

Newsletter

January to April 2017



Nandini in her home garden in Vadanemmel, Tamil Nadu.
Photo Credit: Kaustuv Nag.

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Foreword

Mental disorders form a substantive part of the global burden of disease, contributing to nearly 13% of years lost due to disability. The situation is particularly bleak in LMICs (*Low and Middle Income Countries*) where 90% of people who need care do not receive any form of services at all. In India, 150 million people live with some form of mental illness, of whom at least half a million are rendered homeless. Low priority and inadequate resources for mental health combined with blithe apathy results in suboptimal implementation of programmes.

This leaves only a sliver through which one can reimagine futures. The Banyan facilitates precisely this, by extending a continuum of care, which is not trapped in the retrograde binary responses to presence or absence of mental illness. The Banyan caters primarily to those caught within the bell curve of destabilising poverty, gender and ill health – people with mental illness, often with antecedents of homelessness exacerbated by social distress.

Twenty four years ago, The Banyan was started to challenge the particular construct of mental asylums as an alternate praxis. This was done by offering integrated mental health services to the most marginalised within a choice and rights paradigm. Across all projects, our clients define their own trajectories of recovery and return to lives they want for themselves through services that are responsive and aspirational. In this journey to secure justice for homeless people with mental illness, we have been accompanied by exceptional people - donors, volunteers, well-wishers and advisors - who have invested in the cause and inspired others to do the same.

We are happy to present our first Newsletter for 2017, that offers a glimpse of the exciting months gone by. We look forward to your feedback and continued engagement.

Senior Management Team

Dr KV Kishore Kumar (*Director*), Swapna Krishnakumar (*Deputy Director - Administration and Human Resources*), Murugan Krishnan (*Deputy Director - Finance*), Preetha Krishnadas (*Assistant Director - NALAM Urban*), Nisha Vinayak (*Assistant Director - NALAM Rural*), Archana Padmakar (*Assistant Director - Transit Care Center*), Mrinalini Ravi (*Assistant Director - The Shelter*), Kamala Easwaran (*Assistant Director - Partnerships*), Lakshmi Narasimhan (*Head - Research*)

Our Programs

Emergency and therapeutic services for homeless people with mental health issues

Inclusive eco-systems for people with mental health issues experiencing long term care needs

NALAM: Comprehensive well being oriented packages of care in the community

Social inclusion, skills development and wellness initiatives



Transit Care Center (TCC): Adaikalam

120 bed facility that offers critical time interventions, clinical and social care services for homeless women with mental health issues.



Clustered Group Homes (CGH)

8 cottages with living spaces for **50 women** co-located with the campus of The Banyan Academy of Leadership in Mental Health (BALM)



NALAM (Urban)

5 Centers, 10 NALAM Mobilisers covering 4.5 lakh urban population

Community clinics, social care, skills development, employment, day care services, user-carer self advocacy



Skills Development and Social Enterprise

9 Skills Development Kiosks, Home based work Options, Micro enterprise initiatives - NALAM Cafe and Bakery, The Banyan Bistro



The Shelter

30 bed facility for homeless men with psychosocial needs, street engagement and personal services in collaboration with Corporation of Chennai



Home Again

Housing with supportive services across **3 States, in 36 homes**, across rural and urban neighbourhoods



NALAM (Rural)

6 Clinics and 65 NALAM Mobilisers covering 4 lakh rural population

Community clinics, social care, skills development, employment, day care services in 100 villages in Kundrathur Taluk in collaboration with Pudhu Vaazhu Project and Thiruporur Taluk. Kancheepuram district



Youth Clubs and Learning Centers

5 Youth Clubs and Learning Centers in rural and urban communities with a focus on life skills education and developing resilience

Our Impact

<p>1950</p> <p>HOMELESS PEOPLE WITH MENTAL ILLNESS HAVE RECEIVED CRITICAL CARE INTERVENTIONS</p>	
	<p>37% ARE ENGAGED IN FULL TIME EMPLOYMENT, INTERNAL AND EXTERNAL</p> <p>10,300 ARE ATTACHED TO OUR CLINICAL AND SOCIAL SUPPORT SERVICES</p>
<p>80%</p> <p>CLIENTS HAVE BEEN REINTEGRATED WITH THEIR FAMILIES</p>	
	<p>500 STUDENTS HAVE ENROLLED IN BALM'S GRADUATE AND DIPLOMA PROGRAMS</p> <p>430 CHILDREN IN DIFFICULT CIRCUMSTANCES ARE ENGAGED IN OUR YOUTH DEVELOPMENT SUPPORT ACTIVITIES</p>
<p>500 IS THE STRENGTH OF LAY PEOPLE TRAINED TO BECOME PART OF STAFF</p>	<p>200 INDIVIDUALS HAVE CHOSEN INDEPENDENT AND SUPPORTIVE LIVING OPTIONS</p> 



Punitha offering Social Care Services at the Help Desk, NALAM Center, KK Nagar.
Photo Credit: Kapil Ganesh



Nisha training community mental health workers at Keystone Foundation, Kotagiri

Home Again - Scale up

Worldwide approximately 10% of people remain incarcerated for life within mental health institutions due to lack of familial support, inability to recall details that can help them journey back home, and in some instances people choose not to leave. A majority of those who stay for extended periods are people with high disability and support needs. Scarcity of options and an insidious lack of choice predates a twisted pragmatism among people who live on the fringes to accept life as is. It is this choice that we have offered people with mental illness experiencing long term care needs, in the form of permanent housing along with personalised support services provided by an on-site personal assistant (*in the ratio of 1 PA: 5 clients*). A choice that allows them to recreate the joys, complexities, heartaches, and calmness that come along with living in a home as part of a family. Being part of The Banyan's Home Again approach, residents get opportunities to practice trust, form relationships and experience living as it is for others. They take on new identities, reaffirm what is already existing, live together and figure out spatial negotiation, create bonds and cliques, assume social roles, transact with the community, pursue recreation and leisure within safe, inclusive, rights fostered spaces. Encouraged by the success of the Home Again approach demonstrated by a study in 2016, we have now scaled up this intervention with local partners to 36 homes across Tamil Nadu (*Trichy, Mogappair and Kovalam*), Kerala (*Malappuram*) and Assam (*Guwahati and Boko*).

In Trichy, these supported living arrangements are spread across Kovandakurichi village and Pullambadi town. The programme is managed by Amali and Janaki who have experienced homelessness and mental illness first hand and serve as daily inspirations that surviving against the odds is entirely possible despite structural difficulties. The ability to be naturally conscientious to resident needs comes easily to them, having themselves broken barriers of demarcated social spaces. Residents here have formed a viable two way relationship socially with the outside world with neighbours dropping in for a game of '*kallangal*', engaging in some gossip, mothers dropping in their babies for care while they run errands. These are daily happenings along with other self directed pursuits.



Gossip and laughs at Kovandakurichi, Trichy



Eco-friendly homes custom built by Ashadeep for Home Again at Boko

In Assam, the approach has been implemented in collaboration with Ashadeep, a mental health NGO founded by a carer. Located in Guwahati and Boko, the homes here are surrounded by verdant green landscapes. Spontaneous talks about relationships, milling around together for endless cups of *chai*, planning impromptu shopping trips to buy jewellery, celebrating birthdays with flower tiaras and party streamers, a local version of cake against the background of hand painted walls – the homes here are a mix of fun, interpersonal relationships, complaints and reassurances.

In Kerala, Home Again is anchored by our Program Lead Salih, in Malappuram, a setting that is effortlessly equitable. Congregating together to watch movies, trips to the barber, rallying calls to quizzes by self designated quizmasters, the occasional beedi (*despite being goaded towards abstinence*), travelling in the rain - fluidity which comes with unconstrained spaces is apparent here.

Padmavati*

Padmavati was institutionalised at a mental health care facility in Kerala for seventeen years - the majority of her adult life. That is seventeen years of living life away from loved ones, without any hope of returning to her home in Tamil Nadu. In her 18th year at the institution, Padmavati chose to move out into The Banyan's Home Again programme in Malappuram.

Padmavati is profound and philosophical without even trying, and loves contemplating and discussing existential dilemmas. During one such chat, she revealed suicidal ideations that throttled her when she experienced her first turbulent episode of mental illness after marriage. While on a trip to Ooty with some friends, she survived the only attempt to take her own life, but sadly her injuries were severe, and doctors were forced to amputate her left hand. Like many families who hope to find solace, comfort and reprieve in their faith, Padmavati's family approached a witchdoctor, who in her opinion made her 'episodes' much more problematic and it is during one such day of non lucidity, that she wandered too far away from home, and ended up at the institution in Kerala.

It took her 120 days in Malappuram, before she started responding to the positivity in the environs around her. Memories of life with her husband - Krishnan, of working in the fields, legs ankle deep in the wet soil, of giving birth to two sons (*teenaged now*), of neighbourhood chatter - the finer points that made up her life, before she came to Kerala, started to drift back towards her. She slowly began to provide specifics about her home, the village, her husband and her children. As is The Banyan's philosophy, the Program Lead at Kerala decided to leave no stone unturned, and attempted to trace her home and family back to Elakatti, Sathyamangalam. And that was how a journey that suspends all disbelief led Padmavati back to her village. She was regaled, and to make sure their eyes were not lying, her sons and husband embraced her. This is how hope manifested and the light at the end of the tunnel finally came about, for Padmavati.

**Name changed*

Work Participation

Stigma, lack of awareness, and prevailing social norms have led society to believe that persons with mental health issues are incapable of work, or unable to be productive members of their families, communities or society. On the contrary, work or the act of being engaged, is a critical part of the human experience. It allows each individual the chance to explore interests and pursuits that help derive a sense of meaning and purpose, instill confidence and a sense of responsibility, and build self-esteem and self-reliance. Simply put - it is a non-negotiable in any of our lives.

It is no less for people with mental health issues. Work and productivity are the cornerstones of promoting and ensuring wellbeing. Embedded in the philosophy of promotion of social justice and participation, The Banyan ensures sustained skills development inputs across all programmes, over multiple domains including: hospitality (*waitstaff in restaurants, receptionists, gardening etc.*), services (*beauty, housekeeping, etc.*), health care (*personal assistants, community health workers, lay counsellors, mental health peer counsellors and advocates*), indigenous arts and crafts (*basket weaving, block printing, hand weaving*) entrepreneurship and intrapreneurship (*department stores, mental health programmes, cafes and eateries, tuck shops etc.*). We believe that participation in the workforce will build inroads into the wider community, and help break stereotypes and myths associated with mental ill health. This will also result in the formation of a strong, bottom up advocacy lobby with the ability to robustly articulate the needs of persons with mental health issues.

2017 has seen The Banyan infuse skill development and employment initiatives with a renewed spirit. Teams across all programmes have pushed boundaries, and explored a variety of options that will offer flexibility on the job, enable consistency and thus job retention. The NALAM Urban programme initiated a collaboration with Eco-Kitchen to set up a NALAM food kiosk as a means for self-employment and micro-entrepreneurship. The stall offers south indian meals for lunch, and a range of tiffin and snack items for the evening. The clients and the team do face some challenges due to competing food stalls and the very popular 'Amma Canteen' but this has forced them to be innovative and think outside of the box to create new

dishes and a pleasing experience for the customers. 36 individuals have found employment through NALAM Urban, with salaries ranging from INR 500 - 8000 per month.

NALAM Rural worked extensively on external employment and organised a job fair with recruiters across diverse fields including beauty, retail, hospitality, and technology. Persons with mental health issues (*both inpatient and outpatient*), and their caregivers had the opportunity to apply. Some of the recruiters included Apollo Hospitals, Blessy Consultant Services, Classic Product Pvt Ltd, G.S. Enterprises, Rajavirundhu Group of Hotels, Tanki Solutions, The Banyan and Tony and Guy. 107 people registered for this event and by the end of the day a total of 45 people were employed. This job fair was an important step forward for our clients to know that they are afforded the same opportunities without any discrimination or stigma associated with their mental health status.



Registration desk at the NALAM Rural job fair held earlier this year

Indra



Indra reuniting with her husband and son at TCC before going back home. Photo Credit: Staff Photographer, Times of India

Indra's husband (*Kandaswami*) is the proverbial partner – someone who actually traced his wife down to The Banyan after being directed to our Transit Care Center by the police when he went to lodge a missing person complaint. Indra, born and known as *Rani* to people back at home, was with her husband in St. Thomas Mount church, attending a prayer meeting meant to cure her of mental illness, when she went missing. After a long and futile search along with his son, Kandaswami was forced to declare his wife as lost. Realising how daunting it must be for someone like Rani to comb through the city's unfamiliar roads, he started intensifying his search. In the span of a year while he searched for her, Rani was rescued from Chromepet railway station, offered a home and care at The Banyan, and was eventually employed as a weaver in the Handweaving section of the Vocational Training unit at the Transit Care Centre (*TCC*).

Life was independent, productive and happening in all ways for Indra when suddenly one day out of the blue, she was called by staff saying that her husband had come to TCC, along with some old photographs and ration card copies. The smell of sweat stained pages and musk, along with relief on the duo's faces and the air around was palpable. They both had changed physically since they met last – with Indra having grown her hair out and Kandaswami looking battered but relieved that things have come to a close,

an end to harrowing times of anxiety. Their son is pursuing his first year of under graduation, Indra née Rani hopes to weave from home and make visits once in a while to The Banyan. Kandaswami and Rani's story stands out as a defeat to tirades of negativity over a single mediated hope of going back to life together.



Handweaving at the Vocational Training Unit, Transit Care Center, The Banyan. Photo Credit: Kapil Ganesh

Reintegration and Aftercare



Shweta - Assistant Programme Manager, Transit Care Centre (TCC) with Malini during a reintegration trip, at her groundnut field in Ariyalur, Trichy

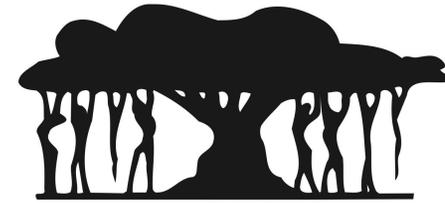
Our reintegration process evolved in response to the aspirations of residents to trace steps back to their home and family of origin. Residents having hazy memories of their home is not uncommon. Mostly it is only a single detail or two which can be elicited. These often asymmetrical details are pieced together through consistent engagement which helps in identifying minute but critical specifics such as places of interest, dialects and local artifacts (*a railway line, the fish market, shops or paddy fields*). The reintegration team after drawing out primary data works in liaison with the government, local civil society outfits and police stations, to trace families of residents. Sustained efforts like these lead to reintegration trips often in public transport residents are used to as well, in the hope that familiarity in topography will help them navigate towards home.

Based on such hunches, directions and redirections with just a single clue in hand, the team recently traced Nagamma's son. A video call was initiated on the spot, but Nagamma could not recognise her son - the adult, when all she remembered was the little boy she left behind. The scene shifted quickly to her older sister's home nearby and once the latter's face filled the screen, Nagamma burst out into tears but did not derail and started calling out for her *akka*. After the call was done, it was reiterated to her, that her relatives would be coming for her, soon. And that's exactly what happened, with the visit of her husband, who filled her in on how their daughter is already married and that she doesn't have to do anything but come home; and that her life and lives of the multiple others would become better in an instant.

Anyone going back to a place filled with antecedents of the past will face barriers. The Banyan seeks to reduce the extent to which the barriers are unviable - this is done by ensuring that the resident has continuity in care through individualised aftercare plans tuned to support six domains - Psychological health, Disability, Quality of Life, Caregiver Strain, Socio-Economic Status and Community integration - over a period of 12 months of a resident's return to family. Networks of influence are also identified in the area to help offer clinical or social support and ensure continuity of care.



Pandi enjoying his gardening at the NALAM Center, KK Nagar, Chennai. Photo
Credit: Kapil Ganesh



The Banyan
I exist therefore I am

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