

ABOUT THE COVER

The Community Mental Health Programme in Thirupporur Taluk, led by NALAM workers (community mobilisers) trained at The Banyan Academy initiated a Housing Support intervention as several clients registered with the outpatient clinics were living in poor housing conditions, particularly as a result of the 2015 floods. Additional beneficiaries include the Irulas, an scheduled tribe, facing ongoing oppression, discrimination and poor access to resources.

30 household made predominantly with dry grass were supported to renovate their homes and undertake urgent repairs. 24 households in the Irular section of Kottamedu Panchayat were identified for construction of new homes. This initiative was rolled out as participatory approach towards home ownership where the local community contributes to the building of their homes by making bricks and in the process acquire skills thereby broadening available livelihood options.



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Sundram Fasteners Limited



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Annual Report
2019-20

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Message from The Chairperson



Mr. A. Sankaranaryanan
Chairman
The Banyan Academy

A. Sankaranaryanan

The trying times we now find ourselves in have now more than ever highlighted the ubiquity of mental health in all facets of development. Educational institutions, healthcare facilities and corporates are working in mission mode to develop and perfect wellbeing initiatives for students, healthcare professionals, employees and management executives. How education is delivered and what constitutes a workplace may change permanently and therefore compartmentalizing different aspects of life within the same physical space has serious mental health ramifications, especially for women, as long as home management continues to be as gendered as it is.

The pandemic and subsequent lockdown, as with every natural or man-made disaster will have most devastating effects on the marginalized communities – children, women, persons with disabilities, LGBTQIA+ communities, sex workers, and homeless persons to name a few. The first few months of the lockdown have already incurred devastating and possibly irreversible damage amongst migrant communities, who have suffered loss of livelihoods, severe health issues, and in many extreme cases, loss of life. From our initial observations at The Banyan, hundreds of clients and their families, often from poorest sections of society, have lost jobs, and spiraled into a state of abject deprivation and worsened psychological states. Without opportunities for social mixing at the workplace and community events, millions of individuals with mental health issues feel further isolated, which has wreaked havoc on their personal recovery trajectories. Nation-states are also predicting a sharp increase in the number of homeless persons owing to the aforementioned losses.

Government relief packages must therefore include a mental health component for all sections of the population. Several insurance providers have begun including mental health care, including hospitalization and therapy costs as part of their coverage, which is welcome news.



The Banyan and BALM's work has become especially relevant to the sector in alleviating structural barriers to address mental ill health and placing social justice at the centre of personal recovery. Community based mental health services coupled with access to public health goods, delivered by a cadre of highly trained professionals will help ease the burden imposed on 70% of the population living on less than \$2 a day. In the past year, BALM has trained 55 masters students in applied psychology (Clinical Psychology and Counselling Psychology) and social work (Mental Health) in collaboration with the Tata Institute of Social Sciences, and 78 diploma students in community mental healthcare and working with vulnerable children. We have also opened up new dissemination platforms through webinars to promote access to information on mental health for the general public. The masters courses, diplomas, Open Dialogue and Applied Buddhist psychology courses will take place online this year, in keeping with safety norms and ensuring that our clients who share the campus with students and faculty are not exposed to any health risks.

The coming year will be, in all likelihood a challenging one, but I am certain that with our dynamic team led by the Director, Deans, Faculty, the Senior Management and internal services staff, it will be managed with maximum efficiency and in adherence to our consistently high ethical standards.

Wishing everyone a safe and healthy year ahead!



Balraj Vasudevan
Managing Trustee & Co Founder
The Banyan Academy

Message from Managing Trustee and Co-founder, The Banyan Academy

We are extremely pleased to be privy to the international recognition The Banyan and BALM have received in the past year. Our Director, Deans, Faculty and the Senior Management Team participated in several illustrious panels at the World Health Organization (Geneva and Trieste), Tibet House (New Delhi), Wipro Foundation (Bangalore) and with our partners at the Tata Institute of Social Sciences (Mumbai) to speak on our work to bridge the care gap in mental health. These representations become doubly important in order to identify like-minded organizations and forge partnerships towards replication and scale up of evidence-based models that address the homelessness-poverty-mental health nexus in India.

Core activities of The Banyan and BALM continue on course, with progress across programmes, teaching and internal services reviewed with managers and the senior leadership through pulse meetings. These meetings help take stock of current activities to collectively discern how meaningful they are in meeting both organizations' larger goal of creating equitable mental health services for all. Internal services are being reviewed with increasing rigor across the leadership, with added inputs from the Executive Committee and the Board of Trustees. To this end, the accounting, finance and procurement manuals are being updated by the internal services team with support from the board of trustees and our

statutory auditor, Joseph and Associates. We have also begun engaging our key donors to support us in strengthening internal services.

In keeping with the challenges we're going to be confronted with as a result of the pandemic, both organizations are working round the clock so clients are cared for with utmost sensitivity and their safety prioritized and activities realigned to reach out to individuals and communities severely affected by the pandemic without compromising the larger vision.

Thank you all for your consistent support!



Message from The Co-Founder, The Sundram Fasteners Centre for Social Action and Research at The Banyan Academy



Ms. Arathi Krishna
Co Founder
The Sundram Fasteners Centre for
Social Action and Research

The purpose of our existence

The Banyan Academy's (BALM) founding philosophy is to bridge the gap between global and national level policy changes and grassroots-level social action initiatives. This has entailed in BALM reaching out to the most marginalised by developing nuanced approaches to complex geopolitical and economic challenges. There has also been concerted effort towards ensuring the right dissemination platforms which could lead to in-depth discourses on intractable issues. In India, adoption of Western Constructs of Mental health, ill health and therapeutic systems have had limited impact despite continued efforts over decades. The allure of colonial psychological frameworks have overpowered localised innovations with potential for lasting change. The focus at BALM has been to present 'mental health' from a less Western construct which is appropriated for dramatically different social, cultural and economic landscapes.

Statistics say that nearly 60 million Indians suffer from mental health issues, which is a staggering 20% of the population. India is also the unfortunate leader in having the largest number of suicides in the world with the percentage of the population aged between 15 and 30 years. The current pandemic has brought mental health issues to the forefront, globally. Presently, more than 40% of UN member countries have no mental health policy, while over 30% do not have a mental health program. Among those countries that do have a policy, proper legislation towards mental health or the representation of user-survivors or individuals with psycho-social disabilities is still lacking.

The facilities available, the number of professionals and the treatment centres for mental health care is grossly inadequate to meet the growing population of people in need. Treatment paradigms are plagued with an overarching biomedical focus, relegating evidence-based psychological and social care solutions as secondary and tertiary. This eventually leads to a gross under utilisation of trained psychologists and social workers to perform tasks that only facilitate biomedical care.

I give below the four response strategies that have been identified by The Banyan and the Banyan Academy in effectively meeting the care needs of The Banyan's key constituency – persons who are poor and homeless and who have mental health issues.

- Emergency Care and Recovery Services
- Long-term care through supported housing and living options

- Community Based Interventions through person- centric care paradigms (NALAM)
- Peer Leadership in Mental Health

The report this year explores Banyan Academy's Role in addressing the knowledge-praxis gap across the four strategies. This has been implemented through participatory research, training service professionals to offer end to end services for ultra-vulnerable populations and incubating social action initiatives through mental health changemakers. There has also been immense contribution to the global discourse through publications, conferences, webinars and other advocacy initiatives.

The good work done at BALM is a microcosm of the work that can be carried out at a global level. I wish BALM continues to create benchmarks in mental health for the world to follow.

All Good wishes



Message from The Co-Founders, The Sundram Fasteners Centre for Social Action and Research at The Banyan Academy



Dr. Vandana Gopikumar
Vaishnavi Jayakumar

Founders
The Banyan Academy

The year 2019-20 was crucial for The Banyan in terms of aligning strategic collaborations that further advanced health, social wellbeing and inclusion among homeless people with psychosocial disabilities. Change and growth has been a constant because we keep the vulnerable population we serve as our central focus and have from them learnt the importance of grit, introspection, courage and empathy. The Banyan continued to draw from its experiences and established a range of approaches that enabled a future filled with positive destinies and outcomes for its consumers. We explored the link between homelessness and mental illness and collectively agreed on guidelines that strengthened alliances across domains of research, practice and advocacy.

One among our three core approaches, the Emergency Care and Recovery Centre (ECRC) was taken to scale in Tamil Nadu and Kerala with state support. Services in these centres drew from co-produced value boards, program goals and processes. Relationships were resolutely forged at both domain and policy level to furtively and effectively scale up solutions. As always intersectoral linkages with Grassroot Organisations, Panchayat Leaders and Community Members proved indispensable in persevering and diffusing essential care.

Our sustained efforts have always been in the anticipation to envelop the limitations of the archetype medical model and demonstratively reorient care paradigms in public mental health systems. Post the directive passed by the Supreme Court to establish long-term exit pathways for people in state mental hospitals, we made strides in designating tasks and resources towards the same. It was especially gratifying to see incremental progress being made to scale up inclusive living options in Tamil Nadu, Kerala and Maharashtra these past few years.

Partnerships with State Governments have helped us co-opt and uptake approaches to care. Engagement with the Government of Maharashtra this year facilitated the replication of Home Again (HA) for long stay cohorts from state-run mental hospitals in Ratnagiri and Thane. Over the years, HA has enabled individuals to pursue independent, atypical and transformative lives of their own choice with local community support. A National Study which consolidated surveys of service users across 43 state psychiatric hospitals and recommended strategies for community inclusion (commissioned by The Hans Foundation and anchored primarily by The Banyan along with other civil society partners) was officially released for wider dissemination. The reportage is expected to reform government policy, shift attitudes away from long-term institutionalisation and towards community driven inclusiveness.

Our fervent belief to invest in community driven mental health services delivered by grassroots NALAM workers, continued this year and showed tremendous promise. The approach has longitudinally showcased an alternate praxis tempered with wellness that has successfully mitigated social distress, broken cycles of inter generational structural violence and arrested overall drift across geographies. Execution of such overarching frameworks have brought together therapeutic social care services which have the potential to address diverse everyday needs present in local ethnic contexts. In 2019, this work expanded to include District Mental health Programmes (DMHPs) in the taluks of Kattumannarkoil and Sriperumbudur. We also built upon our collaboration with the Tata Institute of Social Sciences field action project, Integrated Rural and Human Development Project to run a community mental health clinic for Adivasi households facing ongoing oppression, discrimination and

poor access to resources in Shahpur Taluk, Aghai Panchayat and surrounding padas in Maharashtra. Lastly, work on promoting self advocacy, pathways for user-directed care, multiple audits of services delivery, reimagination of design and living spaces across the interventions led by experiential experts continued this year. This ushered in greater degrees of personal liberty, dignity and accorded due diligence to evidence by experience apart from exponentially bolstering quality of care.

Significantly people framed their own personal stories towards recovery, wellness and salubrity. The Banyan witnessed them re-entering communities, leading equitable lives and fostering relationships of choice. We envision a time where mental health is accessible to more and more individuals each day. Our indispensable team will continue to navigate intractable terrains to focussing efforts in bringing greater momentum towards recognizing the needs of systematically marginalised communities through every aspect of their work.

It has been an honor to care for homeless people with psychosocial disabilities, and on behalf of The Banyan, we express our deep-felt gratitude to every service user, peer advocate, partner, board member, volunteer, colleague, carer and friend whose sustained investment, leadership and kinship continues to make all these endeavors succeed. Your support year after year enables us renew our commitment to further themes of transformative social justice, dignity and inclusivity across geographies. Without you we cannot exist. Despite the challenges that lie ahead, we look to the future with hope and the possibility to share with you all the journeys that are yet to come.



Madhuri Menon
Dean
The Banyan Academy

Madhuri Menon



Dr Lakshmi Ravikanth
Co Dean
The Banyan Academy

A. Lakshmi Ravikanth

Message from Deans

As Banyan Academy enters its 13th year, we can be prouder of our collective efforts in bridging the care gap in the mental health sector through education, research and social action. In planning and sustaining mental health services for marginalized and disenfranchised populations, service providers need to be mindful of existing socio-political, economic and environmental landscapes and their impact on individual wellbeing. BALM's pedagogy has, therefore, been structured so students develop a holistic understanding of these intersectionalities, how success of an intervention is measured, and how to engender lasting change in turbulent times with sensitivity paired with prompt sensible action.

We are seeing our efforts increasingly come alive each year, with students spearheading civil society action towards ecological conservation initiatives, raising resources for underserved communities encountered through their fieldwork, and participating in movements and debates on how to preserve the nation's secular and democratic fabric. That our students provided a safe and open environment for these sensitive discussions, welcomed divergent views and ensured that no one individual or community's opinion was thwarted in any way makes us intensely proud to be their teachers.

We are also excited about the work students have had the opportunity to do as a result of the Sundram Fasteners Fellowships, BALM's first 'learn as you earn' program. 6 of 50 senior students were selected by a panel of experts in the field of mental health and development to work across the country with The Banyan and its partners in New Delhi, Maharashtra, Kerala, Telangana and Tamil Nadu. Through this engagement students worked in riot-torn, drought-stricken areas with highly vulnerable groups and developed psychosocial interventions to address their unique

mental health and livelihood needs. Our fellow in Telangana was recognized by the government for her and her team's work with children in Juvenile Justice homes, and our fellows in Kerala were instrumental to the establishment of an Emergency Care and Recovery Centre in collaboration with the Government of Kerala and Guruvayur Devaswom in Thrissur district. Through our partners at IDFC First Bank, we have also increased our social action efforts in rural Tamil Nadu to provide social entitlements for clients with psychosocial needs as part of The Banyan's NALAM initiative.

We also hosted the inaugural lecture of the Sundram Fasteners lecture series in January 2020 with 300+ dignitaries who came to hear Prof. Andrew Wilford from Cornell and Mr. SM Vijayanand from the Government of Kerala, two stalwarts in the field of anthropology and political science spoke on lived realities and associated mental health dynamics of tribal populations in southern India. The coming year is strife with unique challenges for educational institutions like TISS and BALM, given our pedagogy's focus on immersive praxis, but we are confident that we will tide over these obstacles and continue to inspire students to bring out the best in themselves.

We would also like to take this opportunity to express our heartfelt gratitude to all the Frontline workers, medical care professionals and public health specialists who have been on the job 24/7 to ensure our safety and wellbeing.

Wishing everyone a safe and healthy year ahead. Take excellent care.





Emergency Care and Recovery Services for Homeless Persons with Mental Health Issues

There are an estimated 1.8 million homeless people in India and 73 million families living in substandard housing. 25-35% of homeless persons have a diagnosable mental health condition and comorbid substance use issues.

Homeless persons with mental health issues are amongst the most vulnerable populations in the world, subjected to various forms of individual and systemic abuse. Homeless women in India, living under the harsh conditions of streets are subjected to unspeakable sexual and physical violence.

The nexus between mental health, poverty and lack of access to appropriate and affordable emergency care and psychosocial services greatly increase the risk of recurrent episodes of homelessness. Homelessness as a result of mental illness can be attributed to lack of access to care, loss of the primary caregiver, familial discord, abusive environments, severe isolation and destitution. Additionally, homelessness as a cause of mental illness is also not unknown and is often exacerbated by inhuman conditions on the street leaving the person struggling for basic needs.

The Banyan's Response : Emergency Care and Recovery Centres (ECRC)

The Banyan's flagship program, the Emergency Care and Recovery Centers serve over 190 individuals at any given time.

The 110 bedded emergency care unit located at Mogappair, North Chennai, the 20 bedded inpatient service in Kovalam, Chengalpet District, the corporation shelter for homeless men in Central Chennai, and 30 bedded unit in Guruvayur, Thrissur District (established in November 2019) are the first points of contact with a formal mental health care system for a homeless individual experiencing psychosocial distress.

A multidisciplinary care team of psychologists, psychiatrists, social workers, and health care workers offer psychiatric and psychosocial services, focussing primarily on personal recovery and social inclusion. Notably, these user-driven services also include open wards, peer-led service audits, human rights cells, and grievance redressal bodies to ensure accountability and transparency. This approach to care now stands as a benchmark for holistic and humane care for homeless persons with mental illness and has been adopted by the government of Tamil Nadu as well as replicated across 5 districts.



Over 3500 individuals have accessed these services over the past 27 years, and approximately 60% have returned home.

Operating on a choice based and recovery-oriented paradigm, these facilities are equipped to manage crises and are sensitive to the multidimensional vulnerabilities experienced by individuals as a result of societal neglect, violence, abuse, and other structural barriers. Employment opportunities through vocational training units, and social cooperatives for organic farming, gardening, cooking, laundry, cafe services, and client-led leisure activities are an integral part of the service offerings at the ECRC to restore social and occupational functioning. Followed by therapeutic interventions, the reintegration team tries to establish contact with families of origin to facilitate reintegration, in the absence of which long-term supportive housing and living options are explored. Post discharge care to ensure Operating on a choice based and recovery-oriented

continued well-being through home visits, phone follow ups, linkages to local support networks, suitable employment opportunities and critical time interventions in case of recurrence of ill-health is one of the cornerstones of the ECRC model, and plays a key role in preventing recurrent homelessness

Addressing Homelessness through Education at The Banyan Academy

Choice Based Credit Course on Homelessness, Poverty and Mental Health. This is a two-credit course taught at BALM aimed to orient students to the nature of poverty and homelessness and its impact on one's socio-political world. It also aims to establish the nexus between

poverty, homelessness, and mental illness/ distress using case studies that demonstrate the ramifications of treatment and care gaps, particularly in low resource settings. It further discusses the crises of emergency and long term needs of persons with mental health issues by interrogating the philosophy of existing treatment systems. Students have to, as part of the course conduct ethnographic observations and engage in participatory action involving homeless persons, critical time interventions, outreach services and facilitation of social entitlements such as disability pensions etc. 37 students from the first year enrolled for this course.

Diploma in Institutional Mental Health Care

The Banyan and BALM, in collaboration with the University of Pennsylvania will launch a 6 month diploma for frontline workers acute care management of homeless persons with mental health issues in ECRCs. This diploma will also be offered to NGO partners replicating the ECRC model across 10 districts in Tamil Nadu.

Immersive education through field-based praxis

“The Kerala Chapter of the Banyan welcomed us as colleagues rather than as fellows and were very affectionate towards us. We were able to be a part of the initial days of setting up ECRC Guruvayoor and were engaged in rescue and clinical care. We were involved in cleaning, organising and actually setting it up. The rooms for our clients, the office, checking the supplies and keeping the records of the same. There were a few rounds of social mapping on the new location for the basic understanding of the homeless people in the locality. We were happy to be a part of a rescue wherein we were involved in persuading a potential client to access the facility and offer them the welcome kit. We were lucky to experience the many firsts of the centre, and without realizing it we were walking past the best days of experiential learning!”- Anjana and Vaishnavi, Sundram Fasteners Fellows

Research and Dissemination

Given The Banyan's success in identifying and rehabilitating homeless persons with severe mental illnesses over the past 27 years, dissemination of values and practices are crucial to implementation sciences. Evidence based models, with high replicable and scalable properties are essential to global communities experiencing similar problems, especially low resource settings such as those in low and middle income countries. Dr Narasimhan and her team as well as Dr Gopikumar and Dr Vallath, with their teams, have presented The Banyan model as one such approach that can be implemented globally.

- **Narasimhan, L., Kumar, K. K., Regeer, B., & Gopikumar, V. (2020). Homelessness and Women Living with Mental Health Issues: Lessons from the Banyan's Experience in Chennai, Tamil Nadu. In *Gender and Mental Health* (pp. 173-191). Springer, Singapore.**
Background: Mental health has gained prominence as a global public health priority. However, a substantial treatment gap persists in many low- and middle-income countries. Within this scenario, the nexus between homelessness, poverty and mental illness represents a particularly complex issue. This article presents the experience of The Banyan, a 25 years old non-profit organisation providing mental health care to people living in poverty in Tamil Nadu, India. Case presentation: The case study describes the evolution of The Banyan using a timeline narrative. By applying an action learning framework, the organisation's evolution through four lifecycles, strategy and the key elements underlying mental health system responses are identified and presented. 'User centred' and 'service integration' emerge as the main dimensions of The Banyan's responsive health system. Relating to these two attributes, a typology of services is derived, indicating the responsiveness of mental health systems in addressing complex problems. The role of the organisational culture and the expressed values during the transition is considered. Conclusions: The case study serves as an example of how responsive mental health systems may be constructed with both a user centred and a service integration focus.
- **Gopikumar.V., Vallath.S.,** Kumar.K.K., Jayakumar.V., Ravikanth.L., (in review) Mental health and Social Care systems for Vulnerable Populations: The Banyan Case study, Chennai. A book chapter in "Case studies in Global Mental Health Delivery" A Harvard University sponsored project**

Despite advances in treatment of severe mental illnesses, various problems such as relapse (67%), lack of meaning in life and disability persist. In a quest to further conceptualise the phenomenon, Dr Smriti Vallath and her team at The Banyan Academy, have been engaged in deciphering the link between stress, trauma and vulnerability to psychosis. The notion has been considered a robust link to psychosis however, gaps exist in implementation through accurate diagnosis and conceptualisations of trauma, resulting in a significant portion of the population being excluded from treatment.

- **Gilmoor, A., Vallath, S., Regeer, B., & Bunders, J. (2020). “If somebody could just understand what I am going through, it would make all the difference”: Conceptualizations of trauma in homeless populations experiencing severe mental illness. *Transcultural psychiatry*, 57(3), 455-467.**
Exposure to violence, vulnerability due to lack of shelter, alienation due to stigma, the experiences of severe mental illness (SMI) and subsequent institutionalization, make homeless persons with SMI uniquely susceptible to trauma exposure and subsequent mental health consequences. This study aims to contribute to the development of culturally sensitive interventions for identifying and treating trauma in a population of homeless persons with SMI in Tamil Nadu, India by understanding the manifestations of trauma and its associated consequences in this population. Free-listing exercises followed by in-depth interviews were conducted with a convenience sample of 26 user-survivors who have experienced homelessness or were at risk of homelessness, and suffered from SMI.

Topics explored included events considered to be traumatic, pathways to trauma, associated emotional, physical and social complaints, and coping strategies. Results indicate discrepancies in classification of traumatic events between user-survivors and the Diagnostic and Statistical Manual of Mental Disorders. Traumatic experiences, particularly relating to social relationships and poverty, mentioned by user-survivors did not match traditional conceptualizations of trauma. Positive coping strategies for trauma included being mentally strong, knowledge and awareness, whereas the main negative coping strategy is avoidance. User-survivors attributed their experiences of homelessness and SMI to past traumas. Differing views of trauma between user-survivors and mental health professionals can lead to misdiagnosis and under-recognition of trauma in this population of homeless persons with SMI

- **Vallath, S. Trauma in Psychosis: A Diagnostic and Conceptual Exclusion. *Ann Psychiatr Clin Neurosci.* 2020; 3 (2), 1031.** The editorial discusses the impact of trauma in psychosis and how an oversight in conceptualisation of this phenomenon has resulted in a large proportion of the population being excluded from trauma focused care. It uses existing evidence from global literature to substantiate this notion and concludes with the idea that Delineating psychological trauma, PTSD, and psychosis requires further investigation and innovative research methods that allow for the decolonization of ideas and perspectives. The RDoC approach developed by The National Institute of Mental Health (NIMH) appears to show promise toward this end. By providing a platform for transdiagnostic characterization of symptoms and adopting a dimensional approach to diagnostics, this methodology could prove useful in accounting for variations between psychological trauma and PTSD and the impact each/either has on psychosis. Further research into this avenue - focusing on delineating symptoms of psychosis from trauma as well as building evidence for more inclusive PTSD diagnostic criteria such as the complex PTSD diagnosis in ICD-11 (WHO), is paramount to furthering psychiatry, especially psychosis studies. It is also imperative that policymakers observe these patterns and trends while remaining cognizant of the fact that less than 13% of trauma-related research represents LMICs. Lastly, Research endeavors must challenge the status quo in psychiatry and promote an understanding of the science that caters to all individuals, from varied demographics, cultural backgrounds, and life experiences. Ultimately, it is the unique prerogative to psychiatric sciences to pay attention to individual differences, allowing it to stand-out from other health and medical sciences. Goals of policymakers in psychiatric sciences, therefore, must transcend developing precision at the cost of inclusivity.
- **Vallath, S., Ravikanth, L., Regeer, B., Borba, P. C., Henderson, D. C., & Scholte, W. F. (2020). Traumatic loss and psychosis—reconceptualising the role of trauma in psychosis. *European Journal of Psychotraumatology*, 11(1), 1725322.**
Literature suggests that the occurrence of psychological trauma (PT) from various negative life experiences beyond events mentioned in the DSM-criterion A, receives little to no attention when comorbid with psychosis. In fact, despite research indicating the intricate interplay between PT and psychosis, and the need for trauma-focused interventions (TFI), there continue to be mixed views on whether treating PT would worsen psychosis, with many practitioners hesitating to initiate treatment for this reason. This study, therefore, aimed to understand patient perspectives on the role of PT in psychosis and related treatment options. A qualitative exploratory approach was adopted using in-depth interviews with individuals experiencing psychosis. The Global Assessment of Functioning (GAF) scale was administered on a predetermined maximum variation sample resulting in two groups of participants- those with moderate-mild disability (GAF 54–80; n = 10) and those experiencing moderate-severe disability (GAF 41–57; n = 10). With the former group, a semi-structured interview schedule was used, while with the latter, owing to multiple symptoms and difficulty in cognitive processing, a structured interview schedule was used. Results from interpretative phenomenological analysis (IPA) indicated that traumatic loss was central to experienced PT, but received no attention; this often contributed to the psychotic experience and/or depression, through maintenance factors such as cognitive distortions and attenuated affective responses. Further, the experience of loss seems to be more consequential to trauma-related symptoms than the event itself. Participants opined strongly the need for TFI and the role of it in promoting recovery from psychosis.

- Vallath.S., Ravikanth.L., Gilmoor.A., Bunders.J.G.F., Borba.C (in review). Interplay of Negative Life Events in Persistent Delusions: Dissecting Phenomenology -Implications for Practice. *Frontiers in Psychiatry*

An exploratory study adopting qualitative research methods, this study focuses on developing a trauma informed model for understanding and conceptualising delusions. Current models for delusions are heterogeneous and lack a unified approach in explaining the experience. Furthermore, they do not account for trauma experiences as playing a critical role in the development and maintenance of the condition, impeding recovery. This study has put forth a theoretical model explaining the phenomenon.

Findings from these studies indicate and call for an imperative, global, change in conceptualisation of the notion of post traumatic stress disorder and trauma. Apart from events classically considered as a trauma exposure, evidence from local investigations suggest that abandonment, rejection and more centrally, loss of hope, aspiration and identity are also appraised as traumatic by service users. Disparity in notions of trauma constituents between practitioners are experiencers indicated for an emergent change in training, advocacy, policy and practice; influencing the landscape of homelessness, poverty and mental illnesses, across the globe.

Additionally, cross cultural comparisons are often crucial to developing global policies which influences practices. They also aid in an understanding of mental health systems and its role as a catalyst in influencing outcomes. Principal Investigators, Dr Smriti Vallath, Dr Vandana Gopikumar, Dr Christina Borba and Dr David Henderson, have been engaged in identifying characteristics associated with homelessness in Boston USA and Chennai, India. The findings of this study revealed significant differences in socio-demographic characteristics and illness profile of HPLSMIs between Chennai, India and Boston, USA. The discharge location, however, did not vary between the two groups. Further analysis related to discharge disposition within groups revealed significant differences in marital status and metabolic disorders. Sociodemographic characteristics and illness profile variations between the two groups indicate the interplay of specific sociocultural and political systems in homelessness and mental illness. These findings indicate that social factors such as unemployment, social capital and diagnostic challenges intersect at disparate approaches to care, furthering homelessness and mental illnesses across both sites. The need for global policy to reflect these challenges is crucial to ensuring appropriate care delivery systems, especially in today's global world where migration, immigration and cross country travel is not uncommon. Associated mental health needs and culturally relevant therapies are therefore crucial to assessment, treatment and rehabilitation of service users.





World's Big Sleep Out

In association with The World's Big Sleep Out, The Banyan hosted a gathering of 500 people, including students from The Banyan Academy who came together to raise funds to tackle homelessness and generate awareness by sharing the roofless experience for one night, in solidarity with millions that millions of homeless persons experience everyday.

Originally started by Josh Littlejohn, co-founder of the Scotland-based charity Social Bite, 'The World's Big Sleep Out' was run in partnership with the Institute of Global Homelessness (IGH), UNICEF USA, Malala Fund and Social Bite. 24 cities from India, from the metros to smaller towns participated in the fight against homelessness.

Karuppaswamy, a person with visual impairment who used to be homeless but is now rehabilitated by a city shelter, spoke about how having three meals a day and the security of having a roof over his head had transformed his life. Preethi, a college student, talked about how she and her mother were living on the streets, and how the timely help and support they received from the HCL Foundation and The Banyan was critical in uplifting her entire family. She is now pursuing a Postgraduate degree in MSW at Loyola College.

<https://www.thehindu.com/society/international-event-the-worlds-big-sleep-out-has-a-chennai-connect/article30163498.ece>

<https://www.newindianexpress.com/cities/chennai/2019/dec/09/under-the-stars-for-a-cause-2073326.html>

Long-term care through supported housing and living options

Reports from the National Human Rights Council (2017) suggest that a large number of persons within mental health hospitals are often those who remain, post attaining recovery due to the unavailability of adequate community rehabilitation options. Owing to social inequities, poverty and marginalisation, many families are equipped to manage the needs of persons with mental illnesses in their homes. Other community rehabilitation facilities remain overcrowded and lack adequate funding. As a result, 36.2% of persons with mental illness languish in institutional facilities despite attaining adequate recovery for community rehabilitation, due to the lack of appropriate community care facilities.

Long term care (LTC) options for persons with severe mental illnesses experiencing moderate to severe disabilities is a critical endeavour toward preventing recurrence of homelessness. Complex backgrounds including poverty, marginalisation, systemic oppression and the lack of opportunities to avail basic and safety needs, alongside mental illnesses, often increase caregiver burden perpetuating lack of access to care, violence, neglect and abandonment. Evaluation of these risk factors during discharge from ECRC allows for determining the LTC needs among previously homeless persons with severe mental illnesses. Alternatively, service users may also choose to not return home, due to previous negative and traumatic experiences or caregivers may no longer be available due to death, or are untraceable. Such situations lead to an increased need for LTC options.

Further, LTC options must be those that promote community integration, encourage the pursuit of capabilities and foster aspiration, elements critical to well-being (Naussbaum, 2007). Individuals must be provided with an array of opportunities to enhance social networks, sustain autonomy and interdependence. Innovative care models are thus a critical need of the hour.

The Banyan's response: Inclusive Living Options

Within The Banyan, approximately 11% of the population experiences LTC needs. The Banyan has therefore focused developing inclusive living options at graded levels for persons with severe mental illnesses with variegated levels of disability. The supported housing program, also known as independent living provides a safe space for individuals to live. While livelihoods are maintained through employment, housing rent is provided by The Banyan. Alternatively, an individual, in collaboration with their case manager, may choose the supported living program (Home-Again and Clustered Group Homes) which caters to individuals experiencing moderate to severe disability and provides housing within communities as well as a 'personal assistant' to support with navigating daily needs including cooking, recreation and treatment. Individuals may choose to transition from either settings, or sustain the chosen option. About 380 persons have accessed inclusive living options. **These models of care are described in detail elsewhere (Padmakar et.al.,2020;Gopikumar and Vallath et.al., nd).**

Addressing Long-term care through education at The Banyan Academy

Immersive education through field-based praxis

“Due to her debilitating condition, my client was facing difficulties with communication and other social skills. My supervisor Dr. Nalini Rao advised that I work forward very slowly with the client. I noticed that the television in the home mostly was used to watch shows in languages which were not familiar to my client. So, I played songs in Hindi, her language of comfort. Slowly there was a shift in her energy. I repeated similar techniques for 2.5 hours every day for almost three months. And then, we could see immense progress. Towards the end, she also spoke to me about her home, about which she could not open up earlier. She also started engaging herself in household activity. This was very gratifying. Beyond this, my time at Home Again taught me to look at clients holistically. I learnt that their illness was not their only identity. Before my fieldwork, I used to look at people with mental health issues only from the prism of diagnostics. Now, my mind is broadened and I approach clients as people and not as patients. Home Again is a wonderful concept. During my UG internship, I have spent time in public mental health hospitals and I know the effects of institutionalization. And now, I also know how de-institutionalization helps. I think we need programs like Home Again throughout the country.”- Kavya Ramachandran, Master of Arts in Social Work (Mental Health



Research and Dissemination

The Banyan Academy has been involved in evaluating the aforementioned supported living program of The Banyan. Dr Archana Padmakar and her team have investigated the effectiveness of this program as compared to the ECRC. Results suggested better outcomes in recovery, social inclusion, community participation and identity reconstruction. Staff orientation and attitude toward persons with mental illnesses and their capabilities was also positively influenced. With costs of care at Home Again being 50% lower than that at ECRC, the home again program shows potential to influence lives of many experiencing long term institutionalization where opportunities for pursuit of capabilities are fewer and social roles are often related to that of a “patient”.

- Padmakar, A., De Wit, E. E., Mary, S., Regeer, E., Bunders-Aelen, J., & Regeer, B. (2020). Supported Housing as a recovery option for long-stay patients with severe mental illness in a psychiatric hospital in South India: Learning from an innovative de-hospitalization process. *Plos one*, 15(4), e0230074.

Individuals with severe mental illness have long been segregated from living in communities and participating in socio-cultural life. In recent years, owing to progressive legislations and declarations (in India and globally), there has been a growing movement towards promoting social inclusion and community participation, with emphasis on the need to develop alternative and inclusive care paradigms for persons with severe mental illness. However, transitions from inpatient care to community settings is a complex process involving implications at multiple levels involving diverse stakeholders such as mental health service users, care providers, local communities and policy makers. This article studies how the transition from a hospital setting to a community-based recovery model for persons with severe mental illness can be facilitated. It reflects on the innovative process of creating a Supported Housing model in South India, where 11 MH Service users transitioned from a psychiatric ECRC to independent living facilities. Experiences in various phases of the project development, including care provider- and community level responses and feedback were scrutinised to understand the strategies that were employed in enabling the transition. Qualitative methods (including in-depth interviews and naturalistic observations) were used with residents and staff members to explore the challenges they encountered in stabilizing the model, as well as the psychosocial benefits experienced by residents in the last phase. These were complemented with a Brief Psychiatric Rating Scale (BPRS) and WHO Quality of Life scale to compare baseline and post-assessment results and an increase of quality of life. Results display a significant reduction of psychiatric symptoms in patients ($p < 0.5$). It also describes the challenges encountered in the current context, and strategies that were used to respond and adapt the model to address these concerns effectively. Positive behavioural and psycho-emotional changes were observed amongst the residents, significant amongst those being enhanced in their mobility and participation. The article concludes by discussing the implications of this study for the development of innovative community-based models in wider contexts.

Events

The Banyan and Banyan Academy in partnership with The Hans Foundation submitted a comprehensive document on ‘National Strategy for Inclusive and Community-based Living for Persons with Mental Health Issues’ to The Ministry of Health and Family Welfare and The Ministry of Social Justice and Empowerment.

Prof. Vandana Gopikumar spoke about mental health and long-term care on 'India Today' in 'Love you zindagi,' a programme hosted by veteran journalist Rajdeep Sardesai.

Community Based Interventions through person-centric care paradigms (NALAM)

75% of neuropsychiatric disorders occur in low and middle income countries (Patel, 2007), thus cementing the inextricable link between poverty and mental ill health. With a significant population in India struggling to meet basic needs, it becomes imperative to understand the effects of poverty on their mental health. Apart from financial barriers in accessing mental health services in a country where 80% of health expenditure is out of pocket, the rural Indian population is left out of the care paradigm simply because of where they live. 75% of psychiatrists in India live in urban areas, and a vast majority of Indians live in rural and tribal regions. In addition, only 25% of persons with mental health issues access gainful employment, thus depriving the remaining majority of financial independence, agency and social capital. Other entrenched systemic biases and barriers have denied basic citizenship rights to persons with mental health issues, by disallowing them from voting, owning property, choosing a life partner and even holding a bank account, thereby sentencing almost 40% of the country's population to a life of obscurity and perpetual dependence on others.

The Banyan's response: NALAM at the Centre for Social Needs and Livelihoods

Global evidence has highlighted the positive impact of linking poverty alleviation programmes in mental health care, including disability benefits, direct cash transfers, employment services, housing and scholarships for children with parental mental health issues to improved mental health outcomes. These services delivered at the community level by a cadre of trained professionals have played a key role in bridging the care gap, and in normalising dialogue on mental health in remote regions.

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The Centre for Social Needs and Livelihoods links clients accessing in-patient, out-patient, aftercare and long-term support at The Banyan to public goods and services and engages in advocacy efforts with local governance systems and state departments to develop and implement tailor-made schemes for persons with mental health issues. These services are delivered by NALAM (wellness) mobilisers, grassroots workers from the community who are trained by The Banyan and The Banyan Academy. Services offered by the NALAM workers in addition to clinical care have become central to breaking the cycle of poverty and intergenerational distress. These include:

1. Promoting uninterrupted access to mental health care through outpatient clinics
2. Enabling access to social entitlements that ensure food security, financial inclusion, out of job compensation, stable housing, and health access
3. Facilitating livelihood options towards income enhancement
4. Enhancing local networks and peer-led support groups
5. Critical time interventions to meet acute needs



Promoting NALAM at Banyan Academy

The Sundram Fasteners School for Social Work and Social Policy has trained 100 wellness mobilisers through the Diploma on Community Mental Health since 2015. 20 are employed by The Banyan's rural and urban mental health programmes as NALAM workers, and others have continued with employment at other NGOs, and 2 of our alumni have started their own organisations in Chennai and Chengalpet.

The Centre for Social Needs and Livelihoods at The Banyan through its NALAM programme has also been engaging with children and young people with parental mental illness. Through learning centres established in Chennai and Kovalam, NALAM workers and other mental health professionals at The Banyan work with these children to deconstruct their unique mental health concerns, and offer academic and non-academic interventions to address them.

The centre organises learning engagements, workshops and activity-based counselling to break intergenerational cycles of deprivation. The experience gained from these intervention programmes spelt the need for a robust diploma in working with vulnerable children. The first batch of the diploma graduated in November 2019.



“When I was pursuing the Diploma in Banyan Academy, we came across Mira, a one-year-old who was diagnosed with Down's Syndrome. The child's father was also a person with disabilities. The family could not understand what was happening, neither could they afford medical help. Mira was also facing cardiac difficulties, but the family did not have the resources or awareness to facilitate treatment.*

This is where we came in. I first spoke to the parents and helped them understand the situation better. The diploma helped me immensely when it came to counselling the parents. We made them understand the child's needs and assuaged their worries. After that, we arranged for financial support from an NGO and also facilitated physiotherapy sessions for Mira. Apart from that, we helped the father with a small loan to set up a small business so that they could become self-sufficient. The family is dealing better with the situation now and the child would soon be ready for a cardiac surgery.

I currently am a programme manager with an NGO, and I've been working with children with disabilities for the past 13 years. The diploma has helped me understand the needs of children and has also introduced key concepts like child rights and laws in India. Many tuition teachers from my NGO also took the course. They now are able to understand children much better and are able to offer solace with ease”. - Ganesan V, Diploma in working with vulnerable children, Batch 2, Program manager, MALAR trust

Research and Dissemination

With complex interpersonal relationships, and lack of access to adequate basic and safety needs, caregiving for persons with severe mental illnesses remains a challenge, and is one pathway to homelessness. Ms Mirjam Dijkxhoorn and her colleagues have been engaged in exploring caregiver burden by paying attention to their experiences and needs. Findings have implications for services delivered through The Banyan's community care models.

- Dijkxhoorn, M. A., Padmakar, A., Jude, N., Bunders, J., & Regeer, B. (2019). Understanding caregiver burden from a long-term perspective: The Banyan model of caregiver experiences. *Perspectives in Psychiatric Care*, 55(1), 61-71.

Purpose: A multiphase model for experiences of family members of persons with mental illness that considers both positive and negative aspects is proposed. Design and Methods: Mixed methods (semi structured interviews, life history timelines, focus group discussions, and the Experience of Caregiving Inventory) were used with caregivers accessing outpatient services of a nongovernmental organization in urban and rural locations around Chennai, India. Findings: Based on our results, we constructed a multiphase model, which we named The Banyan model of caregiver experiences. The phases are (1) manifestation of symptoms, (2) seeking help, (3) helplessness and attribution, (4) relative control and insight, (5) loss and worries, and (6) finding new meaning. Practical Implications: Our multiphase model allows us to identify in more detail the needs of caregivers at various stages.

- Dijkxhoorn, M.A., Padmakar, A., Regeer, B.J., Bunders J.G.F. (accepted) Loneliness, stigma, lost opportunities and caregiver growth: understanding experiences of caregivers of persons with mental illness in Tamil Nadu, India *Transcultural Psychiatry*

This study aimed to address gaps in understanding of the lived experiences of caregivers in various phases of caregiving and was conducted among low-income caregivers of persons with mental illness who were making use of a free non-governmental clinic in and around Chennai, India.

The study adopted a qualitative methodology (semi-structured interviews and life time history exercises (n=29) and six focus group discussions (FGDs) with caregivers (n=21) and mental health professionals and community-based workers (n=39). The experiences of caregivers were analysed in the framework of 'The Banyan model of caregiver experiences', which identifies six phases. Major themes experienced by caregivers were embarrassment & losing honour; fear; awareness, stigma & social exclusion; and reduced social interaction & loneliness. Posttraumatic growth was considered as the result of caregiver experiences and was found to mostly consist of personal growth, focusing on life's positives etc. Lost opportunities particular to the context of Tamil Nadu are described as the inability to get married, obtaining less education than desired, and loss of employment. It was observed that siblings faced lower levels of burden, while elderly mothers, especially experienced high levels of burden and lack of happiness in life. Caregiver gains were identified as more compassion for other people with disabilities, resulting in a desire to help others, as well as increased personal strength and confidence. Understanding the nuances of the caregiving experiences over time can provide a framework to devise more fine-tuned support structures that aim to prevent reduced social interactions and lost opportunities, and improve a sense of meaning, in order to assist caregivers to continue providing care for their relative with a mental illness in a context with scarce mental health resources.

- Dijkxhoorn, M.A.*, Padmakar, A.*, de Wit, E.E., Bunders, J.G.F., Regeer, B.J., (under review) Reducing family burden: needs and strategies for responsive support structures for caregivers of persons with mental ill health in Tamil Nadu, India.

Family caregivers are still the primary source of support of people with mental illness in low-income countries such as India. However, without support, families experience fatigue and are unable to care for their loved ones in need. This study aims to explore functions of supporting families involved in caregiving and strategies that may be used to enhance their quality of life. In-depth interviews and focus group discussions (FGDs) were held with some 29 caregivers, and five senior mental health professionals (MHPs). The article advocates for sharing strategies on how mental health-care systems can further improve family-based care in India.

An allied issue related to caregiving includes other stakeholders including the public health system. With less than 1% of the Government's budget allocated to mental health (Math et.al., 2017), treatment gap remains significantly high with 40-70% of those with schizophrenia receiving no care (Murthy et.al., 2015). Dr Nachiket Mor and his team have proposed the integration of mental health in primary health care. During the past year, they have been engaged in disseminating a framework for training community level workers in delivering health care interventions.

- Mor, N., Bang, A., Chaudhuri, A., Mohan, S., Ravikanth, L., & Nadu, T. (2020). Human Resources for Primary Healthcare in India Training & Certification. *Bangalore, India. doi, 10*

A wide variety of health worker roles are possible within the current regulatory framework. There are also a number of organizations, both government owned as well as outside the government that have worked with multiple types of health workers. However, there are several areas in which improvements are needed and there is an urgent need for growth in numbers to meet both, the need for improved healthcare as well as the need for gainful local-employment for a large number of these workers, with a clearly delineated career and growth path. To enable this, for each of the four role categories identified in this note, there is a need for a credible nationally-recognized certificate and an associated training program, both of which are combinations of textbook learning as well as practical skills.

Similarly, Ms Dijkxhoorn and her team have explored the use of lay workers in facilitating support to persons with severe mental illnesses in rural Tamil Nadu

- Dijkxhoorn, M.A., Ethiraj, N., Koning, M., Bunders, J.G.F., Regeer, B.J. (under review) Lay workers as boundary spanners to facilitate support for families of persons with mental ill health in a rural area in Tamil Nadu, India

- The needs of caregivers of people with mental illness in low-resource contexts are complex and multi-faceted. Given the dearth of mental health professionals in low- and middle-income countries (LMICs), task shifting is commonly used to address needs in health care. Strategies toward implementation are discussed, as evidence through semi structured interviews and focus group discussions with NALAM workers. It is argued that community-based workers can deploy culturally appropriate strategies to cross boundaries and address the complex needs of caregivers of people with mental illness.

Allied to community care services, studying illness manifestations and service use among individuals from marginalised communities is essential to understanding nuances in illnesses. Globally, representation of this population in policy decisions, including conceptualisation of illnesses and development of diagnostic criteria are often excluded. Dr Smriti Vallath and her team have been involved in understanding delusions and hallucinations, their clinical comorbidities and service use patterns among individuals experiencing ultra vulnerability due to poverty, systemic oppression and caregiver limitations.

- Vallath,S., Narasimhan.L., Priyanka.M., Vardarajan.V., Ravikanth.L.,(in review). The prevalence, clinical correlates and service utilisation among persons with severe mental illnesses in India. *Journal of Mental Health*

The study uses secondary data obtained from the monitoring and evaluation department at The Banyan, to understand illness and service use correlates among individuals experiencing severe mental illnesses. The results from this large study with data from over 800 participants indicates surprising results in service use, and calls for a need in diagnostic conceptualisations as well as public health care delivery systems, especially in outreach services.

Such models of care that enhance reach of services across the country, become especially important during times of public health crisis, such as the COVID-19 pandemic. Dr Mor, through his multiple social network liaisons in the health discipline have disseminated this need, highlighting the need for additional funding.

- Mor, N. (2020). Investment/Grant Ideas for COVID-19.

It is clear from the emerging evidence that the response to COVID-19 will have to be mounted on multiple fronts and that the community, NGOs, and primary care providers (PCPs) are going at the front-lines of this battle, not merely spectators. However, to do this well they will need to enhance the knowledge and financial resources available to them in significant ways both to meet the immediate needs of their constituents and to address the longer-term systems strengthening challenges at their level. Dr Mor discusses the impact COVID-19 has had on mental health and the persistent, continued effect that will remain on distress, social and economic systems within the country, and affect individual lives. The call for attention to this, through intersectoral collaboration is highlighted as crucial.

Wellness Recovery Action Plan (WRAP) Workshop

Dr. Srilatha Juva from Centre for Equity and Justice for Children and Families, School of Social Work, Tata Institute of Social Sciences conducted a workshop on Wellness Recovery Action Plan for NALAM workers of The Banyan. WRAP, developed by the World Health Organisation is a cross-diagnostic, patient-centred, self-management intervention for psychiatric illness. Twenty NALAM workers and mental health professionals participated in the two-day workshop held in the Banyan Academy on June 6th and 7th.

Strengthening support groups in rural Chennai

Dr. Smriti Vallath conducted a workshop on 'Support Groups: Navigating the challenges on the ground' with 16 NALAM mobilizers in January 2019. During this session, NALAM workers explained the hurdles they face while organising support groups in their communities, after which multiple hands-on exercises were conducted.

BALM in collaboration with SNEHA (Mumbai) and Sangath (Goa), hosted a consultative meet to identify the support needs of survivors of Violence Against Women by inviting professionals and user-survivors to share their experiences and to map the landscape of available services for by reviewing existing evidence to inform interventions.

About 25 women, including survivors, mental health professionals from The Banyan and other civil society organisations, and social workers attended the two-day workshop held as part of NIHR Global Health Research Group: A package of care for the mental health of survivors of violence in South Asia



20% of The Banyan's employees are individuals with lived-experience, many of whom continue to access care at The Banyan.

Peer Leadership in Mental Health

Peer-led support promotes agency, participatory action by placing the user as an integral part of the service team thereby creating a paradigm shift in the service narrative, from the parochial expert-patient relationship. It is about using the wisdom that emerges from lived-experience towards knowledge co-creation, integrating user perspectives into the service delivery and importantly, promoting peer-leadership in the mental health sector.

Evidence suggests that even though mental health policies are user-centric in nature and take into consideration service-user perspective, majority of emergent suggestions are either not incorporated while customising care plans or don't bolster active user-involvement. Shared decision-making and user-provider collaboration augmenting treatment pathways are key recovery, fostering psychosocial wellbeing, increasing self-efficacy and worth of an individual. Taking the lead and no longer being mere spectators, clients further complement their mental health care by building resilience and promoting

destigmatization. Advancing the dialogue between service users, caregivers and mental health professionals, this approach plays a vital role in facilitating peer support as the way forward towards holistic well-being. In line with this, the Banyan Academy and the Banyan strive to nurture and cultivate consumer-led service utilisation, moving towards therapeutic alliance through user-led Banyan programs and research engagement.

The Banyan's Response - Peer Leadership across the organogram

The Banyan has, since its inception inducted peers into leadership positions, especially in service-delivery. The Banyan has adopted a three-pronged approach to fulfil its commitment to client-centric care - weekly grievance redressal meetings with the program team, monthly human rights cell meetings with an externally constituted committee and annual service-user audits. Service-user audits are conducted by an external agency -The Banyan Academy to reduce biases in data collection.

Service User Participation in The Banyan's overall services

Number of service users working with The Banyan from 2010 - 2020

29 women 9 men

Project -wise breakup

ECRC - CHENNAI : 14

CMHID - CHENGALPET : 7

ECRC - CHENGALPET : 3

CMHL - CHENNAI : 3

CMHID - KOVALAM : 3

CMHID - TRICHY : 2

CMHID - KERALA : 1

CMHID - MAHARASTRA : 1

CMHL - CHENGALPET : 1

CMHL - KERALA : 1

ECRC - CHENNAI : 1

ECRC - GURUVAYUR : 1

Café Assistance

Health Care Workers

Receptionists

Security Guards



Housekeeping officers

Personal Assistants



Consultant Social Welfare Coordinators

Welfare Coordinators



The Trichy chapter of Home-Again is led by Amali and Janaki, two women who were service-users of The Banyan. Both of them faced homelessness and battled mental health issues for which they sought care at The Banyan. They now successfully run homes for 30 women who were once institutionalized for mental health issues. Their lives continue to inspire everyone at The Banyan and The Banyan Academy and also motivates us to give priority to the perspectives of user-survivors in all our decisions and initiatives. This year, Amali's journey was featured on a show 'Love you Zindagi' anchored by senior journalist Rajdeep Sardesai on Aaj Tak, a national TV channel. She spoke on how she overcame her demons and her plans for the future.

Watch the entire show here: <https://www.youtube.com/watch?v=YKFVYcOqyD4&t=1053s>

Peer-Led Research at the Banyan Academy

Tyagi, S.S., Agarwal, A., Ravi, M., Srikanth., A., Padgett, D., Gopikumar, V. (On-going) Service Utilization Audit:

A satisfaction survey on mental health care service delivery using Participatory Research Approach (PRA). A service utilization audit is an evaluation tool that allows mental health service providers/professionals to access feedback, gauge areas of improvement, and respond accordingly to the needs of service users. Therefore, in order to evaluate the effectiveness of the emergency care and recovery services, rehabilitation services, and other health care solutions designed as per client needs, The Banyan, conducts regular audits using a robust feedback mechanism. In line with previous audits, the 2018-19 audit has sought to conduct a service user audit with clients across different settings—in-patient, out-patient, and inclusive living options (ILO) using a *participatory research approach*. This approach is empowering and equitable, enabling service users to be their own 'agents of change', fostering collaborative care and shared decision making thereby augmenting service accessibility.

75 Banyan service users were interviewed, their feedback recorded by data collectors—including a total of 18 clients supported by 16 members of The Banyan staff interested in this peer investigation. Staff interviewers went criss-cross to projects so they don't audit their own services. Training interviewers involved providing them with an understanding of the aims and objectives of the study, obtaining informed consent, conducting mock-interviews with the tools they helped develop, and describing potential scenarios that may arise during the interview. With the help of semi-structured questionnaires, data was gathered and analyzed. Recommendations in the form of a comprehensive report will be submitted to The Banyan that will further strengthen the organization's mental health care system by critically analysing and implementing the feedback received.



Testimonial

The Banyan Academy conducts Service-User Audits for The Banyan and the below are quotes from Focus Group Discussions held for the Audit. Clients describe how they felt about becoming peer-investigators/researchers describing their data collection experience, also telling us about what they learnt. All of the quotes are kept anonymous to protect client confidentiality.

“Yes they know (that we are clients). While conducting (the interview) itself we told, because sometimes while conducting they used to say I feel sleepy. That time I used to say “I am also a client. I also took tablet(s) in the morning and came. So you can also work like me. So come we can do it”. They get motivated and they used to come for the interview.” - Peer Researcher

“We are more like friends to them, therefore they answer us easily than answering to a researcher so that was a special thing. At the same time we can guess what they are thinking and how they are feeling about the service or the question. For example while asking some questions we also know how they will react and how they feel about that question and how they wanted to answer so that made it easy to get the answers from them.” - Peer Researcher

“We are with the clients and we work for them. But still we cannot completely understand how they think. So this helped to understand more about them. This was helpful to understand more about what they want.” - Staff Researcher

Movement for Global Mental Health

The Movement for Global Mental Health as a network of individuals and institutions that aim to improve services for people living with mental health conditions and mental disorders worldwide. It was the catalyst for the establishment of Global Mental Health Peer Network, which emerged in 2018 to give a voice to persons living with a mental health condition and who are users of mental health care and services.

The Mental Health Peer Network aims to put the perspectives of the user-survivor first and also strives to develop a global leadership of lived experience and to create a sophisticated communication platform where the lived experience community can share their views, opinions, perceptions and experiences.

The Banyan Academy will serve as the global Secretariat to The Movement in Global Mental Health for three years, from 2020-2022. Through this, we will reach more than 15,000 people and 100+ institutions worldwide.

The Banyan Academy, over the next three years will continue to focus on the movement's founding commitment to scientific evidence and human rights, and highlight new voices from the Global South that will further contribute to the diversity and richness in the narrative, foster collaborations for transdisciplinary action, and build support networks that will help traverse systemic challenges towards building inclusive ecosystems for persons with psychosocial needs.






The MGMH runs global-peer support groups, webinars and also creates a trove of resources on various aspects around mental health. As an initiative to represent peer perspectives on mental health, current Principal Coordinator for the South-East Asia regional representative Global Mental Health

movement, Anjali Singla serves as an advisor on the WHO-NCD Alliance Special Working Group on NCDs and is the Peer Network. Such initiatives aid in creating stronger intersectional perspectives in Mental Health research and policy through increased dialogues and collaboration between multiple stakeholders.

In the current context of the pandemic, members of the movement secretariat were able to work directly with high level representatives from the WHO on directing the best buy policies for mental health and Non-Communicable Diseases that were being led by the WHO. Our Advisory board member, Ms.Charlene Sunkle represented the cause of Mental Health Investments and the need for more active interventions by the active member states to the Director General of the UN, Mr.Antonio Guterres. Secretariat members also joined several international panels with the NCD Child,US to promote stakeholder partnerships and the vitality of youth led initiatives.

MGMH has been actively representing the cause through participation in multiple media engagements such as global webinars, online campaigns and podcasts.

Leaders in mental health and service users have gracefully accepted to be part of the Advisory Committee for the period The Banyan Academy serves as the Secretariat.

Name	Profession	Secretariat	Photo	Affiliation
Anjali Singla	Psychologist & Researcher, PWLE	Principal Coordinator		Consultant, The Banyan Academy Youth Leader at UNICEF, Advisor, WHO NCD Special Working Group
Mrinalini Ravi	Sundram Fasteners Co-Lead Center for Social Action & Research	Director		The Banyan Academy
Punitha Suresh	Mental Health Activist and Peer Support Leader	Member		The Banyan
Akhileshwar Sahay	Management Consultant, PWLE *	Member		Independent Consultant
Malarvizhi	Peer Support Leader, PWLE	Member		The Banyan

Name	Profession	Country	Affiliation
Ms.Charlene Sunkel	Activist and PWLE	South Africa	Founder/CEO of Global Mental Health Peer Network
Dr.Vikram Patel	Psychiatrist Mental Health Researcher	India	Founder Sangath, Professor, Department of Global Health and Population, Harvard TH Chan School of Public Health
Ms . Eleni Misganaw	Education Specialist, PWLE	Ethiopia	President of the Ethiopian MH Service Users' Association

** PWLE - Person with lived experience*

Name	Profession	Country	Affiliation
Dr.Graham Thornicroft	Management Consultant, PWLE	UK	Professor of Community Psychiatry, Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King's College London
Mr.Anil Vartak	Economist, Activist, PWLE	India	Vice President, Schizophrenia Awareness Association, Pune
Dr. Crick Lund	Clinical Psychologist and Mental Health Researcher	UK	Professor, Global Mental Health and Development in the King's Global Health Institute, Health Services and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College
Dr. Ganeshan Mahesan	Psychiatrist	Srilanka	Consultant Psychiatrist National Institute of Mental Health Srilanka
Prof.Joske Bunders	Transdisciplinary Researcher	Netherlands	Virje Universitate, Amsterdam
Prof. Deborah Padgett	Anthropologist and Mental Health Researcher	US	New York University, US
Prof.Sanjeev Jain	Psychiatrist and Mental Health Researcher	India	NIMHANS, Bangalore
Prof.Alok Sarin	Psychiatrist and Mental Health Researcher	India	Sitaram Bhartia Institute, Delhi
Ms. Enoch Li	Organizational Psychologist, PWLE	China	Founder, Bearapy

Name	Profession	Country	Affiliation
Dr. Andrew Wilford	Anthropologist	US	Professor of Anthropology, Cornell University
Ms. Samoina Wangui Mbuguah	Activist, User-Provider, Postpartum depression	Kenya	Post Partum Depression (PPD) Kenya
Dr.Pina Ridente	Psychiatrist & Mental Health Researcher	Italy	Trieste University, Italy
K. Malarvhizi	PWLE & Activist	India	Peer Advocate, The Banyan
Dr.Lucy Goldsmith	Post doc-trauma/psychology	UK	St.George's University
Dr.Surendra Adhikari	Psychologist and Public Health Expert	US	Senior Mental Health Administrator, Ohio Dept. of Mental Health & Addiction Services

Newsletters

Every month, MGMH curates articles, interviews and write-ups on various aspects of mental health and reaches 10,000+ individuals. In its February newsletter, Mr. Akhileshwar Sahay, member, MGMH Secretariat on 'The Complex Relationship Between Work and Mental Illness'. An excerpt from the article:

“Let me take a life out again from my personal experience. Despite being accursed with leading a bulk of my life (including work life) with debilitating mental illness, except the periods of episodic extremes (which arrive often unannounced and have been prolonged) with the support of medication, family and lifestyle changes I have been rather well-managed mentally ill person. A large part of my “mental wellness” is also attributable to the role played by “work” at my worst (when I found it difficult to get out of bed and when my cognition was shredded) thanks to the people who reposed confidence in my ability to do productive work in even such a situation. The fact that I have faced much less stigma, have seldom lost job to mental illness or on occasions when I have done, others have made me productive again, does bring out one this categorically, if just Indian employers of all hues (both informal and formal, in organized or unorganized setting) can change the narrative and make the workplace more mental health friendly, the nation will gain handsomely at personal, familial and societal level.

Read the full article here:
<http://sh1.sendinblue.com/vp8g1en05t7e.html?t=1583343786>

Creating and dissemination of resources in Indian languages: These newsletters are translated and distributed to the ever-enthusiastic clients of The Banyan. In a country where internet penetration is still not upto desirable levels, efforts are taken to remove hurdles people in low-resource settings face in accessing information on the internet.

BALM Students contribute to the newsletters every month drawing from their own experiences with mental health issues and their learnings from field-practicum. Suma Perumal, Social Work Department is a resident columnist and acts as student liaison between MGMH secretariat and the BALM students. Several of our alumni have also contributed to the newsletters often sharing their lived experiences and art works.

Movement for Global Mental Health Newsletter

Call for submission of articles / artwork

We are looking for user led content!

SHARE YOUR STORY

Send to admin@globalmentalth.org





MGMH

Movement for Global Mental Health

January 2021 Issue

Warmest greetings of the new year to all our readers.

As we step into 2021, we would like to wish all our readers hope, healing, and health embarking on the new year. This past year has brought us all strife, and one key demographic that has been finding its way through it all has been the youth. To recognize this and to delve deeper into it, the first issue of this year is dedicated to young persons across the world.

We would like to thank you for your support and patience as we worked to resolve the technical issues that prevented us from publishing from the past two issues.

The current issue features youth leaders from South East Asia; content driven by young peoples' experiences in seeking psychosocial care; advocacy; and web-content featuring discussions on mental health, intersectionality, and challenges around accessibility.

We are excited to launch our social media campaign #SeeUsAsWeAre. We want to hear from users, caregivers, and allies - tell us one misconception you want people to challenge, especially when it comes to understanding and supporting persons with psychosocial disabilities.

Lessons From The Therapy Room
By Ramitha Ramesh



I often find myself wishing for a world where answers to certain questions were readily available. Kindly let me share my vision of an easier world. In my ideal world, we all have access to the library of mind management. I visit there often. Today, I'd grab the book "Who are you?: Take this quiz to find yourself; Including a special interview with Benedict Cumberbatch on how he found himself".

To contribute to the newsletter, please write to anjali@balm.in To register for our newsletters and upcoming events please register [here](#)



Mad Pride Parade

Chennai hosted the first ever event which saw people with mental illness reclaiming their identity and celebrating madness as part of the Mad Pride Parade at Elliot's Beach on the occasion of World Mental Health Day, October 10, 2019. Organised by The Banyan, Movement for Global Mental Health, TISS, The Other Identity Foundation and BALM Sundram Fasteners Centre for Social Action and Research, the parade saw the participation of user-survivors, students and the general public in solidarity with people living with mental illness, breaking barriers of stigma and social exclusion. This event also served as a platform for people to express themselves and talk about their lived experiences. The idea first stemmed from people dealing with mental health issues who were driven to start the first 'Toronto Pride event for mad people' (later called Mad Pride), back in 1993.

Participants were also invited to talk about themselves and their struggles over the years.

"I want to tell families not to discriminate against their relatives who have mental illnesses," - K. Porselvi, Service-user and Health care worker

"We are often paid less. Treat us equally and give us better opportunities," - K.C. Rathi, Service-user and Shelter coordinator

The event ended with the Banyan-BALM care team intervention that led to a homeless woman with intellectual disability who wandered her way to the event. The team ensured her caregivers were able to access the Banyan care services and provided with social entitlements owing to her condition.

Migrant Mental Health

Worldwide, 70.8 million people were displaced forcibly. As many as 25.9 million of these are classified as refugees (UNHCR, 2018). The Rohingyas who fled from Myamnar mainly neighboring Bangladesh and other south and south-east Asian countries since the nineties, constitute one such ethnic group. The Rohingya constitute the largest Muslim minority group in Myanmar. Over the last decades, discrimination and oppression have resulted in the mass displacement of Rohingya from and within Myanmar, with substantial numbers fleeing to neighbouring countries and beyond, including Bangladesh, Saudi Arabia, Pakistan, Malaysia, India, Thailand, and Indonesia (UNHCR, 2018).

About 40,000 Rohingyas have settled in India, and 16,000 of them have received refugee documentation, according to a writ petition filed in India's highest court, the Supreme Court. The burden of mental disorders among conflict-affected populations is extremely high: WHO's review of 129 studies in 39 countries showed that among people who have experienced war or other conflict in the previous 10 years, one in five people (22%) will have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia. (WHO, 2019). Currently, a small section of Rohingyas, around 78 persons, is residing in Kelambakkam in a cyclone shelter. The group came to the area 6 years ago after being brought from Hyderabad.

Social Action Programme

In a project led by Mr. RK Radhakrishnan, Associate Editor, The Frontline and faculty at Asian College of Journalism, and assisted by Anjali Singla, Consultant, The Banyan Academy a strong rapport with the community has been established with emphasis on building a bottom up approach of understanding the lived experiences, challenges, and protective factors of the residents.

Furthermore, in our collaboration with the Vocational Training department at The Banyan, incentivized training in low resource skills such as sewing, block painting, bag making was offered to the women in the group. The training was conducted twice a week by a senior trainer from The Banyan. A screening of a Bollywood movie followed by lunch was organized at The Banyan Academy for all members of the group as an attempt to foster trust with the organization and provide an outlet for the women to leave the refugee settlement.

Post evaluating the hygiene conditions in the camp, a series of cleanliness drives were being conducted on a monthly basis to avoid any outbreaks of dengue or other such illnesses. This was done in collaboration with the Greater Chennai Corporation. Dr. KV Kishore Kumar, Director, The Banyan and BALM led the preliminary assessments of healthcare requirements of the group and talked about preventative measures for infections for children by sharing practical, low cost measures of maintaining hygiene such as using leaves from the local neem tree in bathing water. A deworming drive was conducted for all residents of the camp.

An increased emphasis was placed on women's health esp. menstrual and prenatal care. Since, the families strongly condemn that women leave the camp, they were educated about the free services available at the local Primary Healthcare Centre. This has led to 12 registrations at the PHC for prenatal care services including infant care. An increase was observed in the number of young married girls using contraceptive methods which were being shared by the PHC. Currently, due to the COVID pandemic the focus of the project has evolved towards facilitating safety measures in the camp. The same has been addressed through collaboration with Government agencies in timely cleanings, distribution of masks and rations.



Research and Dissemination

As part of the social action research, 9 Focused Group Discussions with different age groups have been conducted aimed at understanding the lived experiences, trauma symptoms, hope and resilience factors in parallel to the 7 in-depth interviews. A door to door household survey was also conducted to further learn the primary concerns, living conditions, gender dynamics as well as intra community relations. A team of social work students from The Academy was also engaged as a part of their field work practicum. The students were able to form a rapport with the community and lead small group work sessions with the children in the community on the need for hygiene. They also assisted in door to door surveys as well as identifying research participants for in-depth interviews.

The research team presented a paper on 'Rohingyas of Kelambakkam, six years as refugees' at a National Conference on 'Mental Health, Migration and Resilience: Innovative methodologies for Research, Policy and Practice in India' in Pune.



Department of Research, The Banyan Academy

Introduction

Traditional psychological and sociological approaches, developed in western contexts require innovative methods to application. While principles remain the same, given the heterogeneous, multicultural and collectivistic culture in the global south, it becomes critical to ensure implementation is strategic, responds to individual needs that stem from societal systems and norms and enhances reach. Various current models are expensive and replicability in LMICs is challenging. Research at The Banyan Academy therefore focuses on exploring, investigating various phenomena linked to severe mental illnesses and developing replicable, scaleable, cost-effective and culturally relevant models of care.

Pilot programs for innovations are hosted within The Banyan Academy, and focuses on preliminary exploratory, and explanatory research as well as evaluation research during implementation. Successful programs transition to The Banyan for wider reach. Models at The Banyan are further evaluated. Evidence thus collated is used in policy and advocacy, instigating government collaborations in transitioning to scale.

Looking back at the year 2019-2020

While various research activities were facilitated within specific focus areas, as aforementioned in the previous section of this report, The DoR also focused on upskilling and strengthening research endeavours.

- **Training Programs:** In pursuit of knowledge transfer and to keep up with current issues in mental health, the academy's Department of Research facilitated 6 sessions of 'Tickles- a learning circle'. Topics on caregiver burden, vicarious trauma, trauma as a public health issue, compassion and gratitude in science and others were conducted. Key takeaways for practice and research were delineated for ongoing endeavours. The training was attended by research assistants, research associates, as well as senior researchers from BALM. Additional training programs have been scheduled for the year 2020-2021 in collaboration with IFMR-Lead, The Laguna Collective, Netherlands and partner universities.
- **Instituting the Scientific Review Board:** Crucial to global standards of research is a strong ethics and research clearance committee. This functions within a social justice framework, ensuring best outcomes for projects and appropriate dissemination activity.

The DoR has worked toward strengthening and facilitating the scientific review board (SRB) at The Banyan Academy. This ensures better, and more rigorous research processes. Previously known as the 'internal review board' whose purview was limited to ethical clearance, the reconstituted SRB has two committees overseen by the head of research and a coordinator. Committee one, known as the research review committee (RRC) focuses on reviewing the research methodology and practice, and consists of a global representation of 8 veterans in mental health research from multiple disciplines, including social work, psychiatry, public health, psychology and anthropology. Committee two, known as the ethics review committee (ERC) focuses on ethical dilemmas in conducting research projects and consists of 8 members including persons from disability fields, human rights, psychology and social work. Processes have been streamlined to minimise ad hoc approvals that interfere with quality of feedback and participation from committee members. Approvals from both committees are required for a successful application and permission to implement the research project. Currently all members on the SRB have donated their services pro bono. Further activity to strengthen the SRB is pending. Seamless flow of applications and discussions between the committee members and the applicant will ensure upskilling of researchers and better cross-cultural exchange of information. Toward this, an interactive website is underway. Similarly, the ERC is mandated to conduct random checks on live projects, to ensure ethical compliance. This will need to be facilitated and strengthened in the upcoming year.

Grants and sustainability: Research grants aid in off-setting multiple organisational costs, while results from the study are disseminated on global scales, ensuring larger reach and impact on future global research agenda, advocacy and policy. In collaboration with our partners and networks involved in research activities at The Banyan Academy, ongoing research grants for gender based violence and trauma, youth development programs for children and adolescents of parents with mental illnesses, diploma and certificate training courses and for facilitating basic income to persons living in poverty; were submitted during this year. Results are awaited.

Other research endeavours

- Legare, C. H., Akhauri, S., Chaudhuri, I., Hashmi, F. A., Johnson, T., Little, E. E., ... & Mor, N. (2020). Perinatal risk and the cultural ecology of health in Bihar, India. *Philosophical Transactions of the Royal Society B*, 375(1805), 20190433. The objective of the current study is to examine the cultural ecology of health associated with mitigating perinatal risk in Bihar, India. We describe the occurrences, objectives and explanations of health-related beliefs and behaviours during pregnancy and postpartum using focus group discussions with younger and older mothers. First, we document perceived physical and supernatural threats and the constellation of traditional and biomedical practises including taboos, superstitions and rituals used to mitigate them. Second, we describe the extent to which these practises are explained as risk-preventing versus health-promoting behaviour. Third, we discuss the extent to which these practises are consistent, inconsistent or unrelated to biomedical health practises and describe the extent to which traditional and biomedical health practises compete, conflict and coexist. Finally, we conclude with a discussion of the relationships between traditional and biomedical practises in the context of the cultural ecology of health and reflect on how a comprehensive understanding of perinatal health practises can improve the efficacy of health interventions and improve outcomes. This article is part of the theme issue 'Ritual renaissance: new insights into the most human of behaviours'.

Upcoming projects: While various projects were underway as planned in 2018-2019, the COVID-19 pandemic resulted in a brief deviation from original plans. The pandemic has resulted in significant losses for many and it becomes crucial to address these. Exploring nuances, specifics and explaining these from larger systemic perspectives is essential to policy development in public mental health. Below is a list of upcoming projects for the year 2020-2021. Original plans will also be resumed as the situation stabilises and lockdowns ease; however, they will need to be reinvented, to include the impact of COVID-19 since it has been a critical influence on mental ill health and distress.

Aligned to the community mental health program, Ms. Mathew and Ms Krishnadas, along with their team, supported by Drs Vallath, Ravikanth, Bunders and Gopikumar have begun developing a commentary on the impact of COVID-19 on the mental health and care access of individuals from ultra vulnerable populations living in India.

Mathew, R., Krishnadas, P., Vallath, S., Rajesh, V., Bunders, J. G., Ravikanth, L., & Gopikumar, V. (2020). The impact of social inequities on mental ill-health: The banyan response. *Indian Journal of Social Psychiatry, 36*(5), 98.

An estimated 197.3 million people in India live with mental illness and contribute to 14.5% of Years Lived with Disabilities. Evidence has consistently pointed toward a robust bidirectional link between poverty, homelessness, and mental illness, with many experiencing severe marginalization, isolation, and exploitation. Despite these vulnerabilities, on account of inaccessible care pathways, mental health gains are often not prioritized, impeding early identification, treatment, and recovery, and leading to increased disability, caregiver strain, and homelessness. India is home to 1.8 million homeless persons, of which an estimated 20%–25% live with a mental health concern. These complexities are further amplified in the context of the COVID-19 pandemic. The country-wide 21-day lockdown was issued by the Indian government, as extended till June 8, 2020. This write-up gives a first indication of what these needs are by analyzing the challenges encountered and adaptations initiated at The Banyan in response to the pandemic. It places the services of The Banyan in the context of wider developments during these times. The hope, ultimately, is to arrive at tangible recommendations that may advise mental health professionals, service providers, and policymakers.

Similar undertakings have also been focused on by Dr Gopikumar and colleagues, incorporating a global perspective on the impact of COVID-19.

- Gopikumar, V., Padgett, D. K., Sarin, A., Mezzina, R., Willford, A., & Jain, S. (2020). Mental Health and the Coronavirus: A Global Perspective. *World Social Psychiatry, 2*(2), 88.

Any epidemic of infectious disease such as the present one that we are witnessing puts a strain on both the individual and the community. The very basis of physical and emotional health, dependent as it is on the body and social networks, is threatened. Existing inequalities in society get accentuated, and systemic responses that provide succor to all sections of society, especially the marginalized, are critical. Scientific and technological insights will, ultimately, provide solutions (or at least a better understanding), but the broader engagement of the “social body” in this endeavor is very important. Humans are social beings, and the isolation, stigma and the labeling of those infected; indeed, the very “othering” of the virus, makes us concerned about the long-term consequences of this pandemic. From health-care workers and those seeking help who are concerned about imminent infection and morbidity, to those displaced and dispossessed, who now face months of poverty and hardship, the spectrum of mental health needs is very large. Pandemics like this underline the urgent need to work beyond real and imagined boundaries. As a group of mental health professionals and social scientists, we hope that the social and psychological responses will help us emerge from this with a greater sense of harmony and cohesiveness.

Exploring the impact of community rehabilitation and continuity of care among persons with severe mental illnesses is crucial to instituting innovative models of care that work toward prevention of homelessness and sustaining well-being.

Principle Investigator: Chacko.B., Vallath.S., Screening, Discharge and Reintegrations: Lessons from the field in community rehabilitation of long stay patients in state mental health centers, Kerala. The Banyan has been involved in discharging over 300 long stay patients across three state mental health centers in Kerala, as a response to the NHRC report (2017) which suggested this need. This study uses secondary data and primary data to understand outcomes and disseminate this information for wider audiences, thereby impacting policy and service delivery.

Principal Investigator: Vallath.S., Gopikumar.V., Outcomes of continuity of care among homeless persons with severe mental illnesses.

Beginning in early 2020, Drs Vallath and Gopikumar have begun investigating the outcomes of 'aftercare', a program focused on ensuring homeless persons reintegrated into communities have continued access in care, prevents drop out and is supported sufficiently so as to maintain a quality of life and well-being. This study investigates the impact of services offered on various domains of mental health including access to care, hope, well-being, trauma and community integration.

Principle Investigator: Ravi.M., Salzer.M., Gopikumar.V., Barriers and Motivations in seeking livelihood options among persons with mental health issues.

Workforce participation among persons with mental health issues continues to be low, at a maximum of 25% across the globe, despite evidence suggesting positive outcomes as a result of employment across different domains of functionality, symptomatology, and social mixing. This study interviewed 40 users of mental health services to explore the motivating factors, barriers, and support services required to find and sustain gainful employment. The researchers also interviewed 5 employers who to gain insight into their unique challenges in employing persons living with mental health issues and record their request for support that would help increase consistency in work performance, reduce absenteeism and attrition. Results from this study will have implications for health services, livelihoods access and training, public policy, social roles, and community participation.



¹Shared First Authorship

Mental Health in Correctional Facilities : Puzhal Prison Mental Health Project

In India, from 1995 to 2014, 999 suicides were reported. Of them, 141 occurred in Tamil Nadu prisons. It has been imperative to offer these intervention services considering the pressing need for offering effective mental health care in prisons, starting with Tamil Nadu. The Banyan Academy's team of mental health professionals have been offering training services to warders, psychologists and counsellors in prisons across Tamil Nadu.

This year, the programme, apart from offering training programmes in suicide prevention techniques and other mental health interventions, also focussed on identifying key gaps in relationships between the various professionals in prisons. The dynamics between the warders and prisoners was understood and the training programmes evolved to improve their well-being in the context of the hurdles unique to such environments.

Movement therapy

The programme introduced movement therapy for warders about three years ago. It has proven to be quite effective in

"We come from different spaces, so each of us will take home something different from this experience," says Ramganesha, a warder from Trichy Central Prison told The Hindu

Plans for the future include:

- Training programmes for prison doctors on mental health issues, medical management and emergency care
- MoU with prison department to encourage student internships in prisons
- Develop training modules, interactive education communication materials
- Collaborating with the Bureau of Police Research and Development, Delhi on research papers
- Running diploma programs for convicted prisoners
- Exploring options for long-term stays through The Banyan for prisoners who have completed their terms and go on to face stigma and rejection in the community



Social Action
Programmes at The
Banyan Academy



Juvenile Justice Homes in Telangana

Sravani Rudrapati, an SFL fellow worked for two months with children in conflict with the law and implemented intervention strategies to improve their quality of life and wellbeing. This was a field action project undertaken by Tata Institute of Social Sciences Mumbai, The Banyan Academy in collaboration with Juvenile Welfare, Correctional Services and Welfare of Street Children, Government of Telangana.

"I applied what I was taught in the three semesters--in terms of therapeutic techniques, micro skills and rapport building. That helped me facilitate better and improved my professional interactions with people holding various offices. I was able to understand the problems within the organisation from both a micro and macro lens, I could tailor solutions factoring in resource crunch." - Sravani Rudrapati, Sundram

Social care intervention

- Value education
- Social reintegration

Capacity building

- Life-skills module
- Formation of Children's committee

Psychological interventions

- Life skills education
- Group counselling
- Individual counselling
- Motivation and building self esteem

Skills

- Decision-making
- Articulation
- Taking responsibilities

Social architecture

- Making classrooms child friendly
- Creating Wall art

Applied positive psychology for promoting well-being

In August 2019, prison psychologists and counsellors visited The Banyan Academy to attend a session conducted by Prof. B J Prashantham, a senior psychologist with over 45 years of professional experience as a trainer and supervisor. He is an expert in corporate coaching, counselling, clinical work, cross cultural psychology as well as in psycho neuro-immunology. Participants understood the importance of well-being and a discussion ensued on how such techniques can be applied in the context of prisons.



Sundram Fasteners Lecture Series

The Banyan Academy launched the Sundram Fasteners Lecture series in January 2020. This series will be a flagship event focused on themes of mental health and social development. Every year, we hope to bring together social scientists, mental health professionals and advocates, historians, thought leaders and policymakers together to spark a discussion on equity, culture, social justice, mental health and inclusive development.

The inaugural lecture was on 'Mental Health, Culture and Identity: Focus on Indigenous communities in India'. It featured a discussion between Prof. Andrew Wilford, anthropologist and author, Cornell University, and Mr SM Vijayanand, Chair, Sixth State Financial Commission and former Chief Secretary, Government of Kerala.



THANK YOU!

TO ALL OUR FIELDWORK COLLABORATORS WHO HAVE BEEN GENEROUS WITH THEIR TIME AND RESOURCES, AND HAVE IMPARTED UNFORGETTABLE LEARNINGS FOR OUR STUDENTS OF SOCIAL WORK, PSYCHOLOGY AND COMMUNITY MENTAL HEALTH.

The Banyan, Emergency Care & Recovery Centre, Chennai	TTK Foundation Hospital, Chennai
The Banyan, Home Again, Kovalam	Yerwada Regional Mental Hospital, Maharashtra
The Banyan- Greater Chennai Corporation Shelter for Homeless Men with Psychosocial Needs, Chennai	National Institute of Mental Health & Neuro-Sciences (NIMHANS), Bangalore
The Banyan, Urban Mental Health Program and Day Care Centre, State Resource and Training Centre, Loyola College, Stella Maris College, Chennai	Mirra, Chennai
The Banyan, Rural Mental Health Program and Emergency Care and Recovery Centre, Kovalam	International Foundation for Crime Prevention & Victim Care (PCVC), Chennai
The Banyan, Tribal Mental Health Project, Aghai, Maharashtra	Vishranti, Chennai
The Banyan, Home Again, Kerala	Sampoorna Swabodhini, Chennai
V excel, Chennai	Raju Hospital, Chennai
New Hope Association, Hyderabad	National Institute for Empowerment of Persons with Multiple Disabilities (NIPMED), Chennai
Schizophrenia Research Foundation (SCARF), Chennai	Adyar Cancer Hospital, Chennai
DEMOCARE, SCARF, Chennai	Vidyasagar, Chennai
	Anjali- Mental Health Rights Organization, Kolkata
	Medall, Chennai
	Mental health Institute of Srirama Chandra Bhanja Medical College and Hospital, Cuttack

THANK YOU!

WE WOULD LIKE TO THANK OUR INSTITUTIONAL FUNDERS FOR THEIR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT



Sundram Fasteners Limited



THE UK ONLINE GIVING FOUNDATION

WE WOULD LIKE TO EXTEND OUR IMMENSE GRATITUDE TO OUR INDIVIDUAL DONORS FOR THEIR GENEROSITY AND UNWAVERING SUPPORT.

Mr. Ranvir Shah

Dr. Nachiket Mor

BALANCE SHEET
AS ON MARCH 31.03.2020

LIABILITIES	SCHEDULE NO	AMOUNT (Rs) AS ON 31.03.19	AMOUNT (Rs) AS ON 31.03.20
General Fund	1	29459348.84	13045884.06
Current Liabilities	2	849217.64	554698.22
TOTAL		30308566.48	13600582.28
ASSETS			
Fixed Assets	3	2691768.94	4153480.35
Current Assets	4	849809.00	642864.00
Cash & Bank Balance	5	22288499.99	8804237.93
TOTAL		25830077.93	13600582.28

For BALM TRUST

BALRAJ VASUDEVAN
HONORARY TREASURER

PLACE : CHENNAI
DATE : January 09, 2021

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

VIJI JOSEPH
(Membership No : 027151)

RECEIPTS & PAYMENTS
ACCOUNTS FOR THE YEAR ENDED MARCH 31, 2020

PARTICULARS	AMOUNT (Rs) Year Ended 31.03.2020	
RECEIPTS		
Opening Balances :-		
Cash-in-hand	41502.00	
Axis Bank Ltd - 13499436	5184855.82	
ICICI Bank - 032901000112	8948.00	
Axis Bank - 35603962	3878.60	
Kotak Bank - 8411432649	16266396.90	
Kotak Bank Ltd- 8411540818 -FCRA	4604436.68	
Kotak Bank Ltd-A/c. No-8411622477	129544.84	26239562.84
Donations - General		5468747.00
Interest Income		1204408.60
Bus Fees		82500.00
Donation - FCRA		2239876.63
Course Fee		5234600.59
Miscellaneous Income		26199.00
Loans and Advances Recovery		518341.00
TOTAL		41014235.66
PAYMENTS		
		20284294.27
Other Programme Expenses - Annexure - 6		8093375.26
Assets Maintenance - Annexure - 7		1674027.20
Fixed Deposit		200000.00
TCS Paid		14000.00
Purchase of Fixed Assets		2144301.00
Closing Balance		
Cash - in - Hand	24164.00	
Axis Bank Ltd - 13499436	1669434.10	
Axis Bank - 35603962	3878.60	
ICICI Bank - 032901000112	8948.00	
Kotak Bank - 8411432649	1588435.60	
Kotak Bank Ltd - 8411540818 -FCRA	5278203.39	
Kotak Bank Ltd - 8411622477	31174.25	8604237.93

INCOME & EXPENDITURE

ACCOUNT FOR THE YEAR ENDED MARCH 31, 2020

PARTICULARS	AMOUNT (Rs) Year Ended 31.03.19	AMOUNT (Rs) Year Ended 31.03.20
INCOME		
Donations - General	19169657.84	5468747.00
Consultancy charges	230000.00	
Interest Income	1082982.00	1093308.60
Bus Fees	159633.58	82500.00
Course Fees	7381100.00	5234600.59
Donation - FCRA	3697632.56	2239876.63
Miscellaneous Income	30258.00	26199.00
Excess of Expenditure over Income		16413464.78
TOTAL	31751263.98	30558696.60
EXPENDITURE		
Education - Annexure - 5	12223040.99	20336232.49
Other Programme Expenses - Annexure - 6	13266233.38	7758108.62
Assets Maintenance - Annexure - 7	1531969.30	2464355.49
Excess of Income over Expenditure	4730020.31	
TOTAL	31751263.98	30558696.60

For BALM TRUST

BALRAJ VASUDEVAN
HONORARY TREASURER

PLACE : CHENNAI
DATE : January 09, 2021

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

VIJI JOSEPH
(Membership No : 027151)