

# ANNUAL REPORT 2018-2019

By



## **About Anjali**

### **Brief History**

It was 2001 when Ratnaboli Ray started working in the female ward of Kolkata Pavlov Mental Hospital. What began as regular conversations with the women who were institutionalized 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 and this glaring injustice that formed the foundation for Anjali. Since its 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 Government 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 non-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 shall be 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. Our ideals are feminist.

## Director's desk

This year has been quite a momentous one. Anjali has consistently and consciously tried to curate new discourses- ones that are absent from the mental health field. We had two big events that I feel has opened up new possibilities- one was an International



Conference on Mental Wellness in Communities, that spoke about the care gap in mental health services, and in a first-of-its-kind initiative gave a platform to community mental health professionals to tell us about their experiences. It

was a big upheaval of power dynamics and changing who we listen to in such conferences. Anjali has always advocated the need to involve the community in mental health care delivery, but this conference set the ground for conversations that we, as mental health activists and organisations need to have. The second big thing Anjali did was the Sexuality and Mental Health Institute (SAMHI). If we are to look at mental health as a development agenda, we have to be looking at the intersectionalities of mental health. We need to look at sexuality, gender, the law, the history of psychiatry and antipsychiatry, literature and language, all of which are inherently related to mental health. But nobody is having these conversations. SAMHI was a week-long institute that had 30 bright participants who are either working in the development sector or pursuing relevant academics. They were so enthused by the end of it that I can proudly say it is another feather in Anjali's cap. Apart from all this Anjali is going through an exciting time. We've been fortunate to welcome some amazing people into our midst, whose energies are sure to benefit the organisation. I am busy preparing for some innovative ways of scaling up our programmes and hopefully this year we will make a foray into another state with our hospital-based intervention model. Do stay tuned for more!

## *Programmes*

Our work is primarily divided into three verticals:



***Voices*** is a pioneer intervention in the country that roots itself within government mental hospitals, to fight stagnant, regressive systems and champion human rights, social welfare and person-centric treatment of people with psychosocial disabilities. *Voices* does thorough advocacy with government departments, hospital authorities and staff, caregivers of residents and other stakeholders. It moulds itself around every person in the hospital who is abandoned and whose exit from the dreary walls of these hospitals is near impossible. The aim of *Voices* is to promote social inclusion and propel every individual living in these mental hospitals towards citizenship.

***Janamanas*** was born from the belief in continuum of care for people with psychosocial disabilities. It lies on the scope that the answer to the mental health treatment gap is not increasing mental hospitals and psychiatric wards and beds, nor psychiatrists and certified mental health professionals. *Janamanas* is founded on de-medicalisation, a term that is historically associated with the anti-psychiatric movement of the 1970s. This programme is based in resource poor communities, where mental

health services are delivered by local women from the communities who are trained in mental health and other related disciplines.

**ARC** is the think tank of the organisation. The organisation's conceptual framework, unique processes and strategies are created and modified at ARC. Liaisons with concerned stakeholders, that range from ministers to the last mile person in a remote location are planned and managed through ARC. It is responsible for recognising crucial data arising from Anjali's work on the ground, studying that further and developing interventions accordingly. ARC also conducts annual campaigns in varied forms in order to propagate the need for available, accessible, affordable, inclusive and intersectional mental health services.





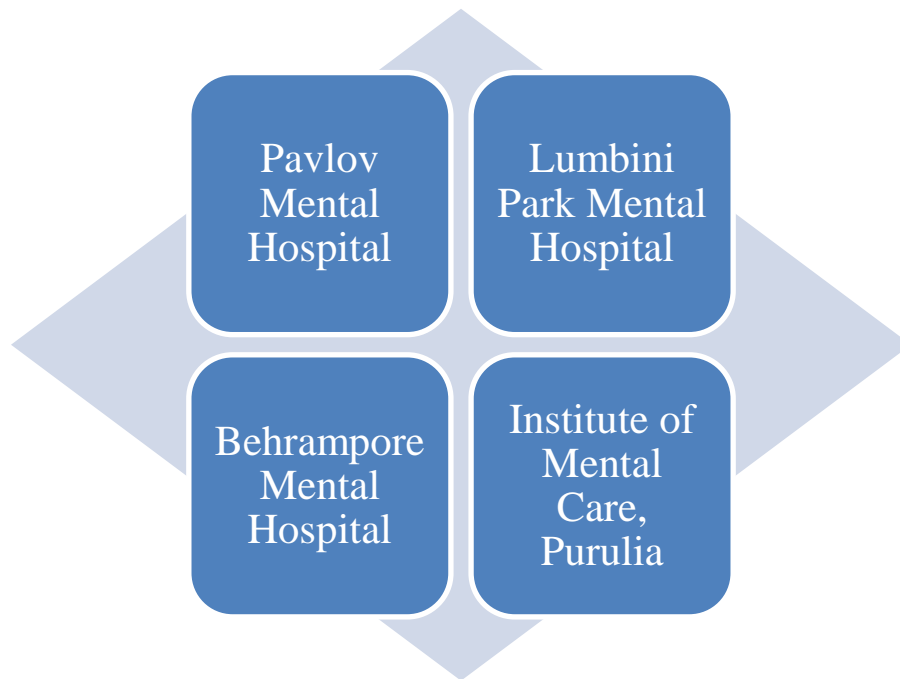
Ensuring the smooth functioning of the verticals requires committed efforts. Working tirelessly within strenuous circumstances may often result in exhaustion. Constant negotiations with the government, society and authorities of different kinds can sometimes become tedious and requires a quick break to charge up and the best way to recapitulate oneself is most often a few days away from the humdrum of the city! Thereby, *team building workshops* have been a priority for Anjali. These have contributed towards strengthening the core of the team towards achieving excellence in the work that we do. Like every year, this year too, the core team joined together for a team-building workshop in Lataguri. The intense three-day session (January 2019) aimed at the emergence of a close-knit unit with better understanding of the importance of working as a team. As several members of the team are new, this workshop was even more crucial so as to acquaint each member with Anjali's philosophy, work as well as the other members of the core team. The team building workshop was also a platform to discuss ways we can further develop our programs, strengthen the organisation and resolve HR issues.

## VOICES

Voices is a person-centric intervention programme, whose philosophy is grounded in the principles of the United Nations Convention on the Rights of People with Disabilities. The purpose of the UNCRPD is *“to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.”*

Voices works to establish the visibility of people living with psychosocial disability inside government mental hospitals and enabling them to find their lost ‘voices’. They have long been forgotten. While social inclusion remains at the helm of Anjali’s initiatives, a long-standing, consistent goal is to create peer leaders of the residents who make the transition from patienthood to personhood. They become agents of transformation, ushering in change both within the institution and outside in the community.

Currently, Anjali is working at all four government mental hospitals of West Bengal:



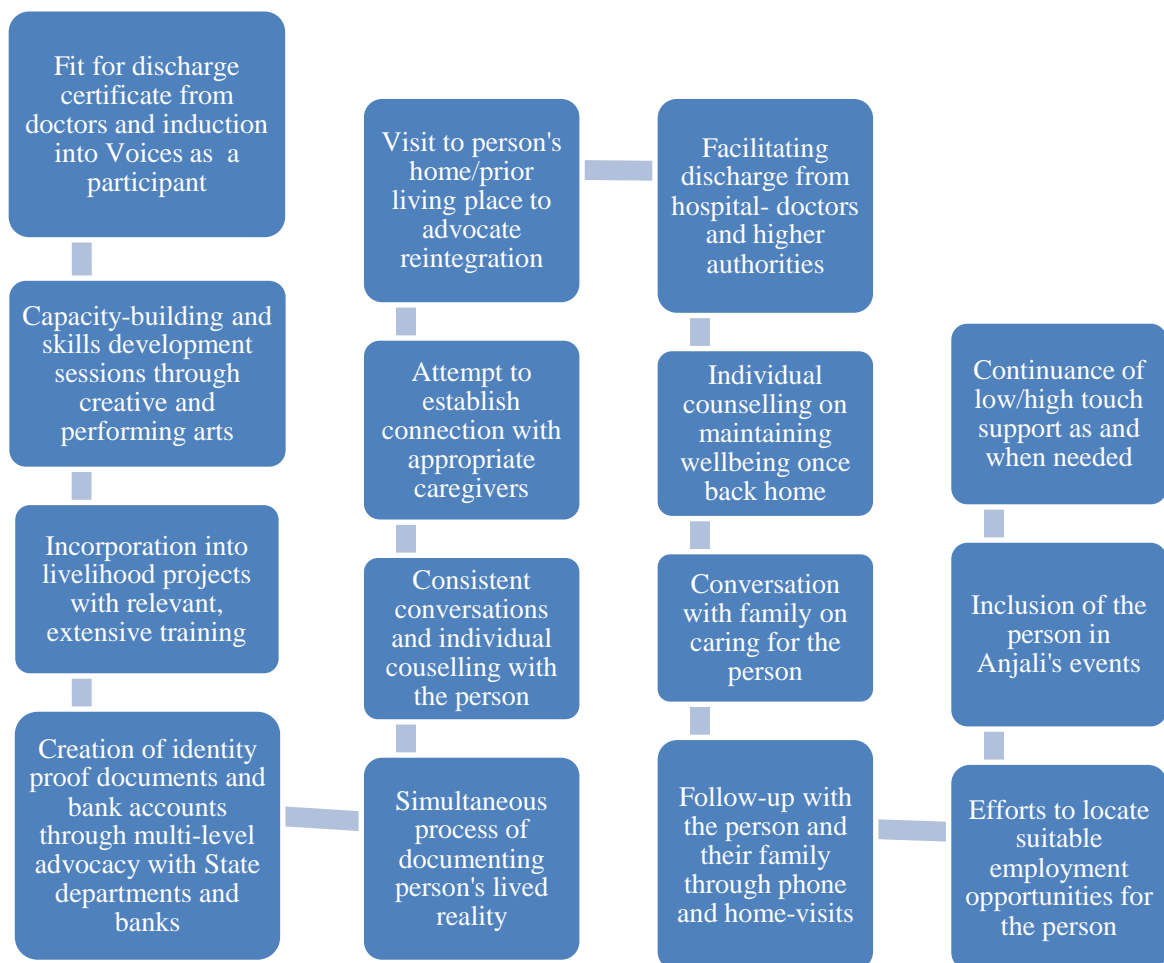
Anjali’s programme in all four government mental hospitals started as a rehabilitation initiative but gradually evolved into a programme aimed at building their selfhood and individuality, enhancing their capacity and social inclusion where our participants are facilitated to become full citizens of this country.

**Mission:** To ensure person-centric systems in government mental hospitals grounded on social justice and rights.

**Objectives:**

- ❖ To develop and render humane, inclusive services in mental hospitals;
- ❖ To advocate an inherent ideology of human rights within relevant government departments;
- ❖ To ensure active participation of all residents of the mental hospitals in all matters related to their lives;
- ❖ To create a sustainable and replicable model and move the State to adopt the programme.

The inter-relational process of Voices is:





The Voices team of Anjali is presently working with a pool of **173** participants (male and female) with psycho social disability languishing within the four Mental Institutions. Our hospital-based interventions include constant advocacy regarding the residents' well-being, the quality and quantity of food that they are served, hygiene, recreation (for instance, to be allowed go outside the ward) and prescription audits. These have been challenging but Anjali keeps at it so that the residents can be provided with a comfortable life inside the hospital. Anjali conducts sudden raids in the canteen (in all four hospitals) to check the quality and quantity of food and also remains in constant contact with the Superintendent in case of any malpractice.

### ***Livelihood Programmes aiming at agency and empowerment***

Anjali conducts an array of livelihood programmes at the mental hospitals each of which has been designed and initiated keeping in mind the interest of the participants as well as its viability in that particular region. Despite recovery, several residents still languish inside the confines of the hospitals due to reasons ranging from lack of family to families refusing to take them back. Although the MHC Act 2017 talks about voluntary discharge, lack of income opportunities due to prevalent stigma often become barriers. Anjali, therefore, started these livelihood initiatives in order to give the participants a platform to develop skills in order to become self-sufficient. These livelihood programmes began with training some participants who were interested as well as had potential to work in that particular field. One of the key goals of these livelihood initiatives is self-sustenance and Anjali strives for each livelihood to develop into full-fledged sustenance.

#### **❖ *Cha ghar***

*Cha ghar*, which was started in 2015, is a women-led program with 08 workers out of which **07** are participants of Anjali and residents of Pavlov Mental Hospital and **01** is a reintegrated participant. It is supervised by yet another of our reintegrated participants. *Cha ghar* caters to approximately 60 customers per day that includes families of the



patients who visit the OPD, doctors, Nursing staff and others. The canteen sells low cost food which has increased its demand even more. It remains open 6 days a week except



for Sundays. Besides providing low cost food, *cha ghar* also offers a congenial space for the families coming to OPD to discuss and chat before they leave for their homes which in several cases are far away. We also try to keep special food items in the menu card. All the participants working at *Cha ghar* have bank accounts which were again done by Anjali. Every participant gets paid for their daily work as per labour laws. Even the participants who have been earning by working in *dhobi ghar* and *cha ghar* buy food from *cha ghar* once in a while to break the monotony of hospital food.

*“I have been working for a long time now...even after I have gone back home. It takes me a long time to reach here but I like working here and being able to earn and pay for things by myself... there are, of course, good days and bad days... but this canteen has given me confidence...I serve tea and food...help with the cooking as well... I want to keep working here...”*

#### ❖ Bakery!

We have also started a bakery unit inside *cha ghar*. We had arranged for a workshop at Pavlov with 05 residents from the female ward and one of our reintegrated participants in the first week of September 2018 which was conducted by a renowned chef from Kolkata. When asked about their experience of baking, one of the residents said,

*“There’s something in the measuring and the sifting, where you don’t have to think and everything slips away; so it’s just you and what you are making...”*

Yet another participant of Anjali working at the bakery has exclaimed that the baking unit has been a completely new experience for her and that she has been learning a lot,

*“...the day I go to work at the bakery, it feels like a different day altogether. It is very different that the claustrophobic atmosphere inside the ward. Getting paid is yet another achievement as it gives me hope and the capability to buy things for myself, which is fulfilling.”*


The whole unit is now run and supervised by them. Our Supervisor had been a resident of Pavlov and has turned his life around with support and encouragement from Anjali. According to him, this bakery unit has not only given him further confidence but he also hopes to turn this place into a bigger success.

Similarly, it has also been a source of skill-development and building up confidence for the participants. The bakery has received immense appreciation and we have successfully completed a consignment of delivering 300 muffins to Wondabox. Wondabox is a start-up that provides ‘Tiffin service’ in schools and is located in Kolkata.



We have received further orders and Wondabox has proposed marketing strategies so as to help this initiative. Also, during Christmas, we had received bulk orders for cakes and muffins from several govt. officials and other customers. We are also looking for a separate space for the bakery unit inside Pavlov which we have identified and are

planning further developments.

 *The journey of one of our participants with Anjali*

*Mita Maity (name changed), 38 years, has been a resident of Pavlov since the past 6 years. She hails from a village named Rohini, Jhargram district, where she studied till class XII. Her father was a government employee and her mother, a homemaker. Mita had a tormented childhood. She remembers her father, an alcoholic, regularly beating and torturing her and her mother. Her father also had a history of depression but never sought any treatment. When Mita was in class XII, she fell in love with a boy who already had a girlfriend and refused her. This rejection could have been a crucial reason for her onset of mental illness. She had difficulty in sleeping, suicidal thoughts and aggressive outbursts. She has admitted to breaking household things in anger. She recalls hearing voices. Her parents got her help and thus began her treatment in Midnapore at a private clinic.*

*Marriage, child and abandonment: With treatment, Mita's condition gradually improved. Her father got her married to a quack. This person was very abusive, both mentally and physically. He used to ask for money from Mita's father on regular intervals and on her parents' refusal to meet his demands, Mita was returned to her paternal house. As her father was not willing to pay, her husband did not take Mita back. In the meanwhile, Mita was pregnant and gave birth to a beautiful girl. During this time, her mental illness relapsed. She ran away with her daughter and took shelter at a farmer's house in a village dominated by Maoists. According to Mita's story, one day, Maoists dragged both her and her daughter (8 years at the time) to a nearby paddy field and raped them. Despite the traumatic incident, Mita somehow managed to return to her parents' house. Owing to the trauma and the consequent affect on her mental health, Mita often left her home to spend few months here and there and then return.*

*Mita's brother, an Engineer by profession and lives in Allahabad, came to know about Mita's condition and all these incidents. However, despite it, he refused to take any responsibility of Mita or make any effort to help her. He took Mita's daughter's responsibility and sent the daughter in a boarding school at Kolkata with his name as the legal guardian. Her daughter has just completed her higher secondary exams. Her brother took their mother to Allahabad after that, leaving Mita alone.*

*Admission at Pavlov Hospital and life thereafter: Mita was admitted to Calcutta Pavlov Hospital by one of her relatives in 2017. She was brought to Anjali space in early 2018 and she has gradually become an active member of Anjali's Voices program. Seeing her keen interest in drawing and painting, we have provided her special support and training and encouraged her to hone her talent in art. She has recently received a gold medal and a certificate for her contribution in Artwork in an exhibition – Across the Lines, held at*



*Calcutta Pavlov hospital. Her painting was much appreciated in another art carnival in Kumortuli, Kolkata where Anjali took her for 3 consecutive days to give her a platform to present her artwork. Anjali's counseling and other support has helped Mita overcome her past mental trauma and shape her as a confident and competent individual with self aspirations. Mita is currently working at the Bakery unit (Anjali's livelihood Program) located inside Cha Ghar and earning to meet her personal expenses.*

### ❖ *Dhobi ghar*

*Dhobi ghar* has been functioning since 2015 at Pavlov Mental Hospital. *Dhobi ghar* is one of our most important projects striving towards achieving autonomy for our participants. We have recently scaled up *dhobi ghar* by tying with Baruipur State General hospital. A Memorandum of Understanding (MoU) has also been signed on 11 March 2019 with the Baruipur State General hospital for commercial washing of hospital linen. The participants working in here have become more focused, motivated, determined and confident. They are saving money for themselves and their families; some even send a small amount to their family members; they withdraw money from their bank accounts and spend on food from *cha ghar* or outside, jewellery, and clothes and other daily needs. It has given them an agency that they didn't have earlier. *Dhobi ghar* is open 7 days a week and we have about **23** participants working at *dhobi ghar* in four shifts per day.



However, we have been struggling with getting increased water supply and electricity which is a requirement for washing an additional amount of linen coming from Baruipur. We have already got a new machine but are awaiting the electricity load to be increased which has been delayed due to the elections.

*“It feels good to work amongst friends, sometimes we argue and get angry but that's normal. The rest of the time, we are a good team.”*

*“From the money that I save from my salary, I give my sister some money when she visits. This way I feel great because I'm able to help my family out.”*

### ❖ *Block Printing*

Anjali is in the process of consolidating and strengthening the block printing unit in the male ward at Pavlov Mental Hospital. The block printing initiative started in 2016 as training sessions which was later conceptualized as a livelihood initiative. The products that were being produced were on paper like different kinds of wrapping papers, brown paper bags and envelopes. For the participants involved in this, the few hours at the session are really about pouring about all the colours they have within them. We often notice the participants churning interesting patterns on paper.



However, this initiative required more focus and mentoring. We realized that the existing trainer was not competent enough to gauge Anjali's standard of quality. So we sat in a meeting and discussed the modifications that were drastically needed. We then did a reconnaissance and fortunately found a specialist from a textile hub.

Currently, **08** participants are involved in the block printing unit with 2 skilled trainers



and 06 interns. . We have now started working on fabric; we have produced cushion covers and bed covers but the quality is not yet up to the mark. We still have to work hard on colour fixing before it is ready for the market.



### ❖ *Sal plates and sabai grass handicrafts*

Anjali had initiated two components at Institute of Mental Care, Purulia which are byproducts of our sessions and is working on turning them into livelihood initiatives: eco-friendly crockery out of *sal* leaves and handicrafts out of *sabai* grass. Training on *sabai* handicrafts started around September 2017 while sessions on *sal* leaves commenced around June 2018. Participants actively take part in these sessions, learning from our trainers as to how to make *sal* plates and beautiful handicrafts out of *sabai* grass. These sessions were planned and designed keeping in mind their viability in the community and locality as well as the participants' willingness. About **22** participants engage in these sessions and training.



Both these components are at nascent stages and we are assessing means of possible marketability along with honing their skills. We have been able to sell some of



the *sabai* grass handicrafts but making the plates out of *sal* leaves marketable has been a challenge. Recently, we have been able to access a plate-making machine and a moulding machine from [Banglanatak.com](http://Banglanatak.com).

There were several conversations that we conducted before we decided to go through with it. It meant extra electricity along with close supervision of participants as the risk included accident. We hope that we will be able to produce standard eco-friendly *sal* plates and bowls soon along with creating proper avenues for its sale.

### ❖ *Kantha stitch*

In Behrampore Mental hospital (BMH), *kantha* stitch has been introduced in 2018 as byproduct of a sewing session. The work has been going very well. Under the guidance and supervision of trainers, Anjali's participants at Behrampore Mental Hospital have been trained on the skill of *kantha* stitch on blouse pieces and are being paid as well for every piece (Rs. 100 per piece) that they complete work on. A total of **13** women have been currently involved in this initiative, some of whom have been reintegrated as well.



However, it was important to increase the number of livelihood programs so as to involve more participants and give them all different options as well as opportunities to earn an income. We had approached the Additional District Magistrate (ADM) and then the Project Director of DRDC (District Rural Development Cell) for providing training to our participants on livelihood skills. He further referred us to NABARD. On our approach, NABARD has recently agreed to provide training funds for candle making training and has appointed RUDSETI to provide the training. *RUDESETI is a resource organization committed to Entrepreneurship Development through motivation, training and facilitation.*

### ***Jewellery and bowls out of Polymer clay (M-seal)***

Anjali had initiated a training session aimed at livelihood at Lumbini Park hospital. This particular initiative involves making jewellery and bowls out of polymer clay (M-Seal). This initiative has been engaging as several participants have shown interest in it and they actively take part in these sessions.

One can see several men and women enthusiastically kneading the clay and carving different shapes out of it which are then designed as unique neckpieces. These sessions not only challenge their creative cells but kneading also stimulates their nerves and muscles. Kneading has been known to relieve tension in the muscle by stretching and mobilizing the muscle fibres.

However, we have observed several participants engaging in this session which, although, highly fulfilling, has made it challenging to turn it into a full-fledged livelihood component with so many participants. We are, henceforth, in the process of coalescing into a compact group of participants who are more involved than the others which will then help us think about ways to turn it into a livelihood component.





## *The Right to Vote!*

Anjali focuses on promoting equity and improving the social, cultural, economic, environmental, and political health of the communities served. It was also crucial to give these residents who have been languishing inside the hospitals for so long devoid of any rights the recognition as citizens of this country. Anjali also recognized that



there was no existing system to facilitate voting by hospitalized residents and that hospitalization is often a barrier to full participation in citizenship. We aimed to expand the hospital's residents' access to the polls. While voting laws trend toward universal suffrage, there are still some who encounter barriers in exercising the right to vote. Citizens with mental illness or cognitive and emotional impairments are especially vulnerable to exclusion from the political process, contributing to disenfranchisement. Facilitating the process for hospitalized patients to vote can increase their agency and amplify their voices and concerns. Through exercising their civic responsibility, psychiatric patients can have a hand in shaping a community in which they feel valued. Several residents don't possess any identity cards or had lost them. Most didn't have a family to return to, hence, any possibility to get the identity from their home was void. Hence, Anjali started advocating for its participants in order to get them their voter id cards.

During discussions with the participants on the importance of voter ID cards, one of our residents exclaimed,

*"I am a citizen of this country but have no certificate to prove it. It is basic right, don't you think? Just because I suffered from mental illness at some point, it doesn't make me any less human or any less a citizen of India!"*

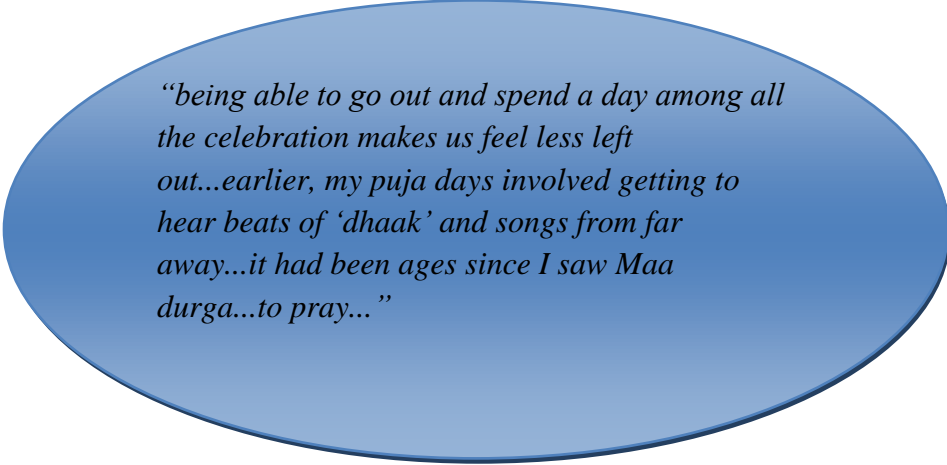
We were able to submit **54** applications from Pavlov Mental hospital. We have already received **51** voter ID cards. We have been able to achieve a similar victory at Behrampore Mental hospital as well where we were able to successfully submit **65** applications and received **64** voter ID cards.

### *Challenge*

However, just like getting voter ID cards at these two hospitals was one of Anjali's biggest victory, one of the biggest setbacks that Anjali faced in the past year was at IMC, *Purulia*. It was the rejection of our applications for voter ID cards. Despite the fact that we were successfully able to submit applications of **44** residents for voter ID cards, the SDO cancelled all the applications referring to the ROPA (Representation of the People Act), 1950 according to which, "a person who is a patient in any establishment maintained wholly or mainly for the reception and treatment of persons suffering from mental illness or mental defectiveness, or who is detained in prison or other legal custody at any place, shall not by reason thereof be deemed to be ordinarily resident therein." We had taken the help of the Block Development Officer (BDO) and the MLA (Member of the Legislative Assembly) for these applications. However, the Sub-Divisional Officer (SDO) is in charge of the voter ID cards. It could be that our procedure may have been misinterpreted by the SDO, which led to the rejection of the applications.

## *Events*

**Puja parikrama:** Like every year, we celebrated *durga pujas* by *pandal* hopping with the participants of Pavlov and Lumbini Park mental hospitals as well as at the district mental hospitals (IMC, Purulia and Behrampore Mental Hospital). The rationale behind these small yet significant celebrations has been to not only take them out for recreational activities but a baby step towards social inclusion and mainstreaming. The participants were readily dressed, curious and enthusiastic like every year, to go out and visit several *pandals* and witness the grand idols of *Maa Durga* and her children. It is not only a day of celebration for them but for us as well as we get an opportunity to see them outside the monotony of hospital life, we get to witness a different side of these individuals who are not only cornered and stigmatized but have been given up by a huge portion of the society. These *pandal* hopping gave them a sense of ‘normalcy’. *Durga Pujas* also gives the residents a glimpse of the real world. It is a window for them to exercise transacting skills, social skills and most importantly their right to pray. The hospital does not have any space where they can pray. Anjali provides an opportunity to gauge how society looks at marginalized, the ‘other’ and engage with the larger public on issues like integration, acceptance, love and compassion.



*“being able to go out and spend a day among all the celebration makes us feel less left out...earlier, my puja days involved getting to hear beats of ‘dhaak’ and songs from far away...it had been ages since I saw Maa durga...to pray...”*

**Picnic:** Similarly, the primary goal of picnics every year with the participants is to involve them in several activities, learn more about responsibilities in taking care of oneself as well as the fellow residents and also have a fun-filled day. Thereby, Anjali also took the participants of Kolkata hospitals for a picnic (Pavlov and Lumbini Park together) and at Behrampore Mental hospital which was filled with fun, laughter, games and delicious food. It paved way for them to not only freely engage with other participants



from a different hospital but also spend a day outside, enjoying a warm winter afternoon. There were friendly competitions which were arranged for them; games which they were excited to play. We rejoiced together, dancing to the music that the participants had requested for, thereby, giving this day an altogether different hue.

We celebrated *our first picnic* with the participants of IMC, Purulia this year (6 February 2019). We were a little apprehensive initially because this was the first time they were all

travelling together. We were not aware of their habits, phobias, fears and/or panics. Much to our surprise, they proved us wrong! Not only did they celebrate with each other and made friends, they were ecstatic about winning prizes for the games! In fact, one young man quickly went to the toilet changed into a T-shirt and came out to show off his



new prize. The afternoon saw them all singing tunes of some classic Hindi & Bengali songs, relaxing under the mango tree!

This was an opportunity for the participants to be confident without being judged and an opportunity for us to understand who were disconnected from the process, Three women sat in the shade for the entire day not participating in any activities. We tried our best to cajole them and motivate them but their cryptic answer was '*bhalolagchhena*' (not feeling well). This meant reporting back to their counsellors and redesigning our counselling sessions. One of the best outcomes was that the owner of the picnic spot was moved and at our request, he has given one of our reintegrated participants a job at his *dhaba*!

**Basanta Utsav:** We also celebrate Basanta Utsav with the participants every year. This celebration mainly focuses on involving all the residents so that all can enjoy and spread colours of joy. It is also an opportunity for the participants to develop team-bonding, build confidence and also engage with the Nature in all its glory.



On Basanta Utsav at IMC, Purulia on 5 March 2019, the Superintendent of the 'Special Correctional Home', Purulia approached us informally to start a similar **capacity building and livelihood skills training program within the jail** where about 18 male inmates live under lifetime imprisonment. An

assessment will be conducted to understand what activities we can undertake. We are contemplating on a mask-making training program which can be an option.

## *Reintegration*

As witnessed by Anjali, all four mental hospitals have overwhelming numbers of recovered patients who are not being able to go home due to several reasons. All the hospitals witness overcrowding of residents leading to the sharing of hospital beds and, in some cases, residents compelled to lie on the floor. Anjali, through series of efforts, has worked tirelessly to reintegrate several participants back with their family or sending them to a 'home' in case of no family.



Furthermore, the process of reintegration also requires home visits and follow-up visits, talking to the family and community in order to end stigma and discrimination and several other advocacy moves in order to make a reintegration successful for the participant. These processes of locating one's family can often be fraught with several challenges.

We have had some cases where we were unable to find any house or even the location. In some others, finding the house itself has been a challenge.

### *Returning Home...*

***A reintegration that took us across borders:*** A recent reintegration of a resident of Pavlov Mental hospital, Seema (name changed) has not only been an achievement for her but was also a heartwarming experience for us to see two old parents coming all the way from Nepal to get their daughter back. Seema, a 26 year old young woman had been staying in Pavlov for more than a year. Seema had been abandoned at an empty station from where she travelled by herself all the way to Kolkata. Anjali had been striving to reintegrate her with her family. We tried to gather information regarding the location of her house from Seema. She mentioned that the name of her village was Balara, located near Sitamari. She had even given us the names of her parents and her brother.

While locating the area, Anjali's case worker talked to the Sitamari P.S. where she was informed that the village is situated at the Indo-Nepal border and the nearest P.S. to the village is Majorgunj. Talking to the SHO (Station House Officer) of Majorgunj P.S., he mentioned that the village is about 20 kilometers away from the P.S. and that he would help find Seema's family. The journey to Majorgunj wasn't easy but our case worker finally reached there only to know that the SHO had changed. Further conversations with him led to him giving our case worker proper information about the village. The village wasn't at the Indo-Nepal border but inside Nepal. As we were completely unaware of this, we did not have any permission to cross the border. Therefore, it was not only a difficult decision for our case worker as she had to cross the border but there were also a lot a uncertainties related to whether we would still find her house.

On repeated appeals to the SHO, he told our case worker that he would help us in every way till the border but the permission, if required, would have to arranged by us and that he would not be able to help in any way. Despite these impending risks, our case worker along with a Chowkidaar of the P.S. made their way towards Balara, also named Adabalara. Fortunately, the Chowkidaar was sympathetic towards our cause and he took our case worker through a village where they didn't have to halt for permission. Crossing the border into Nepal through the village named Basvita, one side of the community was in Nepal while the other in India. Enquiring the local people about S.D.'s house, they were able to identify her family as well as the house. One of Nepal's Chowkidaar also joined in the journey. Reaching Seema's house, our case worker saw Seema's father putting a roof on their house. After the Chowkidaar narrated the story to her father, he came running down with tears in his eyes, wondering how this could even happen! We got to know from her father that the story he knew about his daughter was that she had been living with her husband at her in-laws' house from where she left one fine day. We also heard narratives of Seema. being a victim of domestic violence but her parents had requested her to adjust and compromise as is the case with several families pressuring their daughters to remain in marriage despite violence and torture. It was decided that her parents would come with our case worker to get her. One of their neighbours came forward to help them get a bus to Patna as our case worker had yet another home visit to go for. On reaching Patna, our case worker met with Seema's parents brought them along with her. Two of Seema's relatives also joined (her sisters' husbands) as her parents were old. On reaching Pavlov, we got to know that Seema. had not left her house by choice but was abandoned at a station by her husband's brother with the false promise of taking her to her paternal house. Boarding different trains, she somehow reached Kolkata after which she was finally admitted to Pavlov by the police. Seema. had suffered from initial panic, anxiety and distress but did not have any severe mental issues. Seema has gone home now and we have followed up with her several times to know how she is. We have also talked to her parents and asked them to not send her back to her husband which they were contemplating. We have also talked to them about being caring and understanding

towards her. Her brother's wife has also been very supportive in this situation as that is crucial for Seema to live a peaceful life and prevent further situations like this.

***Finding the banjara basti:*** This narrative of finding the home of one of the residents of IMC, Purulia was not only challenging but had a huge possibility of defeat. This is the story of Kalyani (name changed), a young woman of about 29 years who had been living at IMC, Purulia for about 3-4 years.

According to her narrative, she was married at the young age of 15 years. None of her family were educated or had ever gone to school. After initial days of good behaviour and happiness, she started being abused verbally by her mother-in-law for not bearing a child even after 3 years of marriage and later by her husband who was an alcoholic. She was even tortured physically and was prohibited to even meet her parents for over 3 years. After giving birth to a son, she gave birth to a daughter who didn't survive for being prematurely born and some health issues. After a few days, she was going somewhere with her husband (she wasn't able to specify the destination) she was abandoned by him in a bus which he left suddenly after boarding it with her. The bus left her at a stranded road which led to a jungle. As per her narrative, she stayed there for a month after which a local person helped her with money using which she boarded a train, came to Bankura and went to the police herself. It was the police who took her to a home from where she

was transferred to IMC, Purulia. She belonged to a *banjara* community (a nomadic tribe) and lived in a place named Nayi Banjara basti. She was just able to tell us that she lived in Allahabad along with her family in tents. They had a small shack where they sold *ayurvedic* medicines. She had a sister who lived at a place named Manikpore along with her husband, a place she described as surrounded with hills.



Two of Anjali's team members went to Allahabad in search of Kalyani's family and house. On reaching there, our team members found the *banjara basti* to have disappeared due to the construction of a flyover. They went to several other possible places like the hospital lane, *purana basti*, etc. but couldn't find any trace of the community anywhere.



Even the police stations and local people could not identify her father's picture. Our team members then decided to go to Manikpore in search of Kalyani's sister. While arranging for a car for the journey, they got to know that there were four places named Manikpore out of which three resembled Kalyani's description of it being surrounded by hills. Using their presence of mind, our team members recalled that Kalyani had told them that it took her 2 hours on a train to reach Manikpore, which meant it would take approximately 3-4 hours by car. Following by that intuition, they narrowed it down to one Manikpore in the Chitrakoot district which was at such a distance. The driver was very discouraging saying that no *banjara* community lives there. Despite discouragement, they set for the journey and after reaching, started knocking on every door and asking every person they met. Although it was a very small town, nobody could identify Kalyani's father-in-law's name or give any information about any *banjara basti*.

Finally, at the juncture of defeat when our team members were thinking of returning, they had stopped at a tea stall for a cup of tea. While enquiring about Kalyani's sister's father-in-law there too, a priest identified him telling that he was his friend. He then took them to their house where the doors were locked. A local helped them by calling Kalyani's husband who was then connected to our APM at Purulia. Our APM immediately downloaded an app for video calling, called Kalyani's sister who identified Kalyani and came within two months to take her home. In the meantime, there was sad news of Kalyani's father's demise. Her mother lives with her sister and now they live together. Kalyani keeps calling our APM and we keep following up with her through phone calls.



## *Legal Support*

Anjali realised the need for legal support for the men and women with psycho social disability languishing in hospitals or living in the community. We felt that legal support will strengthen a person to fight for his/ her rights and entitlements. It will also have a greater impact, if the legal team of Anjali secures favourable judgements, which will become precedence for other cases. This support needed to be built in as an integral component for all Anjali's programmes as it would help in strengthening the advocacy component of Anjali.

Anjali has provided legal aid and support to several participants residing within the hospitals. A legal consultant is working with the team, focusing on issues related to property, matrimonial suit and child custody. Some cases are mentioned below. Names have been changed in order to maintain confidentiality and ethical commitments.

**A case of strategic usurpation of property-** A former resident of Lumbini Park Mental hospital and a reintegrated participant of Anjali is currently residing at Apanjon Home. G.B., despite having a house of her own, has not been able to return there due to property related issues. Conversing with G.B., she has shown earnest appeal for help regarding getting back her home, "*bari tajodipaoa jay, taholeamararkonokichu chai na*" (If I can get back my house, I don't want or desire anything further). Anjali has decided to provide legal support in order to help G.B. get back authority over her own house that has been forcefully captured by her tenants. There was a recent meeting with Anjali's lawyer was conducted in the presence of G.B.'s daughter and niece and the procedure to file a case against the tenants in order to get back at least a floor of the three-storied house are ongoing.

**A case of wrongful termination-** A former employee of GSI (Geological Survey of India) and a participant of Anjali currently residing in Pavlov, S.S.G. was sacked from his job and the reason given for it was his mental illness. Despite the fact that he has recovered now and is a very active participant in all the activities and sessions of Anjali, he has not been able to get his job back and Anjali has been helping him with legal support to get his job back. We have talked extensively with S.S.G. regarding this issue as to what he wants and he has mentioned "*amar dosh bochorakhon o chakri ache, set amicheredebo kano? Higher authority' asohojogitayamikaaj e join korteparchina...tai amareilorai*" (I still have about 10 years left at GSI. Why would I leave it? I am not being able to join back to work due to the lack of cooperation of the higher authorities. That is why this is my fight).

**A legal battle between A.S & her in-laws on property rights-** A.S.is a recovered resident of Pavlov staying there since the past 5 years and an active participant of Anjali who presently works at *cha ghar* and the bakery unit and was earlier involved in the ‘Tie and dye’ livelihood project. A divorce was filed against her husband and she wanted to claim the ornaments and other belongings that A.S.’s family had given her during marriage which her in-laws were not very keen to give back. The legal support to A.S. was being provided by Anjali. However, due to the recent demise of her husband, the case has been nullified. We are also looking forward to her reintegration in her sister’s house as her parents have died. However, due to her sister’s initial refusal to accept her and sudden interest in taking her home after her husband’s demise along with few other complicacies regarding property has made us start thinking about how we can help her legally and socially. The same sister who had no interest in taking her home started showing exceptional love and care towards her and has even started visiting her at Pavlov frequently. We are thereby a little skeptical about sending her home with her sister as there is a possibility that A.S. may end up being manipulated and her property usurped by her sister.

**Anjali’s support in a case of mob violence leading to death-** The case of U.B. will be remembered by most of us as it was all over the social media as well as newspapers. Although she wasn’t a resident of BMH or in any way directly related with Anjali, this particular case exposes the horrific tale of a woman suffering from mental illness being beaten to death. In a village named Sekendraunder Raghunathganj Police station District Murshidabad (WB), U.B. was killed by the local public in the presence of local police. Anjali has provided U.B.’s husband with legal assistance and help. It is Anjali’s philosophy to stand up for women with mental illness facing injustice and/violence be it inside the hospitals or outside our intervention area. However, U.B.’s husband got married around September 2018, following which Anjali withdrew legal assistance given to him to fight for the injustice.

## *Leave of Absence*

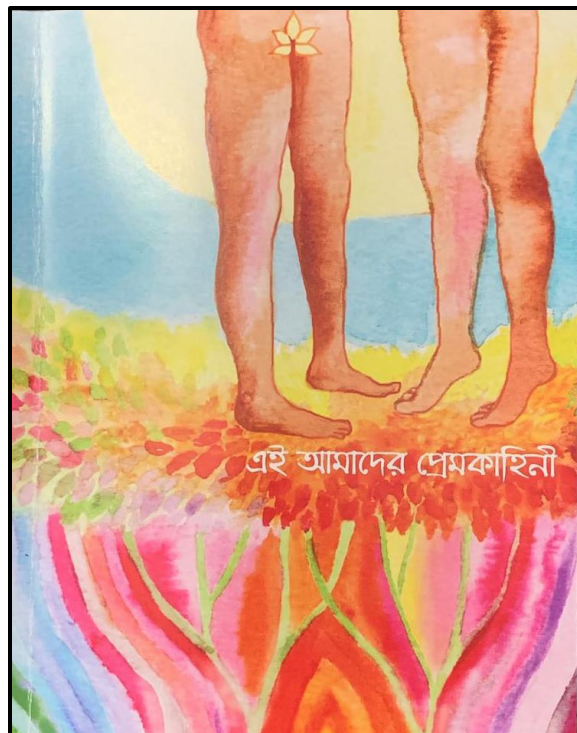
Leave of absence is a very important step towards reintegration. This is because several families often fear and feel inhibited to take the residents back as the images stuck in their heads are the ones of violence or aggression. The fact that they have recovered and their behavior was a consequence of their mental illness is something Anjali strives to communicate to their families and these family visits become opportunities to show them and convince them of their recovery. All the other hospitals that Anjali works with, has received permission for LOA (Leave of absence) except IMC, Purulia. Recently we have received permission from the Superintendent at a meeting in for LOA until Swasthya Bhawan sanctions it. We have successfully taken several participants to meet their family or for other events on LOA. Also, Anjali conducts *puja parikrama* and picnics every year in all the hospitals in order to take the participants out of the monotony and drudgery of hospital life and LOA is an effective tool for that.

## *Conversations on Sexuality*

### *'Ei amader prem kahini' (This is our love story)*

Anjali understands the need for a dialogue on sexuality and other aspects of it that are often deemed absent or are forcefully condemned within an institution that inhabit persons suffering from mental illness. However, that it could help a person's psychosocial health and/or the possibility of finding pleasure even within such a restrictive environment can be empowering.

Anjali, therefore, developed and had published a Bengali handbook '*Ei Amader Prem Kahini*' (This is our love story) which is a handbook on sexuality for women with mental health issues/conditions. The uniqueness of the book is that it can be used by anyone and not just women who are languishing in mental hospitals. Anjali understands the need for a dialogue on sexuality and other aspects of it that are often deemed absent or are forcefully condemned within an institution that inhabit persons suffering from mental illness. The



book moves away from a heteronormative discourse of sexuality, thereby, opening up different non-conforming avenues of exploration.

Anjali has piloted the book with the female participants of Pavlov Mental Hospital to discuss about sexuality and their reaction on it. There have been three sessions where the stories of the Bengali book are being read to them followed by conversations on sex, desire, sexual urge, masturbation, etc. to normalise these concepts of sexuality that are taboo in the society, let alone within the ambits of a mental hospital. The need for an open dialogue on sexuality can not only shatter the taboo associated with it but also help them explore their 'bodies' and sexuality. The aim of these conversations was also to understand their perceptions regarding these. Some of the participants have responded well in the sessions despite being shy in the beginning and have asked several questions regarding different aspects.

### *Assisted Living*

Anjali feels that its role would be to fill in the gaps where it is and/or to supplement/compliment Govt. effort. Recently, Lumbini Park has shifted to a new building and on repeated appeals of Anjali, Health and Family Welfare and the Dept. of Social Welfare is planning to renovate the old building and initiate work on it to turn it into a rehabilitation home for participants with nowhere to go. Anjali will perhaps be partnering with the Govt. in this effort and will also give its opinion on how the space would be designed along with the furniture that would be required. The process of making a list of the necessary items is ongoing based on discussions with the participants and their requirements.



Furthermore, Anjali has negotiated with the authority of Pavlov hospital to start an open ward. A building within the female ward of Pavlov Mental Hospital has been identified where female residents already live in to turn into a rehabilitation ward. The residents

currently living inside this two-storey building are to be shifted and this space is going to be transformed into a 'home' where recovered residents of Pavlov are going to live more freely, with more autonomy and agency. Anjali's psychologist has made a list of 27 female residents (a mix of Anjali's participants and residents of Pavlov) out of which 4 have not shown much interest in shifting to the rehabilitation home probably because they are already comfortable in that space. Anjali is planning to visit the building in Pavlov very soon before deciding on how many can actually live there comfortably. We have also had a session with the participants to know what they want in their new home. Anjali is also contemplating to make infrastructural changes as well in order to turn the hospital into a transient home. Planning regarding changes in furniture, paint, dinner time, etc. are on its way and these may seem cosmetic changes but are very closely linked with a person's identity.

### *Landscaping*



We have recently completed a landscaping work in the female ward of Pavlov Mental Hospital the designs of which were decided on and selected by the participants themselves. This initiative has emphatically contributed to the well-being of the residents of Pavlov. There was a space within the female ward that could basically be called a dump yard. The space was unhygienic and also reeked severely. A hospital premise in such a precarious situation can have extremely adverse effects on the development and healing procedure of its residents. The stink prevented the residents from coming out of the ward which in turn made their symptoms of depression shoot up.

Therefore, there had been an intention to change that space into something that would positively contribute towards their mental health. Finally, under the funding of Jane, Anjali was able to embark on this project of beautifying the space. The residents take care of it, keep it clean and also ask others to maintain it. It is a space that they are very proud of and makes them feel relaxed as well. Wall paintings have also been done by the participants under the guidance of our art trainer. The garden has invited several birds



and butterflies; the greenery has been calming for their eyes and the space, in an overall sense, has been recreational for them where all the residents can spend some time instead of being trapped within the hospital ward. The participants have also done beautiful artworks on the walls turning the whole space into aesthetically pleasing and calming. The wall paintings, again, depict their desires and dreams and are colorful portrayals of positivity.

*Wall paintings at the entrance of IMC, Purulia*

The participants of IMC, Purulia, under the guidance of our Art trainer have carved out beautiful paintings on the walls at the entrance of the hospital. The idea of this endeavor was to encourage the participants to explore their selves through the medium of painting. Using the shades of red, black and white, the participants engaged in sketching and painting their perceptions. The paintings range from exhibits of self portrayals to their aspirations; their beliefs and their loved ones; plants and flowers; turning the wall into an amalgam of beauty and creativity.







## JANAMANAS

The primary objective of the Janamanas programme has been capacity building and hand-

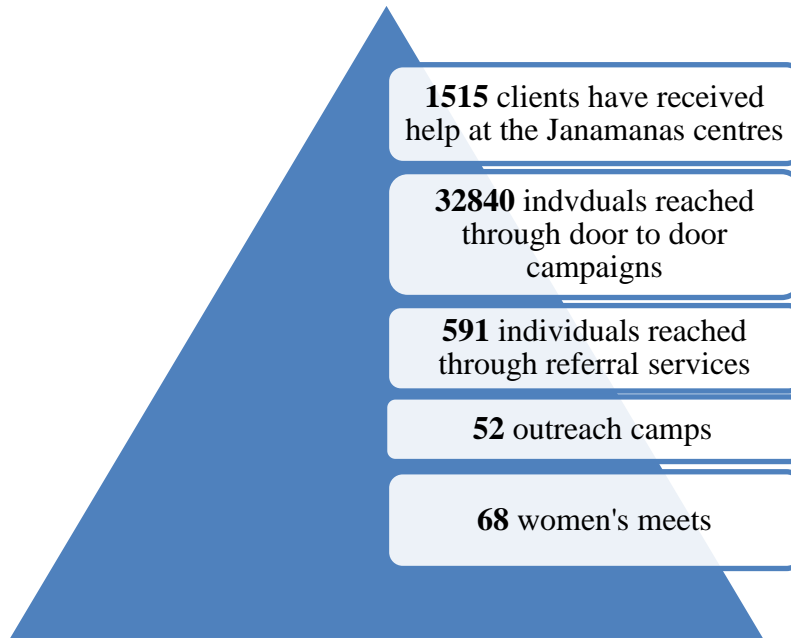


holding support to the centre operators and community outreach workers. Janamanas wished to further provide continued advocacy with the municipal authorities through high touch communication and feedback mechanism to ensure mainstreaming of mental health services with other services of municipality. The aim is to reach out to as many people as possible and de-stigmatise mental illness so that anybody feeling any kind of mental distress can come for support and counselling. The notion of mental illness being associated with a certain amount of inhumanity along with the stigma attached with anyone seeking help needs to be shattered and

Anjali, through its Janamanas program, dreams to achieve exactly this, a society that is sensitive towards mental illness.

Anjali presently has **14** barefoot professionals (7 centre operators and 7 outreach workers) in Coochbehar Janamanas team, **07** centre operators and outreach workers in Rajarhat and **14** (8 outreach workers and 6 centre operators) and **1** volunteer in North Dumdum.

In the past year,



### *Expansion of Janamanas at North Dum Dum*

Like Coochbehar and Rajarhat, Anjali realised the importance of scaling up the Janamanas program. As a result, Anjali initiated a similar intervention in North Dum Dum in collaboration with the municipality, the office of which was inaugurated on 2 March



2019. 14 women have been selected after initial training of 55 women from a SHG group. They have been trained as peer leaders and trainers who would provide mental health services in the area. 8 are going to work as outreach workers in the field while 6 will work as centre operators and

will provide counselling. A MoU (Memorandum of Understanding) was signed on the occasion by the Chairman of the North Dum Dum Municipality. Anjali has also been provided with a small room which has been turned into an office. Awareness programs through wall painting and loudspeakers in autos have been conducted in North Dum Dum.

Counselling training is under planning stage and is going to begin soon. The counseling training is going to be conducted by Samikshani. Samikshani pioneers the integrated approach of addressing mental distress as a psycho-social phenomenon, thereby combining awareness programs, psychiatric and psychotherapeutic skills to address the issue. In order to achieve these objectives, training of mental health professionals is the foundation of sustaining the services provided.



Samikshani, therefore, also offers a variety of training programmes for aspirants.

A survey has commenced in order to map the socio-economic scenario and select areas based on it. It is being done by BASELINE along with some of the women who were not finally selected for the program.

### ***Resource Hub at Coochbehar's Janamanas centre***

Many people visit the Janamanas centre located at the Coochbehar municipality from a wide range of locations. We realized that we could not only utilize this centre by providing people with help, assistance and counseling regarding mental distress or issues but also use it to provide service in the community by creating a resource hub. This resource hub would cater to women, men, adolescents, children and all people in general in case of any problem. Therefore, the Coochbehar Janamanas centre has started working as a **'One Stop Crisis Management Centre'** which would help people with detailed information regarding how to get an Aadhar card, voter id card, ration card, bus or train concession, opening a bank account (or helping fill up forms in order to add another person) , 100-days job, information regarding *abashyojna* and how to get help in that regards along with guidance on how to get medicines at low cost/ without charge from hospitals, issues related to menstruation and/or pregnancy (pregnancy card) among several others. There are several issues that women face or experience in cases of which they either feel the inhibition to approach for help or due to the lack of knowledge regarding who to ask. Janamanas at Coochbehar has created liaison with several institutions, medical shops, banks and others in the area so that a leaflet from Anjali will compel, if not willing, the employees of a particular institution to help these people in need. This centre works as a safe space of both information as well as guidance regarding several issues.



Apart from guidance, people also receive accompaniment to locations as per requirement. This not only prevents people from knocking on every government office doors for information that they may hardly get but will also helps them from confusions and anxiety.

Livelihood opportunities are also provided here through women's meets so as to help women and adolescents become self-sufficient and also capable enough to contribute towards their families. Women are trained at every women's meet on



certain livelihood components which they can utilize to earn a living. Anjali has provided training on making neckpieces & earrings, clutches, chandeliers and bakery among others. Using these trainings, these women make the products and sell them as per their capability and need. We also help them if they are unable to sell their products and create liaisons with shops and markets where they can supply their products and earn a stable income. We want to implement this community-based centre in other locations too. A different area has been identified in Coochbehar *panchayat* where we are thinking about a similar model-intervention. It is under planning stage.





### *Lived experiences*

The Janamanas programme has been able to bring about positive and effective transformation in the lives of many. It also highlights the challenges the team faces in some cases which may be more complicated than others. Hence, some cases may require more time than others. Some brief narratives are as follows:

✚ *“Don’t come to me...You will get affected by the virus that America has sent for me, they (America) are conspiring against me”*, S.C. screamed out.

S.C. (name has been changed), 42 years old, a resident of Birati and the youngest of the three siblings, used to live a mysterious life alone in her house. She used to leave her house only during the night. Neighbours of S.C. reported that she was seen every night going to the local shops to buy groceries and coming back with very limited items. Sometimes she used to spend the whole night without cooking or even eating anything. S.C.’s old mother was very disgusted with her behaviour and had moved to her son’s place. The situation had taken a worse shape as her health condition began deteriorating to a great extent.

S.C.’s elder sister got very worried and she was the one who called up Anjali for help. Our Janamanas team visited her place at Birati but as they attempted to enter her house, she started screaming and stopped them, uttering the initial lines as mentioned above about being attacked by America. Our centre operators were standing outside and S.C. was standing in front of her door and constantly shouting about some dreadfully contagious virus. We also got to know that she generally does not allow anyone, not even her sister and nephew, to enter her house. Janamanas counsellors tried to calm her down with their friendly gestures and comforting voice. After about 20 minutes of intense conversation and convincing, she finally allowed them to enter and gradually started talking about her personal life and issues. Anjali’s Janamanas team observed that she was suffering from rigorous breathing problems and her body had become too weak to walk and/or even talk. She was finally convinced that she needed treatment for her health issues. The local club, local councillor and her neighbours were informed and asked for help to bring her to hospital for treatment.

It was surprising that on the following day when the Janamanas team arrived at her place to take her with them to hospital, she was already dressed up in a neat and clean new suit and sat in the car without showing any inhibition or reluctance. She was taken to Pavlov hospital and prescribed psychotic drugs. She was also advised to not stay alone in her house. S.C.’s sister and brother in law took her with them and used to also take her to the Janamanas centre every month. S.C. started getting better day by day as a result of regular medicines and counselling sessions. In the counselling sessions, she used to share

her feeling of being deprived from her family. Her parents' indifferent attitude toward her marriage still hurts her a lot but we have also seen her gradually employing coping mechanisms to deal with it. Being insisted by the centre counsellors, she has begun penning down her thoughts as well as her life through poems and stories. Other than that, she has started engaging in household chores at her sister's house and also takes care of her nephew. She participates in all of our women's meets and special events. Nowadays, she comes to the Janamanas centre once in three months. A few days ago, she called up Janamanas and mentioned that. *"I have to take care of my nephew after he will come back to school...his exam is going on... I cannot come...May I call you if I need your help?"* As we were happy to oblige with her request, we also realised that she is slowly but steadily transforming into a beautiful individual who can take up responsibilities, can take care of herself now and also others.

✚ A 32 year old young adult, working in a private company and married for last two years, A.G. came to Janamanas with his wife for support. In the first session, he did not talk much and his wife explained to us the whole story.

As per her narrative, they have been going through a tough time in their conjugal relationship. Her husband was in love with another girl but could not get married to her due to opposition from his family. His family finally arranged this current marriage against his will. He did not want to get married to a 'fat' girl, but coincidentally his parents found a girl for him who has a healthy structure. According to the husband, he feels uncomfortable to get sexually involved with a 'fat' girl. This notion of 'discrimination' and 'exclusion' is so deep rooted in him that he is unable to engage in any intimate relationship with his wife. It also prevents him from getting emotionally close to his wife which could probably change his attitude or perception towards his wife. A.G.'s wife is constantly adjusting with this situation which is ultimately pushing her to depression. A.G.'s first session has been done with Janamanas' outreach workers. After three to four sessions, A.G. has become little more comfortable with the whole procedure and has started unfolding the corners of his life that he had not revealed earlier. He talked about his past relationship and his sexual engagement with her. He has developed this repulsive attitude towards a 'fat girl' from late childhood as his family environment seems to have been dysfunctional. The importance of parental child-rearing strategies in shaping a child's personality development is inarguable. Regarding emotional development as well, both internal and external variables can affect young children's self-concept. For example, a child's temperament can affect how they view themselves and their ability to successfully complete tasks. Children with easy temperaments are typically willing to try things repeatedly and are better able to handle frustrations and challenges. In contrast, children with more difficult temperaments may become more easily frustrated and discouraged by challenges or changes in the situation. A.G. has internalized his parents' temperament and is struggling with the current situation but

unable to come out of it. Psychosexual and social developments have been hampered due to parental misconceptions that are ultimately creating difficulties in A.G.'s conjugal life with his wife. This particular case is very complicated; however, our counsellors are providing full support to Arun and his wife and hopefully they will be able to overcome this difficult situation of their life.

### ***Yearly Events***

**Rash mela:** *Rash mela*, that takes place in Cooch Behar every year, is a focal point for us to reach out to people in North Bengal and talk to them about mental health and spread more awareness regarding an issue that is often neglected or ignored. Busting myths about mental health and normalizing mental illnesses remain our main aim. This year was no exception. Like every year, we were provided space near the main stage. The *mela* (fair) was inaugurated by Mr. Bhushan Singh, Chairperson of Cooch Behar Municipality. It was attended by Manidipa Ghosh, Deputy Director of Anjali and Ratnaboli Ray, Managing Trustee and founder member of Anjali. There was even a quiz conducted by the Janamanas team on mental health and related knowledge. Leaflets were distributed throughout the fair by the team, and a total of **1827** signed the visitors' book. It was one of the most successful chapters of *Rash Mela*.

**District Health Mela** at Cooch Behar was held on 23 and 24 February 2019. Here too, we were invited to participate in the *mela*, which was inaugurated by Mr. Rabindra Ghosh, North Bengal Development Minister. Mr. Gautam Bardhan, the Zonal Secretary - North East, Human Rights Council, assured us of support. We were able to reach out to a large number of doctors on the issue.

**Borshoboron Mela** at Rajarhat Niranjani Palli, Pragati Maidan ground was a five day annual event held from 4 January to 8 January 2019. We were provided a stall at a prominent junction at the *mela* through which we could provide information related to mental health to 397 people who visited our stall and another 1500 persons who visited the *mela*. This fair, was again, a great opportunity for the Janamanas team to spread awareness regarding mental illness and psycho social disability as well as mental health and the need to take care of it.

**Women's meets** were held at Rajarhat and Cooch Behar with the objective of establishing the Centre as a resource unit and a safe space for women. The two meets held at Rajarhat discussed menstrual and reproductive health of women in one meet and problems and management of addiction in the second meet. The meetings were attended by **71** women.



## ADVOCACY, REASEARCH & CAMPAIGN

### *Mental Health Care Act*

In India, the **Mental Health Care Act 2017** was passed on 7 April 2017 and came into force from 29 May, 2018. The law as described in its opening paragraph is "an act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto." This Act superseded the previously existing regressive Mental Health Act, 1987 that was passed on 22 May 1987.



In the last one year the **ARC** (Advocacy, research and Campaign) team participated in several discussion meetings on the MHCA, 2017 with a wide range of audiences. Ms. Ray, has been actively involved with the National and State level rule forming committee of the MHCA, 2017. Anjali has proposed to create a legal hub as part of its **Advocacy Research & Campaign programme** to address the rampant legal conflicts that our participants- both within the mental hospitals, those who are reintegrated, clients from the community mental health programme and even individuals who're not direct beneficiaries of

Anjali's programme but call Anjali's office seeking help for myriad psychosocial problems that are legal in nature. This hub will consist of two part-time lawyers and will also be responsible for advocating for the implementation of the Mental Health Care Act, 2017, within the State mental health systems and mechanisms. Anjali is continuing advocacy with the State Health and Family Welfare Departments on collaborating on sensitization workshops of the hospital staff, the police and the judiciary. Ms. Ray had also visited IMC, Purulia in order to advocate about the MHC Act and sensitize the Nursing staff as well as the Group D staff about it. She conducted a few workshops there as well.



### *Task force*

Anjali is currently a part of a research study titled ‘National Strategy for Inclusive and Community-based Living for Persons with Mental Health Issues’, which is conducted by The Hans Foundation, New Delhi, and focuses on deinstitutionalization of persons with mental illness admitted in mental health institutions throughout the country. In this regard, a Task Force has been constituted by The Hans Foundation which has developed a study protocol to assess the conditions of persons who have recovered from mental illness but continue to languish in mental health institutions for more than one year. Along with Anjali, the Task Force includes six other institutions and organizations, namely National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore; Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi, The Banyan Academy of Leadership in Mental Health (BALM), Chennai; Ashadeep, Assam; and Hospital for Mental Health, Ahmedabad. Also involved in the study are Keystone Human Services International and the Ministry of Health and Family Welfare, Government of India.

### *SAMHI 2018*

We conducted a week long course and dialogue on sexuality in 2018: ‘The Sexuality and Mental Health Institute’. **The Sexuality and Mental Health Institute (SAMHI)** was

conceptualized as an extension of Anjali’s work on sexuality and mental health. The aim was to reach out to students, young mental health professionals, medical professionals, lawyers and people working within NGOs, CBOs, donor agencies, etc. to learn and understand more about



issues of sexuality and mental health so that programs designed and methods of intervention can be more holistic. The organization aims to encourage thought, study, enquiry and action, by providing a space for discussion, cultivation of ideas, breaking down of notions of stigma- with the penultimate aim of promoting inclusion of sexuality in mainstream mental healthcare services. In 2018, SAMHI was organised in a suburban resort near Kolkata, as a six day residential institute where experts from the varied fields of Psychiatry, Law, Psychology, academics and users of mental health services came

together to take sessions and dialogue with the motley participants. We had received marvelous feedback along with an incredible number of applications out of which we were able to choose only 30 participants for the course. We have received overwhelming response and have received requests for more. We plan on continuing it this year and the process has already commenced. Application forms will be out soon. SAMHI 2019 aims to have an even wider scope and reach out a wider audience for such crucial discussions to come forth.

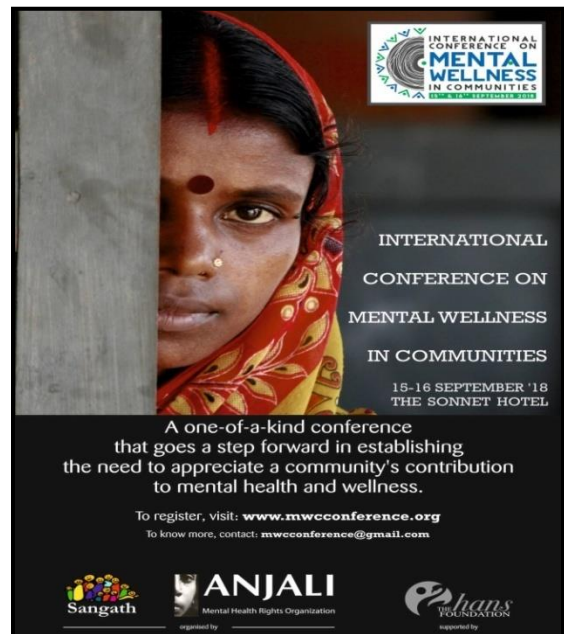
### ***Bridge the Care Gap Campaign***

Anjali is a lead partner of the ‘Bridge the Care Gap’ campaign that intends to raise the political will to bridge the care gap in the vulnerable and marginalised sector of mental health. As political parties are currently working on their manifestos, this is the right time to intervene and make a difference in the lives of millions of people affected by mental health conditions which may lead to psycho-social disability.

‘Bridge the care gap’ aims to change the discourse of mental health to a rights-based approach, which will be possible by an effective implementation of the MHCA, and NMHP in India. It aims to demand the Centre and State to deliver what has been promised in our legal and policy documents. (<http://www.bridgethecaregap.com/>)

### ***Mental Wellness in Communities, Kolkata***

In a first-of-its-kind initiative in India, Anjali (Kolkata) and Sangath (Goa) organised an International Conference on Mental Wellness in Communities. Whilst most conferences on mental health are dominated by professionals- psychiatrists, psychologists, psychiatric social workers, etc., this was to be centred on task sharing. Task sharing essentially is an approach in global mental health that addresses unmet mental health needs in rural and other low-resource areas, through the use of mobilised and trained community (health) workers.



The two-day Conference featured some of the most eminent thinkers and practitioners in



the mental health space and sought away forward with community-driven solutions to the complex challenges this space presents in everyday life. The purpose of this Conference was to provide a platform to lay mental health professionals to be able to iterate the significance of their work.

They were also be encouraged to interface with policy-makers and other mental health professionals so that these varying groups of individuals understand the services provided by the other, circumstances and processes of service delivery. An aim of the conference was to enable grass-root level women who face disenfranchisement on several layers- of being a professional, being a mental health professional as well as the background they hail from, to bring to the forefront the burden of mental healthcare services, and their indispensable role in it. Community mental health professionals from different parts of the country shared their experiences –narratives, strategies, hindrances and challenges. A major outcome of this Conference was to be the formation of a National Alliance on Mental Health to unify and take forward appropriate mentalhealthcare services.



Some of the participating organizations were- The Banyan, Chennai; Sangath, Goa; Babu Trust, Pune; Mental Health Action Trust, Calicut, SEARCH, Maharashtra; Sitaram Bhartia Institute of Science and Research, New Delhi; Ashadeep, Assam; Ekjut, Orissa and others. Donor organisations that work

specifically in areas of disability, such as The Hans Foundation, APPI, The Oak Foundation, DASRA, and others. Officials from the Health & Family Welfare Dept., Govt. of West Bengal will be were also present



## Major Events

### Across the Lines



The art installation/ art exhibition successfully marks the advent of the transformation of a space conventionally marginalized, isolated and segregated. Mental asylums are

often relegated as the 'other', an institution the inhabitants of which hardly requires any dignity of living or even any rights. Across the Lines is an immersive art exploration in collaboration with Anjali and designed by CIMA, artist Srikanta Paul and his team, Anjali's art team Nabendu Sengupta and Alok Haldar and most importantly, 40 resident artists of Pavlov Mental Hospital. It is part of 'The Kolkata Festival' that seeks to use natural venues and spaces as a canvas in order to relate narratives of the communities. The preparation of this art exhibition had been tirelessly going on for about two months where all the artists have immersed themselves on canvas in creating and capturing moments that not only reflects how they 'see' and 'perceive' themselves but also how they desire to. Their paintings or drawings depict their dreams and aspirations interestingly blended with their acceptance of the stark and brutal reality. What does art signify? When asked to paint, we are often encountered with images either taught to us





as children or of conventional sketches of a rural landscape or an expressionless face. However, sifting through the paintings by the resident artists, one would be pleasantly surprised at the efficacy with which these artists have carved out their emotions on canvas.

[Sandip Roy: Art at the Pavlov <http://www.bit.ly/2TuI3dp>]



## **Erwadi Day**

Anjali has been commemorating Erwadi Day for ten years now. To briefly give a historical context to this day, Erwadi Day marks a tragic incident where 28 residents in a mental healthcare facility were burnt alive in a fire because they were chained to their beds. The incident took place in Moideen Badusha Mental Home in Erwadi Village in Tamil Nadu, on 6th August, 2001.

The purpose of commemorating this day is so that issues faced continuously by individuals with mental health conditions are brought to the forefront and also so that we do not let this tragedy be erased from public memory. For this purpose, Anjali invites several organisations, development sector professionals, activists, women's rights networks from the city to put up performances- dances, poetry, songs and drama. The underlying theme of these performances is a demand for quality, humane mental healthcare, available, accessible and affordable mental healthcare services and human rights.

## **MaD Summit**

The MaD (Make a Difference) Summit celebrates the continuum of care propagated by Anjali for every individual who has been integrated 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 integration. The Summit has been a forum for deposition and resolution of unyielding barriers that hit against our participants. This year we explored the possibility of creating an alliance of community peer advocates, led by former residents through a two day conversation (13-14 March 2019) on leadership.





About 120 participants and their caregivers joined the Summit this year. They came from states of Jharkhand, Bihar, Assam, Chhattisgarh and several districts of West Bengal. With them we not only covered issues of challenges and barriers that they are facing but also carved ways to overcome them. We learned from our participants and their families the pathways for future advocacy work and how they, as leaders, can initiate sustainable changes in

their communities We also talked about their rights as citizens of the country, the Mental Health Care Act as well as how we can and should make Government accountable to uphold and protect our rights in the institutions or in the community.





## *Awards and Recognition*

**IDS research study-** Anjali is a participating organisation in a research study by the Institute of Development Studies which is on violence against women with disability. The study is an ICSSR (Indian Council of Social Science Research) sponsored project titled “Re-Conceptualizing Domestic Violence: Shifting Discourse within the Women’s Movement in India”, jointly taken up by Institute of Development Studies Kolkata and West Bengal National University of Juridical Sciences, Kolkata. Anjali is now developing a SOP as an outcome of this research for IDS.

**India Culture Lab-** Ratnaboli Ray was invited by the Godrej India Culture Lab to speak on “Why We Need to Talk about Mental Health Now,” in Mumbai. Ms. Ray suggested that the key to the ordinariness is to bring out narratives of lived in experiences of persons with mental health conditions, stories of ordinary people. stories of ordinary lives. She shared the seminar stage with Meera Damji , a popular Radio Jockey and Nikhil Taneja, writer and producer.

**COWAP-** Ratnaboli Ray was invited to speak at COWAP (Committee on Women and Psychoanalysis) 2018, held in Kolkata and convened by Dr. Jhuma Basak, well known psychoanalyst, on intimacy and violence in the larger context of women's safety in dogmatic times. Some of the points she raised were insights gathered from women that Anjali works with in government mental hospitals. She said that discussion with her constituency on sexuality amongst other things reveal that intimate relationships, even if often unfulfilled and/or unhappy, are a means through which to avoid oppressive dimensions of dominant sexual cultures; for example, ‘being single’ once again; being rejected on the ‘dating scene’ (because of disability and impairment); and negotiating the (often risky) disclosure of disability and impairment to prospective partners.

**Mention in a book-** Professor of English and World Literature and Tutorial Fellow at Wadham College at the University of Oxford, Ankhi Mukherjee discusses her current research project, 'Unseen City: The Psychic Life of the Poor in Mumbai, Kolkata, London, and New York'. In this short film, Anjali's Janamanas programme found a place in her book. She also talks about a milestone television work on mental health titled Bhalo Achhi Bhalo Theko (I am Well; You stay Well) produced by Tara TV, West

Bengal, hosted/presented by our Founder Director Ratnaboli Ray as a one stop resource to explore 'interiority' of women's lives and busting existing myths around the issue.

**State level consultation-** Anjali was invited by the West Bengal Child Rights Commission to conduct a State Level Consultation on Mental Health Needs of Children in Child Care Institutes held in Cooch Behar on the mental health needs of children. Srija Chakraborty of Anjali had an engaging discussion with the audience on the oft overlooked needs of children and the way forward for the Commission.

**Workshop on Mental Health Care Act, 2017 for Government officials-** Ratnaboli Ray was invited by the Dept. of Health and Family Welfare, Govt. of West Bengal to an orientation workshop on Mental Health Care Act 2017, as an advisor. Dr Suresh Badamath from NIMHANS was the key facilitator. Doctors, CMOHs (Chief Medical Officer of Health), Superintendents of Govt. Mental Hospitals and partnering NGOs were present. Contentious issues like insight, capacity and access were teased out with great care. Throughout the deliberations, rights perspective was at the center which is the most crucial bit. There was intensive conversation about patients' right to access their medical records, and have a say in their treatment procedure.

MsRatnaboli Ray was invited at ICONS by SCARF, Chennai to be a presenter at the Scientific Session. The topic of her presentation was Voices: From the Margins to Center. The Eighth edition of this International Conference on Schizophrenia (IConS) was held from August 30 to September 1, 2018 at Chennai. The theme of the conference was 'Strengthening links: Research and Interventions'.

Ms. Ratnaboli Ray, our Founder & Managing Trustee, received the Business Today Impact Women 2018 award for her indelible contribution to the field of mental health.

**'Balance for Better' award-** Ms.Ratnaboli Ray was also felicitated on the International Working Women's Day by State Bank of India for her outstanding achievement.



## *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. Paromita Chakravarti-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 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.

## ***Funders***

We are earnestly indebted and grateful for the continued support from our existing funders. We warmly welcome AJWS (American Jewish World Service) to Anjali and thank you for extending their support to Anjali which helped us conduct SAMHI, our institute on sexuality. American Jewish World Service (AJWS) is a non-profit, international development and human rights organization that supports community-based organizations in 19 countries in the developing world

It has been a pleasure working with you and your support has helped Anjali transform its visions into reality!

We would like to thank Jane Hamlyn for supporting us for our landscaping work inside the female ward of Pavlov Mental hospital.

*Jane Hamlyn writes: "I have long admired your organisation and would be honoured to be supporting this important work."*

*Paromita Choudhury from OAK writes: "Whenever I think of Anjali, the word 'brave' comes spontaneously to my mind. Oak is proud to be their partner as many individuals with mental illnesses in the hospitals and in the community could rediscover themselves because of their journey with Anjali. The frontline staff and volunteers tirelessly help these individuals confront stigma and discrimination in asserting their rights. We congratulate Anjali for continuing to amplify the voices of individuals demanding better mental well-being and breaking the stereotypes that people with mental illnesses are forced to live with. We wish them great success in finding suitable alternatives to institutions, where individuals can move to in the pursuit of independent and successful lives."*

