FROM THE TREASURER

My association with The Banyan started over 17 years ago, after meeting Vandana and Vaishnavi in rented premises, with an annual visit for Diwali which today has progressed to be a continuous engagement as an active Board member. My relationship with The Banyan and BALM is more at a personal level but at no point of time have I forgotten my professional responsibilities towards the organisations or the people they have set out to help.

Working as a Managing Trustee and Honorary Treasurer I have realised that the organisation has the enviable ability to adapt itself to the changes needed, be it with caregiving or administration, never once forgetting the commitment to the client. I have tried as far as possible to regulate systems keeping in mind professionalism, flexibility and innovation. The systems built also have focused on sustainability whether it is financial or organisational.

The Human Resource department has also been designed such that the best interest of the clients and the caretakers are both taken care of. Be it the staff that have been chosen for this purpose, to the actual running of the department, it is done like at any professional organisation.

The systems and goals that have been set for administrative departments like Finance and HR are to make sure that the transition of The Banyan from a small enterprise to a large effective organisation is smooth and effective. There are bound to be pitfalls like in any organisation but the ability to pick oneself up and move on quickly is what is being stressed at all points of time.

Finally as a Trustee I would like to see The Banyan as an organisation that continuously challenges what it set out to do, gives a safe haven for its clients and to make sure that there is more awareness that mental or physical disabilities are not to be shunned, but to be treated with loving care.

Let me take this opportunity to thank all our Funders, Staff and Volunteers, not to forget our Board members, who have been there throughout this incredible journey.

Balraj Vasudevan

Hon. Treasurer

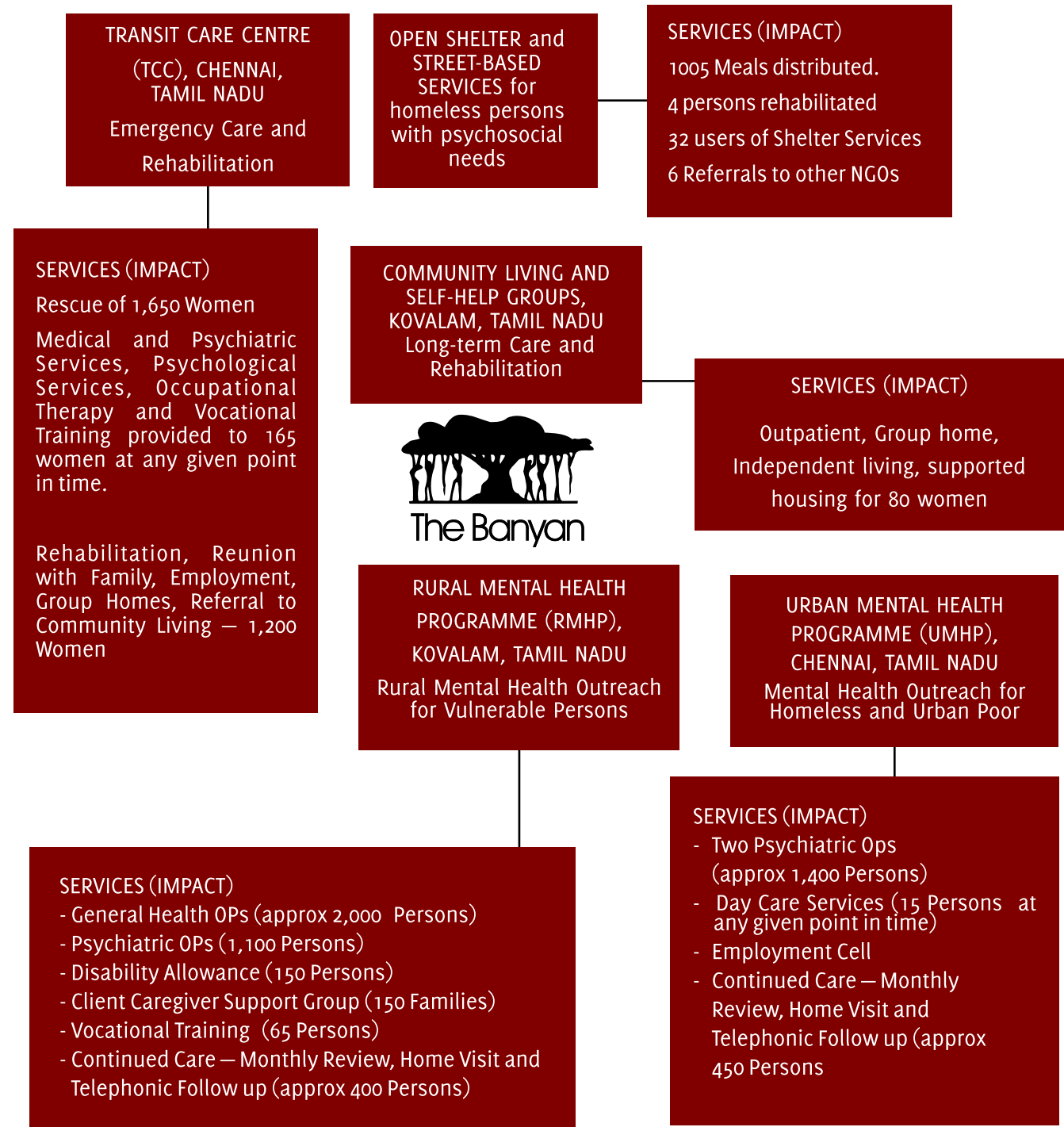


About The Banyan and The Banyan Academy of Leadership in Mental Health (BALM)



The Banyan, established in July 1993, is a registered not for profit organisation in Chennai, India, providing comprehensive mental health services for most marginalised persons in community and institutional settings.

The organisation began as a center for crisis intervention, treatment and rehabilitation of homeless women with mental health issues. Over the past two decades, this outreach has grown from overseeing rescue, recovery and family reunions of those on the streets, to delivering community based curative, preventive and social care services that close the treatment gap and address symptomatic incidence of homelessness due to mental illness. These diverse projects have reached out to 5000 people approximately – 1600 through inpatient and rehabilitative services at Adaikalam, 3000 through rural mental and general health services at Rural Mental Health Programme (RMHP), 100 through long term rehabilitation options in the form of SHGs, Supported Housing, Community Living (CL) and 1100 through urban outpatient clinics at the Urban Mental Health Programme (UMHP). Initiatives within projects span from inpatient and outpatient clinical services - medical and psychosocial interventions, disbursement of conditional economic support in the form of Disability Allowance, day care services, employment facilitation to diverse rehabilitation options.



The Banyan Academy of Leadership in Mental Health (BALM) in its fifth year brings to the forefront 20 years of The Banyan's own experience in the mental health sector. BALM's focus is to advocate for positive mental health, increase access to care, especially for vulnerable populations (persons who are homeless or living below the poverty line) and in low resource settings and engage in research towards making wholesome implementation and policy reforms in the mental health sector.

Research has shown that mental health and wellbeing are closely linked with development. Vulnerability as a result of social stress, violence, poverty, ill health and an inadequate eco-system can result in poor mental health outcomes, increased perception of self stigma and marginalisation, low self-confidence, reduced motivation, culminating in loss of hope and a pessimistic view of the future. Mental health issues are not stand alone, they are influenced by phenomena that include cultural factors (gender, caste) and deprivation.

BALM's mandate is geared towards rigorous quantification and qualification of the interplay between these issues through participation of all relevant stakeholders. Research and training are the cornerstones of the organisation that has been successful in encouraging replication of some the work of The Banyan in collaboration with other stakeholders.

All of BALM's activities are geared towards making visible and quantifiable progress in the mental health/development sector. For these goals to be realised, education and training are vital. BALM realises that developing human resources is essential to address gaps that further ameliorate the problems in the mental health sector. Developing leadership potential and creating a cadre of capable mental health professionals and social scientists is a critical priority area.





PROGRAMMES AT
BALM

Mental Health and Social Action Laboratory (MHSAL)

BALM has initiated the Mental Health and Social Action Lab (MHSAL) with the vision of establishing meaningful, holistic and comprehensive approaches to mental health issues that are relevant to resource scarce settings. The theoretical orientation of MHSAL is deeply influenced by the ethos of social care, recovery, wellness, participation and empowerment.

Mission

MHSAL's mission is to identify and support individuals, organisations, governments, communities and collectives in applying and testing breakthrough solutions that demonstrate potential for real world scale and sustainable impact in addressing challenges in mental health with a specific focus on the most marginalised.

Objectives

- To increase services in low resource settings such that mental health care is accessible and visible.
- To enhance the quality of care in institutional settings such as the beggars homes, jails and homeless shelters –through adequate treatment, care and rehabilitation facilities
- To work with multiple partners, particularly with user survivors and care givers so the right based approach is widely adopted
- To work with partners to promote converging services that co-relate poverty, adverse events and mental health
- To build capacity and talent amongst service providers to provide swift meaningful responses to micro level critical problems faced by persons, families and communities with mental health issues
- To inculcate kindness, inclusiveness and equity in responses
- To work in diverse geographies with varied approaches and consolidate all progress to build services
- To build a collective of organisations working in mental health care
- To measure impact on alleviation of suffering, improvement in quality of life and well being in all areas of work.

MHSAL's primary strategy is to establish capacity building partnerships with organisations, individuals, communities and government agencies such that mental health services are created within their action frameworks and this field action is evaluated for outcomes relevant to gains in mental health. MHSAL is therefore multi-locational with field action programmes located at multiple partner sites.

MHSAL focuses on three critical domains:

- a. Action Research
- b. Capacity Building
- c. BALM Fellows

Action Research

Through action research, MHSAL will evaluate and conduct studies on the field action with the objective of establishing impact of field action, robustness of design and protocols and mechanisms for scaling such designs.

The research, 'Alcohol Use Disorders (AUD) and its impact among households accessing the Rural Mental Health Programme (RMHP)' has been in progress, with data collection finalised. While not prospective, the study 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.

Capacity Building

I. Rural Mental Health Programme (RMHP)

Since 2005, The Banyan has been offering mental health services to 50 village panchayats in the Thiruporur block of Kancheepuram district in Tamil Nadu. The programme offers, at its Health Centre (HC) in Kovalam, weekly mental health clinics along with general health services. It benefits 290 persons each month, at least 50 to 100 of whom receive additional care at their doorstep through home visits. One-on-one sessions with social workers, counselling and support group activities form an essential part of the outpatient setting along with clinical services of a psychiatrist and medication. A 12-bed family inpatient unit is offered for those who may need such a service. Personalised and need-based social care services such as housing, livelihood and education facilitation are offered for households living in poverty who access our

services. A total of 1,123 persons with mental illness have benefitted from the programme's services since inception.

a) Process streamlining

The process of an outpatient's contact at clinic has been streamlined. The process consists of registration, social worker review, psychiatrist review, pharmacy (medication education). Streamlining of services ensures continuity and uniformity in the team's basic approach to complex mental health and social problems presented at the clinics.

b) Case management

Case meetings following each OP have been introduced where each case is discussed in detail and assigned a home visit or other follow up if required. Case meetings are entered into an excel spreadsheet, to serve as an issue/work completion tracker. Follow up outcomes are discussed and captured in review meetings to understand through anecdotal inferences the impact of program activity.

c) Awareness and community linkages

The focus during period was to restart, revisit and restructure the awareness strategy of RMHP. Identification of stakeholders, objective setting and ongoing curriculum development for each was facilitated. During this period, the RMHP conducted awareness at the Block Office, Panchayats and Schools.

MHSAL worked with the RMHP team to start understanding and building linkages with the community at Sembakkam and with the Block Development Office. An awareness programme for village level workers responsible for Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) enrollments was enabled with the RMHP team.

d) Follow up

Protocol of follow up, via telephone or home visit, of those who access psychiatric services first time has been introduced.

e) Village Mental Health Workers

12 community volunteers were identified (selected from a pool of volunteers based on first hand mental health experience and/or track record of driving referrals to clinic). In the month of November, a two day training was conducted on basic mental health, role of community worker and mental health in panchayat/public health system. Post

training volunteers have thus far been assigned home visits to deliver, more inclined towards field exposure. Service provisioning experiences and learnings have been discussed through the medium of a monthly meeting. Volunteers are found to have delivered 5 to 8 home visits per month. One volunteer has taken first steps towards initiation of day care center in her village panchayat. Another volunteer has intervened with success in follow up of those who have dropped out of service and referral to service of prospects. SHG groups in one panchayat have been met. This observation period will be documented and will feed into a formalised training in a particular intervention within community mental health and testing for outcomes during the second part of the year.

I. Shelter for homeless men with psycho-social disabilities, The Banyan

Homelessness was put on the agenda of cities across India after a Supreme Court ruling in 2010 stating that all cities must provide shelters for homeless persons. This was initiated in Chennai and the Corporation of Chennai decided to involve NGOs in the running of these shelters in 2012. The Banyan expressed interest in running an existing shelter for homeless men with psycho-social disabilities in Santhome and engagement started in October 2012. HCL Technologies Foundation supports this project and project coordination and reporting is supported by BALM. In addition, BALM will conduct a study on the pathways to homelessness of the men accessing the shelter.

II. Engagement with Government Agencies for access to mental health and social care

- a. A proposal for a co-located service at the Primary Health Centre (PHC) / Panchayat level supported through capacity building exercises for the public health/panchayat/other formal-non formal institutions has been developed and submitted to the Department of Health, Government of Tamil Nadu for approval. The proposal is under scrutiny and approval is awaited.
- b. BALM visited the Department of Women and Child Development in Chhattisgarh to assist in planning and preparation of a proposal for the set up of a transit care center for homeless women with mental health issues in Raipur. During the visit, BALM interacted with key stakeholders – NGOs, professionals and other government departments. The Transit Care Centre's templates including systems/process, human resources and costs were shared. BALM is expected to continue as a capacity building partner assisting in both the set up and training of cadre for the proposed center.
- c. A round table discussion on "Implementation of Mahatma Gandhi National Rural

Employment Guarantee Scheme (MGNREGS) for the empowerment of Persons with Disability” was held on the 21st of December in collaboration with the Directorate of Rural Development and Panchayat Raj, with participation from the District Disability Rehabilitation Officers and Non-Governmental Organisations, to discuss the practical aspects of implementing the Government Order to include persons with disabilities in the MNREGS.

- d. Following BALM's feasibility study to include persons with disabilities in the MGNREGS and the Government Order to encourage this in Tamil Nadu, BALM continued to engage with the Directorate of Rural Development and Panchayat Raj, Government of Tamil Nadu by conducting Monitoring and Evaluating their implementation.

III. Engagement to integrate mental health services with other services of local Non-Governmental Organisations

- a. A four day workshop was held for the following NGOs to share The Banyan's experience in working with people with mental health issues.

- GraminAdivasiSamajVikasSansthan (GASVS), Chhindwara, Madhya Pradesh
- Women in Need (WIN), Nagpur, Maharashtra
- IKP Centre for Technologies in Public Health (ICTPH), Thanjavur, Tamil Nadu
- Mental Health Action and Training (MHAT), Kozhikode, Kerala

The workshop focused on clinical and social service provision in mental health, introduction to psychopathology (Severe Mental Disorders and Common Mental Disorders), use of scales in assessment and an introduction to counseling (facilitation techniques). The workshop also provided information on programmes focused on outreach for homeless people with mental illness.

- b. BALM has engaged with Missionaries of Charity, Ennore for assessment of residents and introduction of rehabilitation measures for the residents. This is a monthly ongoing input into their work to encourage streamlining of services.

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. Located within the ambit of the Mental Health and Social Action Lab (MHSAL), 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.

The Fellowship is also open to passionate individuals committed to an ongoing engagement in the mental health sector.

- P. Thiruselvi offers counseling and follow up services for those attending the non-tribal OP at Ashwini, an NGO in Nilgiris District, Tamil Nadu. During this period she has also established contact with ASHA workers in Pandalur Taluk as well as met the Health Inspectors for a prospective awareness for ASHA workers on mental health.
- Malarvizhi works in five Panchayats in Vaniyambadi District, Tamil Nadu to facilitate treatment and rehabilitation options for those with mental health issues.
- Lavanya Seshasayee, PhD, offers counseling and rehabilitation services out of the Relief and Rehabilitation Center (RRC), Bangalore. In addition, Lavanya documents case histories of clients and the processes involved in reintegration. Lavanya's services in the RRC have enabled family reintegrations, including rehabilitations out of Bangalore.
- Shampa Sengupta works in the cross disability space offering services as well as enabling policy and legislative action. Shampa documents narratives of those who have experienced homelessness with mental health issues currently at the Missionaries of Charity (MOC), Kolkatta, where she is involved in rehabilitation focused work. Shampa is also engaged in national level advocacy on disability and mental health.

Training and education

Since the mission of BALM is to address the gap in human resources in the mental health sector, training and education is of critical importance.

The objectives of training and education are:

- To increase the number of stakeholders in the mental health sector
- To improve the quality of MH interventions
- To build leadership in the development sector at the mental health professional and health care worker / community worker level.
- To disseminate information on mental health related issues

I. The Judiciary

BALM, together with the Centre for Mental Health Law and Policy, Indian Law Society, Pune, has offered sensitisation programmes on mental health for Judicial officers in collaboration with State Judicial Academies across India. The first programme was held at the Maharashtra Judicial Academy, Mumbai. The second programme was held at the Karnataka Judicial Academy, Bangalore.

The programme aims to sensitise Judicial officers on mental health and the implications of various laws on persons with mental health issues, including homeless persons. Topics included:

Basic Mental Health Concepts; Poverty and Homelessness and its Impact on Mental Health; Admission and Discharge Procedures, and Guardianship under the Mental Health Act; Issues pertaining to Legal Capacity, 'Sound' and 'Unsound' mind, and Convention on the Rights of persons with disabilities; Marriage, Divorce and Mental Disorder. A syllabus with reading material is available.

II. The Police

In April 2012, BALM organised four training programmes for police personnel in Chennai. The training aimed at increasing awareness and sensitisation of linkages between health and mental health among vulnerable populations; give knowledge on conditions and causes that precipitate homelessness and associated problems and enabling access to care; and increase awareness of roles and responsibility of police to a person with vulnerabilities.

III. Mental Health Professionals, Community Workers and Health Care Workers

- BALM provides ongoing clinical supervision and social care guidance to The Banyan staff through weekly review meetings and assistance in complex cases. BALM also supports The Banyan in programme design, processes, strategy and in documentation.
- A training programme on 'Pharmacotherapy in mental health' was held by Dr. Anbudorai, psychiatrist The Banyan for mental health professionals.
- Vandana Gopikumar, Founder The Banyan & BALM held training sessions on
 - Case documentation
 - Dealing with persistent mental health issues
 - Usage of words, their meaning and impact in mental health.
 - Concept of special needs and isolation.
- Dr. Mahesh Menon, neuro-psychologist, conducted a session on 'cognitive behavioural therapy for schizophrenia' for mental health professionals
- Dr. Steven Wolin, a psychiatrist, conducted a one- day workshop on 'Family interventions in the community. Strengthening resilience and reconciliation' was conducted for The Banyan staff. The concepts developed by Dr. Wolin were translated in Tamil and are now used in family counseling sessions at the Rural Mental Health Programme.
- Miranda Lakerveld, an opera director from the Netherlands organised five workshops for health care workers, mental health professionals and residents on using theatre for non-violent communication and problem solving at the Rural Mental Health Programme, the shelter for homeless men and the Transit Care Centre.

III. Panchayati Raj Leaders

Five training and awareness programmes were organised in 2012 for Panchayati Raj leaders. While the purpose of information dissemination was served, continuity in engaging with the community posed a hurdle. Basic awareness led to improved help

seeking patterns, however, BALM did not document the same. It was then decided that the strategic next step would be to consolidate most of these training programmes within Panchayats, in which The Banyan engages on an ongoing basis.

IV. Interns and volunteers

BALM has facilitated internships and volunteer assignments for 26 people in disciplines ranging from social work, social development, medicine, counseling, communication to business management, from India and the Netherlands, United States of America, United Kingdom and Ireland.

BALM would like to thank all interns and volunteers for their contribution to the work of The Banyan and BALM.



Madhavi's experience

As a part of my course (M.A Development, Azim Premji University), I had to undertake an 8 week internship, which I chose to do at The Banyan, specifically their vocational training unit. My project was designed to provide to the staff of the VT unit, an idea of how to make a work plan for an exhibition. The aim was to understand the productivity levels of residents and to improve their skill levels. Besides, a work skill analysis of the residents in all the transit wards was done to see their interest levels.

Some of the major challenges included language barrier that made it impossible to communicate with some of the residents, the project not going as per its timeline and to get used to the environment at The Banyan.

In the initial stages there was a lot of frustration as I thought I wasn't able enough to get the women to work with me and was skeptical about how effective the project would be. But as days and weeks went by, the kind of improvement I saw in each of the women and the interest that they had developed in the work was the most satisfying thing I experienced at the organisation.

I was sitting alone and was working on some of the soda bottle key chains for the exhibition. For some reason I was just working on it by myself. After about 15 minutes into the work I saw Padma, Sarojini, Nalini and a few others sitting around me, each of them holding a soda bottle cap and looking at the way I was sticking the glitters on it. They had volunteered to work with me, which had never happened before during the other sessions. That is the most memorable moment I take away from The Banyan.

The Banyan experience was one of the most enriching and challenging experiences I have undertaken. Thanks to all the staff and residents of the organisation for having trusted me and given me the opportunity to work with them.

Madhavi Jayarajan



ACADEMIC
COLLABORATIONS

I. Tata Institute of Social Sciences (TISS), Mumbai

Tata Institute of Social Sciences (TISS) is a Deemed University offering undergraduate and post graduate programs in diverse disciplines of social sciences, social work, human resource management, health system and allied fields. TISS takes up several innovative initiatives in the field with a focus on social development.

Vision of the TISS has been to be an institution of excellence in higher education that continually responds to changing social realities through the development and application of knowledge, towards creating a people-centred, ecologically sustainable and just society that promotes and protects dignity, equality, social justice and human rights for all. The TISS works towards its vision through:

- Creation and provision of socially relevant and high quality professional education in a wide range of inter-disciplinary areas of Social Sciences to a larger number of students from all sections of the society in the country.
- Facilitation of autonomous research and dissemination of knowledge.
- Support knowledge creation through strong M.Phil. and Ph.D. programmes and Post-Doctoral scholars.
- Strategic extension, field action and advocacy through training and capacity building of State and non-State institutions and personnel.
- Initiate field action and advocacy to demonstrate and facilitate creation of policies and programmes.
- Professional response to natural and human-made disasters, through participation in relief and rehabilitation activities.

The TISS has worked radically to transform academic culture that has long been constrained by structural bottlenecks and the meagre and consistently declining resources available to universities. Academic collaboration and networking with other institutions, both in India and overseas, is a priority area. These collaborations are to strengthen the institute's capacities to fulfil its vision of being an institution of excellence in higher education that develops and applies knowledge in pursuit of social justice and human rights for all. By instituting chairs, fellowships and scholarships, TISS seeks to further strengthen independent research, in a climate of intellectual rigour and academic freedom.

The TISS is continuously upscaling its capacity to develop and disseminate print, electronic and audiovisual knowledge resources, as well as augmenting and upgrading its academic, administrative and infrastructural capacities. Drawing on the nourishment from a close relationship with government, intergovernmental, academic, communities and NGOs, industry and alumni, the TISS hopes to meet the new challenges as it strikes a new path.

II. Vrije Universiteit (VU University), Amsterdam, The Netherlands

The Mental Health Social Action Laboratory (MHSAL) collaborates with the Athena Institute of the Faculty of Earth and Life Sciences on joint action research.

About VU University and Athena Institute

Ever since it was founded in 1880, VU University Amsterdam has been known for its distinctive approach to knowledge. VU is an open organization, strongly linked to people and society. What matters is not just the acquisition of a greater depth of knowledge, but also a wider one. We ask and expect our students, researchers, PhD candidates and employees to look further – to look further than their own interests and their own field, and further than what is familiar and further than the here and now.

Academic research and education at VU is characterized by a high level of ambition, and encourages free and open communications and ideas. VU stands for universal university values such as academic freedom and independence, which is reflected in our name ('VU' is the Dutch abbreviation for 'free university'): free from the church, state and any commercial interest.

The mission of Athena is to scientifically study and design interfaces between science and society to contribute to:

- a. worldwide research efforts on a robust academic and societal understanding of key factors in innovation processes;
- b. enriching science with increased societal legitimacy and improved research utilization;
- c. an improved societal awareness of how innovations may benefit the sustainability, equity and fairness of societies.

To this end Athena conducts scientific research and provides teaching in bachelors and masters programs in its own faculty and in other faculties. In addition it advises (inter-)national authorities.

III. IFMR

BALM organised a 2-credit course 'Business and Society' for 1st year students of the MBA programme of the Institute for Financial Management and Research (IFMR). IFMR attaches great importance to exposing students to the development sector, in addition to the corporate sector, in order to create a cadre of sensitive and aware managers who can contribute to a just society. The course included lectures on corporate social responsibility, social leadership, strategic planning and presentations by leading NGOs working in microfinance, disability, education and health.

IV. University College London – BALM Short course 'Distress and the Body. Anthropological and Clinical Dimensions'

UCL and BALM have collaborated over the past 5 years to offer 7 courses in culture and mental health. The collaboration has resulted in ongoing research, the presentation of a poster at a conference and the publication 'Challenges of Teaching Clinically Applied Anthropology and Cultural Psychiatry in India: An Evolving Partnership between a UK University and an Indian NGO' in Teaching Anthropology (2012: vol. 2, no.2).

The course aimed to provide an understanding of the conceptual, theoretical and clinical challenges in applying social science theories about the body in relation to suffering. This included 'somatisation', pain, altered body image including eating disorders, and methods to intervene.

V. Institute of Mental Health, Social Sciences and Transdisciplinary Research

With the shortage of human resources who can address pressing issues in the mental health sector in mind, BALM, the Tata Institute of Social Sciences (TISS) and VU University Amsterdam signed a Memorandum of Understanding (MoU), to initiate the Institute of Mental Health, Social Sciences and Transdisciplinary Research (IMST), starting with an MA in Social Work in Mental Health in the academic year 2013 – 2014.

Monitoring and Evaluation

BALM realises the importance of assessing the work of The Banyan, not only by collecting quantitative data, but also by assessing the quality of the interventions. M&E assesses the progress against goals described in the annual work plan and identifies successes as well as areas of concern.

- A list of monthly indicators has been compiled, for which data is collected from all projects to measure and assess impact and to identify areas that need to be addressed. Indicators include:
- In order to identify areas for improvement, BALM conducts regular rounds and periodic night and early morning checks at all inpatient facilities.
- A rapid survey was conducted amongst all residents of the Transit Care Centre, Community Living, Self Help Group and the Shelter for homeless men to assess the preference of residents to stay at The Banyan or seek other options. 60% of residents across all centres mentioned that they prefer to stay with The Banyan. Reasons stated are care provided, quality of food, availability of medication and employment opportunities. 28% of residents across all centres prefer to be re-integrated with their family and mentioned that taste of food, missing family or conflicts among residents as problem areas.
- Meals are important events during the day for residents and BALM conducted a rapid survey to assess the food preferences of residents are.

The results showed that food preferences are in line with the food currently provided and non-vegetarian food and fruit can perhaps be added.

Research and Dissemination

The main goal of research at BALM is to support The Banyan's efforts in influencing mental health policy, which focuses attention on increased access to mental health care, alleviation of family burden and increased awareness on mental illness particularly in the context of low socioeconomic status groups. In order to influence policy and increase stakeholders in the mental health sector, it is important to show that there are cost effective models of mental health care, which offer a conundrum of services (psychosocial interventions) that treat and rehabilitate the client leading to her/his well being, in addition to supporting caregivers by offering integrated services.

Finalised studies

Study 1: A study of The Banyan supported SHGs (Vizhuthagal and Thulir) in terms of specific group and individual related operations and their impact.

Principal Investigator: Dr. Lakshmi Ravikanth Co-researchers: Kakul Shelly, Salih PM and Chiai Uraguchi

Rationale of the Study

The rationale of the study is based upon the distinct nature of The Banyan supported SHGs - Vizhudugal and Thulir, as they have women members with varying degrees of mental illness in the process of recovery. Members from both the SHG's live in group homes, work within or outside of the Banyan for certain remuneration, and are in the process of becoming independent and integral to a community locale. Through this study the attempt was to understand how the micro-credit based SHG model facilitated a long-term process of rehabilitation.

And in and through the inquiry to answer the crucial question of whether, The Banyan supported SHGs were a suitable, alternate model of rehabilitation into the community, as a long term solution, and their way forward.

Objectives of the Study

1. To study specific group functions of Vizhudugal and Thulir (SHGs) in terms of:

- a. Structure, Membership
- b. Function- productivity and finance, roles and responsibilities.
- c. Leadership and Vision

2. To study individual functions in terms of:

- Self in SHG
- Interpersonal Relationships
- Personal Future

3. To understand perceptions and experiences of The Banyan supported SHGs from the Kovalam community, ex-SHG members, and select staff of The Banyan.

Methodology

This study used a multi-modal methodological approach. This qualitative study draws heavily upon the data obtained from open ended interview schedules and sociometry exercises with each individual member of the two SHG's. The study also draws upon

interpretations from the observations, casual interactions (wherever necessary) content analysis and GAF scores. Secondary data sources available in the form of Case files and SHG registers, account books, minutes of meeting, registers were also referred to where necessary. The interactions and interviews with the different functionaries of The Banyan, the Kovalam community and ex-SHG members was part of the extended process to understand the contextual realities of the SHG's from an perspective.

Conclusion

1. Micro-credit based, solidarity lending and group commitment to returns are the basic premise on which SHGs operate. SHGs improvement is dependent on this crucial factor. Training and education to meet this outcome is imperative.
2. Provide skill based training in groups of three or four for self employment and tie up with markets for sustained income generation.
3. Co-opt members of the community or other SHG members from Kovalam as advisors to train, hand-hold and problem solve.
4. Leadership training and responsibility for all members. Quarterly rotational leadership functions to reduce dependency on few individuals.
5. Form more inclusion to form new shgs with representation of the Banyan kovalam residents and members of the community. To seek opportunities of enrolling in other shgs in the kovalam community.
6. To plan for structured psycho-social interventions, rehabilitative programs and life skills training. Education and facilitation of social care benefits that may be availed as shg members.

Study 2: Study on experiences of clients and caregivers receiving mental health care at four Primary Health Centres in the Kancheepuram District

Principal investigator: Dr. Lakshmi Ravikanth. Research Associate: Mrinalini Ravi. Research Assistant: Salih PM

The "Study on Experiences of Clients & Care givers Receiving Mental Health Care at Four Primary Health Centres in the Kancheepuram District – TN", was designed to comprehend the experiences and expectations of the clients/consumers in availing of PHC services and the responses from the service delivery end (PHCs).

Objectives

1. To study the role of The Banyan in the shift to the select PHCs in accessing mental

health care.

2. To study the experiences of the clients and caregivers at the PHC providing mental health care.
3. To study the satisfaction levels of clients and caregivers in accessing the PHC for mental health care.
4. To understand the expectations of the clients from the PHC.
5. To study the PHC services (Service Approach).

Methodology

- a. Purposive sampling method was used. All clients (CL) from the Tiruporur block, who were referred by The Banyan's Rural Mental Health Programme to a PHC for mental health treatment have been included in the study (n=46). Men and women were represented in the sample. When the client was in a distressed state or was unwilling to answer, the caregivers were asked to provide information on behalf of the client, along with their own experiences.

Out of the 46 clients, 40 clients had participated in the study (response rate – 87%). The remaining 6 clients were unavailable at the time of data collection or had shifted residences.

The sample group for the 5th objective were the PHC staff from the 4 PHCs, including doctors, VHNs, ANMs, MNAs, pharmacists etc. from all the PHCs (N=20).

Two questionnaires were developed for the study:

- The questionnaire for the first phase was prepared by the BALM team, covering the first 4 objectives.
- The second questionnaire was adapted from the standardised DMHP questionnaire for the assessment of a Primary Health Centre.

Conclusion

From this study, it can be concluded that, at the clients and caregivers level, dependence on NGOs is considerably high and viable mental health service and treatment plan as stipulated under the DMHP plan for PHCs need to be initiated and sustained. This is the only way early detection and treatment, de-burdening the load of secondary and tertiary systems may be achieved. Beside larger community concerns of access and continuity of treatment as they are addressed, would reduce the glaring 'treatment gaps' that prevail today. The mandate of the PHCs in DMHP districts was to

be a nodal centre for identification, treatment and referral services, and this role needs reiteration and revitalisation.

If the DMHP is serious about integration of mental health into primary health, all plans and provisions that will influence such integration need to be thought about in depth. Percolation of the DMHP mandate has to take place at all levels, and services need to be accessible at the community level. Linking implementation at the grass root level needs to be thought of by the government. A bottom up approach to mental health care will reduce institutionalisation. This will simultaneously promote community health care, spread awareness and increase positive mental health, instead of only a curative approach to mental illness. A systemic process of de-burdening of institutional care (tertiary level), and augmenting primary level of mental health care at the PHC / taluk level is a viable way. Cost efficacy and management of resources may be made possible if earnest efforts are taken to implement the DMHP program.

At the training and education level, the doctor needs to see health from a holistic perspective. Soft skills need to be imparted to the support staff. Periodic refresher trainings are vital for consistency.

Based on other models from around the country, it can be seen that linking with the community, and federated groups such as Panchayats, Self Help Groups (SHGs), Youth Clubs, schools etc., would help decentralise the mental health system, and provide more holistic mental health care and promote referral pathways. Community ownership for the mental health well-being of its members and reduction of any violation caused to due long periods of institutionalisation will certainly be mitigated.

Study 3: Contributing factors for 'Revolving Door Syndrome' in the transit care facility of The Banyan

Principal Investigator: Mirjam Dijkxhoorn. **Advisor:** Dr. Lakshmi Ravikanth
Research assistant: Nirmal Thomas

Rationale: The Banyan aims to offer high quality mental health interventions to its residents at the transit care facility, including emergency care, medical care and therapy. While a transit care facility is considered necessary for short term care, institutionalisation is not seen as an ideal long term solution. Re-integration with the family, if possible, and community care are seen as the most sustainable and desirable environment for a woman with mental illness to live in. However, a number of residents return to The Banyan repeatedly after being re-integrated with their family due to a relapse.

Relapses, as has been reported, causes decreased prognosis of mental illness, leading

to a decreased quality of life. Hence, relapses need to be prevented as much as possible to attain the aim of a quality of life that is as high as possible for all people who are treated by The Banyan. This study aims to look at reasons for repeated re-admission. If the study indicates that certain factors within the family are contributing to increased relapse, the psycho-social interventions with families that are provided during the after care process can be adjusted and improved.

Objectives

1. What is the nature of illness of clients of The Banyan who experience a repeated cycle of re-admission and discharge at the transit care facility?
2. Are there observable factors within families of re-integrated clients of The Banyan that contribute to a repeated cycle of re-admission and discharge at the transit care facility?

Methodology

A mixed method of standardised rating scales, qualitative open-ended questionnaire and secondary sources was applied. The sample selection consisted of one group of clients who had been readmitted 2 times or more to The Banyan's transit care centre (n=21), and their caregivers (n=21) (Group A) and one group of clients who had never been readmitted after being reintegrated with their families (n=21), and their caregivers (n=21) (Group B).

Conclusion

It was observed that clients from group A suffered from more severe mental health issues, had higher levels of disability and were more often diagnosed with bipolar disorder. Group A were separated from their husband more often and were reintegrated later than Group B. Group A more often reported irregularity in medication, but visited the OP clinic more regularly than Group B, but attended the OP clinic alone more often. Reluctance by the family to accept a client during reintegration was higher with Group A, while acceptance at the time of reintegration was significantly higher in Group B. Group A reported not having a good relationship with family members before and after stay at The Banyan more often.

Some families in Group A referred to the client causing trouble, agitating neighbours, getting angry and upsetting the family.

Group A clients also scored higher on hostility and suspiciousness, which more often disrupt family life and relations with others and cause anger and irritation in the caregivers, thereby making it more difficult for a client to remain at home.

While financial burden and disruption of family interactions were perceived as the heaviest burden by most families in both groups, Group B scored lower on disruption of family interaction. Possibly, families are able to bear the burden of care giving better, because the disruption of family interaction is relatively lower, despite other types of family burden scoring higher in CG – B than CG – A.

Occupational status, age, education and family income did not predict repeated readmission.

Ongoing studies

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.

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 will be collected by means of a door-to-door survey in the four sectors of Kannikapuram, Sivalingapuram, M.G.R. Nagar and Choolaipalam. Trained surveyors will administer a total of 600 questionnaires. The survey will be conducted in one phase and to control bias, only one person from a family would be surveyed.

Sampling Methodology:

Sample Size: 600 (2% of population)

The sample is 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.

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.

Round Table Discussion on 'Strategies to respond to the needs of homeless persons with mental health issues' and 'Options for long term care for persons living with mental health issues'.

20th&21st July 2012

Shri. KeshavDesiraju, Special Secretary, Ministry of Health and Family Welfare chaired the discussions.

Objectives:

1. To listen to voices from the field in engaging with and/or delivering services for homeless persons with mental health issues
2. To understand resources in the sector of homelessness and mental health – civil society and government
3. To understand and consolidate common minimums in approaching solutions for challenges in outreach for homeless persons with mental health issues
4. To discuss the long term care needs emerging from limitations of outcomes of treatment and rehabilitation for homeless persons with mental health issues
5. To discuss possible models of long term care and quality criteria for provision of such facilities
6. To develop a framework for advocating and applying emerging recommendations within policies and programmes for continually improving quality of services

The seminar was attended by 77 participants, representing the Government of India, Government of Tamil Nadu, the Chennai Corporation, Kochi Corporation, NGOs from 7 States, academic institutions and social activists.

Publications

Vandana Gopikumar and S. Parasuraman 'Mental Illness, Care and The Bill' Economic and Political Weekly, 48 (9), 69-73.<http://www.epw.in/discussion/mental-illness-care-and-bill.html>

Jane Derges, Sumeet Jain, Roland Littlewood, Vandana Gopikumar, Mirjam Dijkxhoorn and Sushrut Jadhav. 'Challenges of Teaching Clinically Applied Anthropology and Cultural Psychiatry in India: An Evolving Partnership between a UK University and an Indian NGO' Teaching Anthropology, 2(2).

http://www.teachinganthropology.org/index.php?journal=teach_anth&page=article&op=view&path%5B%5D=345

Vandana Gopikumar, Vaishnavi Jayakumar and Lakshmi Narasimhan 'Enabling access to mental health care: Perspectives from the Banyan experience in India' in Commonwealth Health Partnerships 2013

Support and partnerships

Navajbai RatanTata Trust

The association between The Banyan and the Sir Ratan Tata Trust (SRTT) goes back to 1998, when SRTT was the first organisational funding body of The Banyan, funding basic needs of The Banyan. As The Banyan expanded into other areas such as community outreach and after-care and rehabilitation, SRTT proved to be a very valuable partner. The SRTT team has not restricted itself to providing funds for projects, but also encourages the development of new initiatives and now have a comprehensive vision with regards to the needs of the mental health sector in India.

When BALM started in 2007, SRTT was again the most supportive partner by providing both intellectual and financial support towards the programme.

Since 2009, the Navajbai Ratan Tata Trust has supported BALM with the following activities:

- Research studies
- Seminars
- Panchayati Raj Leaders Training programme
- Documentation support
- Human Resources

2012 saw the beginning of a new funding phase, with focus on Research, Capacity Building, Dissemination and Monitoring & Evaluation.

- VU University Amsterdam

BALM would like to thank VU University for collaborating on research projects.

- Rangoonwala Foundation (India) Trust (RF(I)T)

RF(I)T has supported The Banyan since 2005 towards an essential component of the care process, namely medication (amongst other areas). Beyond financial support, RF(I)T has also welcomed The Banyan and BALM to engage with many of its other

partners through the annual exhibition, Pratibimb, where The Banyan gets a chance to showcase its products at this event that focuses on promoting self reliance. BALM would like to thank RF(I)T for support towards organising the Judicial Officers sensitisation programmes.

- HCL Technologies Foundation

BALM would like to thank HCL Technologies Foundation for supporting project coordination and research at the homeless shelter for men with psycho-social disabilities in collaboration with the Corporation of Chennai.

- Endowment of Chairs at BALM

BALM has instituted Research and Training Chairs for human resources and would like to thank the following donors for their continued support to the organisation:

- Mr. Jagdev Singh Gill
- Mr. Shiva Kumar and Prabha Engineers
- Mr. Balraj Vasudevan
- Spi Cinemas Pvt Ltd
- BALM would like to thank Real Image Media Technologies for their contribution to the UCL – BALM short course.
- BALM Fellows supporters
- Harsh Rohatgi
- Mrinalini Ravi

BALM Team

Vandana Gopikumar, Founder Trustee

Vandana Gopikumar has a Masters degree in Medical and Psychiatric Social Work from the Madras School of Social Work, Chennai. In 1993, soon after she finished her Master's degree, she co-founded The Banyan with Vaishnavi Jayakumar. Vandana is a well known mental health activist with various accolades to her name. Vandana is now engaged in the strategic expansion and direction of The Banyan & BALM to improve the quality of services in mental health sector in India. Vandana is an advisor to the special commission appointed by the Supreme Court on homelessness related issues and is also a member of the Mental Health Policy Group constituted by the Ministry of Health and Family Welfare, Government of India. Vandana is interested in understanding mental health, homelessness and related issues of vulnerability and social exclusion from a transdisciplinary lens.

Dr. A. Lakshmi Ravikanth, Director

Dr. A. Lakshmi Ravikanth is a Ph.D in Applied Educational Psychology from D.A.V.V., School of Excellence, Indore. She has Master's degrees in psychology, literature and education from Osmania University, Hyderabad.

She has a diploma in Counselling and Psychotherapy from Christian Counselling Centre, Vellore. She is also a certified Executive Coach, from Coaching Foundation of India, Chennai. Dr. Lakshmi has been involved with The Banyan since 1994, also in the capacity of a member of the Board of Trustees.

The main focus of her research interests are in qualitative research studies, especially in the areas of mental health and wellbeing, and children and family dynamics.

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. Her fieldwork was done in Andhra Pradesh, India with people living with HIV and their interactions with a local NGO. In 2008, Mirjam joined BALM as project analyst and became Deputy Director in 2010. Her current research interests include families of people with mental illness in India and innovative models of mental health care for marginalised groups.

Lakshmi Narasimhan, Senior Research Associate (MHSAL)

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 interned with individuals and organisations working in education and child rights space - early social skills intervention for children on autistic spectrum, CRY, AzimPremji Foundation and Concerned for Working children. She has been associated with The Banyan both as a volunteer and an employee since 2005.

She ran an inclusive theatre group for children, Bhawna, that has staged two productions in Chennai.

Kakul Shelly, Head Stakeholder relations

Kakul Shelly has an MSW degree from the Delhi School of Social Work and has experience in research and documentation of issues of gender and violence against women. She previously worked in the core team of the Resource Centre for Interventions on Violence against Women at TISS and has conducted independent studies at Mahila Samakhya in Uttarakhand.

Chiai Uraguchi, Head Training

Chiai Uraguchi has a Master degree in Public Administration from the Cornell Institute for Public Affairs and a Master degree in Environment, Development and Policy from the University of Sussex. She has worked in the Philippines on several research projects including 'Role of scavenging in urban livelihoods in the Philippines' and a 'Case study of livelihoods in the INAYAWAN dump site in Cebu and a strategy for the poor.' She was project manager for the project 'Income Generation for Disadvantaged Women'. In 2010, she joined BALM as Head training.

Pavithra Ramanath, Head Monitoring and Evaluation

Pavithra Ramanath is a Master in Public health (MPH) from the University of Glasgow, Scotland and holds a Master of Arts in Rural Development (MA- RD) from IGNOU,

India. She has a Bachelor of Technology Biotechnology from Rajalakshmi Engineering College, Chennai. Her area of specialisation is Epidemiology and Statistics.

She has worked as Project Manager, Indian Clinical Epidemiology Network, Chennai Zone at Madras Medical and as State Consultant – High Risk Blocks of Bihar with UNICEF stationed at Saharsa.

Later she worked as State Consultant – Monitoring and Evaluation of Bihar with UNICEF stationed at Patna.

Vivek Varkey, Research Assistant

Vivek Varkey has a Master degree in Social Work (medical and psychiatry specialization) from Mohammad Sathak College Chennai in 2009. He has joined BALM in 2010 as Research Assistant. His research interests include local availability of mental health care and social science research in mental health.

Mrinalini Ravi, Junior Research Associate

Mrinalini has an M.Sc degree in Mental Health Services from the Institute of Psychiatry at King's College London. Primary interests involve stigma and discrimination in Mental Illness, Advocacy, Training Primary Health Care workers in Mental Health, networking and expansion of Mental Health Services throughout India and abroad.

Kamala Easwaran, Junior Research Associate

Kamala Easwaran has a Master's degree in Environment and Development with a focus on Social Development from King's College London, and a Bachelor degree in Psychology from Women's Christian College, Chennai. Her primary interests include the inter-linkages between mental health, poverty, and development; increasing awareness on mental health, access to mental health care, and reduction of family burden; mobilisation of the rural poor and empowerment of the Indian youth, and reconstruction of the 'western' development paradigm.

BALM consultants

Dr. Anbudorai

Dr. Anbudorai is a Sr. Psychiatrist at The Banyan and various other civil society organisations. Trained at the National Institute of Mental Health and Neuro-Sciences (NIMHANS), Dr. Anbudorai has a strong background in community psychiatry. At BALM, Dr. Anbudorai has conducted training programmes for doctors, panchayat leaders, health care and community workers, and mental health professionals.

K.C. Lazar

K.C. Lazar has an M.A. degree in Psychology from Annamalai University and an M.A. in Psychiatric Social Work and an M.Phil degree in Social work from Loyola College, Chennai. He has more than 10 years experience in direct social practice. His skills are in social casework, social group work, social research and psycho-social rehabilitation, networking with social agencies, resource mobilization, budgeting, program monitoring and evaluation. At BALM, Lazar has conducted training programmes on mental health and has participated in the assessment of residents and devising of rehabilitation strategies at Missionaries of Charity.

Dr. Lakshmi Sankaran

Dr. Lakshmi Sankaran is a trained social worker with a PhD from NIMHANS, Bangalore (Dept of Psychiatric Social Work) with twenty years of experience in mental health. Her engagement with The Banyan is in conducting a research study on alcohol use disorders from the rural mental health centre in Kovalam and faculty for the MA Social Work in Mental Health. She conducts training for Volunteers at The Banyan under SAMUDRA Trust for capacity building. She has a counseling practice, teaches yoga at an ashram and writes a column on life skills for The New Indian Express.

Board of Trustees

1. Dr. Alok Sarin, Psychiatrist and Senior Fellow, Nehru Memorial Museum & Library
2. Mr. Balraj Vasudevan, Managing Director Autopumps and Bearings Pvt. Ltd.
3. Mr. Harsh Mander, Founder of Aman Biradari and former member of National Advisory Council
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11. Mr. Shiva Kumar, CEO, Prabha Engineers
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13. Mr. Vikram Phadke, Interior Design Consultant
14. Ms. Vandana Gopikumar, Founder Managing Trustee – The Banyan
15. Ms. Vaishnavi Jayakumar, Founder Trustee – The Banyan

Academic council

The primary role of the Scientific Advisory Committee is to promote excellence in research and education without moving away from the core principles and vision of The Banyan and BALM. The Committee will consist of a board with multi-disciplinary membership, who will help develop and sustain the academic and scientific rigor. The terms of reference of the committee are:

2. To promote quality, legitimacy and credibility in mental health, social and community research; ensure that ethical standards are maintained in research practice and methods at all times.
3. To increase the scientific visibility of the research activities of The Banyan/ BALM and provide expert advice on projects conducted within The Banyan/BALM, both from scientific and practice-oriented perspectives.
4. To advice and suggest new research initiatives, trans-disciplinary studies that are likely to help understand complex areas in mental health care.
5. To provide guidance on collaborative research projects with other organisations, including arrangements to be agreed before a project begins especially on financial management, intellectual property, authorship and publication,

consultancies and ownership of equipment and data.

6. To ensure that educational programmes are in line with the mission of The Banyan and BALM and that the structure of the educational programmes are conducive to create motivated, skilled and committed individuals who will work in the mental health and development sectors. The scientific committee will review the syllabi of all educational programmes and make recommendations for robust curriculum development.
 7. To network with resource persons within the academic sphere for both research and education.
- Mr. Akhileshwar Sahay, Wholemind India Foundation
 - Dr. Alok Sarin, Psychiatrist and Nehru Memorial Museum & Library
 - Dr. Anirudh Kala, The Mind Plus
 - Dr. Gayathri Balagopal, Sir Ratan Tata Trust
 - Dr. Madhu Sharan, previous Executive Director, BALM

- Dr. B.J. Prashantham, Christian Counselling Centre
- Dr. Sanjeev Jain, National Institute of Mental Health and Neuro Sciences
- Dr. Shubhada Maitra, Tata Institute of Social Sciences
- Dr. Soumitra Pathare, Indian Law Society
- Mrs. Tanya Dutt, Aasha
- Mr. Tarique Mohd, Koshish
- Dr. Vikram Gupta, Sir Ratan Tata Trust

All research proposals are screened by an Ethics Committee, consisting of a user-survivor, two psychiatrists, two social workers, two lawyers and a psychologist.

Notes from Supporters

The reason that BALM was born, was a chance discussion between the founders and Dr. Mor. This is what he has to say about BALM 7 years later:

- **Nachiket Mor, PhD, Board Chair, CARE India, Board Member, Central Board, Reserve Bank of India**

The Banyan now has deep expertise in a variety of domains within Mental Health with a particular focus on issues relating to Severe Mental Disorders, poor communities and homelessness. A great deal of its expertise is based on the years of experience it has had in actually working on this issue within the community in and around Chennai city. BALM represents the next and natural step for The Banyan. The research focus of BALM allows The Banyan to gain deeper insights from its own experiences, which not only allows it to improve its own operations but also enables it to share these insights with a much larger community outside The Banyan. The best research in applied fields comes from institutions that also have a strong direct engagement with the topics being researched and BALM's work is already starting to demonstrate this. The training dimension of BALM's work allows The Banyan to bring a number of interested members of the wider community into The Banyan's field-operations areas, allowing The Banyan to benefit from the fresh perspectives that the participants bring. Equally, through these training programmes The Banyan is able to expand its sphere of influence by giving the participants an in-depth exposure to the unique way in which it

operates, cares for its patients, and reintegrates them within their natal and adoptive families and communities. As the participants return to their parent institutions they carry this unique Banyan-DNA with them and help embed it into the practice of mental health around the world. Over the years BALM has built several strong collaborations with very high quality institutions such as the Tata Institute for Social Sciences (TISS), University College London, and most recently VU University Amsterdam. Over time the work on the ground combined with these collaborations will enable BALM to become one of the most globally sought after research and training institutions in the field of Mental Health.

- **Navajbai Ratan Tata Trust**

The Trusts' association with BALM goes back to 2007 when the Trust supported BALM activities through The Banyan. In 2009, the Trust gave an independent grant to BALM for a period of three years (2009-12). The objectives of this grant were (i) to increase stakeholders in Mental Health; (ii) to increase access to mental health care, improved access to entitlements and improved awareness on mental health issues and sources of treatment. This was to be done through in-house research and training. The project was extended for another three years with an additional focus to improve the monitoring and documentation systems at service delivery sites of The Banyan, which could potentially contribute to up-scaling similar interventions in other regions of the country. BALM is expected to undertake regular monitoring and handhold project upscaling to new sites with the grant support from the Trust. Meanwhile, BALM would train managers with specific understanding of mental health to manage mental health service delivery programs.

- **C. Siva Kumar, Trustee**

BALM today, makes an enormous difference to the critical aspect of 'Mental Health', an aspect of life that needs importance and care. This initiative of BALM achieves more significance since the entire eco system of 'Mental Health' revolves around a lot of focus into research and analysis. Getting a grip on the Cause and effect aspect is key to the success of this disability, which is being predicted to be the largest cause of disability worldwide by the world health organization.

I personally know the daunting challenges that the field of research throws up in the form of constraints like Money, People, Reach etc and it calls for a high level of Passion, Dedication, focus combined with ethics to come up with a sustainable

research operation.

The BALM team, ably led by Ms. Vandana, exhibits such impressive traits, which I am sure will go a long way in establishing BALM as a trendsetting and model organisation.

- **Prof. dr. Joske F.G. Bunders, Director of the Athena Institute for Research on Innovation and Communication in Health and Life Sciences, VU University Amsterdam**

In 2012 discussions between BALM and VU-Athena were held about possibilities of cooperation in the field of Mental Health. These discussions were mediated by Laura Shield from Athena who worked at the Indian Law Society in Pune assisting that institution with preparatory activities for the development of a new Mental Health Law.

In the discussions it became clear that BALM and Athena had similar mission statements: to perform research that might be helpful in contributing to social justice specifically in the field of mental health.

Other similarities are that both institutions have long term strategies, include the voices of the marginalised in their research, aim for social innovation and transitions in the health system.

In May 2012 meetings took place in Chennai in which Dr. Joske Bunders and Laura Shields visited The Banyan & BALM. Plans were made to set up a "field lab" helpful for realising mutual research. In the Mental Health Social Action Lab (MHSAL), research could be executed by researchers (including staff of The Banyan & BALM) and translators which might lead to publications in international peer reviewed journals and PhD thesis. MHSAL has also facilitated VU master students to do their internship at The Banyan/BALM. Research undertaken included studies to find out how and under which conditions village health workers could be trained as researchers and become junior research staff. If successful, a high quality low cost research program could be realised. These ongoing activities were again discussed in December and formally agreed upon in

a Memorandum of Understanding. From then the mutual activities were quickly expanded.

- **Nisreen Ebrahim, CEO, Rangoonwala Foundation (India) Trust**

RF(I)T has partnered with The Banyan since 2005. Over the years we have seen in The Banyan leadership a passion to make a difference in the mental health sector. The Banyan visionaries have been able to translate experiences, struggles, challenges and celebrations of working with women with mental illness to a





FINANCIAL STATEMENT

2012 - 13

BANYAN ACADEMY OF LEADERSHIP IN MENTAL HEALTH

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

RECEIPTS & PAYMENTS FOR THE YEAR ENDED MARCH 31, 2013

RECEIPTS	Amount in Rs.		
Opening Balance		Engagement with Government	30198.00
Cash - in - Hand	1127.00	Seminar Expenses	249927.00
Axis Bank Ltd	397603.00	Institute of Mental Health & Social Science	2814.00
ICICI Bank	8948.00	Training Expenses	32818.00
ICICI Bank - NRTT	72072.00	UCL Course Expenses	414455.00
Axis Bank FCRA	8624.50	Study Tour Expenses	45296.00
Grant - NRTT	2621316.00	Documentation Expenses	12118.00
Donations - General	1607771.00	Postage & Courier Charges	5770.00
Interest Received	38542.00	Telephone & Internet	5599.00
Course Fees - UCL	91501.00	General Expenses	10272.00
Invrease in Sundry Creditors	14050.00	Travel & Conveyance	99282.00
Increase in Outstanding Liabilities	91409.00	Printing & Stationery	32255.00
Advances	19317.00	Bank Charges	4494.10
TDS (Receivable) Received	101500.00	Audit Fees	24719.00
		Staff Training	2809.00
		Purchase of Fixed Asset	21846.00
		Loan repaid	100000.00
		Closing Balance	
		Cash - in - Hand	1282.00
		Axis Bank Ltd - 13499436	103456.91
		ICICI Bank - 032901000112	8948.00
		ICICI Bank -602701224002 - NRTT	431599.79
		Axis Bank - 35603962	5550.70
		Fixed Deposits 755784.00	1306621.40
		TOTAL	5073780.50
PAYMENTS	Amount in Rs.		
NRTT Grant Expenses	1018030.00		
BALM Fellows (Stipend)	283210.00		
Mental Health Social Action Lab	22157.00		
Professional & Consultancy Charges	179900.00		
Research Studies on Revolving Door & SHG	4943.00		
Salaries & Wages	1087513.00		
Stakeholder Relations	76734.00		

BANYAN ACADEMY OF LEADERSHIP IN MENTAL HEALTH

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

BALANCE SHEET AS ON MARCH 31, 2013

LIABILITIES		Amount in Rs. 31.03.12	Amount in Rs. 31.03.13
Capital Fund	Annexure - 1	-468421.70	-867670.13
Loans & Advances		787792.00	687792.00
Current Liabilities	Annexure - 2	518637.00	1732288.00
TOTAL		838007.30	1552409.87
ASSETS			
Fixed Assets	Annexure - 3	5324.80	22337.47
Current Assets	Annexure - 4	344308.00	223451.00
Cash & Bank Balance		488374.50	1306621.40
TOTAL		838007.30	1552409.87

For BALM TRUST

For G.Joseph & Co.,
Chartered Accountants

Balraj Vasudevan
Honorary Treasurer

Viji Joseph
Partner

Place : Chennai
Date : July 12 , 2013

BANYAN ACADEMY OF LEADERSHIP IN MENTAL HEALTH

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

INCOME & EXPENDITURE AS ON MARCH 31, 2013

EXPENDITURE	Amount Rs.	INCOME	Amount Rs.
NRTT Grant Expenses - Annexure 5	1018030.00	Grant - NRTT	1513124.00
BALM Fellows (Stipend)	283210.00	Donations - General	1607731.00
Mental Health Social Action Lab	22157.00	Interest Income	38542.00
Professional & Consultancy Charges	179900.00	Course Fees - UCL	91501.00
Research Studies on Revolving Door & SHG	4943.00		
Salaries & Wages	1087513.00		
Stakeholder Relations	76734.00		
Engagement with Government	30198.00		
Seminar Expenses	249927.00		
Institute of Mental Health & Social Science	2814.00		
Training Expenses	32818.00		
UCL Course Expenses	414455.00		
Study Tour Expenses	45296.00		
Documentation Expenses	12118.00		
Postage & Courier Charges	5770.00		
Telephone & Internet	5599.00		
General Expenses	10272.00		
Travel & Conveyance	99282.00		
Printing & Stationery	32255.00		
Bank Charges	4494.10		
Audit Fees	24719.00		
Staff Training	2809.00		
Depreciation on Assets	4833.33		
		Excess Expenditure over Income	399248.43
TOTAL	3650146.43	TOTAL	3650146.43

AUDIT REPORT

To

Banyan Academy of Leadership in Mental Health Trust
Mogappair, Chennai.

We have audited the attached Balance sheet of Banyan Academy of Leadership in Mental Health Trust as on March 31, 2013 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, 2013
 - and
 - (ii) in so far as it relates to the Income and Expenditure account of the excess of expenditure over income for the year ended on March 31, 2013.

For G JOSEPH & CO.,
Chartered Accountants,
Place : Chennai
Date : July 12, 2013.

Viji Joseph.
Partner.



Banyan Health Centre: 2/242, Pillayar Koil Street, Kovalam Village, Kancheepuram 603 112, Tamilnadu, India
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