

**ANNUAL REPORT
2016-2017**

By



About Anjali

Brief history

It was 2001 when Ratnaboli Ray started working in the female ward of Kolkata Pavlov Hospital. What began as regular conversations with the women who were institutionalised there later went on to become full-fledged sessions on social inclusion. It is notable to mention here that these residents had, on an average, spent 7-10 years of their life in the institution, not because they were chronically ill, as is the general public discourse, but because they were abandoned and left with nowhere to go. Social welfare in the state has largely been non-existent in matters related to mental health. It was this void, this glaring injustice that formed the foundation for Anjali. Since inception, the idea has been to look at mental health from a developmental gaze, and to keep in mind the sustainability of any initiative undertaken, which explains the consistent collaboration with the Govt. of West Bengal.

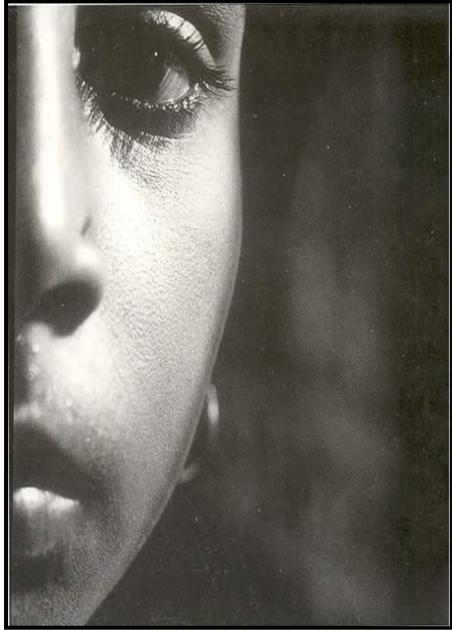
Our Vision

A world where the right to positive mental health is secured for all.

Our Mission

- Make mental health institutions and systems inclusive
- Build community ecosystems for mental health care and wellness
- Secure progressive mental health laws, policies, and practice
- End stigma, violation, and discrimination that is associated with mental health.

Who we are and what we do



We are a not for profit mental health rights organisation. We seek to establish humane mental health systems in government institutions and in communities and make mental health a developmental priority in the country. Our work is grounded on the principles of the Rights of People with Disability Act, India (2016) and the United Nations Convention on the Rights of People with Disability (2006). We strive to move away from the biomedical control of mental health and establish a new discourse where destigmatisation and wellness is the focus. Our attempt is also to visibilise this ignored population and to make our government and the larger public accountable for the lives of these individuals. We employ a language of disability; instead of using mental illness in our discourse, we use psychosocial disability, to highlight the social implications of a diagnosis, of institutionalisation and incarceration. We

view disability through a feminist lens and persistently work to incorporate this into mainstream disability discourses.

Director's Desk

What a year this has been! Anjali has once again managed to break through barriers in the mental healthcare system and establish a paradigm shift that is based on human rights. Whoever thought of building livelihoods inside a government mental hospital? We did! We initiated a fully automated launderette inside the largest government mental hospital in West Bengal. We trained



and employed 24 women and men to work in the *Dhobi Ghar*. This is the first venture that cuts across multisectoral partnerships. Anjali is in partnership with the Department of Health & Family Welfare and with Sparsh Foundation, a Kolkata-based organisation that designs and executes vocational training modules for young people who come from resource poor backgrounds, who lends us invaluable technical support. This intersectional partnership ensures that our participants in the hospital get the best

of everything- a sustainable, humane, expert-driven livelihoods opportunity. It has taken months of negotiations with the Department of Health & Family Welfare, lots of advocacy to convince them of the benefits of and need for spaces that are inclusive and humane. We kept talking about recovery and a person-centric approach to care. We spoke about the uncomfortable correlation between people living in mental hospitals and dirt, grime and untouchability. Unless these conversations are had, we cannot expect to achieve any form of justice for disenfranchised people like Anjali's constituency. One cannot deny the positive effects of earning a livelihood, being engaged in some manner of work and proceeding towards independent living in the lives of residents of mental hospitals. We were very fortunate to have Dr. Shashi Panja, who was only in her second day of being Minister of State for Health. She lauded our innovation and steadfast commitment to reforming the mental healthcare system.

Another milestone in shifting the paradigm discourse in mental health was a national-level conference we held in the month of July. The National Conclave on Community Mental Health was yet another conversation that Anjali has long felt is not happening enough- the need for community involvement in mental healthcare service delivery. The objective of the conference was to consider whether one broad comprehensive model for community based mental healthcare needs to exist, or whether different models are able to 'talk' to each other. Another objective was to unmask diagnosis in front of mental health professionals and qualified experts and explore what the concept of treatment gap, that is an oft-discussed topic in mental health, means to individuals and organisations working in the realm of mental health. I believe that no glove fits all, especially when it comes to mental health. We must contextualise mental healthcare, we must incorporate lived realities. And while all of working in the sector might have differing ideologies and values, there's always something that we can learn from each other. For that we need to create spaces to exchange dialogue and be willing to unlearn and relearn.

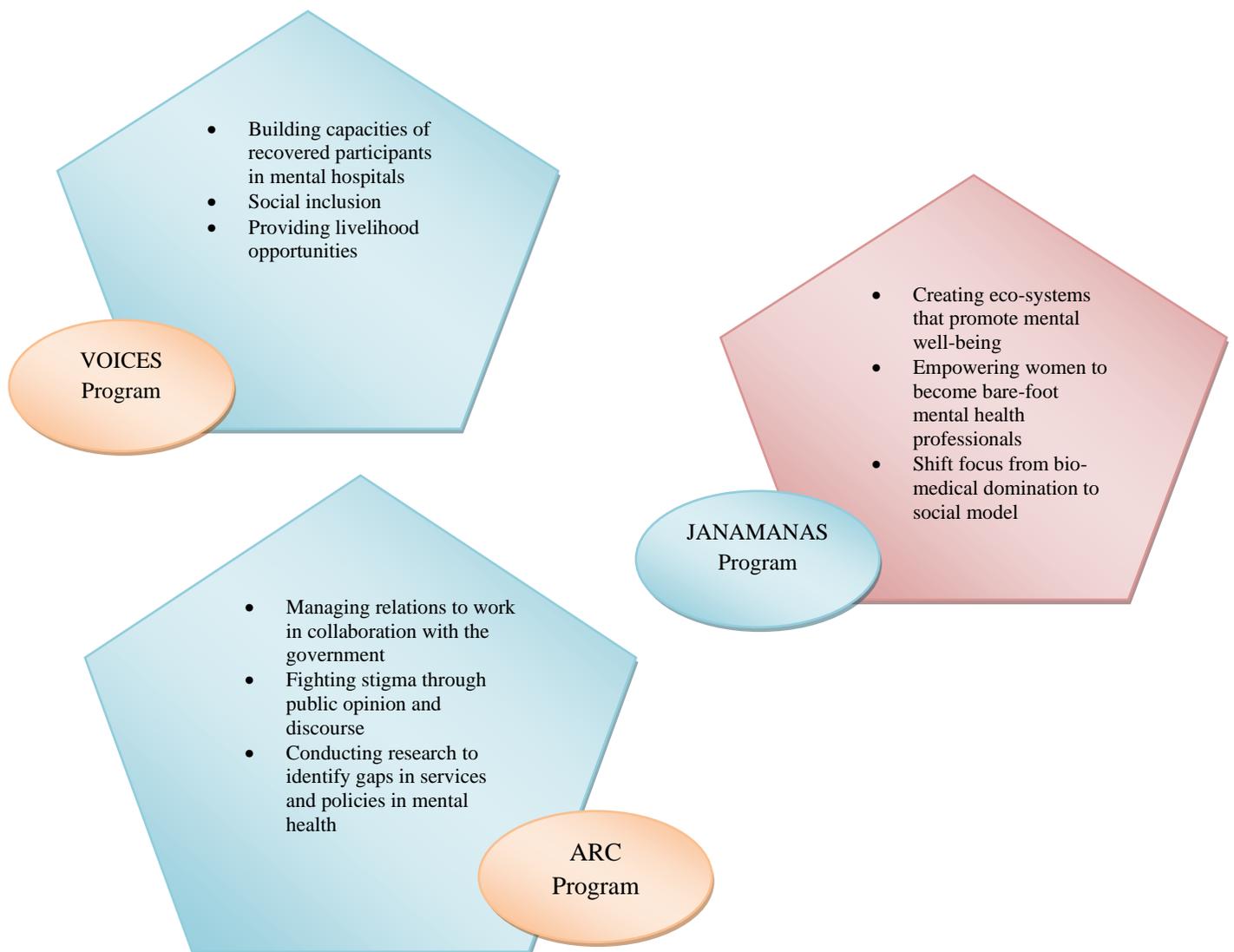
Programmes

Our work is primarily divided into three programmes: **Voices, Janamanas and ARC.**

The **Voices** programme works hands-on with the residents of government mental hospitals in West Bengal, with a focus towards facilitating social inclusion and citizenship rights for these residents.

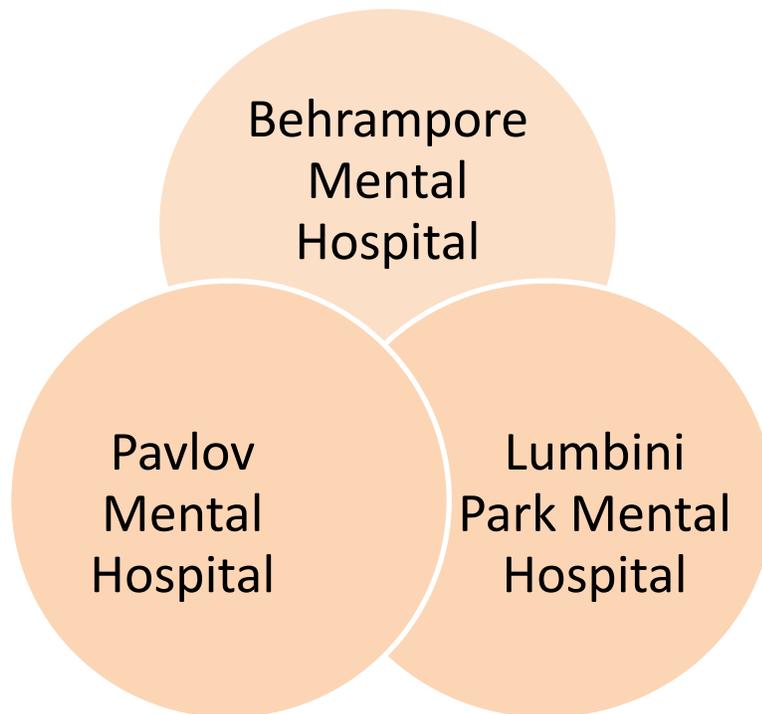
The **Janamanas** team works with local communities, where it strives to enable and equip barefoot workers from within communities, to address mental health issues at a primary level.

The **ARC (Advocacy, Research and Campaign)** team is responsible for conducting research on mental health and its various intersectionalities with other social barriers. It is also involved in creating awareness towards mental health through various advocacy programmes and events.



Voices

Anjali's Voices program is currently working with the residents of three government mental hospitals, two in the city of Kolkata and one in the district of Behrampore.



Anjali's programme in these three government mental hospitals started as a rehabilitation initiative but gradually evolved into a social inclusion programme where our participants are facilitated to become full citizens of this country. The Voices program has been appropriately named as this program works towards helping the residents rediscover their lost 'voices'. The program also works towards establishing the visibility of people living with psychosocial disability inside government mental hospitals, who are pushed to a corner. Over the years, they have become agents for change, ushering in transformations both within the institutions and outside in the community.

The following is the mission and objectives of the programme:

Mission statement: Build a culture of human rights and ensure that people with psychosocial disability live with dignity and full citizenship within the mental hospitals.

Objectives:

- To develop and design all services from the institutions keeping the participants at the
- centre
- To facilitate in creating a human rights friendly environment
- To develop a replicable model and move the State to draft and adopt the programme

The specific programme components are:

Capacity Building & Skills Training: The capacity building and skills training programmes are organized with the aim to provide cognitive and life skills input to ensure that people with psychosocial disability can be empowered to speak for their rights, choices and make decisions.

Social inclusion: Social inclusion includes understanding and accepting potentials and capabilities of a person with psychosocial disability and ensuring inclusion as rightful citizens-within their families, community, and society at large.

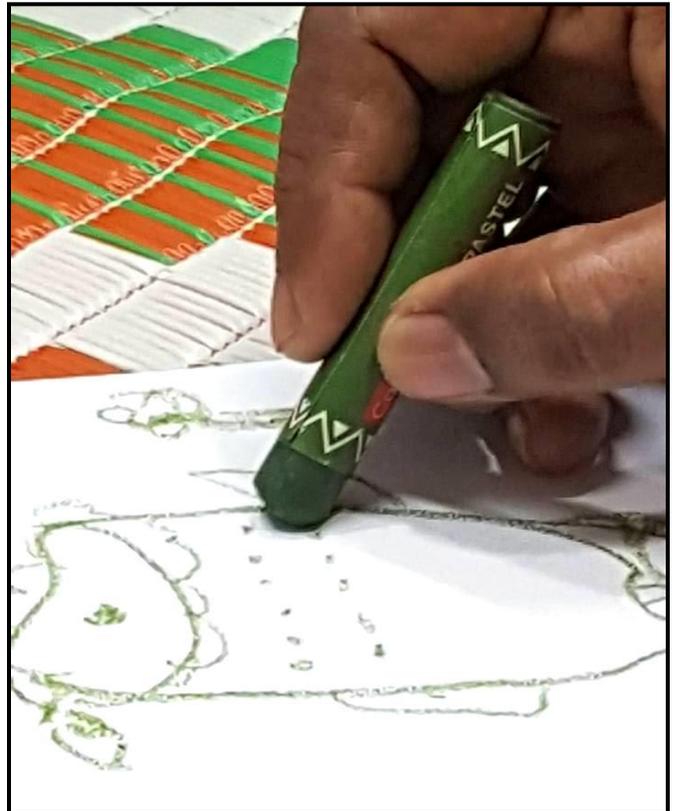
Model livelihood initiatives: Anjali has created specific livelihood opportunities with the State run institution for recovered, long staying and abandoned participants languishing in the hospital to ensure gainful engagement of the participants and also to break the prevalent notion that people with severe mental illness are not employable.

Capacity building



The Voices team of Anjali has been working extensively with the recovered residents languishing in these hospitals, enhancing their capacities, developing their sense of selfhood as well as empowering them through a series of sessions using the medium of dance movement therapy, music, drama and art.

Most of these residents who have recovered have been languishing inside the confines of the wards since ages. These training sessions aim at not only healing them of their trauma but also enable them to become more than mere patients trapped inside a mental hospital.



These beautiful hand-painted bird kettles were done by the participants of Pavlov Mental hospital in their art sessions under the facilitation of our art trainer, Nabendu Sen Gupta. The participants have been excited about the whole process.

As mentioned by one of the participants, *“I like painting and being able to make these dull kettles used to boil water into pieces of art was a great experience...I also heard that they are going to be sold!”*

Yet another expressed gratitude saying, *“I never thought that something I made will be taken to a shop to be sold. I am very happy and I hope that all the kettles get sold.”*



The participants of Pavlov also made these cute figurines out of pebbles and polymer clay in the art sessions. Kneading the polymer clay also helps in flexing their muscles which often get stifled as a result of medicines in high doses.

Trendy neck pieces made the participants using polymer clay



Kitchen garden at Behrampore Mental Hospital



Hospital Initiatives and participant narratives

The other process of engagement is through the various livelihood initiatives running within the hospital, wherein the women are not only earning a livelihood, but also are learning ways to set up and run a small business, manage it, deal with clients and customers.

Cha ghar

Currently, 6 women are engaged at *Cha Ghar* ~ a tea canteen inside Pavlov Mental hospital where the participants cook snacks, make tea and cater to the customers. The work is supervised but most of the work is done by them and the canteen itself is managed by them, keeping it clean and tidy. It is a first of its kind initiative aimed at empowering the women languishing inside the hospital for long years and giving them an opportunity to earn for themselves.



Minati (name changed) shared that she would save some money from this work so that she can provide her children with proper education. She has been for a few months at *Cha ghar* and feels that her work here gives her a sense of empowerment as she had never earned earlier.



Anjali put up a food stall at Loreto house's Fete, in January 2016. Scrumptious dishes at affordable prices left the stall abuzz with kids and parents all day. With remarkable support from two of our wonderful ladies working at the *Cha Ghar* in the Kolkata Pavlov Hospital, Anjali managed to not only sell all of the food items, but also generate some awareness about mental health.

Dhobi Ghar

Dhobi ghar is a one of its kind initiative taken up by Anjali in partnership with the Department of Health & Family Welfare and with Sparsh Foundation, a Kolkata-based organisation that designs and executes vocational training modules for young people who come from resource poor backgrounds, who lends us invaluable technical support. It was launched in May 2016. The automated laundry working within the premise of the Kolkata Pavlov has been a multi- operating project aiming at destigmatisation as well as equipping the participants with skills towards self sufficiency. The participants at *dhobi ghar*, work in shifts, washing the linen of Pavlov, folding them and sending them back to the wards. *Dhobi Ghar* is one of our most important projects striving towards achieving autonomy for our participants.



Asha (name changed) feels that she would be able to do the same kind of work outside, when she goes back to her family. She thinks that this skill has given her the confidence to think about a job outside the hospital.

The livelihood programmes not only shatter the age old myth that women with psycho social disability are non-productive but has also given a new identity to the women. They are more committed, determined, motivated. They look at their lives with a new perspective.

Reintegration

Anjali strives for the social inclusion of the participants and reintegrating them is a crucial step towards it. Anjali also engages with the participants after they are reintegrated and are living with their families and in the community. Since Anjali provides intensive individual support to the constituency that it works with, we try and support them during their important life events like marriage, child birth, medication, property and other disputes like separation and divorce. Anjali provides regular follow up service with the reintegrated participants for a maximum period of three years. During this period, we try and ensure that the participants have been socially included in the community.



Among many of the participants whom Anjali works with, Priya (name changed) is a very spirited and vibrant person. She is also an incredible fighter. Priya was previously staying in ABWU's residential facility for women. She fell ill while her stay there. She was institutionalised in Kolkata Pavlov hospital through All Bengal Women's Union (ABWU) on 4 May, 2016. She came to Anjali and started participating at the sessions from 5 July, 2016. She also started working at Cha Ghar from 2 January, 2017. She took instant interest in her work at Cha Ghar, keeping the space clean, cooking, preparing tea and coffee, serving and interacting with the clients. Anjali got in touch with her mother and after much persuasion, her mother agreed to take her back. She was discharged from the hospital and started living with her mother in Barrakpur, North 24 Paraganas.

After going back to her mother, Priya came back to Anjali and expressed her willingness to continue with her job at Cha Ghar. We felt that she would be an important asset to the programme and she joined back immediately. It takes more than an hour for her to reach her work place but she has handled her work with outmost competence and professionalism. She has excelled in her work and Anjali has been able to entrust her with more responsibilities. She is

now in-charge of one of the kitchen at Cha Ghar and additionally, she is also working in a new livelihood initiative, the tie and dye unit at Pavlov.

Priya was also going through a personal crisis. Her husband came to Kolkata and lodged a General Diary (GD) at Barrackpore PS stating that the said child should be taken away from her custody on grounds of mental illness. Subsequently, a notice was served to her that a custody petition has been filed before the Ld. Additional Chief Judicial Magistrate (ACJM) at Barrackpore Court and her daughter was taken away from her by the CWC when she was institutionalised.

At this juncture, Anjali got in touch with Priya's mother for her reintegration and her mother took her back home. Anjali, as part of its Strategic Impact Litigation component, engaged a lawyer to represent her case in court. It was successfully argued that any adverse order based on a past history of mental illness, with regard to the custody of their daughter, and handing the daughter over to the husband would be prejudicial to Priya's rights, claims and entitlements. The husband moved to the High Court of Judicature at Calcutta (Calcutta High Court) in appeal with a writ praying for the same. All the while, the child has been residing at a home under the aegis of the Child Welfare Committee. The said writ petition was favourably disposed off to her advantage wherein she was granted visitation rights to her daughter - once every week which earlier was once every month.

The case at the lower court went on and it was on 19 May, 2017 that the Magistrate ruled in favour of Priya and her daughter was handed over to her.

Priya is still engaged with Anjali. She is a very committed and dedicated worker. She lives with her mother and daughter. She is presently focused on her child's education. She is looking for a boarding facility for her daughter's education.

Priya's journey depicts a story of grit and determination. It is also a story of hope. Even in difficult times, we have seen her greeting customers with a smile at Cha Ghar. She has never let anyone feel sorry for her. She has faced her difficulty with utmost grace and dignity. She is a true peer leader.



Assisted / Independent Living Programme

The Assisted/ Independent Living Programme has been conceptualized and shared with one of Anjali's donors. A presentation on the programme was made in the presence of the donor on March 3 2017 where Anjali shared the project objective and the strategic approach to the programme.

However, for the past few months, Anjali is apprehensive of taking this programme further. 'Assisted living' means creating alternative living space for the residents which is in contrary to the ethos and principles of Anjali which speaks of individual freedom of choice and decisions. Every day, we see how institution engulfs a person's freedom of speech, his/her right to live with dignity, his or her right to take decisions and make choices. Anjali is unsure whether



an assisted living programme will take away the agencies and rights of a person with psycho social disability, which is engrained in the core principles of Anjali.

On the other hand, the Department had showed interest in transforming one ward in one of the mental hospitals into a *half way ward*. A preliminary discussion has taken place and is ongoing with the Department and the Superintendent of the concerned hospital. Anjali has been able to secure some funds for the latter programme and will contemplate on initiating the programme by early next year.

The process of setting up the wards will require Anjali to:

- Advocate with the hospital, to segregate residents into separate wards, based on their mental health conditions, into acute, rehabilitation and half way wards
- Assist the hospital in designing and managing the half way wards
- Ensure that the residents living in the wards can live with some amount of freedom and autonomy
- Ensure that they are constantly facilitated and motivated to manage and take care of themselves so that they are ready to move back into the community or an assisted living space

Janamanas: Community Mental Health Programme

At the community level, our intervention focuses on creating a pool of peer leaders from the recovered and the reintegrated participants, people of the communities that we work with along with building alliances with the stakeholders and like-minded NGOs and CBOs. The Janamanas~ Community Mental Health programme has been implemented at two locations in West Bengal, Rajarhat – Gopalpur and Coochbehar. Anjali is working with **21 women** from the community in the two locations, who are providing counseling, referral and outreach services in the community. In addition to the counseling support, the team also provides services through home visits.

Sikha, aged 50, on hearing about our service from one of our other clients, got in touch with the outreach team. She was registered as a home visit client as she lives far from the kiosk and doesn't have the financial capacity to pay for the travel. The outreach team accompanied her to the hospital and explained to her the treatment process. But because of certain side effects, Sikha didn't continue with her medication. Continued follow up home visits revealed that she was unable to cope with the side effects and work pressure. The Janamanas team eventually counselled her and understood her needs. It was realized that she needed support and care along with medication but was unable to seek out help from her family. The team spoke to her son and explained the need for care and attention for his mother's wellbeing. It was through the family counselling and support from the team that Sikha was finally able to articulate her needs to her son. Her son promptly agreed to support his mother and accompanied her to the doctor, helped her with the medication and household chores. There was a follow up visit made to the residences of individuals who showed interest in the previously conducted home visits. This had a positive influence on the client footfall at the Kiosk.

Client Meet

In the past year, we have organized a two day client meet. In the client meet, Janamanas clients and care givers were encouraged to develop a bond between each other and form a support system. They were facilitated to have a shared understanding of the complexities of issues affecting lives and understand that they are not the only one in distress. It was also a platform to understand the quality of service delivery. In the meet, it was clearly stated that, keeping in mind the confidentiality clause practiced at Janamanas, the gathering did not expect anyone to share their personal stories. It was not at all mandatory to share any information that they are not willing to, even when asked. However, anyone who wishes to voluntarily share their experiences will be welcome to do so. It was also stated that in case any personal information is shared, the group should have the mutual understanding that such instances do not leave the room. Quite a few people shared their stories, which indicate that they considered it as a safe space.

One story shared was by a woman, who came to Janamanas as a client, suffering from post-partum depression, wandering off frequently and who attempted to commit suicide a few times. She used to work in an NGO herself and realized that she had a problem and needed to seek help. She got introduced to Janamanas at Rash Mela (during our annual event). As a client at Janamanas, in the initial stages, she was an incoherent, unkempt individual; she would bring her son along, who was also poorly kept, which showed that she was not being able to take care of him properly. The Janamanas team worked with her focusing on her self confidence and relationships. She shared that while she was a client at Janamanas, it felt like it was her last chance at survival and to her surprise and great relief, she recovered and turned her life around. She knew that there were many others like her and they too can be helped and can turn their lives around if they come to Janamanas. She started carrying leaflets of Janamanas to share the information with those in dire need of support, to ensure that they access the services.

The major feedback received from the clients is that there is a great need to extend the service beyond the Coochbehar Municipality for there are no such services available to people residing in those areas. More promotion of Janamanas was also suggested to reach out to people living outside of Coochbehar so that they can come to the existing Kiosk to access service. Many believed that a large number of people were not aware of this initiative and are in need to access it.

Annual Event

The Annual Event in Rajarhat Janamanas has been a key feature of the program. The program has come a long way in consolidating its presence in the communities they are based in. The outreach activities have intensified in the communities. The annual event for Rajarhat took place in the Baguiati Mela, a fair attended by numerous people from all over Kolkata. The intention behind being a part of this 12 days long fair was to generate awareness about mental health and to motivate people on to come forward and seek help to address any mental health query/issues. The Project Manager along with the field workers, who provide daily services at the site, organized several activities through which those who came to the fair and to our Janamanas stall would be aware of the services that are provided at the service centre at Rajarhat. Innovative games like dart, quiz using mental health components were put up in the stall to attract the crowd. Cool prizes were kept for the winners. Additionally, a survey was conducted to assess the knowledge, attitude and behaviour of people towards mental health to fine tune our outreach programme accordingly. An average regular footfall of 250 people was noticed at the stall. We hope to reach out to as many people as we can through this initiative, and provide support to those who are hesitant to avail mental health facilities through this kiosk.

For the Coochbehar chapter, Janamanas has been invited by the Municipality to be a part of the Rash Mela for the last two years. Rash Mela is annually held in Coochbehar. It is considered to be the most celebrated fair in North Bengal. The last annual events have helped the team develop more self-confidence and convince the community about the programs presence. This year's purpose of the annual event was to create awareness about the program to more number of people around the Rajarhat-Gopalpur and Coochbehar localities.

Apart from the regular activities of the programme, the last year reflected a process of engagement of the Voices with the Janamanas. The Janamanas team usually has to visit the Govt. run Hospitals where Voices operate, as and when it is required. This time the Coochbehar team engaged actively in a case that Anjali had to handle in the Berhampore Mental Hospital. A young blind minor boy was admitted in the previously mentioned mental hospital, for the principal of the residential home, where he was staying found it difficult to accommodate him. The admission in the mental hospital was both unlawful and harmful to the wellbeing of the child. The Coochbehar team and the Voices team at Baharampur, worked together to ensure that he was discharged and reintegrated safely.

Replication Manual

Anjali launched the Janamanas Replication Manual of the Janamanas ~ Community Mental Health programme through a *National Conclave on Community Mental Health* on 15th and 16th of July, 2016. The programme drew an audience and participation of more than 100 delegates from both national and international arena. It had representatives from civil societies, government, mental health professionals and activists, users, representatives from donor organizations and students from prime college and universities. The programme aimed at initiating dialogue and discussion on community mental health; learning from each other and building a synergy of sorts between the various ideas, philosophies, programmes and activities.

The Replication Manual of Janamanas was launched by Dr. Sashi Panja (GoWB), Gen. S. M. Mehta (THF), Ratnaboli Ray (Anjali) and Manisha Gupta (Start Up!). The Replication Manual was launched, distributed and shared with the participants to ensure that the learning and experience of Anjali can be replicated in other geographical spaces and locations.

The immediate outcome of the launch has been:

- a) The Minister, during her speech, shared that her Department can support such innovative programme as Janamanas, which aims at wellbeing of the community.
- b) There had been request for exposure visits from organisations like BURAN. A team comprising of 6 members visited Anjali and visited two sites of Janamanas, in Kolkata and Coochbehar.

- c) Sangath visited Anjali's Janamanas site in Kolkata and Coochbehar and expressed the willingness to collaborate and implement the Janamanas programme with one of its community programme in Goa and West Bengal.

ARC: Advocacy, Research and Campaign

Anjali partakes in several advocacy initiatives that involve continued conversations with government representatives, hospital authorities, local governing bodies and other organisations with the primary objective of ensuring humane treatment, care and reinstating of rights of persons with psycho social disabilities.

Anjali vehemently protested the incident of an unfortunate **death in the female ward** at the Kolkata Pavlov hospital, where one of the female residents went missing at night and was found dead beside a drain inside the female ward in the morning. Many issues were raised including why the premise was not searched properly at night, why the night lamps outside the wards were not working, who found the body and under what condition; when residents said that she was found head down in one of the drains inside the female wards, why was her body recovered and then washed by some of the residents, under the instruction of the Nursing Staff. The Hospital Superintendent initiated an enquiry, where again, Ratnaboli Ray was part of the team as an observer. The reports were shared with the Department of Health and Family Welfare. Seven Nursing Staff had been show caused. They have responded to the Department. Further action from the Department is pending.

Legal Support

Anjali realized the need to provide legal support to several of the residents living inside the hospital who have been denied of their rights. Our legal consultant has defended one of our female participants who lived in Pavlov Hospital and succeeded in getting a favorable order from High Court.

This is a case of an estranged couple, living separately and fighting a custody battle over their minor female child. The opposite counsel raised the issue of her capacity and sanity to be a mother. Based on the cogent and compelling argument placed by our lawyer, Hon'ble Justice Basak not only denied the petitioner husband's interim claim of their child but also asked the petitioner to prove that the respondent wife is 'insane'! Hon'ble Justice Basak also suggested that if he were to call upon the respondent wife for her own testimony then many of the claims of the petitioner husband would stand negated.

This shift in the mindset of the Judiciary made possible the movement of access to justice for women with psychosocial disability within reach.

Major Events

As it has been Anjali's long term goal to help the participants get socially engaged, certain events are undertaken every year in order to contribute towards mainstreaming. *Basanta utsav*, picnics and *puja parikrama* not only help the participants get an opportunity to escape the monotony and drudgery of the hospital life but also give them options to mingle and engage with the outside world. These celebrations not only add colors to their lives but also give us more scope to interact and spend a day with them outside the confines of the hospital premises.



"I was so happy to be able to see Maa durga...so many people in colorful clothes...I also got to have a good lunch after a long time!". Disha (name changed) said after returning from a day filled with *pandal* hopping on *panchami*.



MaD (Make a Difference) Summit

Every year, Anjali organises the MaD (Make a Difference) Summit that celebrates the continuum of care propagated by Anjali for every individual who has been socially included by the organisation's efforts, after several lifeless months or years at Government mental hospitals. Participants who are settled in their communities come together to share their experiences of life in the community after institutionalization. The two – day event, is a platform, which promotes dialogue and interaction, sharing of experiences and challenges and also is a space where the

participants can let go and have fun. Each year, the Summit focuses on themes which are important and relevant to the participants and their families. This year, the theme of the programme was **‘Ending violence against persons with psycho social disability.’** Throughout the two days, many stories and narrations of lived experiences and several veiled issues that plague the society at large were shared and discussed. The interactive declaration presentation in



front of honorary dignitaries such as Minister of State, Dr Shashi Panja, Dept of Health and family welfare, GoWB, Ms Sunanda Mukhopadhyay, Chairperson, State Women's Commission, Prof Dr Manjusree Ray, Dept of Health and Family Welfare, GoWB highlighted the pressing need of movement of focus from abusive oppressive violent mental health care familial establishments to a humane, person centric approach for those who are vulnerable because of their mental health conditions. The programme ended with a pledge that the outcome of the two day's will be taken to the second level through conversations with policy makers with an aim to bring about changes and encourage the formulation of procedures that protect individuals from violations of the rights of persons with psychosocial disability.



Erwady 2016



Every year, on August 6th, Anjali commemorates Erwady Day, the day a fire broke out early morning, charring 28 people to death, who were kept shackled in Moideen Badusha Mental Home in 2001, in Erwadi, a small district in Tamil Nadu. It's been 15 years since. Has there been any change at all? Not much, because just before the event, an organisation from the Maitree Network (a women's collective in West Bengal) got in

touch with Anjali with a case of their own.

Rupa (name changed), around 35 years old, went missing. Suddenly, it was learnt that her husband (with whom Rupa has a Domestic Violence case pending) has admitted her in a private psychiatric nursing home, with the help of a psychiatrist, who is also associated with a State run Mental Hospital in Kolkata. Rupa, however was successful in putting the word out that she was held captive in a dangerous situation and that her husband is trying to establish that she is mentally ill to pave his way to win the case against her. This act in itself revealed Rupa's competence, intelligence and bravery.

But the question remained, has there been any change in the situation?

Erwady Day aims to raise such questions:

Are we aware of the situations that prevail within the four walls of a mental hospital?

Whether all Govt. laid protocols function in private run institutions? Are there any monitoring mechanisms in place?

Do we provide them with effective services at their homes? Families? Within community?

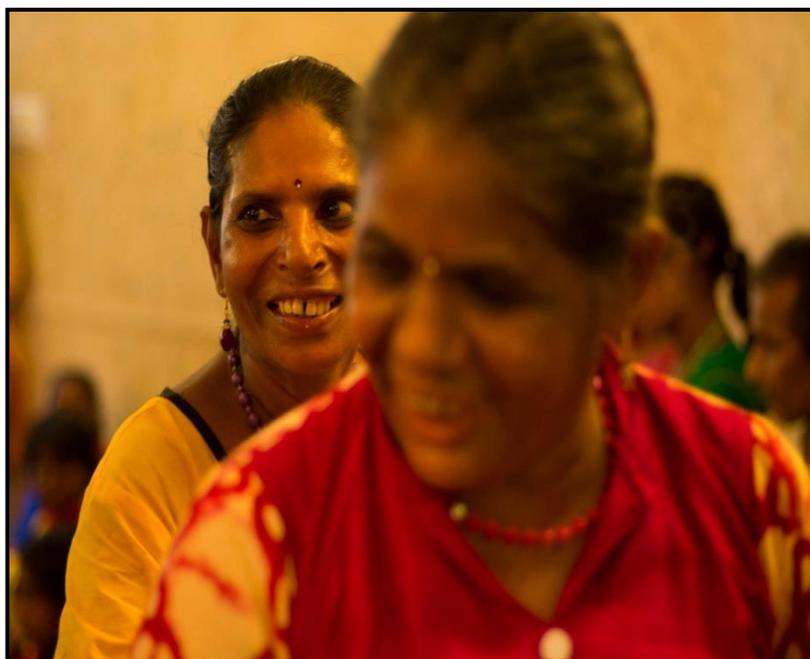
A Board of Visitors has been created for each mental hospital. At what intervals are these visits conducted? Do they visit the mental hospitals at all? At what intervals do they hold meetings at these hospitals?

Is it not possible, to allow the interested individuals, who genuinely care for the cause, to evaluate the quality of services provided by the mental hospitals; instead of the reluctant Govt. officials?

The day was observed with songs of protest, individual performances, dance and drama. Eminent personalities shared their thoughts on the day. Anjali hopes that, through this exchange of dialogue and opinion, amendments to current practices and systems of mental health in the State will be justly advocated.

Come With Me

A film was made by Anjali which looks at gender and its interplay with mental institution and society. *Come with Me* narrates the stories of four women who are located in different geographical, social and economic spaces, but tied by a common string. While they belong to different strata of the society, caste, educational background, and have access to



different resources, they are all survivors of domestic violence, have experienced mental illness, and were incarcerated in government mental hospitals at some point in their lives. Mocked, denied, looked down upon, spoken about instead of spoken to – stigmatised for life, they experience the combined disadvantages associated with gender as well as their disability. Dignity as a right is a far cry for most women with psycho-social disabilities /mental health conditions, irrespective of class and caste. Additionally, the denial of exercising legal capacity under all the domestic laws of our country set them back further in their efforts to fight for their rights. The status of women with psycho-social disabilities or mental health issues continues to remain bleak and unchanged. Core concerns of discrimination, denial of rights, inequalities, exclusion, non-participation, violence and invisibility remain an unfortunate reality, which deprive them of vital life experiences, thereby hindering their right to full inclusion in the social mainstream. The movie by Anjali will attempt to capture the lives, their struggles, heartaches and their achievements. It would be personal yet political. The movie will weave the four stories into a single narrative of triumph and accomplishment. The movie will explode the mythology of people with disabilities as passive nonpersons and confirm for us that people do and can make their own history. Far from being sad and morbid, this film will also celebrate the triumph, victory, and hope of women with psycho-social disability. The movie has been conceived and brought together by Anjali Mental Health Rights Organisation, Calcutta with Ratnaboli Ray as its executive producer. This film was awarded the best film and best director at the We Care Film Festival.

Other Events

National Conclave for Community Mental Health

The idea of the Conclave came from conversations around the issues of intersectionalities in the mental health discourse. There can, of course, be no one way of looking at the world, and nor perhaps should there be, but we can always learn from others whose worldviews are different from ours. The

Conclave was seen as an inter-sectoral, inter-disciplinary space and engages fully with other perspectives.

The Conclave proposed to discuss the historical constructs, the primacy of models, the importance of choice, the spaces for women, sexuality, and desire, and,

essentially, the nature of dialogue. The Conclave was seen a catalyst to future dialogue of this nature.



The Conclave proposed to explore and unpack discrete but related concepts, among which were:

- The role of medical models in a special section on ‘unmasking diagnosis’ and exploring the concept of the treatment gap, and what this means to all practitioners.
- The need to explore the concepts of gender sensitivity and the multiple relationships between women and mental health.
- The special needs of sexual minorities.
- The role of choice and voluntarily in the planning of service delivery in community mental health, and legal, practical and ethical issues.
- What the concept of ‘scaling’ means for mental health organisations, and would like to talk about the processes of audit and evaluation.

As an overarching goal, this forum was planned to discuss and debate similarity and dissimilarity in the ideology and objectives of the various organisations, and hopefully facilitate a meaningful

dialogue based on this. There were different narratives that were constructed around events, and that a layered understanding of events is needed to understand complex process.

BURAN, Dehradoon

Five representatives from BURAN, Dehradoon, had visited Anjali's Janamanas programme at the two locations, Rajarhat and Coochbehar on November 6th – 11th, 2016 to understand and get exposed to Anjali's community work. They had visited the locations in two teams, understanding and reviewing extensively the processes, approach and systems of the programme. They interacted with the Janamanas volunteers, interacted with the community, attended outreach camps or other outreach activities, reviewed through the documentation systems. At the end of the visit they shared their learning and how their programme is different or similar to this programme and what are the activities/ processes that can be adopted from Janamanas.

Internal Capacity Building

Just as enhancing the capacity of the residents inside the hospital is crucial, Anjali also works towards developing the potential of its team members so as to enhance the level of excellence in the work we do. Therefore, internal capacity building has been a focus for Anjali and few of the sessions/ workshops/seminars that the members of the team have participated in are as follows:-

- Sukla Das Barua & Shaswati Talaptra attended a workshop on child rights organized by OAK Foundation on 17th November 2016 in Kolkata.
- Debayani Sen & Chandrama Mukherjee participated in The Innovation Fair: National Conference on Bridging the Mental Health Treatment Gap 2016; organised by Sangath, Goa in 10th and 11th December 2016. Anjali presented the *Cha Ghar* and *Dhobi Ghar* as an innovation programme in mental health. Anjali bagged the Best Innovation Award in the Innovation Fair.
- Aditi Basu & Adhiraaj Ray attended a seminar on PCPNDT Act organized by Dept. Of Health & Family Welfare & West Bengal Commission for Women on 20th January, 2017.
- Chandrama Mukherjee participated in a two-day Narrative Therapy Workshop organized by Mental Health Foundation, hosted by Umeed on 10th & 11th February, 2017.
- Debayani Sen attended the National Workshop on Rights of Persons with Disabilities Act 2016 by Amita Dhanda, Professor of Law, Nalsar National University of Law, Hyderabad organized by Indian Institute of Cerebral Palsy, Kolkata on 7th March 2017.
- Rishita Mukherjee attended a talk with Vrinda Grover on Communal tension and changing times in Swayam's office on 14th March, 2017.

Recognitions

- ❖ Ms. Ratnaboli Ray was facilitated with the Alison Des Forges Human Rights Watch Defender Award at Zurich in November 2016 ~ about moving persons with psychosocial disability from invisibility to full citizenship.



- ❖ Anjali was featured in this book 'Made in Kolkata' by Fiona Caulfield which celebrates the city through its arts, crafts, textile and people driving it. *'The entries in this book are purely on the basis of merit and that has staying power'* stated Fiona in her introduction.

- ❖ Ms Ray on behalf of Anjali travelled to Pune as a panelist at International Conference INTAR, at PUNE hosted by BAPU TRUST. The International Network Toward Alternatives and Recovery (INTAR) gathers prominent survivors, professionals, family members, and advocates from around the world to work together for new clinical and social practices in response to emotional distress and what is often labeled as psychosis. Based in leading edge research and successful innovations, INTAR believes the prevailing biomedical overreliance on diagnoses, hospitals and medications have failed to respect the dignity and autonomy of the person in crisis.

- ❖ Ms Ray, at the Difficult Dialogues in collaboration with University College of London, participated in a debate on 1 patient for 400, 000 patients. She talked on '*How do we protect the rights of persons with mental illness?*' with Sri Keshav Desiraju, Dr Vikram Patel, Sri Anshu Prakash and Dr Soumitra Pathare as co speakers.

Funders

We are grateful to all our funders who have been supporting us through thick and thin for several years now. We would like to thank The Hans Foundation, who have been steadfast in their support of Janamanas, our community mental health programme and *Dhobi Ghar*. Oak Foundation has been Anjali's constant ally and helped the organisation grow from step to step.

Trustees

Ms. Ratnaboli Ray-Founder and Managing Trustee- a trained psychologist and mental health activist, who envisioned to transform India's state mental institutions, into centres of inclusive, empathetic professional care.

Dr. Debashis Chatterjee- Dr. Chatterjee has been practicing as a consultant psychiatrist with 20 years of experience. His interest is in the areas of mental health and human rights, gender and sexuality. He is also involved with mental health institutions like Mon Foundation.

Dr. ParomitaChakravarti- Currently, teaching at Jadavpur University, Department of English. She is also a visiting professor in several esteemed education institutes in Canada, USA and UK and has several publications in Indian and International Academic Journals.

Ms. Ruchira Goswami- She is a professor at National Institute of Juridical Sciences, Kolkata. She has keen interest in the discourses on mental health, human rights, gender and sexuality and collaborates with Anjali frequently.

Ms. Kalpana Kaul- Ms. Kaul has worked with International agencies like Ashoka Changemakers. She is now an independent consultant with many organizations and is provides able guidance and suggestions to Anjali consistently.

Ms. Ranjini Mukherjee- She is a Master Practitioner of Neuro Linguistic Programming certified by ANLP India. She is currently the Director of Public Relations at REACH, Kolkata.

