Anjali Brochure

Overview of the Sector

Brief History

Anjali Mental Health Rights Organization was launched in Kolkata (India) in 2000, after its Founder and Managing Trustee, Ratnaboli Ray, was awarded the Ashoka Fellowship for her work in transforming state mental health institutions to democratic healing spaces and usher systemic changes.

Anjali ie our organization meaning 'gift or an offering' is also the name of the first woman we reintegrated way back in 2000. We started out as a service delivery organization, providing rehabilitation services to a number of recovered patients of mental hospitals in Kolkata. However, Anjali's experiences with the government, the medical profession and families and communities of persons with psychosocial disabilities, underlined that this field required major systemic change.

Over the last decade, Anjali has made critical strategic shifts in its roadmap, approach, and strategies, which include:

- Humanizing government health institutions and securing progressive policies through partnerships with the state and local governing bodies.
- Enabling patients in government hospitals with information, training and a distinct 'voice' in matters pertaining to their care and treatment.
- Shifting the existing paradigm of mental health care and treatment from institutionalization, to community-based models of care and healing.
- Partnering with citizens (specially youths) to build new allies and new change agents for the field of mental health.

Mental Health Crisis in India

India does not have a separate mental health budget, and nor does it offer large-scale community-based mental health solutions to the country's 20 million sufferers of acute mental illness. Mental hospitals are the only recourse for long-term treatment of persons with psychosocial disorders. According to a recent Government of India study, there is only one psychiatrist for every 400,000 citizens, and a mere 37 mental institutions that provide 0.25 beds per 10,000 population. Moreover, the architectural setting and infrastructure of state mental hospitals borrow heavily from the criminal justice system, and which can further debilitate the recovery process through bio-medical labeling and pathologization of patients. In-ward practices by caregivers convey force, coercion and authority.

What further ails the mental health sector in India is the underutilizaton of funds, state-run mental health facilities that need qualitative as well as quantitative upgrades, the absence of comprehensive rehabilitation programs and focus on community integration, disability assistance, and livelihood options for mental health clients. Additionally, there are large gender gaps in the field; from our experience, we know that mental disabilities and its treatment affect men and women differently, making the latter more vulnerable to social exclusion and abuse.

Work in mental health care is dependant on the cognizance of interconnected social-economic issues, and Anjali's work in the mental health sector has had positive impact on poverty, unemployment, and gender parity among its clients.

Anjali's Vision, Mission, Strategies

Our Vision

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

Our Mission

Anjali aims to secure large-scale systemic change in the mental health field. We are working to:

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

Our approach

Anjali has adopted a three-fold strategy in building an inclusive, rights-based system of care and treatment for persons with mental illness in India:

- Partnering with the government to ensure optimal outreach and transformation within the system.
- Building of new alliances with policy makers, civil society actors, media, and young persons to develop a comprehensive mental health policy for India.
- Deepening the civic engagement of young citizens by developing cohorts of young change-makers and entrepreneurs in mental health, who can build local bases of knowledge and empathy for persons with mental illness and ensure timely treatment.

Anjali's Programs: Hospital Program

Anjali is the first organization in the country to work with **a** state government and that operates within West Bengal state's mental hospitals, utilizing state infrastructure, (including psychiatrists, caregivers and counselors), rather than creating parallel systems. This strategy has ensured optimal use of available resources and ensured that the state does not abdicate its responsibility toward health, especially for the most marginalized communities.

Anjali has been able to reach out extensively to poor and middle-class patients of mental illness in rural and suburban West Bengal, riding on the extensive flank of state-run health systems. Since there is a strong tendency to not spend family/personal resources on 'mental patients', there is acute dependency on subsidized government care for the mentally ill. Thus, Anjali sees a strategic advantage in redirecting an existing system of care, rather than creating new systems.

Anjali works in three mental hospitals in West Bengal: Pavlov Mental Hospital, Lumbini Park Mental Hospital, and Berhampur Mental Hospital. We provide institutionalized clients with a comprehensive package of healthcare services and therapies that supplements what is available to them in government-run mental hospitals. In the process, Anjali has been able to reach a vast clientele with professionalized care and treatment inside state systems.

Anjali's Programs: Janamnanas

Janamanas: A Community Model of Mental Health Care

Janamanas (Mind of the Collective)   was launched in 2007 as a collaborative project with the state government's Department of Municipal Affairs, to reach out to the most neglected, marginalized and economically backward sections of the population, using available government infrastructure. The project currently operates in the Khardah, Rajarhat, and Gopalpur municipalities of West Bengal.

The idea behind Janamanas was to build civic engagement of local municipalities with mental health. Through this program, Anjali set up Mental Health Kiosks/Primary Mental Health Centers inside the three municipality wards that it works in, with infrastructure allocated by the respective Urban Local Bodies (ULBs). These bodies are decentralized, self-governed cities, much like "counties" in the West.

The Kiosks are run by community-based, barefoot mental health professionals (trained by Janamanas) to deliver a range of essential services and resources to impoverished citizens that include: dialoguing with community members, counseling services, non medical interventions designing and running awareness and advocacy programs, legal aid, and enabling easy access to information and existing mental health services.

To date, the project has trained 200 women, 50 of whom run Kiosks, and have assumed leadership roles in their communities. The rest are working as primary mental health workers who support the Kiosks as outreach personnel.

The strength of Janamanas lies in its vision of creating solutions by engaging directly with the affected communities.

Anjali's Programs: Lattoo

Building youth advocacy, leadership, and action in the mental health sector

In 2005, Anjali initiated a program to launch young leaders as champions of change. Through an interconnected series of workshops, fellowships, a leadership academy, and an intensive incubator, Lattoo reaches out to more than 500 young people every year in Kolkata. In its first year itself, it seeded eight youth-led community projects in the city.

The goals of Lattoo are to:

- Create safe spaces for adolescents and youth to connect with their own mental health landscape—spaces where they can access counseling, talk about their anxieties and deal with emotional disturbances in a healthy, non-institutionalized, peer-driven environment.
- Develop adolescents and young people as mental health ambassadors who will work actively in their communities with residents with psychosocial disorders, mobilizing positive public opinion, creating community healing spaces for them, and thereby prevent institutionalization.
- Develop incubators for launching young social change makers who create a broader social environment for rights-based conversations and public opinion in support of the most marginalized sections of society, including those with mental illnesses

AWARDS

- **Anjali founder Ratnaboli Ray was awarded the Ashoka Fellowship in 1999.**

- **Ratnaboli Ray was awarded a Ford Foundation grant (2002) for intensive training in Human Rights and Health from Harvard School of Public Health and Hygiene, USA.**

- **Anjali is a recipient of the Kubera–Edelgive Social Innovation Award in 2009 for its outstanding work in mental health in India.**

- **The Rotary Club of India awarded Ratnaboli Ray the Outstanding Woman Achiever Award in 2010.**

- **Anjali was presented the Out of the Box Prize, 2010 by the University of Kansas Work Group for Community Health and Development (a WHO collaborating center) for outstanding effort in innovation for community health and development.**

- **Anjali was adjudged one of the top twelve entries in Ashoka Changemakers' global competition titled: Rethinking Mental Health ; Innovative solutions in (2010).**

Why I call myself a Changemaker ?

I see myself as a *gamechanging* changemaker. Which is why I am an Ashoka Fellow!

I see opportunities all around me. As a mental health professional, I completely turned around the power equation between citizens and the state. I refused to get fobbed off by government officialdom that was initially threatened by my radically humane stance, as it endangered their comfort zones and the kickbacks that characterized state-run mental institutions. Undeterred, I persisted, and was successful in neutralizing the stranglehold of staff unions that meddled in the day-to-day running of state institutions, turning them into unempathetic and unlawful custodians of those with mental disabilities. Through my interventions, I created a space for people with mental illness to have a voice and have turned them into champions of their own cause.

In the larger community, I have mobilized vulnerable women and youths to examine their own stances and emotional landscapes, and to reach out to defenseless others. Through this, I have created a group of change-makers myself. By tapping into a large human resource pool, I have been able to get huge returns from relatively smaller investing.

Bio / The Person
I come from a family of committed social activists, and from childhood, I was groomed to becoming a socially conscious citizen. I grew up in turbulent times, with the civil society movement in the West as a counterpoint to the Bangladesh war closer home. I was taught to conserve and share resources, and to be aware of the larger world. My parents engendered autonomy in their children, and nurtured leadership. I was drawn to "condemned" people—sex workers, drug addicts, the mentally ill, slum residents—to comprehend the nuances of emotional, economic, political and social deprivation, and to find solutions to upturn inequity. This has been my springboard to change.