MIND THE GAP

Bridging the enormous deficit of mental healthcare in India

dasra

mental health

noun

a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Dasra meaning 'enlightened giving' in Sanskrit, is a pioneering strategic philanthropic organization that aims to transform India where a billion thrive with dignity and equity. Since its inception in 1999, Dasra has accelerated social change by driving collaborative action through powerful partnerships among a trust-based network of stakeholders (corporates, foundations, families, non-profits, social businesses, government and media). Over the years, Dasra has deepened social impact in focused fields that include adolescents, urban sanitation and governance and has built social capital by leading a strategic philanthropy movement in the country.

For more information, visit www.dasra.org

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DISTRESS
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Table of contents

Chapter 1: Understanding Mental Illness	4
Chapter 2: Key Gaps	6
Chapter 3: Policy Timeline	9
Chapter 4: Interventions	11
Chapter 5: Priorities for Action	12
Chapter 6: Taking Action	15
- Prominent Funders	15
- Field Experts	17
- Leading Non-Profits	18
- Key Reads	23
- Key Watches	23

MYTH:

Mental illness will never affect me.

FACT:

One in five Indians will experience a mental illness by 2020. *Mental illness is common. It affects people of all ages, educational and income levels and cultures.*[1,2]

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

– World Health Organization (WHO) [3]

Mental Health is a key part of an individual's capacity to lead a fulfilling life – it influences the ability to form and maintain relationships, study, work, pursue leisure interests, and make day-to-day decisions about education, employment and housing. [4]

"I was trapped in our house with my three children, surrounded by 23 feet of water for three days. It was a terrible time for all of us. My children struggled to cope with the trauma for four months. Even now when they wake up in the morning, they ask, 'Will the floods come again?' They are even afraid of rain."

– Waseem Ahmad, resident of Rajbagh area of Srinagar, talking about the Kashmir floods of 2014. [5]

1 Understanding Mental Illness

Mental health is not just a health issue, but one that is inextricably linked to socioeconomic and cultural factors, both in its causes and effects on society.

According to the American Psychiatric Association, a mental disorder is:[6]

- **A clinically significant disturbance in an individual's thinking, mood or behavior.**
- **A manifestation of a behavioral, psychological or biological dysfunction in the individual.**
- **Usually associated with significant distress and impaired functioning in social, occupational or other important activities.**

Munda lives in a slum in Pune. When Bapu Trust first found her, she was mute. On account of her mental disability, she had suffered abuse every day at home, in the temples she frequented and on the streets, and had internalized her suffering to such an extent that her mind appeared to have simply given up on communicating with others. [8]

MYTH:
People with a mental illness are violent and dangerous.

FACT:
People who experience mental illnesses are much more likely to be victims of violence than to be violent. [7]

"I was very disturbed mentally. My family situation was terrible. They used to think that because of me, nothing good happened in the house - 'Sushma is responsible for her father's death'. 'She's the reason her sister can't get married'. 'She's responsible for her brother's accident'. I thought things would be better in the Chalisgaon dargah (Maharashtra), but the people there started to torture me."

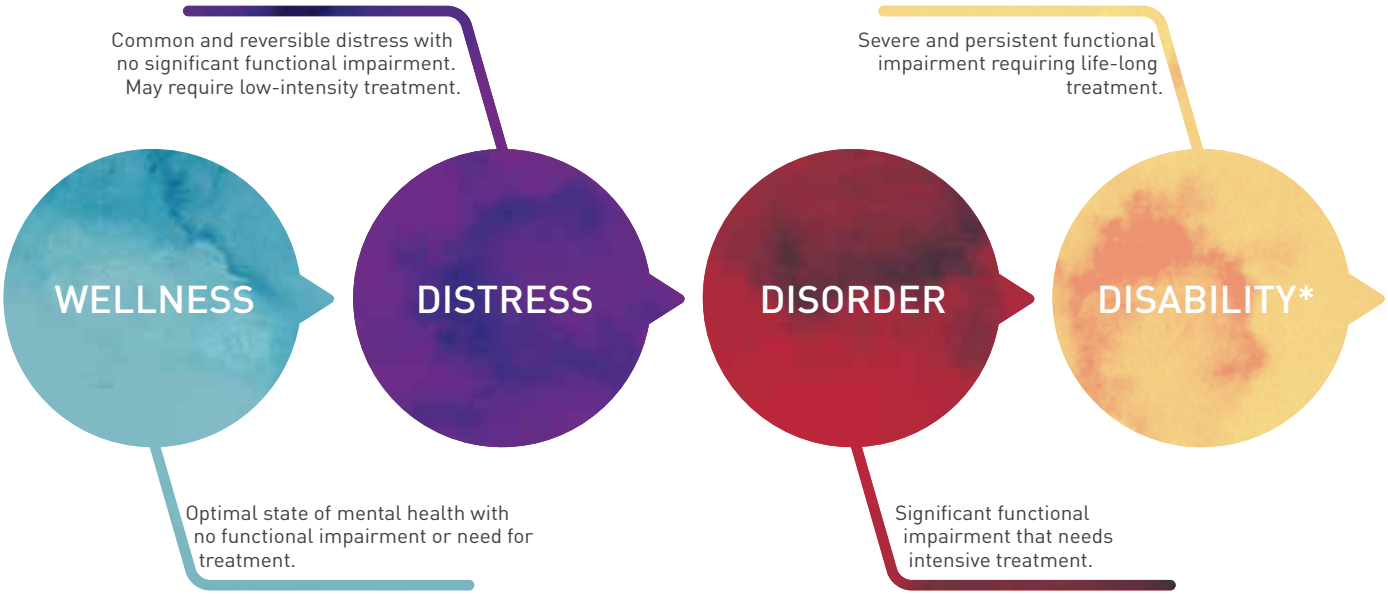
– Sushma Machhindranath Kamble was cast out by her family when she started showing symptoms of schizophrenia.[9]

The mental health continuum

Each of us lies somewhere on the continuum and is likely to, at some point, move along it in one direction or another.

Recognizing the limitations of a purely clinical approach, many experts are advocating for the need to look at mental health problems not as binary (existing or not existing), but as a continuum of wellness and illness. This approach acknowledges that:[10]

- Mental health is more than just the absence of mental disorders or disabilities.
- People with mental health problems often fluctuate along the spectrum in their experience of ill health.
- This fluctuation may happen as often as on a daily basis, regardless of whether or not the individual has a pre-existing mental health condition.



* While the term 'disability' has been used here mainly as a medical construct, it is important to acknowledge the social model of disability, which emphasizes that the 'deficiency' that thus 'disables' someone is caused by the way society is organized rather than by a person's impairment or difference.[11]

2

Key Gaps

According to estimates, even if all ~4,000 psychiatrists available in India are involved in face-to-face patient contact for eight hours a day, five days a week, and see a single patient for a total of 15-30 minutes over a 12 month period, they would together be able to care for only 10-20% of mental health patients in India.[12]

Using a WHO-adapted framework, Dasra has highlighted the seven key dimensions of India's mental health crisis.[13]

A. Workforce **B.** Infrastructure **C.** Service Delivery **D.** Awareness
E. Evidence and Research **F.** Policy **G.** Financing

A. Workforce

Shortage of mental health professionals

4,000
out of an estimated required 70,000 psychiatrists [14]

3,000
out of an estimated required 23,000 psychiatric social workers [15]

1,000
out of an estimated required 17,250 psychologists [16]

1,500
out of an estimated required 269,750 psychiatric nurses [17]

Dearth of leadership

The mental health agenda in India is largely driven by psychiatrists who specialize in clinical management and don't have any formal public health training – this is a significant barrier to the sector adopting a holistic approach.[19, 20]

Inadequate training facilities

0.4%
of medical graduates each year have access to training facilities in psychiatry [18]

"I had to either repay the money I owed or give up my life."

– Shubham Kitukale is a farmer living in India's rural Vidarbha region. He slipped into serious mental distress when his failing farm led him to bankruptcy. Kitukale drank a bottle of pesticide at a nearby bus station. He was lucky to wake up in hospital the next day, and got counseling support through Sangath's community mental health program in his village. [21]

B. Infrastructure

Scarce infrastructure

- At least 3.5 million Indians need hospitalization on account of mental illnesses.[22]
- The country has 40 institutions with a total of 26,000 beds equipped for mental health patients.[23]
- Of these 40, only nine are equipped to treat children.[24]

Rural areas are even worse equipped

70%
of India's population lives in rural areas [25]

25%
of hospitals, clinics and mental health professionals are in rural areas [26]

MYTH:
Mental healthcare is expensive.

FACT:
Feasible, affordable and cost-effective measures are available for preventing and treating mental, neurological and substance use disorders. An integrated package of cost-effective care and prevention can be delivered in community-based settings of low and middle income countries for just USD 3–4 per person annually.[35]

C. Service Delivery

Disproportionate emphasis on the biomedical approach

Psychiatrists in India are trained to prescribe medication as the only cure – this neglects the role of social factors in mental health, and the benefits of alternative forms of therapy. It also disregards the role of counselors, social workers and other professionals who facilitate access to legal aid, employment, housing etc.[27]

Inadequate focus on community-based care

Most mental healthcare in India is currently delivered through institutions.[28]

- **Institution-based care:**
  - Operates in poor conditions.[29]
  - Perpetuates stigma and discrimination against the mentally afflicted.[30]
- **Community mental healthcare:**
  - Has shown better physical and mental health outcomes.[31]
  - Has shown to lead to better quality of life.[32]

Lack of support for caregivers

In India, more than 90% of patients with chronic mental illness live with their families.[33] Research has shown that caring for a relative with mental illness is associated with high distress for the family caregiver.[34] Yet few programs exist to support them.

"I thought it was stress, so I tried to distract myself by focusing on work and surrounding myself with people, which helped for a while. But the nagging feeling didn't go away. My breath was shallow; I'd be low on concentration and broke down often. There were days when I'd feel okay, but sometimes, within a day, I'd be up and down a roller coaster of feelings."

– Deepika Padukone, currently one of Hindi cinema's most successful young actresses.[36]

D. Awareness

Lack of mental health literacy

• A study of rural, urban and tribal communities across five states in India found that a large proportion of respondents did not know what constitutes mental illness, where mental healthcare is available, and even that medical treatment for mental health exists and can be effective.[37]

Mental health is shrouded in myths

• According to the same study, most people believed that mental illness is the result of evil spirits, black magic, or sins from a past life, and that a traditional healer could improve their condition.[38]

• In another study conducted in Delhi, more than 50% of respondents from rural areas believed that mental disorders are caused by polluted air, and almost half thought them to be because of loss of semen or vaginal fluid, diminished sexual desire, or punishment for past sins.[39]

Widespread stigma surrounding mental illness

• Stigma and discrimination faced by people with mental disorders is a large barrier to mental health service utilization in India. It causes delays in seeking care, impedes timely diagnosis and treatment, hinders recovery and rehabilitation and ultimately reduces the opportunity for fuller participation in life.[40]

• In a study of mental health caregivers, most respondents said that those with mental disorders are unable to maintain friendships (46%), are dangerous (54%) and are incapable of working (59%). Nearly half said that one can never fully recover from mental illness.[41]

E. Evidence and Research

Serious dearth of evidence to build and scale programs

• Rich qualitative data from local, lived experiences is rarely used as evidence to build programs. This is why international trends and successes from one-off trials often influence development of local models, losing the nuance and granularity needed to develop effective responses and sustainably scale interventions.[42]

• Investment in research and evaluation of innovative pilot programs, to understand their effectiveness and potential to scale in the Indian context is lacking.[43]

F. Policy

Inadequate provisions to protect legal and human rights of those with mental illness

• On the determination of a psychiatrist, a person can be denied rights to: marry, have a child, hold a passport, or own property.[44]

• Although India has various legal measures to protect the human rights of the mentally ill (e.g. Persons with Disabilities Act, 1995), the proper implementation of these Acts is an issue. Many government institutions still retain prison-like environments and structures, with patients sleeping on the floor, urinating and defecating in the cell due to lack of toilets, and archaic practices such as uniforms and shaved heads.[45]

• There is no comprehensive regulatory mechanism to maintain minimum standards at private and public residential mental health facilities.[46]

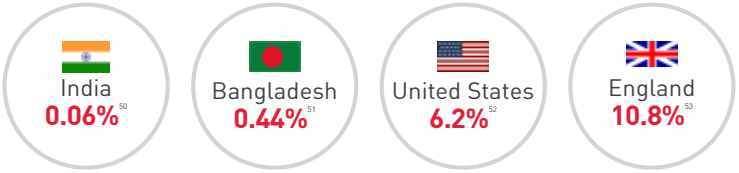
Lack of regulations to license mental health professionals

• Self-proclaimed and unqualified psychologists, life coaches, social workers and counselors, as well as practitioners of alternative medicine and traditional faith healers are adversely affecting the standard of mental health services in India, and too often result in a breach of ethical practice, and harm done to the patient.[47,48]

• In India, although practicing therapists need to be registered with the Rehabilitation Council of India, no accreditation or proof of adequate supervision is needed to offer psychological services.[49]

G. Financing

Limited government funding
Spend on mental health as a percentage of health budget:



And inadequate private funding

While health at large is one of the leading sectors that philanthropists in India give to, mental health is still a highly underfunded cause within private and corporate philanthropy – largely due to the difficulty of measuring impact in the sector.[54, 55]

3

Policy Timeline

Over the years, India has seen significant progress in the laws and policies governing the mental health field. This progress is evident not only in the evolution of how mental health is defined, but also in the shift in emphasis from protecting society from the mentally ill to preserving the rights of the mentally ill and safeguarding them against abuse and discrimination. The recent passage of the Mental Healthcare Bill in the Rajya Sabha marks the latest milestone in this evolution.

1912 — **Indian Lunacy Act (ILA) passed**

- The management of mental hospitals moved from the control of the Inspector General of Prisons and into the hands of the central government.[56]
- The role of specialists in the treatment of mental patients recognized and psychiatrists appointed as full time officers in mental hospitals.[57]
- Mentally ill people viewed as 'lunatics', with a large focus being on the protection of the public from those considered dangerous to society.[58]

1987 — **Mental Health Act passed**

- Significantly more progressive than ILA.[59]
- Adopts an institution-based approach, ignoring community-based care.[60]
- Gives little consideration to protection of rights of those with mental illnesses.[61]

1996 — **District Mental Health Program launched**

- Goal is a decentralized, community-based approach to care.[62]
- Expanded to 123 districts by 2007.[63, 64]

2007 — **India ratifies United Nations Convention on Rights of Persons with Disabilities (UNCRPD)**

- Key feature is transfer of rights from legal guardian of person with mental illness to person with mental illness themself.[65]

2013 — **Mental Healthcare Bill introduced with an aim to repeal the Mental Health Act of 1987.**

This bill seeks to:

- Decriminalize suicide and prohibit electro-convulsive therapy.[66]
- Make access to affordable and quality mental healthcare a right for all.[67]
- Provide a person with mental illness the right to make an advance directive that states how he/she wants to be treated for the illness and who his/her nominated representative shall be.[68]
- Ensure that state and a central Mental Health Authorities along with district boards regulate the sector and register institutions.[69]
- Ensure that every insurance company provides medical insurance for mentally ill people on the same basis as is available for physical illness.[70]

2014 — **India's first National Mental Health Policy launched.**

It has been called progressive for its:

- Recognition of the interdisciplinary nature of mental health.[71]
- Recognition of vulnerable groups such as children and the homeless.[72]
- Focus on caregivers.[73]
- Focus on prevention and early childhood care.[74]
- Attempt to decriminalize suicide.[75]

2016 — **Mental Healthcare Bill (introduced in 2013) passed in the Rajya Sabha** [76]

MYTH:

All mental illnesses are chronic and irreversible.

FACT:

With the right kind of help, most people with a mental illness are able to live, work, learn, and lead productive and satisfying lives. There are more treatments, services, and community support systems than ever before, and they work. In fact, 60-80% of people with depression can be treated successfully.[77]

4 Interventions

To address the gaps in mental healthcare in India, non-profits conduct a range of activities – in communities, schools and institutions – across four key areas.

A. Prevention

Create awareness among key stakeholders

- **What:** Build awareness about identification and treatment of specific disorders through mass media campaigns, workshops, and multi-media tools including posters, films and street plays.
- **For whom:** The general public or specific groups such as caregivers, health workers, school teachers and employers.

B. Treatment

Provide short-term care in outpatient facilities

- **What:** Provide screening, diagnostic and care services through government or self-run community-based clinics, daycare centers and kiosks.
- **For whom:** Mental health patients who need less intensive care.

Deliver long-term treatment in mental health institutions

- **What:** Provide access to long-term treatment at in-patient facilities – usually in state-run psychiatric hospitals and state-funded residential care facilities.
- **For whom:** People with severe mental illness.

Provide remote support through technology

- **What:** Leverage telephone and web-based technologies to provide crisis intervention and counseling support.
- **For whom:** People dealing with mental health problems.

C. Rehabilitation

Provide rehabilitative care

- **What:** Provide care in residential facilities such as shelters, halfway homes and community centers, to facilitate recovery and impart social and other skills needed to integrate individuals into society.
- **For whom:** People with severe mental illness or the homeless who have either been abandoned by their families, discharged from mental health institutions with nowhere to go, or have wandered away from their homes.

D. Sector Expansion

Train and build capacity of key stakeholders

- **What:** Build the capacity of key stakeholders to identify, manage and treat people.
- **For whom:** At the school and home level, this includes teachers and parents. At the community level, non-profits run programs to train community health workers or government frontline workers. Some organizations create training materials and curricula to build the capacity of other NGOs/CBOs to scale successful models.

Provide formal education and certification

- **What:** Run education and training institutes that offer aspiring and existing mental health professionals degrees in psychology, social work and health research.
- **For whom:** Aspiring and existing mental health professionals.

Advocate with the government through evidence-building

- **What:** Study the clinical and cultural aspects of mental health, develop new models of mental healthcare delivery and evaluate their effectiveness. Use this evidence to advocate with the government for better program, and ultimately, policy design.

90%

of people who die of suicide have a diagnosable mental disorder.[78]

5 Priorities For Action

For most stakeholders in mental health, the overarching objective is to provide affordable and accessible care, and to create an inclusive and just society in which everyone without exception can lead full lives. Funders keen on such a transformation should prioritize scaling the following approaches.

A. Emphasize prevention and promotion in mental health

"Schools are a big black box when it comes to mental health and disabilities - people haven't gone there yet."

– Dr. Vibha Krishnamurthy, Founder, Ummeed, Child Development Center [79]

What: Prevention is concerned with avoiding incidence of disease or minimizing relapses and associated disability, while promotion aims at improving health and well-being.

How:
- Integrate mental health into overall health systems.
- Link solutions to other development priorities including housing,education, employment, sports, etc. to enable full inclusion.
- Focus on at-risk groups such as caregivers who commonly experience high levels of anxiety and depression.

Why: This convergence is critical given the inter-sectoral nature of mental health and strong linkages between physical and mental health. For example, the relationship between depression and cardiovascular illnesses and vice versa is well documented.[80]

B. Focus on inclusive, community-based mental healthcare

"If you can train a lay person to safely deliver babies, or treat HIV or TB, surely you can do the same with mental health."

– Dr. Vikram Patel, Founder, Sangath and Professor of Global Mental Health [81]

What: Create viable alternatives to institutional care (mental hospitals/'asylums'), such as community-based models that empower users and seek their active participation in service provision, ultimately empowering the community to care for itself.

How: Strategies to do this include integration of mental health with primary care services, sharing of resources (such as community health workers) to provide a package of appropriate social and clinical services, and the creation of a 'community' of peers - a critical social support structure that helps the process of rehabilitation and recovery.

Why: This holds enormous potential to reduce stigma and human rights violations, improve the psycho-social health of the community at large and improve the social integration of individuals with mental illness.

C. Secure basic dignity and rights for people with mental illness

"There is no law or policy governing what can happen inside an institution. We've heard of sexual abuse, overmedication, forced drugging, forced shock treatments, solitary confinement. A doctor can do anything to a woman (patient), no questions asked."

– Bhargavi Davar, Founder, Bapu Trust [82]

There is an urgent need to dismantle legal barriers to full enjoyment of legal capacity and decision-making ability, and to abolish harmful guardianship practices.

What: Indian laws need to be reformed to be compliant with the UN Convention on the Rights of Persons with Disabilities, which was ratified by India in 2007.

Why: India's Mental Health Act still allows for a person to be involuntarily admitted into a mental institution for up to 90 days without legal review. Once admitted and declared 'mentally ill', they are considered legally incapacitated and are stuck inside with little say in how they are treated.

IT'S TIME
WE INVEST IN
MENTAL
HEALTH

Individuals with mental disorders comprise a vulnerable group, subjected to immense stigma and discrimination.[83] They:
- Experience high levels of physical and sexual abuse.
- Often encounter restrictions in the exercise of their political and civil rights.
- Face significant barriers in attending school and finding employment.
- Are at increased risk of other illnesses (HIV, cardiovascular disease, diabetes etc.) and even decreased life expectency, particularly if their disorders go untreated.

Globally, lost economic output on account of mental illness will amount to USD 16 trillion over the next 20 years. In India, this is estimated at USD 1.03 trillion between 2012 and 2030.[84]

Conversely, a global investment of USD 147 billion in treatment for depression and anxiety will result in approximately USD 400 billion in returns.[85]

Positive mental health is linked to a range of development outcomes, including better health status, higher educational achievement, enhanced productivity and economic output, improved interpersonal relationships, better parenting, and improved quality of life. On the other hand, failure to address mental health issues devastates lives and undermines economic productivity.[86]

6 Taking Action

Below is a list of leading funders, experts, and non-profits working tirelessly to improve mental healthcare in India. We encourage you to connect with them, learn more about mental health, support their work, collaborate, and take action to improve the millions of lives affected by mental illness every day in India.

A. Prominent Funders **B.** Field Experts **C.** Leading Non-Profits
D. Key Reads **E.** Key Watches

A. Prominent Funders

Azim Premji Philanthropic Initiatives funds organizations working to provide mental health services and rehabilitation support to homeless and underprivileged people in India. Examples of its grantees include Banyan and Ishwar Sankalpa. It also supports projects that aim to improve the mental health of domestic violence survivors.

E: contact@azimpremjiphilanthropicinitiatives.org
W: www.azimpremjiphilanthropicinitiatives.org

Grand Challenges Canada funds projects that aim to improve treatments and expand access to mental healthcare through transformational, cost-effective and scalable innovations.

For example, it funded The Banyan to carry out a project focused on alternate, inclusive and supported living for people with mental disorders in India. It also supported a project that explored an innovative, low-cost model for improving mental health in rural Kashmir.

On a global level, Grand Challenges Canada supports the Mental Health Innovation Network, a platform that aims to facilitate the development and uptake of effective mental health innovations by enabling learning, enhancing linkages, and disseminating knowledge.

E: info@grandchallenges.ca
W: www.grandchallenges.ca

With a focus on depression, **The Live Love Laugh Foundation** aims to increase awareness about mental health, reduce stigma surrounding mental illness, and encourage research that helps design local solutions to mental health problems.

Some of its current and planned programs include awareness and sensitizations programs for both adolescents in schools as well as General Physicians; a national level public health campaign around mental health; and a national database of mental health professionals. In addition, the foundation supports research in the area of depression and funds impactful NGOs in the space.

E: info@thelivelovelaughfoundation.org
W: www.thelivelovelaughfoundation.org

mariwala health initiative

The **Mariwala Health Initiative (MHI)** aims to create a holistic and universally accessible mental health ecosystem. It enables the delivery of a variety of services and innovations to people in need across India and supports community-based interventions targeted towards marginalized populations. MHI grantees include Bapu Trust, Anjali, and iCALL, a helpline run by Tata Institute of Social Sciences (TISS).

E: contact@mariwalahealthinitiative.org
W: www.mariwalahealthinitiative.org

phf Paul Hamlyn Foundation

Paul Hamlyn Foundation is a UK based foundation that has been working in India since 1992. Its goal is to improve the lives of especially vulnerable communities living in India. Specifically, it focuses on runaway children and child labour, trafficked women and children, migrant communities in urban centers, and people with mental illnesses. The foundation supports organizations working in these areas that have a field presence and an active research agenda directed towards building awareness and advocating for appropriate policies. Examples of its grantees include The Banyan and Ishwar Sankalpa.

E: information@phf.org.uk
W: www.phf.org.uk

Vandrevala Foundation

Vandrevala Foundation supports programs that help individuals with mental illnesses. This includes a 24x7 multi-lingual mental health helpline that currently operates in 4 cities across India. It has also helped build a counseling center in Mumbai and launched an anti-stigma campaign. In addition, the foundation is supporting the Maharashtra local government in rebuilding and restructuring the Thane Mental Hospital.

E: help@vandrevalafoundation.com
W: www.vandrevalafoundation.com

TATA TRUSTS

Tata Trusts are working with several non-profits in setting up collaborative community-based care models and tertiary care institutions to extend timely medical care.

The Jan Man Swasth Program works to establish and evaluate a community-based care system for those affected by mental disorders in six sites across Assam, Maharashtra, Jharkhand and Uttar Pradesh.

Its Incense initiative collaborates with mental hospitals to implement need-based and locally relevant services through a partnership with its grantees, Sangath and Parivartan.

Tata Trusts has also funded VISHRAM, a community based mental health program in the Vidarbha region of Maharashtra led by the Public Health Foundation of India and Sangath.

E: talktous@tatatrusts.org
W: www.tatatrusts.org

wellcome trust

Wellcome Trust is a UK-based research charity funding health research globally. In India, the Wellcome Trust/DBT India Alliance is a ~USD 208 million initiative funded over 10 years by The Wellcome Trust, UK and Department of Biotechnology, India. The broad aim of the India Alliance is to build excellence in the Indian biomedical science and public health research by supporting future leaders in the field. Wellcome Trust has also invested in over 90 PhDs in Public Health through the Public Health Foundation of India (PHFI) in partnership with the London School of Hygiene and Tropical Medicine (LSHTM).

Some of its prominent global programs include the Major Overseas Program which focuses on clinical and translational outcomes in health, and DELTAS which aims to build capacity of researchers in Africa.

E: contact@wellcome.ac.uk
W: www.wellcome.ac.uk

B. Field Experts

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Aashu Calapa	Live Love Laugh Foundation	aashu.calapa@gmail.com
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Devika Shetty	Mariwala Health Initiative	devika@mariwalahealthinitiative.org
Harsh Mariwala	Mariwala Health Initiative	contact@mariwalahealthinitiative.org
Dr. Nerges Mistry	Foundation for Medical Research, Foundation for Research in Community Health	frchpune@bsnl.in
Dr. Prabhat Chand	NIMHANS & Virtual Knowledge Network (VKN)	chand@nimhans.ac.in
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Tasneem Raja	Tata Trusts	traja@sdtatatrust.org
Vandana Gopikumar	The Banyan	vandana.gopikumar@thebanyan.org
Dr. Vibha Krishnamurthy	Ummeed Child Development Center	vibha.krishnamurthy@ummeed.org
Dr. Vikram Patel	Sangath, London School of Hygiene and Tropical Medicine, Public Health Foundation of India	vikram.patel@lshtm.ac.uk

C. Leading Non-Profits

ANJALI

Founded: 2001 | **HQ:** Kolkata | **Geography:** West Bengal
E: info@anjalimentalhealth.org
W: www.anjalimentalhealth.org

Anjali is a rights-based organization focused on the protection of rights of persons with mental illness and their rehabilitation as active and productive members of society. The primary beneficiaries of its programs are people with acute/chronic mental illness, especially those under treatment in state-run hospitals. Its work involves:

Treatment and rehabilitation

• Hospital program: In partnership with the Government of West Bengal, Anjali works in 3 mental hospitals in the state to supplement treatment provided to institutionalized patients with a comprehensive package of mental healthcare services. It also helps trace families and provides employment support to patients. Anjali's cost for rehabilitation and re-integration of recovered patients in half-way homes is USD 870 compared to 21,000 per person, per year due to its partnership with the government.

• Community model: Anjali has set up Mental Health Kiosks run by community-based, barefoot mental health professionals inside three municipality wards in West Bengal, with infrastructure allocated by the respective Urban Local Bodies. To date Anjali has trained over 200 women, 50 of whom run Kiosks.

Advocacy

Anjali actively lobbies with the state and central government for quality improvement in mental health care and treatment to facilitate changes at the policy level.

Interventions

Interventions mapped correspond to those detailed on Page 11.

BAPU TRUST

Founded: 1999 | **HQ:** Pune | **Geography:** Pune
E: camhpune@gmail.com
W: www.baputrust.com

Bapu Trust works to change the structural, social, legal and policy environment in India and Asia, with an aim to restore the human rights of people with mental illness and psychosocial disabilities. Its work involves:

Research and advocacy

Through its research and public advocacy wing, Centre for Advocacy in Mental Health (CAMH), Bapu Trust works with partners to produce interdisciplinary research reports that enable informed advocacy for a human-rights and community-based approach to mental health care. CAMH also works to build capacity of NGOs on the United Nations Convention on the Rights of persons with disabilities (CRPD), and to build a strong disability platform for regional advocacy.

Treatment and rehabilitation

Bapu Trust provides community based mental health and inclusion services to families and people with mental illness and psychosocial disabilities living in low-income communities of Pune. Its model program Seher, was founded in 2006 with a vision to create emotionally sustainable communities. With a focus on addressing disability inclusion, poverty and gender equality, Seher provides psychosocial and arts-based therapy, systematic referrals, and other community-based services.

Awareness building

Bapu Trust works to raise awareness about psychosocial health and wellbeing through consultations, film festivals, community mobilization, audio visuals, street theatre, booklets and publications.

Interventions

Interventions mapped correspond to those detailed on Page 11.

ISHWAR SANKALPA

Founded: 2007 | **HQ:** Kolkata | **Geography:** Kolkata
E: isankalpa@gmail.com
W: www.isankalpa.org

Founded with a vision of ensuring dignity and the holistic well-being of the persons with mental health issues, it focuses on an extremely marginalized population: homeless persons with psychosocial disability. Its work involves:

Treatment
Ishwar Sankalpa provides treatment to homeless individuals with psychosocial disability and mental illness through:
• Project Naya Daur: A city wide community based program where treatment is provided on the streets itself. The program has reached over 1300 people so far.
• Project Arogya: An emergency response unit which works alongside the Kolkata Police providing immediate help, treatment and auxiliary services. It has reached over 200 people so far.
• A Kolkata Municipal Corporation partnered, health unit-based mental health services delivery program for below-poverty-line individuals in two wards of Kolkata. Over 1200 people have been serviced so far.

Rehabilitation
Ishwar Sankalpa runs a daycare center for the care and rehabilitation of homeless persons with psycho-social disabilities, within the premises of a police station. It also operates a night and day shelter-cum-rehabilitation centre for urban homeless women suffering from mental illness. Over 200 persons have been reached through its restoration work so far.

Interventions

Interventions mapped correspond to those detailed on Page 11.

MINDS FOUNDATION

Founded: 2010 | **HQ:** Boston, USA | **Geography:** Gujarat
E: info@mindsfoundation.org
W: www.mindsfoundation.org

Using a grassroots approach, MINDS Foundation aims to alleviate stigma surrounding mental illness and bring high quality, cost effective mental healthcare to every corner of rural India. Its work involves:

Community education
MINDS Foundation organizes mental health education workshops in villages that are conducted by a group of social workers who build awareness through videos, skits and posters. It screened 2,109 individuals for mental illness in 2013.

Treatment
A group of psychologists, psychiatrists and social workers provide mental health treatment through the local community clinic.

Rehabilitation
MINDS Foundation runs a reintegration program for people with mental illness. This involves vocational training, employment support, music therapy and art therapy.

Capacity building
The organization hires and trains local community members to serve as community mental health workers. It also trains teachers at local schools to identify and support children with mental illness.

Research
MINDS Foundation conducts and publishes research on topics including mental health literacy, gender and mental health, and stigma surrounding mental illness.

Interventions

Interventions mapped correspond to those detailed on Page 11.

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES (NIMHANS)

Founded: 1978 | **HQ:** Bangalore | **Geography:** Pan India
E: ms@nimhans.ac.in
W: www.nimhans.ac.in

The National Institute of Mental Health and Neuro Sciences (NIMHANS) is a multidisciplinary institute for patient care and academic research in the field of mental health and neurosciences.

The Institute provides inputs to the Central and State Governments in areas including the establishment of new psychiatric facilities, improvement of existing facilities and strategizing a national program for mental health. It has emerged as the nodal centre for evolving national policies in the field of mental health, neurosciences and injury. NIMHANS has produced more than 1,000 Psychiatrists, about 600 Clinical Psychologists and Psychiatric Nurses so far, who are working in both national and international contexts.

Interventions

Interventions mapped correspond to those detailed on Page 11.

PUBLIC HEALTH FOUNDATION OF INDIA (PHFI)

Founded: 2006 | **HQ:** Delhi | **Geography:** Pan India
E: contact@phfi.org
W: www.phfi.org

PHFI aims to build institutional capacity in India for strengthening education, training, research and policy in Public Health. Through its Centre for Mental Health, it collaborates with a network of institutions in South Asia is to address the treatment gap for people with mental illness in low and middle-income countries. Its work involves:

Research

In collaboration with other organizations and institutes, PHFI engages in national and international level as well as multi-country research studies on mental health. Research projects have explored a range of topics such as scaling mental health service delivery in low- and middle-income countries, integrating mental healthcare into primary healthcare systems, and psychiatric determinants of cardiovascular disease. PHFI has published over 100 academic articles in several national and international peer reviewed journals.

Capacity building

PHFI conducts training programs and courses for health professionals and researchers on several thematic areas including mental health. It also trains community health workers through projects such as PRIME.

Advocacy

PHFI leverages its research advocate with the state and central government in India for improved policies in mental health.

Interventions

Interventions mapped correspond to those detailed on Page 11.

SANGATH

Founded: 1996 | **HQ:** Goa | **Geography:** Goa
E: contactus@sangath.com
W: www.sangath.com

With a focus on child development, adolescent and youth health and mental health, Sangath aims to improve health across the life-span. Its vision is to close the mental health treatment gap in India. Its work involves:

Treatment
Sangath provides mental health treatment to children, adolescents, adults and the elderly. Treatment is delivered by a multidisciplinary team of psychiatrists, psychologists, developmental pediatricians and occupational therapists in its two centers in Goa as well as in schools and institutes.

Capacity building
Lay people as well as ASHA and Aanganwadi workers are trained to deliver a package of mental health interventions in community settings. Sangath also runs an annual 'Leadership in Mental Health' course that trains researchers, mental health practioners and policy-makers on the principles and methods of scaling up mental health interventions in low-resource settings. Over 260 individuals from over 18 different countries have participated in the course thus far.

Research
Sangath collaborates with organizations and institutions at a national and international level to conduct and publish research. This research focuses on topics including stigma surrounding mental illness, factors that affect mental health outcomes in India, and new models of effective mental health service delivery.

Advocacy
Sangath works with the government at a national and state level to advocate for improved mental health policies. It is represented on various government committees including the Government of India Ministry of Health's Mental Health Policy Group and the National Trust's Task Group for Autism Spectrum Disorders.

Interventions

Interventions mapped correspond to those detailed on Page 11.

SCHIZOPHRENIA RESEARCH FOUNDATION (SCARF)

Founded: 1994 | **HQ:** Chennai | **Geography:** Tamil Nadu
E: info@scarfindia.org
W: www.scarfindia.org

SCARF aims to serve as a leader in schizophrenia research and provide comprehensive care to people with mental illness in India. Its work involves:

Treatment and rehabilitation
SCARF delivers treatment to individuals with schizophrenia through its outpatient clinic and daycare center, and provides skills training and rehabilitative care through its vocational unit and residential centers. It also operates periodic mental health clinics in the community and runs a mobile telepsychiatry service. Over 1500 people have availed of the services offered under its telepsychiatry program.

Awareness building
SCARF creates community awareness about mental health through lectures, street plays and folk dance. It also hosts an annual film competition that addresses stigma around mental illness.

Capacity building & training
SCARF trains social workers, health educators and community organizers on basic principles of detection and management of mental illnesses. It also runs a Diploma program on mental healthcare for medical professionals.

Research
SCARF conducts research on the biological, social and psychological aspects of schizophrenia. It has been named as a Collaborating Center of the World Health Organization for Mental Health Research and Training and has published over 200 scientific papers in national and international peer reviewed journals.

Interventions

Interventions mapped correspond to those detailed on Page 11.

TATA INSTITUTE OF SOCIAL SCIENCES (TISS)

Founded: 1936 | **HQ:** Mumbai | **Geography:** Pan India
E: infomumbai@tiss.edu
W: www.tiss.edu

TISS is one of the premier institutes in India that brings together high quality scholars and practitioners from Social Sciences, Human Development, Public Policy And Economics to create an interdisciplinary teaching and research program combined with field action to address the most critical current and emerging issues of the nation. Within mental health, its work involves:

Training
In order to meet acute shortage of mental health care professionals in the country, TISS offers a Masters of Social Work degree in Mental Health at TISS (Mumbai) and The Banyan (Chennai).

Helpline
TISS operates the Initiating Concern for All (iCALL) helpline, which offers professional counselling services via telephone and email to individuals in psychosocial distress. It has responded to over 35,000 calls and 3,500 emails so far.

Research
TISS runs the following field action research projects:
•Tarasha: A community based rehabilitation and reintegration program for women recovering from mental disorders at the Regional Mental Hospital, Thane. It has worked with over 100 women so far.
•An Avenue for psychosocial and Therapeutic Interventions (AAPTI): A program that focuses on recovery and mental health care needs of disaster survivors, beyond one-time emergency healthcare. It has reached over 600 families so far.

Interventions

Interventions mapped correspond to those detailed on Page 11.

THE BANYAN

Founded: 1993 | **HQ:** Chennai | **Geography:** Tamil Nadu
E: smt@thebanyan.org
W: www.thebanyan.org

The Banyan offers comprehensive mental health services for persons who are either homeless or living in abject poverty across five districts in Tamil Nadu and one block in Maharashtra. Its work involves:

Treatment
The Banyan offers a range of services in low resource settings. It has reached out to over 10,000 clients through its emergency and therapeutic care services (in institutions and through open shelters), well-being oriented preventive and promotive mental health and social care services (through outpatient clinics) and inclusive living options for persons with long-term care needs.

Awareness building
The organization seeks to build awareness on mental health and homelessness by using 'lived experience' and social mixing as strategies. It aims to alleviate stigma and associated discrimination by initiating programs that inspire change at both the behavioral and attitudinal levels.

Rehabilitation
The Banyan offers people with severe and persistent mental health problems access to a range of housing options with supportive services and to localized social networks. In addition, it focuses on skills development, employment and the creation of micro-enterprises initiated by people with mental illness.

Capacity building, research and advocacy
The Banyan Academy of Leadership in Mental Health (BALM), conceived in 2007, consolidates findings, from the work of The Banyan to arrive at models or benchmarks that inspire appropriateness of care, particularly for vulnerable groups. BALM also builds human resource capabilities across multiple cadres. Based on emerging evidence, it replicates and scales up The Banyan's approaches and works to influence policy.

Interventions

Interventions mapped correspond to those detailed on Page 11.

D. Key Reads

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E. Key Watches

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JOIN THE MOVEMENT

The challenges to solving India's mental health crisis are great, but the willingness to address them is growing. There is a wide range of empirical evidence demonstrating that with appropriate treatment and community support, people can recover, achieve their goals and contribute positively to our society.

What we need now are more funders championing the cause of one of society's most vulnerable and violated groups – so that millions of people can come out the shadows, regain their dignity and live fuller lives in a world that better understands them.

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This reader provides a basic understanding of the key gaps and opportunities in the area of mental health in India. We hope it helps in driving deeper research, increased interest, and greater resources to this underserved field.

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