

Navigating the pandemic

“What of the people who could not afford to or had the privilege to remain indoors? What about those who don’t have this option?”



A participant in a capacity building session inside male ward, Pavlov Mental Hospital, Kolkata. The session was organised by participants themselves.

The outbreak of Covid 19 pandemic brought with it a myriad of challenges all over the world. In India, a nation-wide lockdown was announced in March, 2020. It brought the country to a complete standstill. Recommendations of staying indoor, social distancing, and other measures to contain the spread of the coronavirus were made.

Anjali has two main programs. The “Voices” program works with people currently admitted in four government mental hospitals in West Bengal. Anjali facilitates reintegration back into community of those who are recovered and have been certified fit for discharge by the doctors. It also supports them through this transition. “Janamanas” program works with resource poor communities in West Bengal in collaboration with the municipality. The program supports those living with psychosocial disability. It works to change the perception of mental health and psychosocial problems.

The Voices program conducts regular sessions for people admitted inside the government mental hospitals, where it works. The participants, as Anjali calls them are recovered residents of the hospital. These capacity building sessions are the only occasion for people to leave

their wards, and engage in different activities. In these sessions, they explore their potential, and express themselves freely in a safe space provided there.

These sessions had to be suspended in line with orders, albeit temporarily. For Voices team, it was a huge challenge to navigate the pandemic with no physical proximity with their clients who too, missed their sessions.

Anjali had initiated work inside government mental hospitals to bring about systemic changes to promote human rights of person admitted there. This work is in collaboration with the hospital authorities. It is a pioneering initiative. One of the requisites for this work is physical presence of the project staff inside the mental hospitals where it works.

During the lockdown, Voices’ team and its trainers were unable to visit the hospitals, and the capacity building sessions with the residents had to be suspended. This led to anxiety and stress among several participants. They narrated, later, that they had felt a sense of abandonment by Anjali, and feared that Anjali’s team might not return, to the hospital. Even though the psychologists talked to the participants over phone, a few were not convinced until they saw the team members in front of them.

The Voices team members realised the need to continue sessions to help residents cope with the anxiety. They encouraged and motivated a few participants from the male ward of Pavlov hospital to hold the sessions with residents who were otherwise regular participants in such sessions. The participants started the sessions with story- telling, and included art, music, drama and other activities.



Participants attending a session in the male ward of Pavlov Hospital, facilitated by an arts trainer

With time, a few of these participants started to emerge as peer leaders. One participant expressed his interest in providing psychosocial support to fellow residents. Several of them had been going through distress. With support and guidance from Anjali's psychologist, he started conducting group support sessions, in his own way, where kindness, empathy, self-care, well-being, importance of medicines, along with discussions on the pandemic, the Mental Health Care Act, and others were discussed.

In the hospitals, even the counselling sessions by the hospital psychologists had been halted. Although the hospital psychologists were meant to be at their duties, they did not adhere to these instructions. It meant that all of a sudden, no psychosocial support was available to the residents. Even in normal circumstances, however, psychologists from Anjali were the mainstay of counselling for the residents. Realising the sudden disruption, Anjali contemplated to provide psychosocial support to the participants over telephone.

This had its own limitations, however. Especially in Behrampore Mental hospital and Institute of Mental Care, Purulia, located outside the state capital in the districts.

There was a lack of privacy while talking on the phone. The mobile phone itself belonged to Anjali staff. It could not be handed directly to the residents for fear of infection. The mobile network, too, was unreliable. The participants themselves were not well versed with expressing themselves over the phone. Some had not used a telephone in a long time. This made it uncomfortable for them to talk. Conversing on a telephone definitely affected the flow of conversation. They responded to a few questions posed by the psychologists punctuated by long silences to several others. It was not a free flowing conversation. Unavailability of the telephone for a long period of time also posed a limitation and a long conversation could not be held.

Conducting group sessions over phone, where many people were involved at the same time, resulted in chaos and noise, leading to a disruption in the conversation or the topic initiated for discussion.

Consequently, Anjali started advocating for mandatory presence of hospital psychologists in the hospital, to offer at least some counselling support to the residents.

But it was only after the Voices team started revisiting the hospitals, residents felt relieved, assured and happy.

During my stay at the hospital, Anjali always told us that they were there by us... (Respondent 3)



Janmanas team conducting outreach to community members

The Janamanas centres, a part of the "Janmanas" program had to be shut down in line with the Covid restrictions. Both the clients of Janmanas and those of Voices program who had been reintegrated back into communities were poor, generally. They had limited resources. A majority of them were engaged in informal work. They neither had enough personal savings nor recourse to other sources to tide over the lockdown. The lockdown would have a debilitating impact on this constituency that Anjali worked with and Anjali was acutely aware of the same.

I had lost my job. On the top of that, my daughter was pregnant. I was completely taken aback about the uncertainty of the situation and how I would be able to figure

things out... (Respondent 1)

Anjali started reaching out. But it was not a piece of cake. Many people with who Anjali worked with were unreachable over phone. A regular change of mobile phone numbers or a lack of one meant there was no direct contact. Attempts were made to contact their neighbours or relatives. The program recorded several phone calls to contact a person, and with some contact was established. Ultimately, Anjali identified 125 clients of the Voices program who had been reintegrated back into community and 274 clients of Janmanas program for support. Others could either not be reached or did not require support.

In this changed scenario, Anjali re-strategized and acted rapidly to extend support to its constituency. It reached out to its funders, raised funds and mobilised support for its constituency. People with psychosocial disabilities, already one of the most disenfranchised and marginalised, were most likely in such times, to fall through the cracks and suffer disproportionately. The funders' response was prompt.

Narratives from the field were filled with instances of job losses, no access to medicines, other essential supplies; a state of increased stress and anxiety due to financial difficulties; an increase in caregivers' burden; and in general heightened anxiety and relationship issues with immediate partners and children.

The sudden lockdown was a huge blow. My son, who worked outside the state also had to return. We had no earnings... (Respondent 4)

It was apparent that the pandemic and the following lockdown had a major financial impact on people. This affected adversely their mental health and overall well-being.

I stay with my maternal uncle, he works at a garments shop at a very low salary. With the

lockdown, his salary stopped. We didn't even have money to buy rice and essentials... (Respondent 2)



Relief Kits being prepared for distribution by Anjali

Anjali provided a mix of direct financial support, ration and other essential supplies, sanitary napkins as well as medicines to its constituency, depending on their situation and feasibility of sending material.

Rs 2500/- every month for three months was provided to 125 clients who had gone back into the community from the mental hospitals; and Rs 2000/- was provided to 274 clients of Janmanas program for the same period of time. Money was sent directly to the recipients' personal bank accounts. The money was to help them purchase medicines and food that the most vulnerable were unable to do due to the sudden loss in income.

As Anjali was navigating through challenges and obstacles posed by Covid-19, and adapting to this changed circumstance, West Bengal was hit by "Amphan", one of the most powerful super cyclones in a century!

Amphan raged through the state, and left a trail of destruction and devastation. It took Anjali's team a few days to cope with the devastation.

With the lockdown, I could not visit the hospital to get my medicines. My family and I were in a vulnerable situation as Amphan had devastated our house and

the lockdown had taken away my livelihood. This was impacting not only my physical health but mental health too. I could see my family suffering but felt helpless... (Respondent 5)

Getting back to its feet, Anjali re-started reaching out to its constituency, prioritizing the areas the super cyclone had ravaged. Several people had their homes broken, roofs blown away, valuable documents washed away, and agricultural land inundated by saltwater.

Coming on the backdrop of the pandemic, many people just had no financial backup to handle another calamity.

Anjali's team also undertook several home visits, to the ones that were accessible and nearby, in order to understand the situation. Video calls, phone calls, exchange of photos and home visits helped to identify the most vulnerable and those who had suffered maximum damage.

Anjali, once again, in a short span of time, reached out to its funders. With their support, Anjali provided financial assistance to people to repair the damages incurred.

Several people often make promises but rarely follow up on it. After losing my job during the lockdown, I didn't find anyone by my side. (Respondent 3)

In these debilitating circumstances, mental health, for the first time, became important to state functionaries. During these times, Anjali's scope of work broadened to include relief. Mental health became a priority and work towards de-stigmatisation and reduction of discrimination of persons with psychosocial disabilities received a fillip.

During this time, Anjali stood by me...had it not been for Anjali, I would not have been able to deal with everything. (Respondent 1)

If I had not received this support from Anjali, we would have probably starved. With Anjali's support, I was able to help my uncle and the family which makes me ever grateful. (Respondent 2)

Anjali's support to start a small business venture didn't just save me but gave me back my self-respect. During my stay at the hospital, Anjali always told us that they were there by us and they proved it when I needed them the most. (Respondent 3)

Anjali's support helped me start a small shop and even though I have just started, it has at least given me the confidence that I can do it and has given me a lot of hope! (Respondent 4)

I can't thank Anjali enough for thinking about us and contacting us and supporting us. It helped me cope! (Respondent 5)

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