



ANNUAL REPORT

ANJALI

2019-2020

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 motivated by the United Nations Convention on the Rights of People with Disability (2006) and the Sustainable Development Goals, namely: good health and well-being (3); decent work and economic growth (8); reduced inequality(10).

We strive to move away from the biomedical control of mental health and establish a new discourse where deinstitutionalisation, destigmatisation, rights, and socialinclusion shall be the focus.

Anjali believes in person-centric care and treatment in mental health care and propagates the language of recovery that transcends from patienthood to personhood.

We use a language of psychosocial disability to highlight prevalent social inequities, barriers and discrimination.

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





Founderspeak

Ratnaboli Ray
Ashoka Fellow (1999)
Founder, Anjali

This past year has been an interesting one; it has been stable and steady, even though no less exciting. Our biggest victory has been securing the voting rights of people living with psychosocial disabilities in institutions. People with mental illness have historically been written off from the right to vote because the Representation of People's Act (ROPA 1950) mandates that no person with an 'unsoundness of mind' can vote, hold office or property. Perhaps the most meaningful victory for us has been in having no mention of a mental hospital on their cards. We could not have them carry the indelible mark of the label. As a human rights organisation this is a huge leap in removing systemic barriers arising from stigma.

I am also very happy to announce that the Azim Premji Philanthropic Initiatives has partnered with Anjali to implement our community mental health programme in a new region of West Bengal to enable continuum of care and focus the discourse on community care for people living with psychosocial disabilities. We are thrilled to be supported by the APPI who have come in at a very crucial juncture, when we start to revisit our philosophy and approach to what we do. This year has brought with it

plenty of things to be grateful for and to be challenged about. Our conversations about our work have gotten more critical. We constantly ask why we do what we do, how we can make it more efficient, whether we are where we want to be. These are difficult conversations to meander around while working with a huge vulnerable constituency. Navigating best interest versus their will and preference is as crucial as it is laborious.

We reject blanket strategies for interventions and instead focus on each case as it should be focused upon as a unique person's life. Of late we have started to ponder on the truth which is reliant on a metaphor to describe itself. Anjali's universe resembles that of the solar system. Our work has always and will always be determined by the people we work with. They are the sun in this universe. For 20 years we have been their earth, illuminating and being illuminated by each other. We have been orbiting for a long time. We feel now is the time to really ask ourselves whether we want to continue being earth or resort to being Saturn-distant, yes, but blazing just as fiercely.



THANK YOU!

**Anjali is
supported and
strengthened by
partners like-**

**American Jewish World Service
Azim Premji Philanthropic Initiatives
Human Capability Foundation
Lily Foundation
Mama Cash
Mariwala Health Initiative
Paul Hamlyn Foundation
The Hans Foundation
The Oak Foundation**

and the various wonderful individuals who have worked with us in some capacity this past year, who not only cheer us on in all that we do, but are also aligned in spirit and thought. For us it's the greatest impetus to keep challenging ourselves for bigger and brighter!

We Voted!

Voting, for Anjali, was not only a human rights issue but a social issue, a development issue as well as a feminist issue. Voting rights have been important for Anjali as it can be a means to give birth to an array of possibilities in the lives of the people languishing inside mental hospitals and living with psychosocial disabilities. It can also counter so many things- stigma, lack of access to mental health care services, lack of access to knowledge, social exclusion.

Our biggest win was securing voters' identity cards with a name, picture and an address but no mention of a mental hospital. Constant negotiations with the State, concerned law enforcement authorities and the Election commission led to what we were persistent about- an address that did not leave the indelible mark of stigma in their lives. Although a tiny step towards destigmatisation, we feel this is crucial advocacy in the right direction.

Moreover, since past treatment or hospitalisation in a mental health institution does not determine an individual's mental illness and **the determination of a person's mental illness does not imply that the person is of unsound mind unless he has been declared as such by a competent court as per Mental Healthcare Act 2017, sec 1 chapter 2 point 3 (4 and 5).**



With conversations and negotiations with the SDO hereafter, we were able to convince him and finally submitted 37 applications.

We did hit a roadblock when one hospital cancelled the applications, even after 44 of them were successfully submitted, stating the Representation of Persons Act 1950 (Sec 16), according to which a person is disqualified for registration in an electoral roll if he is declared to be of 'unsound mind' by a competent court. It thus becomes clear that two conditions need to be satisfied for a person to be disqualified from being enrolled as a voter. First, the person should be of 'unsound mind' and second, a competent court must arrive at this finding.

We countered it- **the term 'unsound mind' has not been defined anywhere in any Indian law or in the Constitution.**

Furthermore, being of unsound mind is not the same as having a mental illness. It is not a permanent state but a legal, not a medical, finding. **This has also been reiterated by the Mental Health Care Act, 2017 which says in Section 3 (5) that 'Determination of a person's mental illness shall alone not imply or be taken to mean that the person is of unsound mind, unless he has been so declared as such by a competent court'.**

A person's name cannot be denied inclusion in the electoral register solely on the grounds that they have a mental illness. The onus of proving that a person is of unsound mind is on those refusing inclusion and not on the person concerned.



“Going Home on My Own Terms”

In the past year, Anjali has been an advocate for setting the Medical Review Board (as promised under the Mental Health Care Act 2017) to aid voluntary discharges of recovered residents of mental hospitals. Although the board is yet to be formed, Anjali has already aided in voluntary discharges of several residents over the past year, that has helped to establish their autonomy and right to self-determination.

Manish (name changed) was a resident of West Midnapore. Belonging to a resource-poor family along with his father's issues with alcohol, Manish and his siblings grew up in deprivation. Doing odd jobs initially to support himself, he found a job at a medicine shop where he worked for about two and a half years for a decent income. Keen to start his own business, Manish saved up and opened his own medicine shop. Manish married and within a year, his son was born. There were domestic conflicts and Manish was arrested by the police from his front door on allegations that he beat his wife. After 15 days in custody, Manish was released on bail. Distressed and perturbed, his brother took him to Ranchi hospital where he was given sleeping pills to address his insomnia. He finally separated from his wife and son and returned to Midnapore.

Feeling sick one day, he wanted to get his blood tested. Aware of the procedure, he drew his own blood and went to a clinic to submit it for testing. The laboratory officials found it suspicious and called the police who then admitted him at the local hospital for treatment of malaria. When he got better the police admitted him at the Institute of Mental Care in Purulia as per court order, though he was given no reason for it, and simply on the basis of his earlier behaviour of drawing his own blood for submission. After a



few days when he was feeling perfectly fine, Manish wanted to go home. Our Case Manager had visited his hometown and found his half-constructed home, talked to his sister who wasn't aware of his whereabouts and wanted to take Manish home. However, Manish told us that he would like to discharge himself without any help from any family members and will fend for himself. Manish finally discharged himself and went home in February this year. He has even found a job at a fast food centre, getting some construction work done for his house and is in regular contact with us.

This story is of resilience, strength and fearlessness, but it also reveals the deep prejudices we have for unconventional behaviour, the loopholes in the state legal and mental health systems. This also makes the implementation of the Mental Health Care Act (2017) that much more important, so that individuals who are stuck inside the hospitals can voluntarily discharge themselves as they have a right to do.

Meet our Peer Leader



“I have been working with Anjali as a peer leader for sometime. I feel very satisfied with the work I am able to do...serve people with mental illness/psychosocial disabilities. I help in reintegrating residents with their families - searching for their homes, talking to their families and convincing those who didn't want to take them back...”

Hasan Ghalib was admitted to Lumbini Park Mental hospital in the year 2009. He was admitted by the local police of a small town which he was visiting because he could not speak the language. The doctor testing him diagnosed him Psychosis NOS (Not otherwise Specified) leading to his admission inside Lumbini Park.

He started attending Anjali's session and recovered from whatever distress he might have had but was still stuck in the hospital, Anjali started looking for ways to help him

leave the hospital. The Superintendent was not inclined to discharge him without any kin to take him. His family never showed any interest or inclination to take him back.

The ever cheerful Hasan kept trying to make the best out of the situation he was in. He would help the staff take care of residents

including helping them take their medicines. We advised Hasan to write a letter to the Superintendent mentioning that he has been certified 'fit for discharge' thereby requesting help for discharge. The Superintendent was supportive of Hasan's appeal and approved his request using which we appealed to the Alipore court. There were several delays for the process to move forward. However, verdict stated that Hasan can be handed over to his nearest kin. Talk about irony!

Not to be defeated, Hasan appealed to the state health department who allowed him to be discharged only under Anjali's custody. This order was everything Anjali has been completely against, going against the autonomy, personhood and capacity of persons with psychosocial disabilities that we propagate. Being a 'guardian' would undo all of Anjali's work on building capacity and advocating for their rights.

We appealed yet again, and this time the high court uncovered negligence including ways of treatment, lack of documentation of patient histories among others.

A mental health report of Hasan that was submitted stated: Hasan Ghalib can stay under outdoor treatment and does not require treatment inside the hospital.

He thereby, does not need to stay inside the hospital. He has the right to sign his name and discharge himself (voluntary discharge). Hasan finally got to leave the hospital on 21.09.2012, after three arduous years!

At his request, we facilitated his assistance with home visits, follow up visits, family tracing and reintegration procedures.

Gradually, Hasan started his own business- it has been five years now. He has a readymade garment shop and a small restaurant. **He represented Anjali on two significant occasions- Love you Zindagi, a television show organised by The Hans Foundation in Delhi and a research on recovery that is being undertaken by Anjali and several other non-profit organisations working in the mental health sector in collaboration with the University of Nottingham.**



Right to Work



Article 27 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) requires that we safeguard and promote the right to work of persons with disabilities by taking appropriate steps to ensure that reasonable accommodation is provided to persons with disabilities in the workplace. Our work is based on and influenced by the UNCRPD.

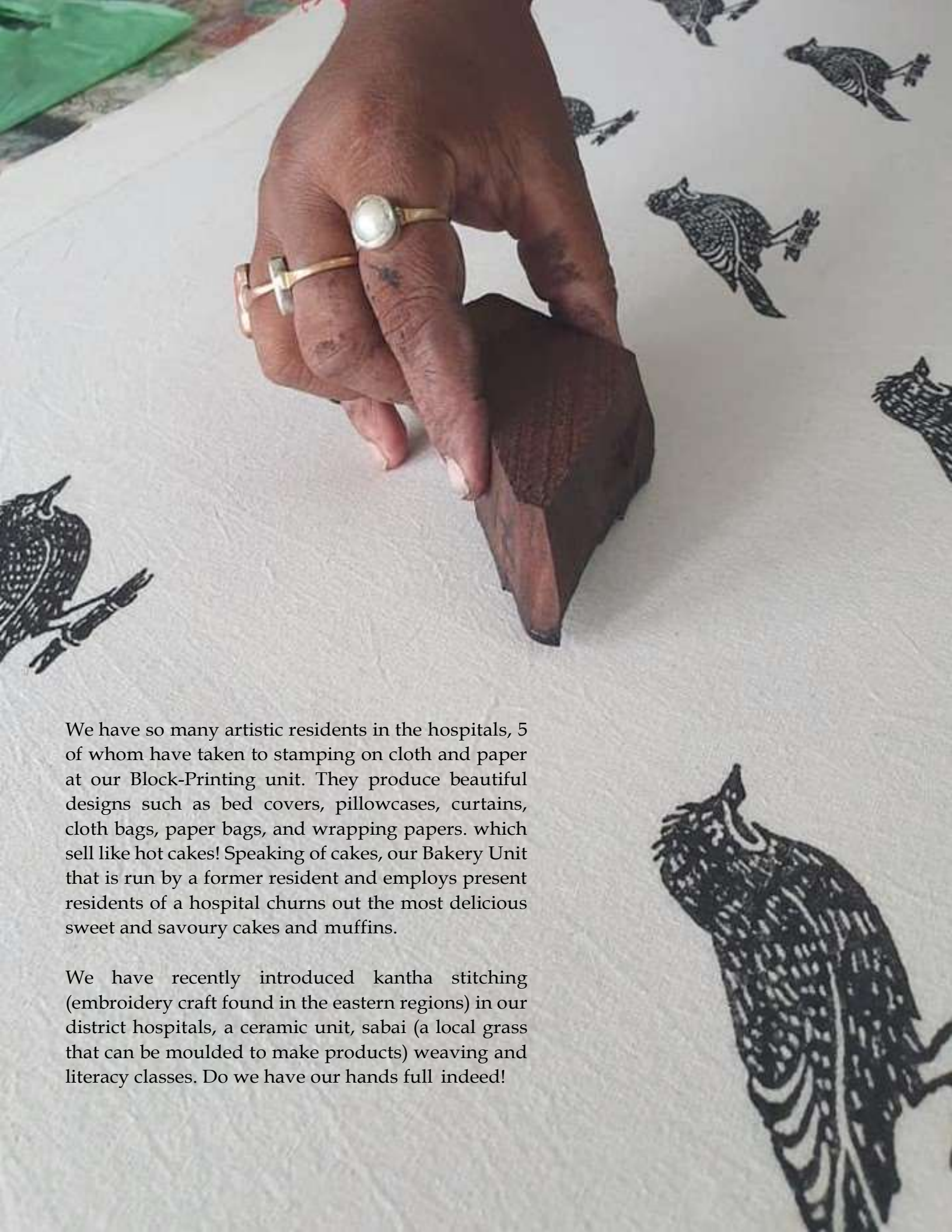
Cha Ghar

We initiated our first livelihood project, Cha Ghar, a quaint little café as a much needed pitstop of a mental hospital, in 2015. Our objective was clear - address prejudice about their capacity to work, and diminish discrimination that so often meets these individual in the world of employment, their interaction with the public notwithstanding. Cha Ghar provides tea, and freshly cooked meals for doctors, nurses, officials, students, people coming to the OPD, other visitors, and, best of all, residents who are finally able to spend a little money and escape the mundaneness of their daily meals. This little café currently employs 6 residents.

Dhobi Ghar

What's another deep rooted stigma associated with people with psychosocial disabilities locked up in institutions? Filth. Untouchability.

Dhobi Ghar, a launderette that employs 25 residents address just that. All clothes and linen from the mental hospital and another large state general hospital are washed on a regular basis. One is greeted with the smell of detergent, machines roaring to work and soft, warm, clean linen at Dhobi Ghar.



We have so many artistic residents in the hospitals, 5 of whom have taken to stamping on cloth and paper at our Block-Printing unit. They produce beautiful designs such as bed covers, pillowcases, curtains, cloth bags, paper bags, and wrapping papers. which sell like hot cakes! Speaking of cakes, our Bakery Unit that is run by a former resident and employs present residents of a hospital churns out the most delicious sweet and savoury cakes and muffins.

We have recently introduced kantha stitching (embroidery craft found in the eastern regions) in our district hospitals, a ceramic unit, sabai (a local grass that can be moulded to make products) weaving and literacy classes. Do we have our hands full indeed!

Access to Justice

We know how systemic barriers prevent people with psychosocial disabilities for exercising their legal capacity. Access to justice is denied and thwarted for people with a diagnosis or institutionalisation. As of last year we have started a Legal Hub to provide legal services to our constituency. Gaps in current laws, including the lack of specification on property ownership in the MHCA 2017, makes most of them vulnerable to being cheated off their property. Women with psychosocial disabilities are also vulnerable to domestic violence and

abandonment and many of our women participants have shown a keen desire to assert their rights and fight for what they deserve. Additionally, we are looking into cases of wrongful termination of employment. The legal procedure is long and arduous, often leaving us disillusioned. Breakthroughs in cases require not only a change in legal systems but also in the minds of people who respond to our claimants. It is also a significant reminder on why mental health is a social justice issue and cannot be looked at as an individual one.



We spoke to our Legal Consultant, Arush Sengupta on this matter:

Arush is a practising lawyer with the High Court, Kolkata, and New Delhi. He has received his BBA-LLB from Symbiosis Law School and has a Master's degree in Economics from Indira Gandhi National Open University. In the past, he has represented the state of Arunachal Pradesh, Delhi Public School, and Tata International among many others.

Q: According to your experience working with the organisation and its beneficiaries, do you think Anjali has been able to adequately meet the demand for legal aid, when it comes to persons with psychosocial disabilities?

A: I think the progress as far as promoting awareness of the new Mental Health Act is

concerned has been commendable. We have also identified specific cases where there may be scope for legal intervention and spoken individually to some participants to give them legal advice. The result of the actions vis-a-vis the RTI Act and one prospective Central Administrative Tribunal case have been encouraging.

Q: What are the challenges that this organisation faces when it comes to providing legal aid?

A: The challenge we face is that our access to the lower levels of the judiciary situated in districts outside Kolkata is limited, and therefore while we can propose the solution to legal problems faced by residents of such areas at the theoretical level, we face certain obstacles on a practical level.

Q: How do you propose we overcome the challenges?

A: The solution to the above is two-fold:

a. Now that we have identified approximately the number of people who need legal intervention in the districts, let's try to assess what all will be required, in terms of liaising with local legal and administrative personnel, transport, accommodation, expert help- just to illustrate some broad categories, and budget for it both in terms of finance and time.

b. More importantly, I think we need to identify people at the local level, especially in places like Purulia and Behrampore, who can be permanent contact persons and help us navigate the administrative and judicial terrain. This can be anyone from the police, or a local lawyer or a person with political

administrative knowhow in the relevant district. I feel this is critical because even with a fair bit of finances and time at our disposal, it may be difficult for a Kolkata based legal team to be really effective at the district court or magistrate level, due to lack of awareness of the conventions and culture prevalent in the lower rungs of the judiciary.

Q: Do you think that the current provisions in the legal framework support persons living with psychosocial disabilities to live on an equal basis with others?

A: Yes the current legal framework is adequate, however it is a new law and is yet to be used/analysed/ implemented fully.

As a personal input, despite the challenges in terms of outreach, what is in our favour is that if one considers historically the impact of law on policy in India, it has been largely top down and not bottom up. Which implies that there is plenty of scope to use the jurisdiction of the High Court to take some actions which will permeate down to the level of the districts. Two that I can think of, which we can take up subject to resumption of normalcy in the courts, are:

a. enforce the formation of the State Level Mental Health Board as envisaged by the 2017 Act.

b. challenge the inclusion of mental illness as a ground for divorce for being discriminatory and violative of fundamental rights, and thereby try to deal with what seems to be a recurring problem of women with mental illness being abandoned by their husbands or being threatened with divorce.

Art: A Medium for Social Change

*“ When you exist in spaces that weren't built for you,
sometimes just being you is the revolution. ”*

- Elaine Welteroth, More Than Enough



Art exposes; it shocks and resolves; it humanises and inspires. There's so much that words cannot evoke but an illustration, sculpture, sketch, or film can. This is precisely the justification in our usage of art to express our work.

Kumortuli is the traditional clay idol making hub in north of Calcutta. The narrow lane was transformed as an experiential site using paintings, installations, films and music for an art festival on World Art Day and Bengali New Year. Two residents were invited to this festival to create and display their art along with well known artists from across the city.

Tukai was excited about “drawing fishes, houses, trees, birds on Durga’s face made me feel powerful.” Sita was very happy that she got to meet Dr Shashi Panja, Minister of State for Women, Child and Social Welfare, Govt of West Bengal, who expressed her deep appreciation for their work and exclaimed that they simply must be called back the next year.



At Art For (of and by) All, another art exhibition that we were invited to, we realised we had crossed many fundamental lines that are created through generations. We crossed the basic line that stigmatises and shouts about how violent and unpredictable people with psychosocial disabilities are.

In a space like the Goethe Institute/Max Mueller Bhawan, which we associate with prestige



and finesse, the residents who were participating held their own, with dignity, compassion and camaraderie. They addressed the hundred strong audience “we are absolutely fine now, we just have nowhere else to go, but look at what we have created, that which you all have come to see today.” It seemed as though we jumped across centuries of stigma, of belittling their capacities.

We leaped through years of othering them as the audience whooped and wiped their tears when Sita said she was finally going home to the daughter whose bright images now adorn the walls of the hospital she once lived in.

images from the **Kumortuli Art Carnival** where two resident artists from Pavlov participated.





Wall painting done by the participant residents of Institute of Mental Care, Purulia. Themes were decided by them along with the colors to be used. The participants emerged themselves for a few days, evoking and exploring their desires, imagination and realities through art, thereby turning a mundane wall of a mental hospital into a large canvas filled with an interesting amalgam of their expressions.



Our residents were called upon to participate at Calcutta 23 - **Celebrating Diversity**, a two-day cultural fest organised at Government Girls' General Degree College, Ekbalpur, in association with Know Your Neighbour, Swayam and Azad Foundation. Tucked away in Kolkata's Khidirpur area, whose pin-code 700023 comprises of Khidirpur, Mominpur and Ekbalpur, commonly perceived as the city's biggest Muslim ghetto. This time we employed art to shatter myths with stigmas that are getting inexorably attached to this community. A big wall was painted showing people from all cultures, with messages on peace and harmony.



Our Impact this Year

CURRENT PARTICIPANTS

276

TOTAL RESIDENTS IN ALL 4 HOSPITALS ['19-'20]

1820

[APPROX.]

REINTEGRATED PARTICIPANTS

81

CAREGIVERS

425

[APPROX.]

OTHER STAKEHOLDERS

200

[According to Voices Data]

Location	Direct Beneficiary	Indirect Beneficiary	Total
Cooch Behar district	<p>Talk listen talk- New client-369, follow up-511 , Home visit-163, Total 1043</p> <p>Door to door-7430</p> <p>Women's meet-118</p> <p>Awareness camp-1419</p> <p>Annual event-2010</p> <p>Referred to hospitals and others-638</p> <p>Bridge the care gap advocacy programme-268</p> <p>Resource hub-63</p> <p>Total reach= 12989</p>	<p>Talk listen talk therapy reach= 1043X 4 family members= 4172</p> <p>Door to door reach- 7430X 4 family members= 29720</p> <p>Women's meet reach- 118x 4 family members=472</p> <p>Awareness camp reach= 1419x4 family members= 5676</p> <p>Annual event- 2010x 4 family members= 8040</p> <p>Referred to hospitals and others-638x 4 family members=2552</p> <p>Bridge the care gap advocacy programme-268x 4 family members=1072</p> <p>Resource hub-63 x 4 family members=252</p> <p>Total reach= 51956</p>	<p>Direct beneficiary –12989</p> <p>Indirect beneficiary –51956</p> <p>Total reach = 64945</p>
Rajarhat Gopal pur Municipality(North 24 Pgs)	<p>Talk listen talk reach – (New client -113 and Follow up 254 clients =367)</p> <p>Door to door reach – 2525</p> <p>Women's meet reach –55</p> <p>Awareness camp reach – 705</p>	<p>Talk listen talk reach – (New client -113 and Follow up 254 clients = (Total 367 individual *4 members in each family= 1468</p> <p>Door to door- 2525 individual *4 members in each family =10100</p>	<p>Direct Beneficiary – 4819</p> <p>Indirect Beneficiary – 19276</p> <p>Total = 24095</p>

	<p>Annual meet reach -1051</p> <p>People referred to other centres like hospital, offices - 116</p> <p>Total – 4819</p>	<p>Women’s meet reach – 55 individual *4 members in each family =220</p> <p>Awareness camp reach – 705 individual *4 members in each family =2820</p> <p>Annual meet reach – 1051 individual*4 members in each family =4204</p> <p>People referred to other centres like hospital, offices - 116 individual*4 members in each family = 464</p> <p>Total – 19276</p>	
<p>North Dum Dum Municipality (North 24 Pgs)</p>	<p>Talk listen talk reach -188</p> <p>Door to door reach - 8040</p> <p>Women’s meet reach - 60</p> <p>Awareness camp reach - 1148</p> <p>Annual meet reach -2102</p> <p>Total – 11,538</p>	<p>Talk listen talk reach -188 individual *4 members in each family = 752</p> <p>Door to door- 8040 individual *4 members in each family =32160</p> <p>Women’s meet reach – 60 individual *4 members in each family =240</p> <p>Awareness camp reach – 1148 individual *4 members in each family =4592</p> <p>Annual meet reach -2102individual*4 members in each family =8408</p> <p>Total – 46,152</p>	<p>Direct Beneficiary –11,538</p> <p>Indirect Beneficiary – 46,152</p> <p>Total = 57,690</p>

BUILDING

COMMUNITY CARE



- **Creating ecosystems that promote mental wellbeing.**
- **Empowering community women to become bare-foot mental health professionals.**
- **Shifting focus from a biomedical model of mental health to a local, sustainable model of community mental health care.**
- **Shifting and propagating a language of distress, not illness.**

Through this initiative of Anjali, our cadre of mental health professionals have navigated challenging relationships, political influences and have established their identity in the community creating a strong presence of Janamanas in both locations.

At the First Glance: The Rajarhat and Cooch Behar Janamanas initiative have been operational from 2014, with support from The Hans Foundation.

2019-2020 marks Anjali's first partial departure from these two Janamanas locations, the time and efforts invested to develop a robust low-cost, replicable model of community psychosocial care have reaped invaluable benefits for all stakeholders.

The program's sustainability plan involves Anjali's gradual withdrawal from the implementation site, allowing either the Municipality or the cadre of mental health professionals to adapt the program and take it forward.

Currently operational in four locations across West Bengal:



North Dum Dum



Cooch Behar



Rajarhat



Purulia

The JFP supported by Azim Premji Philanthropic Initiative and tailored extension by The Hans Foundation for one year support in the interim period will allow and prepare the team to operate independently.

7 Fellows for the JFP have been selected who will conduct their own projects with the help of

assigned mentors from Anjali's core team; they will be implementing these projects as a kind of mini Janamanas.

These mini Janamanas projects include community mental health care, well-being of pregnant women, sex workers, and other marginalised communities.

The Janamanas Fellowship Programme (JFP) has been designed to facilitate the independent work and self-reliance in our community mental health professionals.

As part of the fellowship, the community mental health professionals have designed

their own projects; decided their own project sites and deliverables, and submitted proposals and undergone a screening process.



The Purulia Chapter

We have resisted the temptation to scale up just for the sake of it. However, with our hospital programme working in full swing in Purulia, implementing Janamanas to complete the continuum of care resonated with us. The mental hospital in Purulia caters to local people and neighbouring states.

Presence of a community mental health programme in the district will ensure that less number of individuals with psychosocial disability are abandoned, are forcefully institutionalised, receive care and treatment in communities, have equal opportunity to employment, education, and social participation. Janamanas in Purulia will, we hope, create a dialogue about mental health, well-being, and merge mental health care with the community and vice-versa.

Our needs assessment in Purulia indicated the need for mental health intervention in Purulia. The very few available psychiatric mental health cares are private.

There is prevalence of stigma, issues related to addiction, and multi-layered social issues in the community.

There is no intervention- state or other wise, to address mental health care in Purulia town or neighbouring Panchayat areas. Extreme poverty, poor education, strained resources adds to this need.



We have been able to develop a functional and professional relationship with the Purulia Municipality. It took multiple visits, interaction, and communication to identify stakeholders who would support the project, significant stakeholders, and scope of intervention. We are excited to start the process of interviewing, selecting and training our newest community mental health professionals.





Bridge The Care Gap is a national campaign to put mental health on the agenda of political parties for the effective implementation of the Mental Health Care Act (2017) and the National Mental Health Policy (2014). The campaign is spearheaded by Mariwala Health Initiative, a funding agency based in Mumbai, for innovative mental health initiatives, with a particular focus on making mental health accessible to marginalized persons and communities. Anjali was one of the campaign partners, along with notable other organisations and individuals.

Janamanas, Cooch Behar hosted Bridge the Care Gap, a conference aimed to bring the Mental Health Care Act 2017 in the forefront of government stakeholders and community members on 4th March 2020.

The first ever conference on mental health in Cooch Behar witnessed overwhelming response from community and government stakeholders. The seminar drew its strength from the huge turnover of audience who participated spontaneously. Their eagerness, contribution, and participation marked Anjali's success of reaching out to the last mile communities to ensure mental health care and service.

Bulti highlighted the reality of the care gap, mentioning how acutely the difference in supply and requirement for mental health services impact the community. Jaymati, a survivor of domestic abuse, further illustrated Bulti's standpoint by using her own example, as she could find a solution to her issues only after she got adequate care in the Janamanas centre. Not only could she escape domestic abuse, she also secured her own livelihood through adequate mental healthcare and related services offered by Janamanas. Ms. Mukherjee also

Seminar Panelists:

Ms. Bulti Dey Paul (Janamanas professional)

Ms. Jaymati Sarnakar (client)

Dr. Chiranjib Ray (Psychiatrist)

Ms. Debalina Chakraborty (Psychologist, DMHP program)



Snippets from 'Bridge the Care Gap' conference:



agreed, saying that present programs rely largely on awareness campaigns, although adequate structures for holding such campaigns are not present in the blocks. More planning and effort also need to go towards the state's family related strategies.

The seminar was greatly appreciated and opened a new dimension to the health and social welfare discourse in the area. The less known and tabooed subject of mental health was discussed in such a forum for the first time in the district. It increased favourable visibility of Janamanas, and has also helped in carrying out relief work in the wake of the COVID-19 crisis where community members and other stakeholders readily came forward with their support.



We spoke to our team member, Chandrabarna, who rejoined Anjali a year ago, about the changing landscape of Anjali's community mental health care:

Q: Since you came back to Anjali, what are the changes you have seen in Janamanas?

A: Mental Health in India over the few years has received a lot positive and much deserved attention. Community Mental Health initiatives like Janamanas are few but their relevance to bridge the care gap, especially in resource poor communities are far reaching. I joined the Janamanas program in 2014 when it was beginning to deepen its roots, strategise, and consolidate its presence in the community. I left at a time when the program was at its peak, and joined back when it was taking a fresh start, branching out to new locations, while evolving the existing projects. What I observe within the program is its growth curve. Being a flagship program, over the course of years it has made many mistakes. And, each mistake, each challenge has added value to how it has evolved today. The project is more structured and deeper. Intensifying its impact on each stakeholder, increasing not just by quantitative numbers, but qualitative inputs, like emotional wealth, better relationships, honest conversations, professional-ism, and increased accountability. I feel this is also the beginning of a much larger change that Janamanas can propel.

Q: How do you feel sustainability of programmes can be ensured?

A: I understand sustainability from two angles. One is the sustainability of project activities, program outcomes, through which the project keeps reaching out to more number of people. The second being, the sustainability of the project through the

values it imparts, through the changes it has brought into people's lives, which thrives irrespective of the project's physical presence. To ensure that Janamanas sustains, grows, and evolves the project would need long standing support from funders, municipality's participation and team of Barefoot Mental Health Professionals' ownership of the values, mission, vision, and leadership growth.

Q: Is community mental health, which is also known popularly as 'task sharing' the future of mental health care in India?

A: The abysmal care gap, deep seated stigma and prejudice are the largest barrier to mental health care, which only community mental health projects can address. I am absolutely certain that the future of mental health care and well-being are in breaking this hierarchy and facilitating better access to care. Our presence in community is a glaring instance where last mile resource poor families have received care with dignity who would have otherwise been completely ignored. Presence of community representation especially women in leadership roles of care ensures that vulnerable groups have better access. It is only with community mobilisation, participation, and engagement that one can address stigma, make people aware about the intersections of mental health with other pressing social issues like gender based violence, unemployment, and addiction. Community mental health projects like Janamanas should be encouraged, nurtured, and adapted to have better participation, support building, and empathy.

Chandrabarna Saha is currently working as a Senior Programme Manager of Janamanas at Anjali. She holds a Masters degree in Social Work from Tata Institute of Social Sciences.

She joined Anjali as a young graduate in 2014 and took a break to participate as a Fellow in the Asia Pacific Leadership Program in 2017 with East West Centre, Hawaii. She joined Anjali again in August 2019 after completing her Fellowship.

SAMHI



The Sexuality and Mental Health Institute follows organically from Anjali's work around sexuality and disability. Pleasure, Politics and

Pagalpan'- a national level conference on sexuality, rights and psychosocial disability organised by Anjali and Arrow (The Asian-Pacific Resource and Research Centre for Women) made substantial progress in the direction of building intersections between sexuality, rights and psychosocial disabilities. Considering that currently there exists an awkward silence around sexuality and psychosocial disability and more so, on the issue of sexuality within the realm of psychosocial disability, Anjali felt that more efforts needed to be put in the direction of continuing the conversation that was initiated through this conference, which ultimately birthed SAMHI.

SAMHI 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.

The Sexuality and Mental Health Institute (SAMHI) this year was attended by 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 to make the discourse and interventions more holistic.

Participants came in from diverse dispositions and academic backgrounds- pursuing their doctorates and fellowships, working with feminist and intersectional organisations, teaching at institutes, working as working as independent consultants and psychologists.

The sessions conducted throughout the course ranged- unpacking the concepts of mental health, concepts of sexuality- the normalisation of heteronormativity, gender binaries, invisibilisation of the 'other', the various models of disability and the tyranny of 'normalcy', sexual violence in respect to persons with psychosocial disability, understanding consent, the importance of language to break away from heteronormativity, the progressiveness of the Mental Health Care Act (2017), mental health as seen in other laws, lived experiences, the deep interconnection between mental health and domestic violence, the impact of digital technology on mental health, and a range of other intersecting issues.

Experts from interdisciplinary fields participating in SAMHI-

Ketki Ranade,
Associate Professor at Consultant
Tata Institute of Social Psychiatrist
Sciences, Mumbai

Pramada Menon,
queer, feminist activist
working on issues of
gender and sexuality

Ratnaboli Ray,
Founder of Anjali
Chayanika Shah,
activist and
academician

Alok Sarin,
Consultant

Soumitra Pathare
Consultant
Psychiatrist

Ruchira Goswami,
Professor at the
National University
for Juridical Sciences,
Shals Mahajan
activist and author,
amidst several others

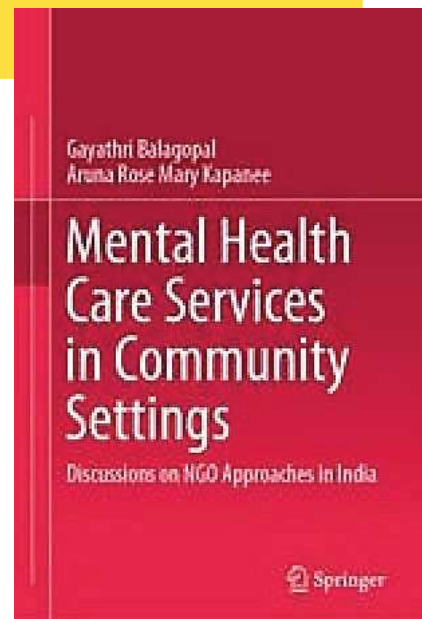
We got published!

In the last one year (2019-20), we have conducted a detailed assessment of two Janamanas projects by an external evaluator.

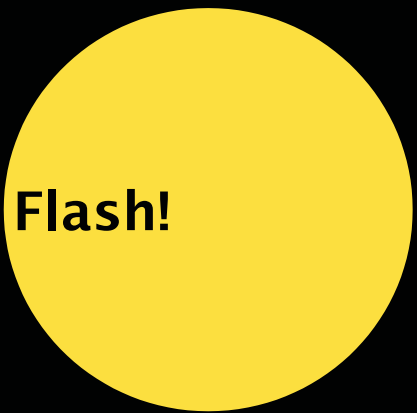
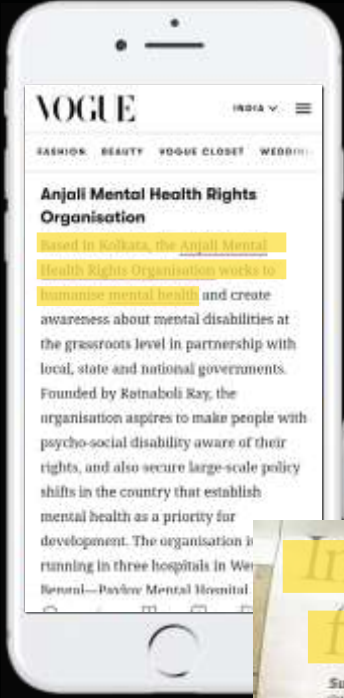
A paper titled 'How Janamanas Partners with Government and Women Self Help Groups to Embed Mental Health and Resilience in the Community' by Gayathri Balagopal and Aruna Rose Mary Kapanee was published in Springer in 2019.

The assessment report by the evaluator indicates the project's strengths, scope of improvement, and ingenuity as a community mental health intervention. It also brought forth an array of data that indicate the intersection social-political-cultural factors with mental health and wellbeing. This opens up opportunities for more advocacy and research opportunities for Anjali to strengthen Janamanas's intervention and plan.

We are presently in the throes of **writing a paper that captures the journey of seven barefoot mental health workers** to document their evolution and contribution to the community in a decade long association with Anjali.



The report highlighted the Janamanas program's strengths and process of addressing community mental health with women from community.





Ratnaboli Roy
Founder, Director and
Managing Trustee



Aditi Basu
Programme
Manager, Voices;
HR Coordinator



Mohini Banerjee
Psychologist, Voices



Srija Chakraborty
Senior Programme
Manager, Janamanas



Tanusree Dasgupta
Programme Manager,
Janamanas



Esha Das
Programme
Coordinator,
Janamanas



Biswajit Pati
Associate Programme
Manager, Voices



Anindita Chakraborty
Case Support Manager,
Voices



Adrika Sengupta
Head, Programmes



Chandrabarna Saha
Senior Programme
Manager, Janamanas



Manidipa Ghosh
Deputy Director



Swarup Roy
Programme Associate,
Voices

Meet Our Team!



Sukla Das Baruah
Senior Programme
Manager, Voices



Srabastee De Bhaumik
Research Associate,
ARC



Pampa Singha Ray
Office Assistant



Sananda Gupta
Associate Programme
Manager, Voices



Aditi Ganguly
Psychologist, Voices



Santanu Saha
Head, Finance
and Accounts



Rohit Mukherjee
Senior Manager,
Accounts



Dipankar Nath
Office Assistant



Rajesh Chouhan
Office Supervisor



Oliviya Chakraborty
Junior Manager,
Accounts



Kathakali Biswas
Research &
Documentation
Associate, Voices



Ipsita Mukherjee
Associate Programme
Manager, Voices

Meet Our Board



Ms. Ratnaboli Ray
Founder & Managing Trustee

Ms. Ray is a trained psychologist and an Ashoka Fellow (1999). She is the Founder of Anjali and is a well-known human rights activist, talk show host and contributor to regional and national print media on social issues.



Dr. Debashis Chatterjee
Co-Founder & Trustee

Dr. Chatterjee is a practising Psychiatrist, who has received his academic qualifications from NIMHANS, Bangalore and CIP, Ranchi. He is a consultant with various organisations and is deeply interested in the philosophical and epistemological tenets of Psychiatry.



Dr. Paromita Chakravarti
Trustee

Ms. Chakravarti is a Professor of English at Jadavpur University. She has been both Joint Director and Director of the School of Women's Studies at the university.



Ms. Ruchira Goswami
Trustee

Ms. Goswami is an Assistant Professor at the National University of Juridical Sciences, Kolkata. She is a Founder-Member of Gender and Law Association and provides trainings on human rights.



Ms. Kalpana Kaul
Trustee

Ms. Kaul is a Development Consultant.. She is a former Director & Managing Editor at Ashoka: Innovators for the Public.

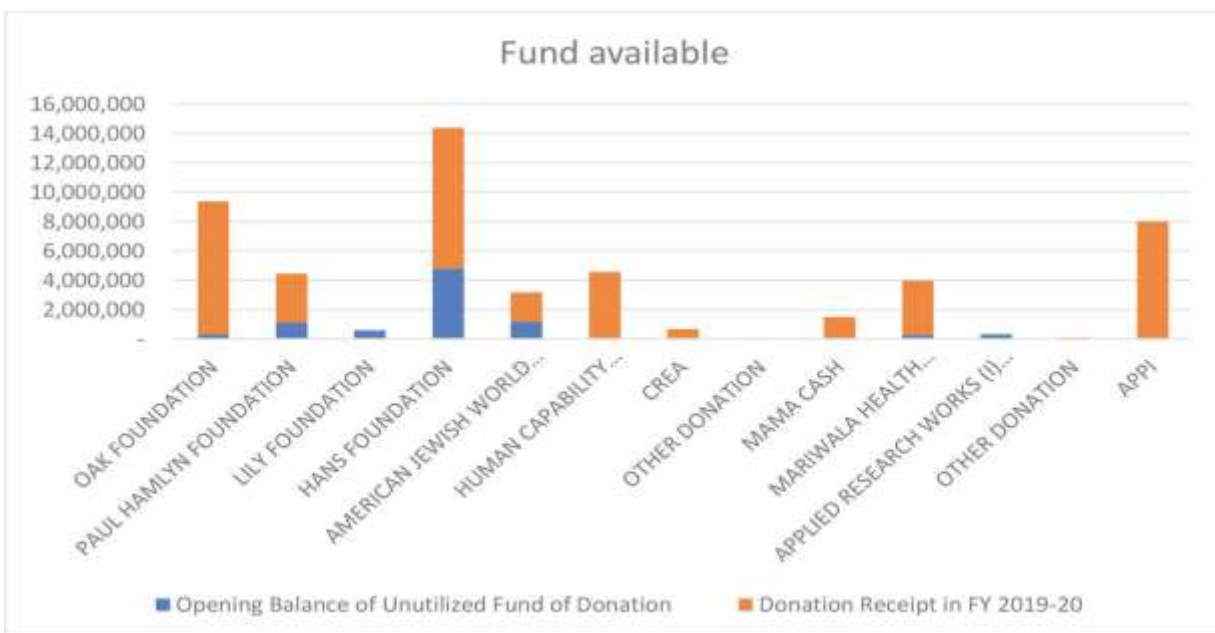
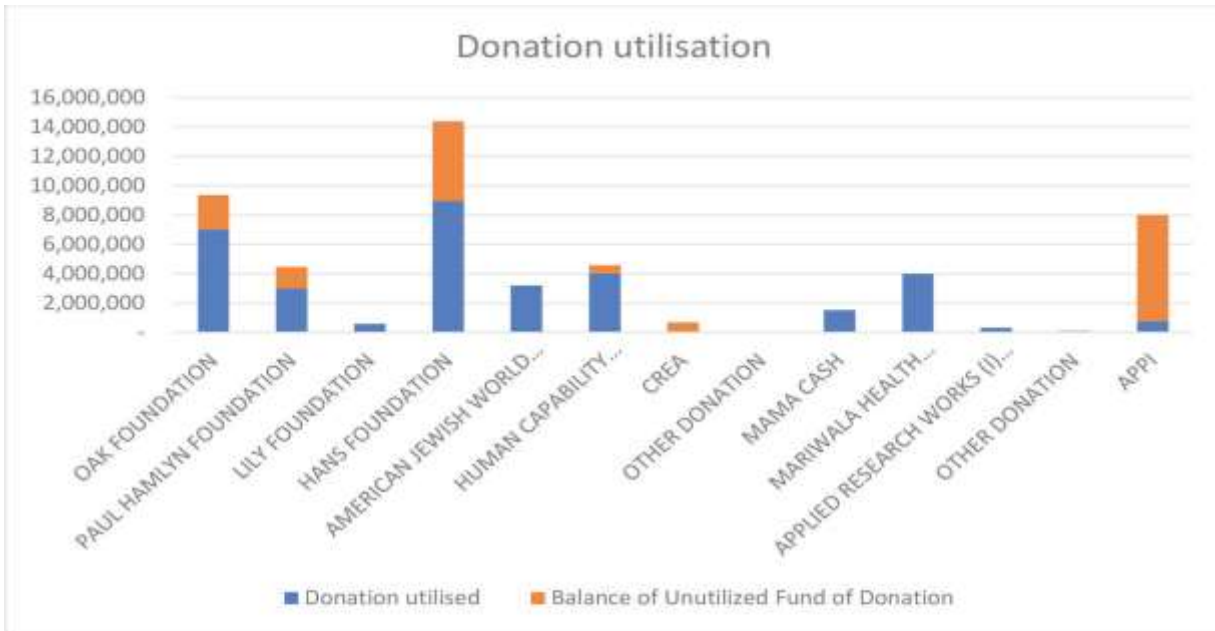


Ms. Ranjini Mukherjee
Trustee

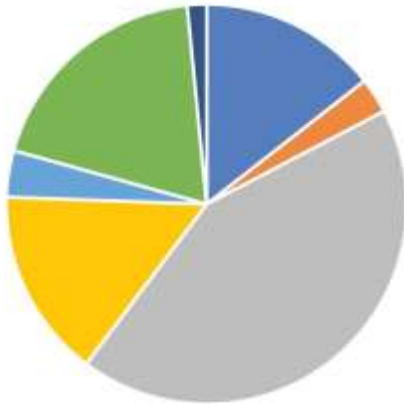
Ms. Mukherjee is a special educator and consultant. She has experience of over twenty-five years in the special education sector, administration and qualitative skill transfer.

Our Financial Year

2019-20

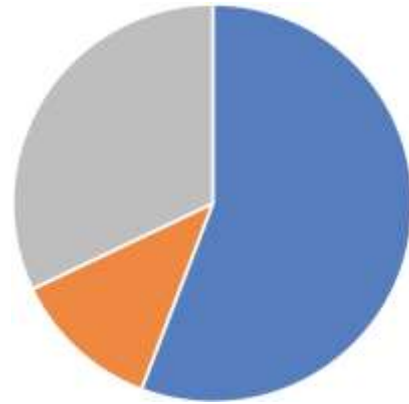


Programme Funding



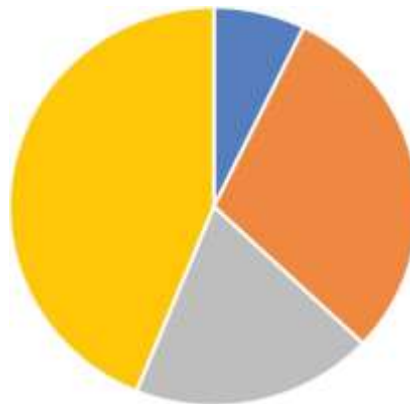
- PHF ■ Lily Foundation ■ HANS Foundation
- AJWS ■ APPI ■ MHF ■ Applied Research

Institutional Funding



- OAK Foundation ■ MAMA CASH ■ HCF

Unrestricted Incomes



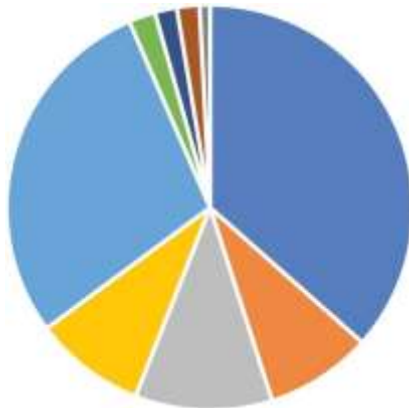
- Through Individual Donations ■ Promotion of Products and Services
- Through Washing at Dhobi Ghar ■ Through Interest

Towards Employees



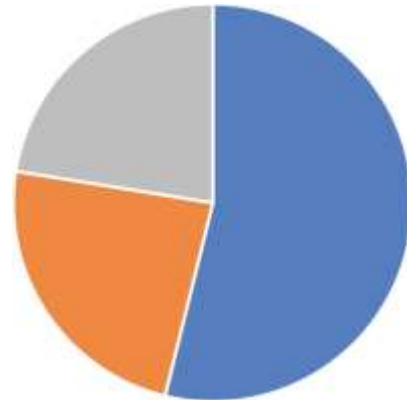
- Staff Salaries
- Welfare of Employee

Overheads



- Office Rent
- Telephone, Fax & Internet
- Office Stationery
- Electricity
- Maintenance Charges
- Audit Fees
- General Charges
- COVID - 19 expenses
- Cerification Charges

Programme Expenses







- Voices
- Janamanas
- Advocacy & Campaign



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WEST BENGAL, INDIA

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-  anjali_mentalhealth
-  Anjali MHRO

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