



**Study: The Sustainability of Impact of Bapu Trust  
Services on Clients and Families  
July 2022**

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## 1 Introduction

Bapu trust is working in the disability and mental health sectors since last 22 years. Bapu Trust runs the Seher community mental health and inclusion program in 10 urban communities within the Pune city. The program focuses on transforming communities for inclusion through enabling the recovery and inclusion of persons with psychosocial disabilities. Bapu Trust conducts prevention, promotion and recovery-oriented services, covering an expanse of 29 *bastis* (low-income settlements) which includes nearly 800000 persons. During Corona times, the scope of works transformed to more online contact and physical works in 10 bastis. Bapu works in collaboration with the Pune Municipal Corporation (PMC). They have provided us space and limited financial resources to run 'Wellness Centers' at five public maternity hospitals across Pune city. We provide psychosocial services through the 8-point framework of recovery. This includes interventions such as nutritional therapy, self care, counselling for mental health needs, family counselling, arts-based therapy, comprehensive health care, therapeutic group activities, referral to access various development services such as work, social protection, other community services and various social services through networks. Bapu Trust spreads extensive awareness on inclusion of persons with psychosocial disabilities, through corner meetings, poster exhibitions and awareness meeting in community areas.

## 2 Impact Study rationale:

Bapu Trust has regularly conducted several impact studies of its clients programs (Seher) over the years. During corona times, the management was concerned about the quality of services, as field areas were largely closed for physical work or intensive supervision. Field staff were forced to work from home, under very difficult work, community, housing and family circumstances. Further, the usual support of HR-OD and staff trainings came to a halt during this period. Clients contact was also very minimal, and shifting to digital, phone media was challenging in the initial stages. A large number of program 'residue' was identified, of people who were found in the system all through the 2-3 years, without closures. There was the worry of 'co-dependence' of clients on staff and vice versa. There was also the concern that the program was repeating or extending their actions, 'overdoing' it, out of concern for families during the pandemic, or as a way of justifying their professional roles during the pandemic; and the consequent concern that clients may experience this as intrusion, pressure or even 'coercion'. While field team expressed hardships, funding was reduced, and program leaders had a tough time monitoring the program within a Work from Home culture. Program team leaders, reviewing clients data, raised many challenging questions to the team and initiated the closure of support work with several clients. A few months later, an impact study of the 'closure clients' was initiated and a consultant hired to do this work.

## 3 Objectives of the study:

- To understand the sustainable impact of Bapu Trust services on people who have used the services and their families.
- To gauge the clients satisfaction with staff in the course of service delivery.

- To understand how the staff worked during COVID-19 pandemic, what were the new skills that they learned, how they adapted the new skill and what was the motivation to work in the crisis situation.
- The relationship between clients, staff and management during the crisis situation.

## 4 Methodology:

A clients centered tool was developed and translated into Marathi. It was piloted with a small sample, and then applied to the study. (See Appendix 1)

The survey was conducted from April 22 to May 2022 in the *Bastis*. Clients lists from the MIS of Seher program was drawn. Those included in the sample were all the clients whose work was closed from the 5 centers (Pehel, Dwi, Trish, Charvi and Pancham) during the corona period (approximately 1 ½ years).

The team visited 192 clients who had received services from Bapu Trust, and work with whom was closed. The study did not include persons who had migrated (19), refused (10), visited three times but were not available (14), or admitted in the hospital (2). Out of those who answered, forms of those who did not understand the questions (8) for any reason, were treated as invalid.

The interviews were conducted using a semi structured interview schedule by one interviewer. 140 persons served by the Seher program were approached directly at their home. Verbal or written consent was taken.

Two FGDs were conducted with field workers, monitors and middle level managers, with oral consent. Interviews were recorded on audio recorder and transcribed.

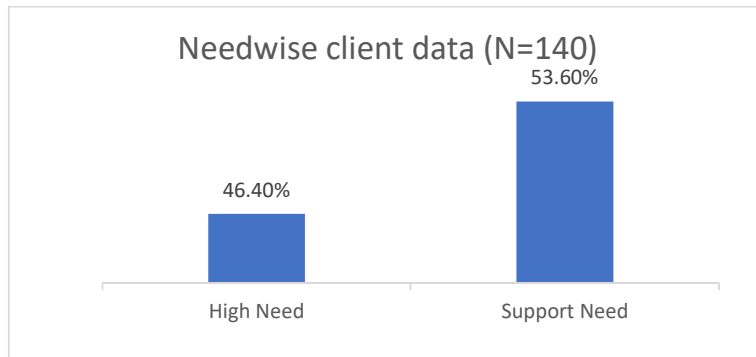
Data was entered and analysed using Microsoft excel.

## 5 Findings

### 6 Profile of respondents

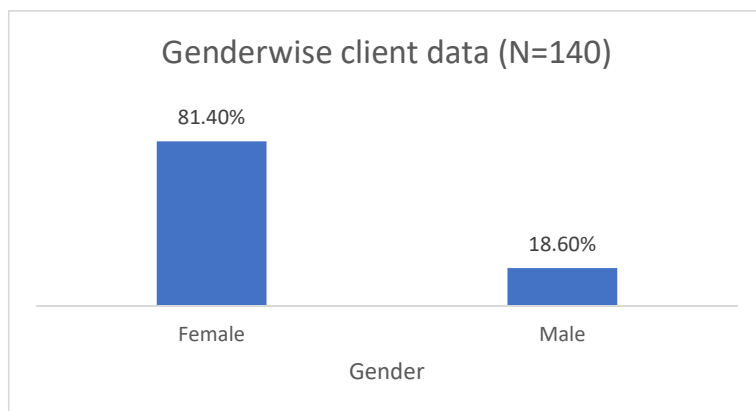
The Bapu Trust uses 2 categories of persons with mental health issues and psychosocial disabilities, for offering support: low support needs and high support needs. Persons with low support needs include those with psychosocial distress or disturbance, which is contingent

### Figure 1: Clients type



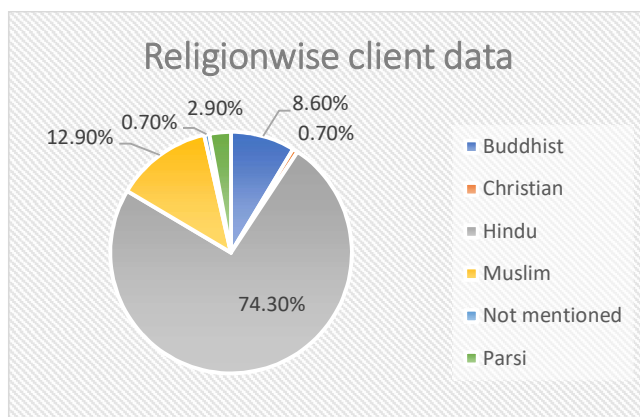
High need clients are 46.40% (n=65/140) and support need clients are 53.60% (n=75/140). Both category clients's number is almost same.

Figure 2: Gender



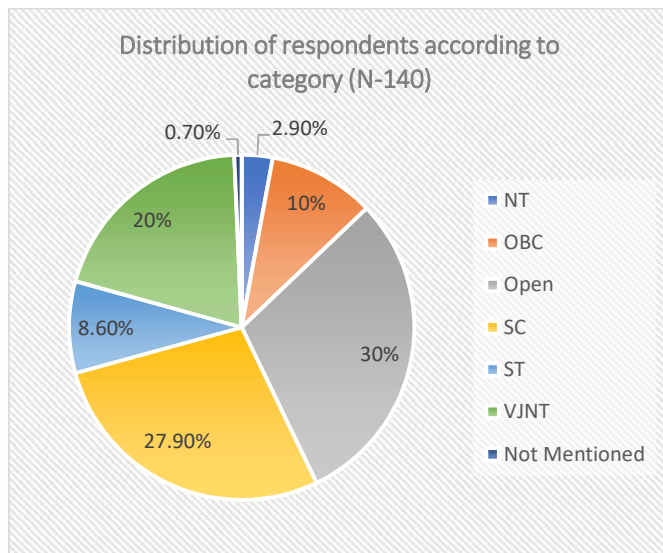
Most of the clients's 81.40% (n=114/140) were female.

Figure 3: Religion of respondent



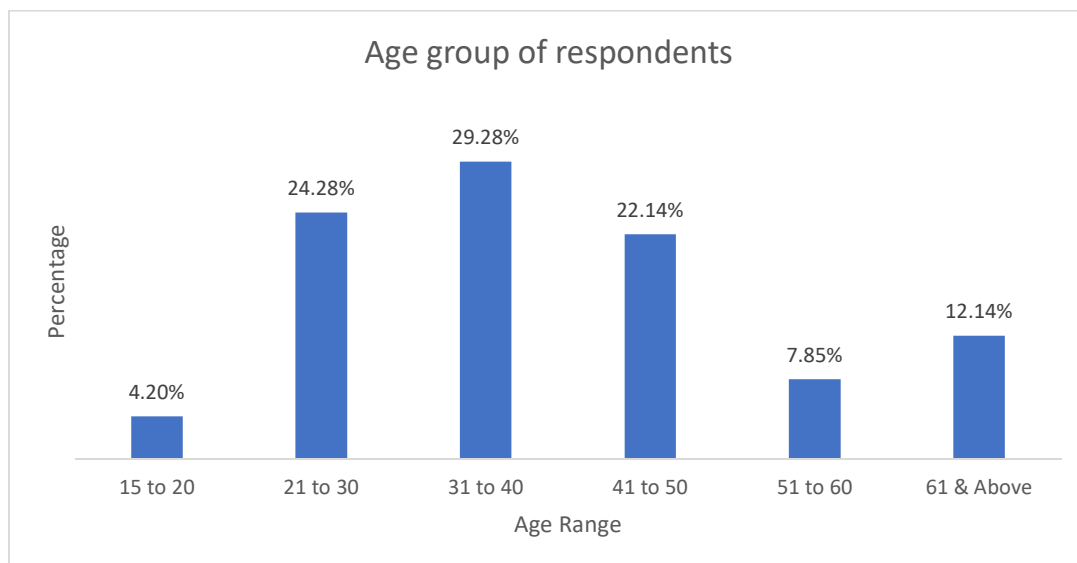
Nearly 75% (74.30%; n=104/140) of the respondents belong to Hindu religion

Figure 4: Caste category of the respondents



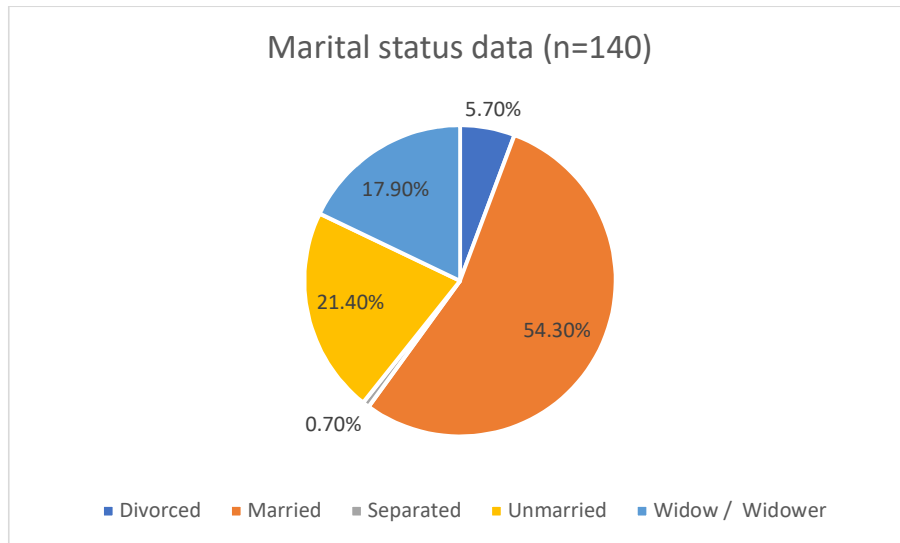
Thirty percent (n=42/140) of the respondents belonged to the General category. 27.90% belonged to the Scheduled Caste (n=39/140), 20% VJNT (n=28/140) and 10% were from Other Backward Classes (n=14/140).

Figure 5: Age group of respondents



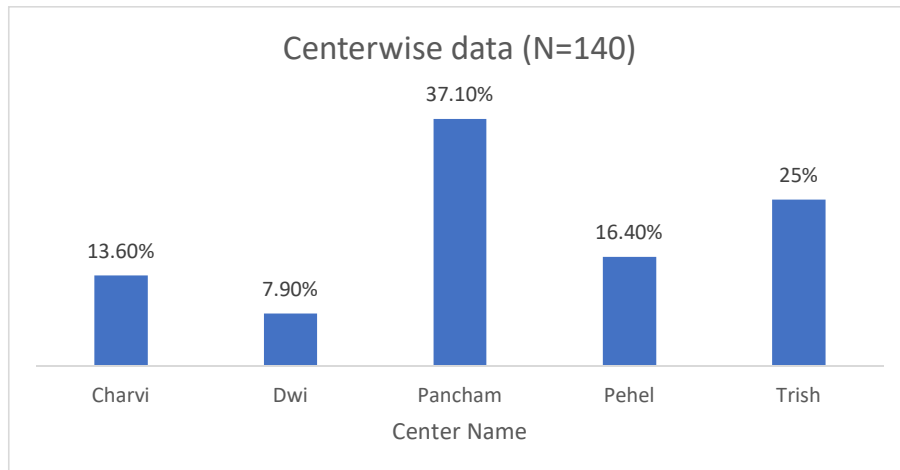
Nearly 30% (29.28%; n=41/140) of the respondents were in the age group of 31 to 40 years.

Figure 6: Marital Status



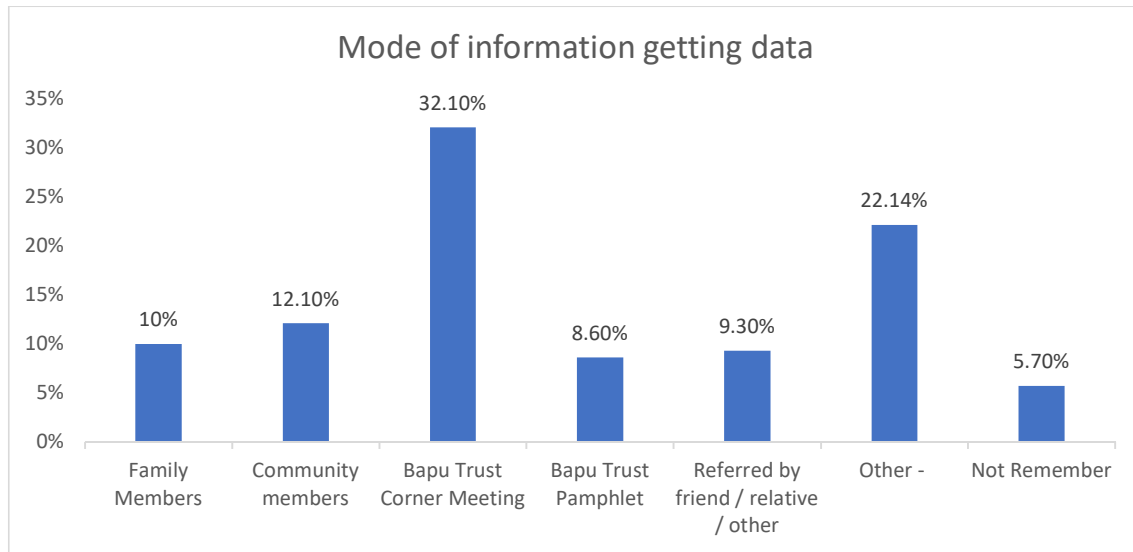
Data showed that 54.30%; n=76/140 respondent were married. 21.40%; n=30/140 and 17.90%; n=25 respondent were unmarried and window/widower respectively.

Figure 7: Center wise clients data



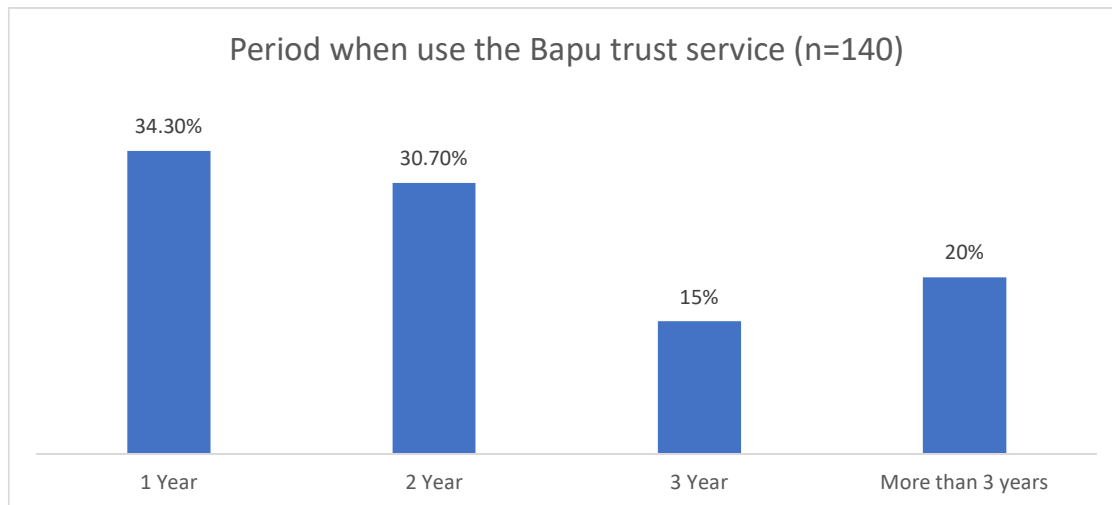
Pehel (Sonawane hospital), Dwi (Rajiv Gandhi hospital), Trish (Kamala Nehru hospital), Charvi (Sutar hospital) and Pancham (Dalvi hospital) these are five centers of Bapu Trust. Bapu Trust is working in 10 urban poor communities which is located nearby these centers. However, persons approach the centers from several peripheral areas around the centers.

Figure 8: Mode of information about Bapu Trust service



Data showed that about one-third of the clients came through awareness activities like corner meeting (32.10%; n=45/140), community members (12.10%; n=17/140) and pamphlets (8.60%; n=12/140). Also 'others' was quite a big number (22.14%; n=31/140). In others Anganwadi, At Durgah, read Bapu trust board in the hospital, from BT staff, Government staff, Other NGO, Police station, Survey etc.

Figure 9: Bapu trust service use

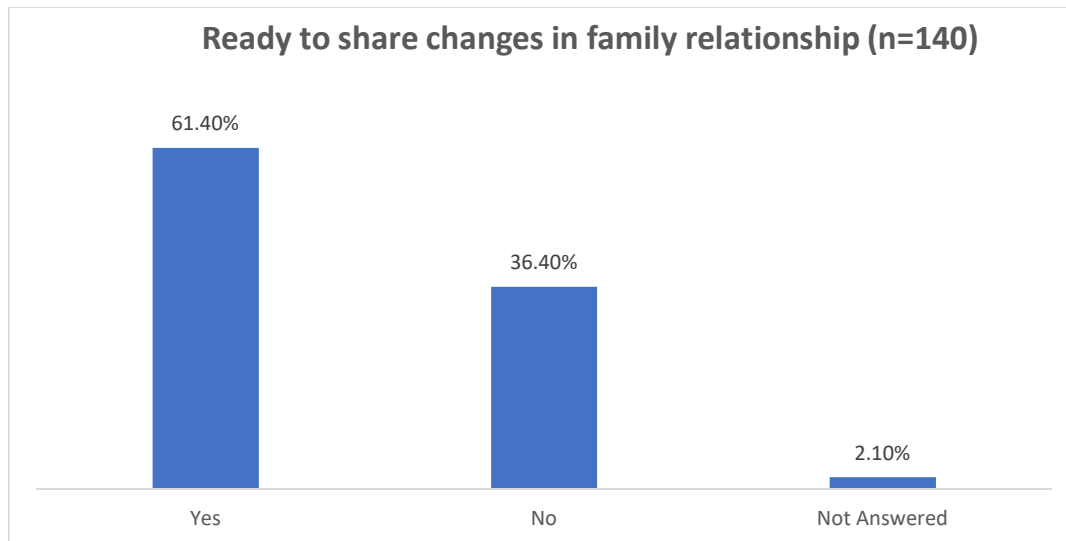


Most of the clients used Bapu trust services within the last year (34.30%; n=48/140) and two years (30.70%; 43/140).



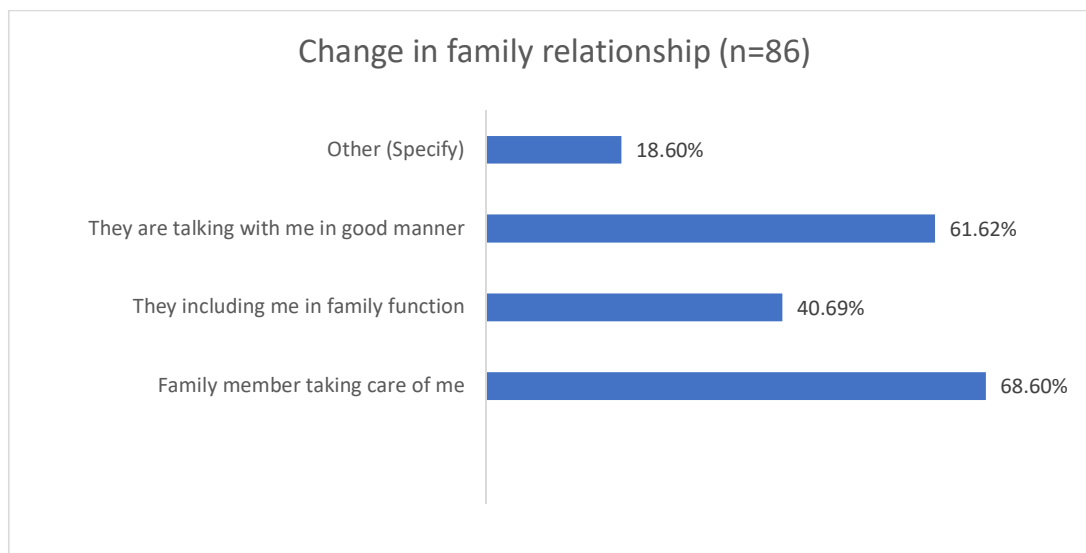
## 7 Present Status of clients

Figure 10: Ready to share change in relationship with family due to intervention by the Bapu Trust



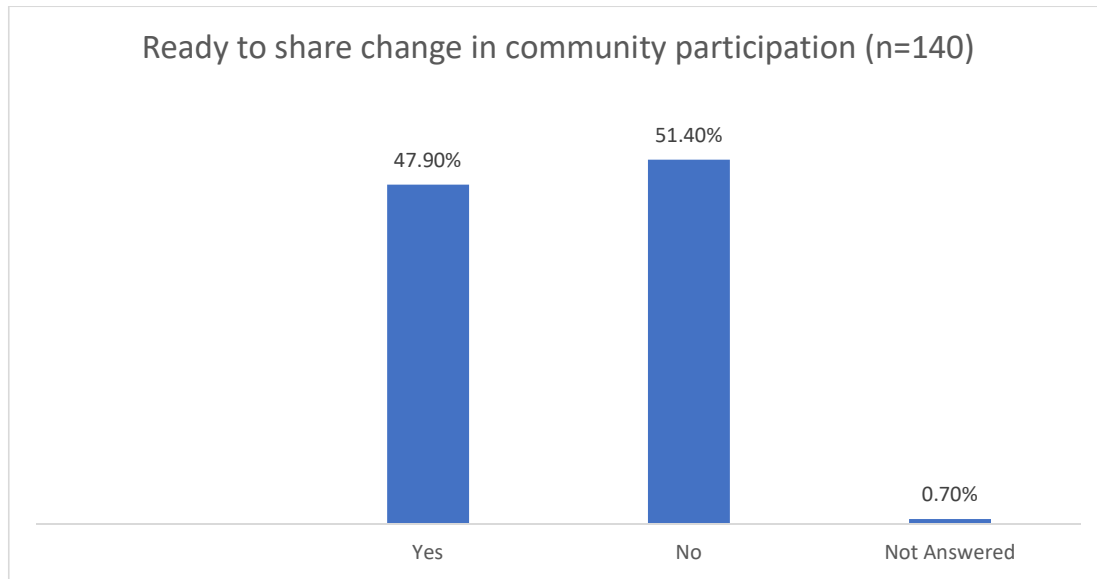
Almost 62% (61.40%; n=86/140) respondents were ready to share their change in the family relationship.

Figure 11: Change in family relationship



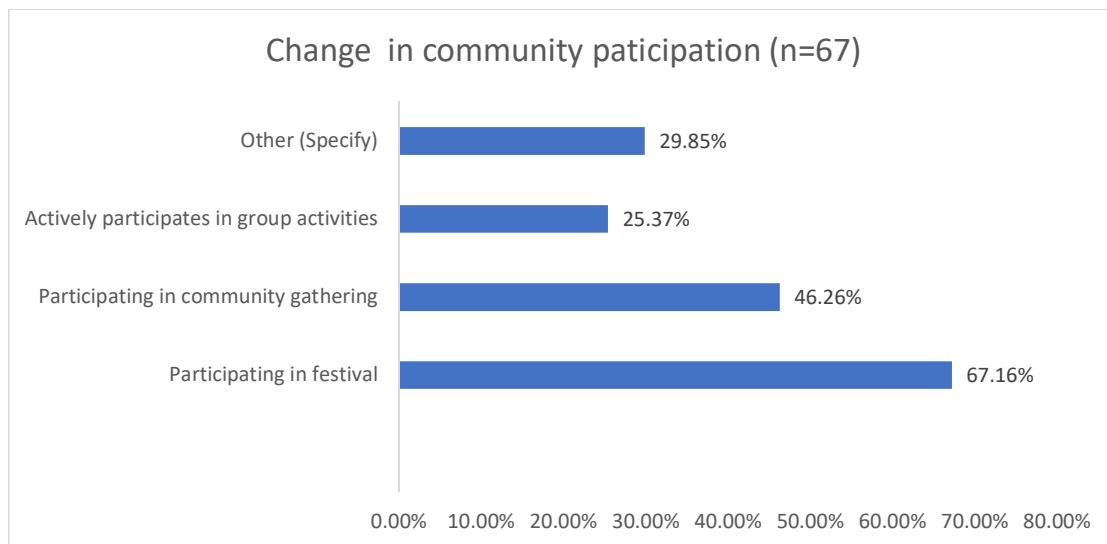
As per data family members are taking care (68.60%; n=59/140) and family members talking in a good manner (61.62%; n=53/140). Family members include clients in the family function (40.69%; n=35/140). Data showed significant change in family members' attitudes towards clients. Few clients reported there is no change in family members attitude which is negligible (2.32%; n=2/86). In others (18.60%; n=16/86) positive changes were reported in the family, reducing the family members' arguments, etc.

Figure 12: Ready to share change in community participation due Bapu Trust interventions



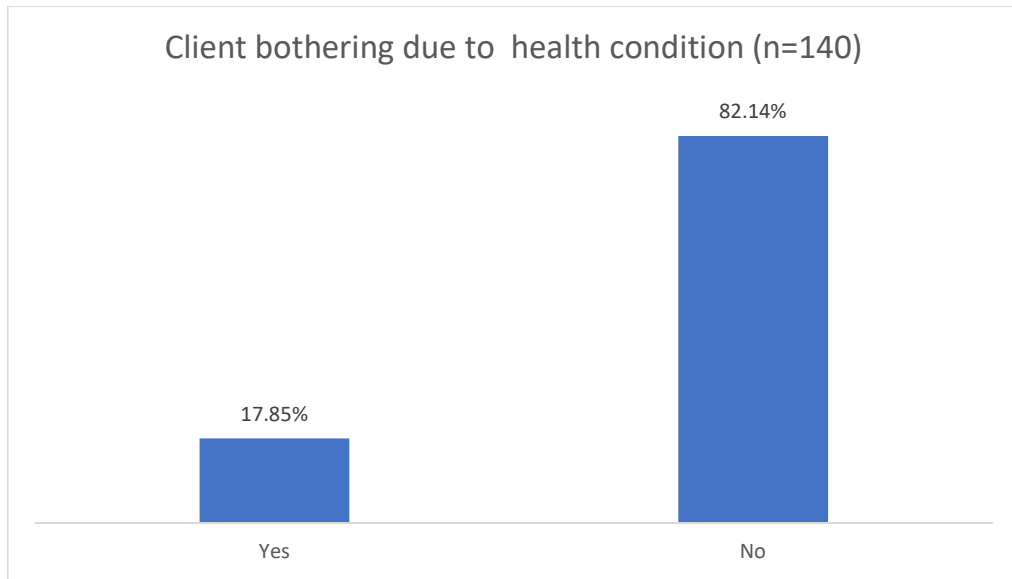
Data showed almost 50% (47.90%; n=67/140) clients were ready to share the changes that occurred in the community.

Figure 13: Community Participation



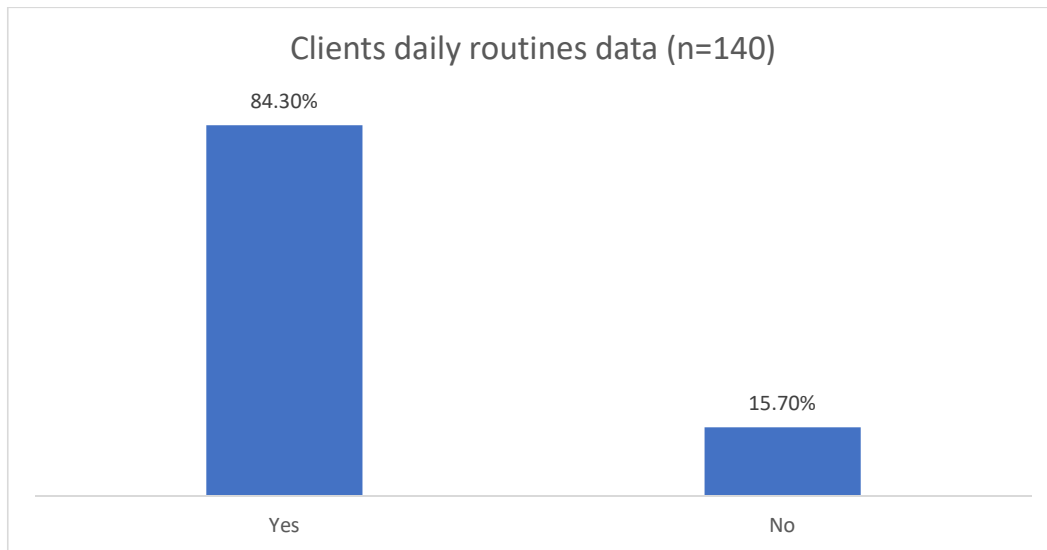
Data showed clients participating in festivals (67.16%; n=45/67), participating in community gatherings (46.26%; n=31/140, 46.26%; n=31/67) and actively participation in group activities (25.37%; n=17/67). As per data community participation of clients increase means reduced stigma in the community.

Figure 14: Clients bothering due to health condition



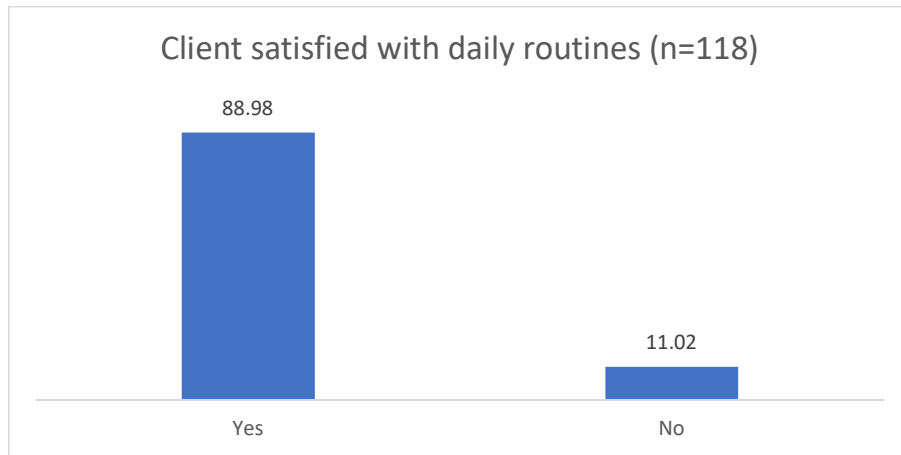
Data showed (17.85 %; n=25/140) clients suffering from HIV, BP, Sugar, thyroid, heart issue, fits, piles, body pain, kidney etc.

Figure 14: Clients agrees with reporting on daily routines



Data showed almost 85.30%; n=118/140 clients have some daily routines.

Figure 15: Clients satisfaction with daily routines

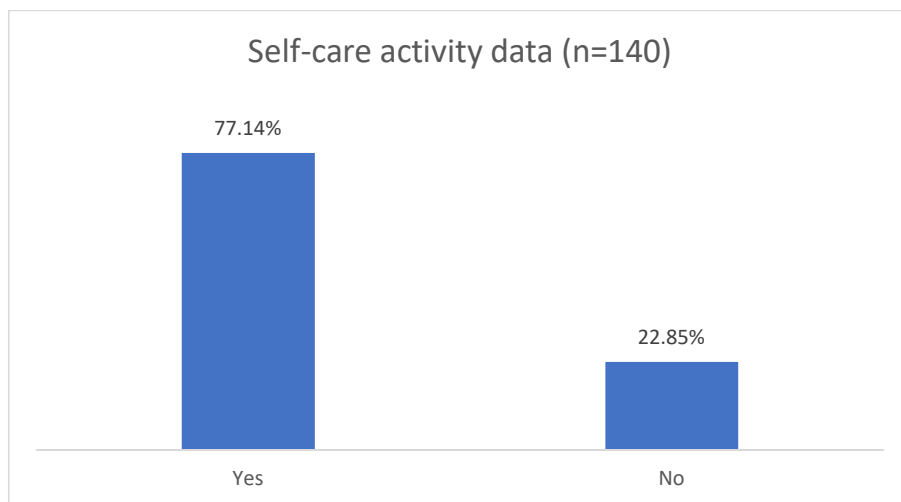


Data showed 88.98%; n=105/118 clients satisfied with their daily routines

Data showed 11.02%; n=13/118 clients are not satisfied because:

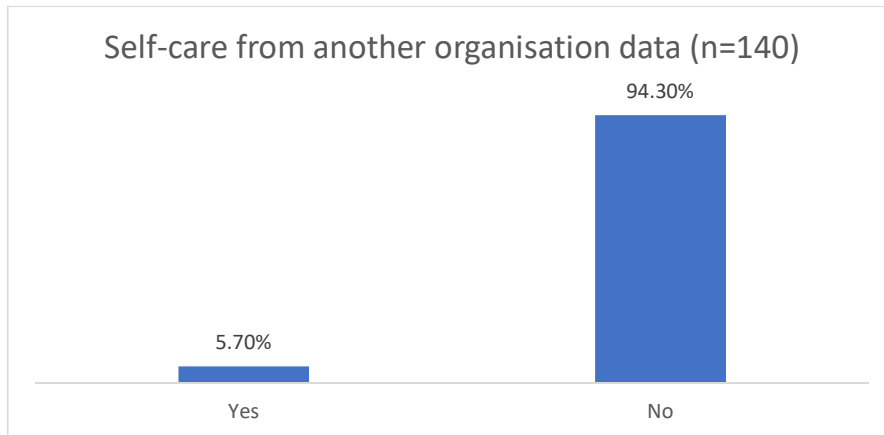
- Not able to wakeup early in the morning
- Due to tension not sleeping on time
- Due to loan and financial crises
- Feeling weakness and restless
- Old bad memories
- Unemployment, physical condition
- Family members quarrel, son drank alcohol
- Medicine expenses
- Laziness etc.

Figure 16: Self-care activity



Data showed 77.14%; n=108/140 clients doing yoga, breathing activities, deep breathing, console breathing, exercise, walking, body activity, body exercise and meditation and such kind of activities for self-care. Most of clients reported meditation, breathing and body activities are helping them.

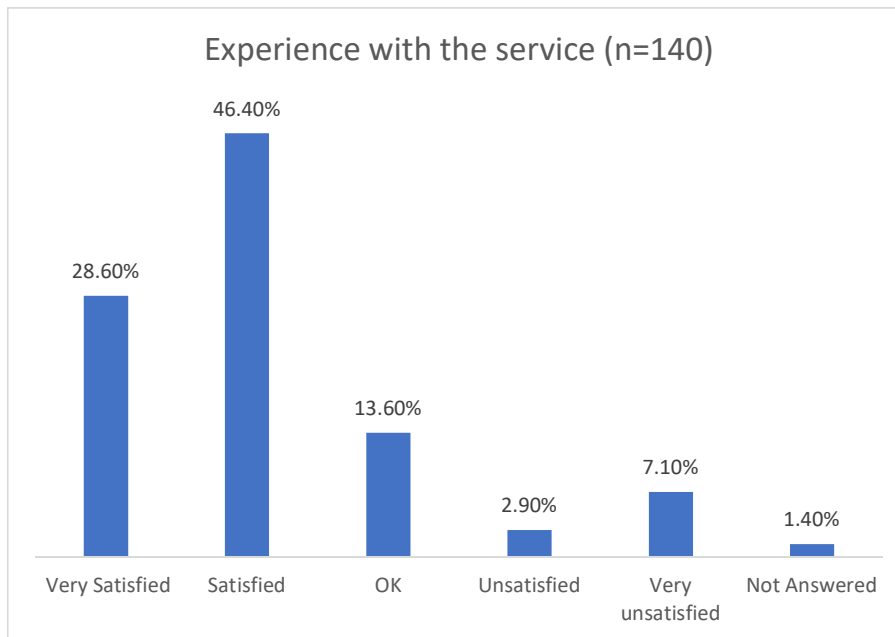
Figure 17: Learn Self-care activity from another organisation



Data showed 5.70%; n=8/140 clients learnt self-care activities from Alcoholics Anonymous, Brahmakumaris, Light house, Firodia Trust, HIV groups and Yuvak Kranti Dal organisation.

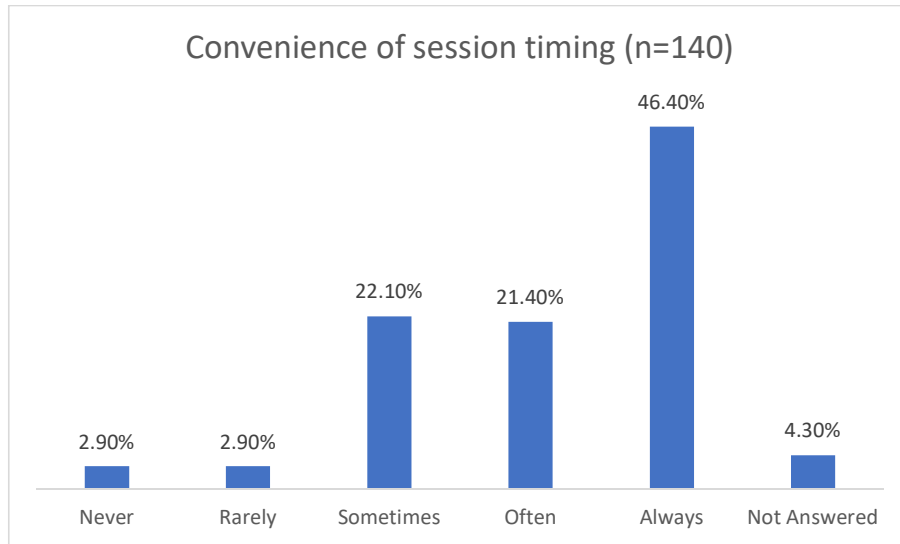
## 8 Experience of Bapu Trust services

Figure 18: Experience of services



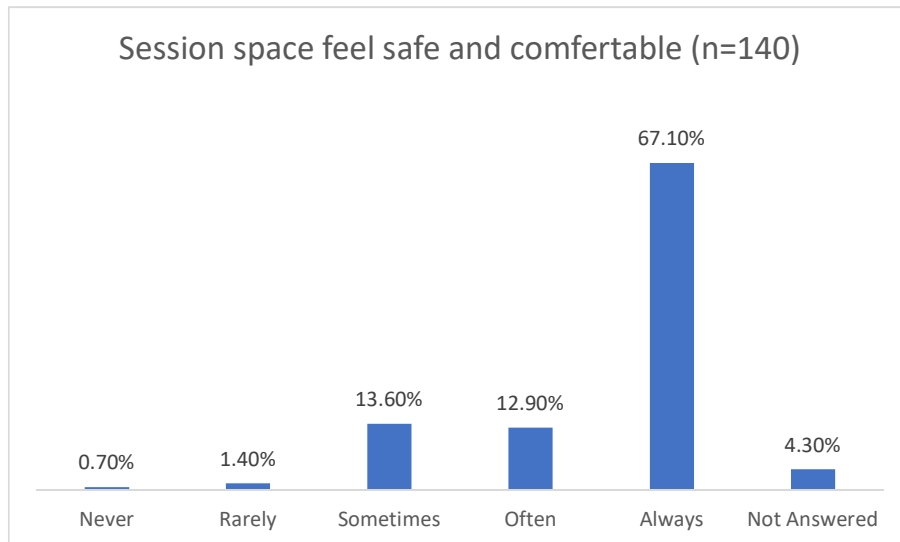
Data showed 28.60%; n=40/140 clients are very satisfied and 46.60%; n=65/140 clients were satisfied with Bapu Trust services.

Figure 19: Convenience of time for session convenient



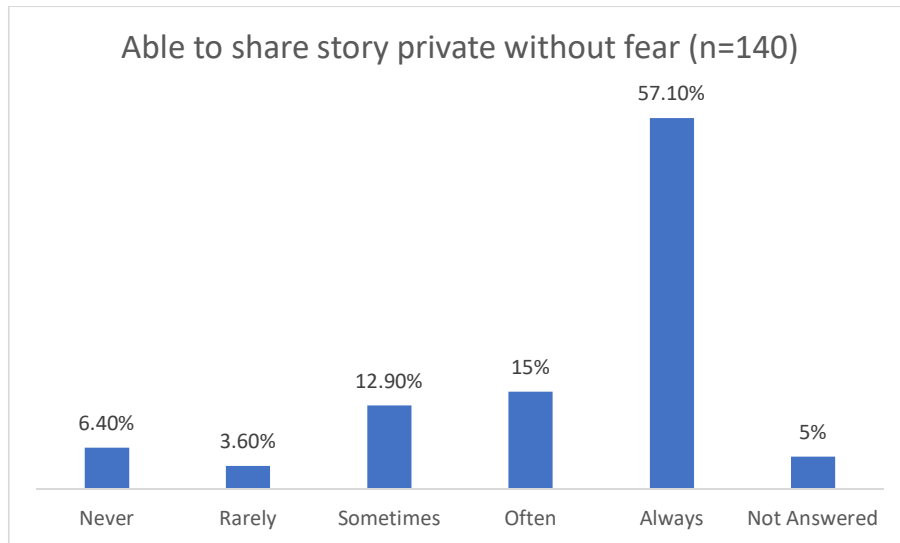
Data showed 46.60%; n=65/140 clients reported session timing is always convenient. 22.10%; n=31 and 21.40%; n=30 clients reported session timing was sometimes and often convenient respectively. A small number did report 'never' or 'rarely' convenient. Clients have to juggle daily work with session timings. A limitation has been that sessions are not offered outside of working hours at the Bapu Trust. Especially for men, this counts as a problem.

Figure 20: Session place feels safe and comfortable



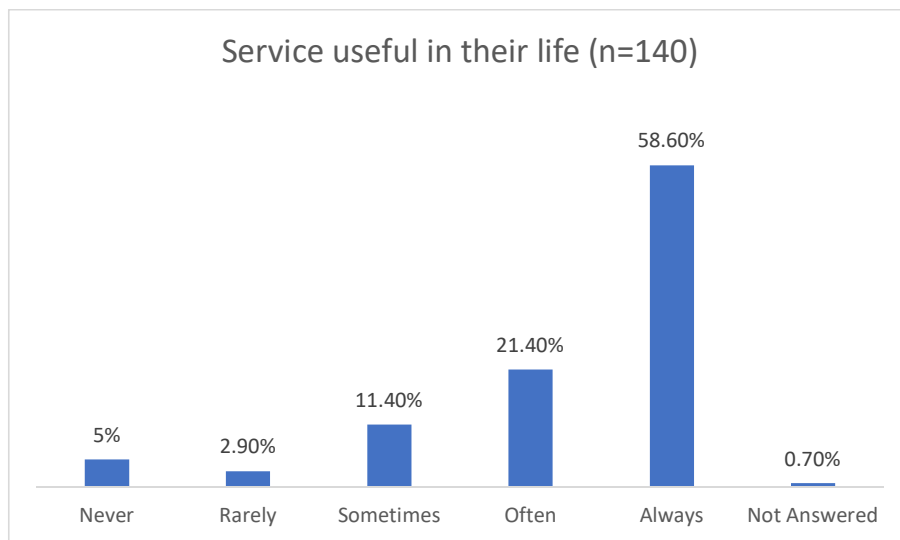
Data showed that 67.10%; n=84/140 clients reported always feeling safe and comfortable. 13.60%; n=19 and 13.60%; n=18 clients reported session place was sometimes and often felt safe and comfortable respectively. A small number of clients reported not feeling safe and comfortable in the counselling space.

Figure 21: Able to share your story private without fear



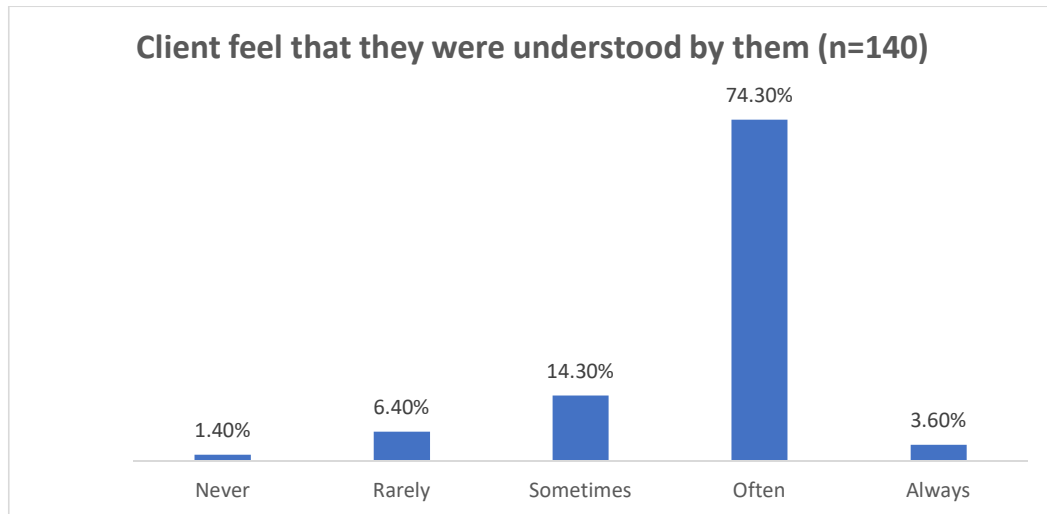
Data showed that 57.10%; n=80/140 of clients reported always being able to share their story in private without the fear that their story will be spread in community. 12.90%; n=18/140 and 15%; n=21/140 clients reported able to share story private without fear that their story will be spread in the community was sometimes and often. About 10% of clients reported having fears in this regard, with 13% persons sharing that sometimes, they had this fear.

Figure 22: Service is relevant and useful in clients's life



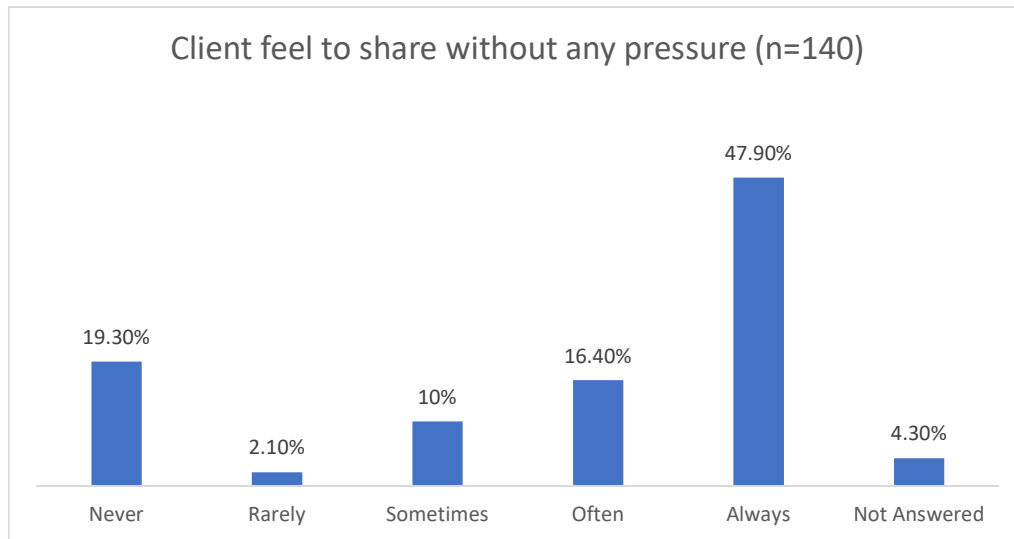
Data showed that 58.60%; n=82/140 of the clients reported they always feel the service is relevant and useful. 21.40%; n=30/140 and 11.40%; n=16/140 clients reported feeling that service is relevant and useful often and sometimes respectively. About 8% reported that such services are never or rarely useful.

Figure 23: In interactions with team members, did you feel that they were understood you



Data showed 74.30%; n=104/140 clients felt that they were understood by the service providers. 14.30%; n=20/140 and 6.40%; n=9/140 clients reported feeling understood by the Bapu service providers sometimes and rarely respectively.

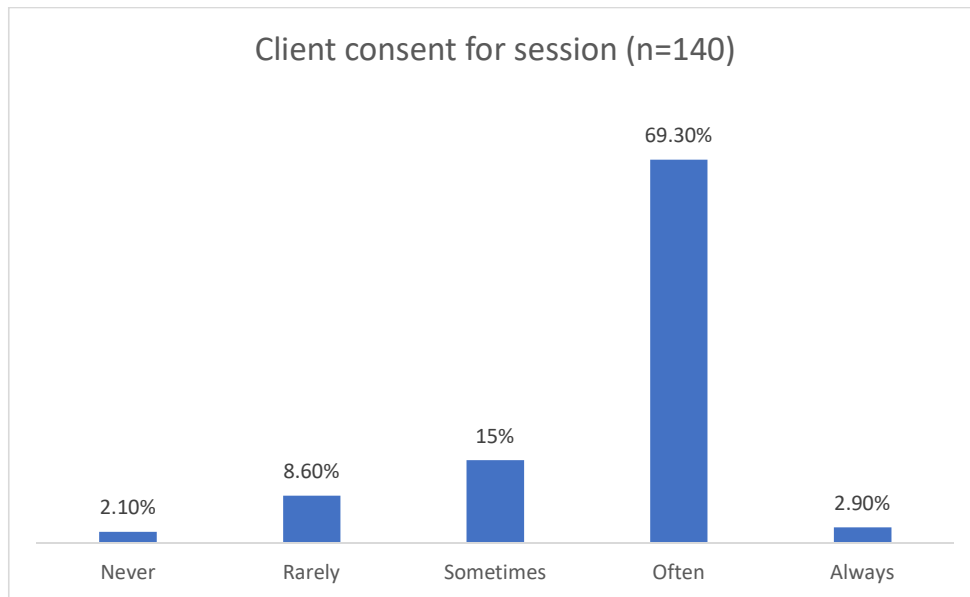
Figure 24: In interactions with team members, clients feel that they could share whatever they wanted without any pressure.



Data showed that 47.50%; n=67/140 clients reported that they always felt they could share whatever they wanted without any pressure. But, a substantial number, 19.30%; n=27/140 of clients felt a pressure to share. Among the ethical questions in the program, the practice of 'putting pressure' is often discussed.

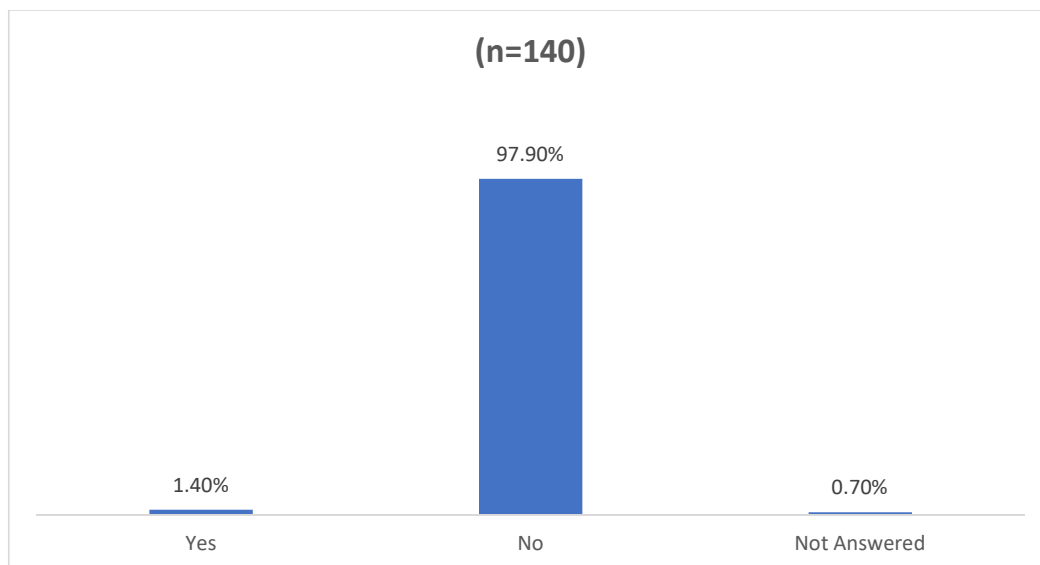


Figure 25: Team members take clients consent to conduct the sessions



Data showed 69.30%; n=97 clients reported team member often take consent for the session. 15%; n=21/140 and 8.60; n=12/140 of the clients reported team member sometimes and rarely take consent for the session. 2.10% clients reported team member was never asked consent for the session.

Figure 26: Clients felt under pressure to continue with the sessions

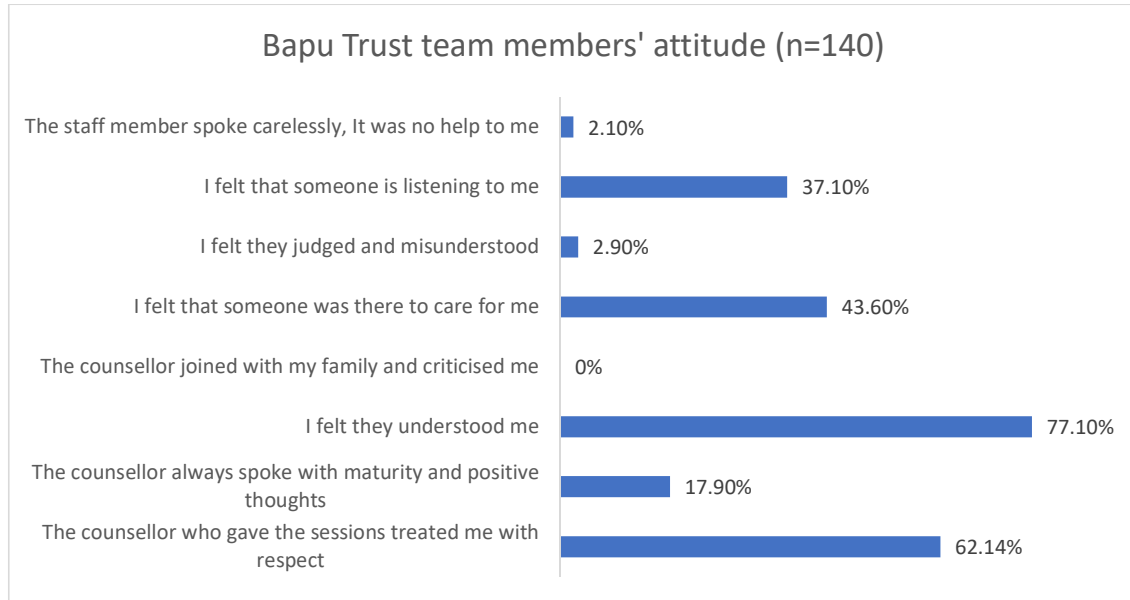


Data showed 97.90%; n=137 clients reported they never felt pressure to continue with the session.

“I asked the team to close the sessions because of the pressure.

“The pressure made me escape the team sometimes and counsellor come any time and take session, this kind of pressure”. Pressure to continue the session was reported by two clients.

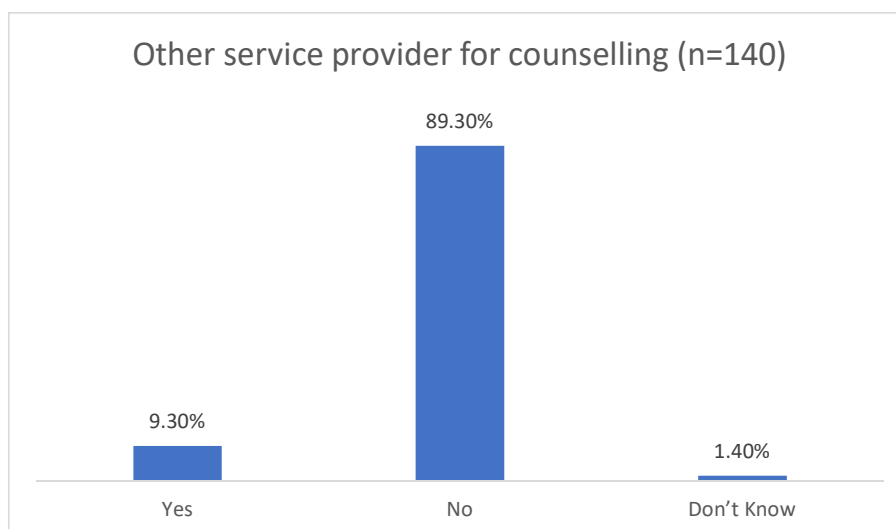
Figure 27: Bapu Trust team member attitude



Data showed that 77.10%; n=108/140 clients reported they felt the team member understood them. 62.14%; n=87/140 clients reported that the counsellor treated them with respect. 43.60%; n=61/140 of clients reported they felt that someone was there to take care of them. 37.10%; n=52/140 of clients reported they felt someone is listening to them. Very few clients reported that staff member spoke carelessly or that, they felt staff judged and misunderstood them. Overall clients reported that the attitude of Bapu trust team member towards clients is good.

## 9 Cost of services

Figure 28: Clients goes to other service provider counselling or treatment



Data showed that a small number [9.30%; n=13/140] of clients reported they have gone to other service providers for mental health treatment. Most of them used to go to a private psychiatrist, Sassoon and Yerawada mental hospital. Some of them went to other NGOs for counselling like Parivartan, Brahamkumaris, etc.

Table No.1: Cost for counselling or treatment in the last 1 year from other service providers

Expenditure	Percent	Respondents(n=13)
<500 INR	18.38	2
Between 500 – 2000 INR	7.69%	1
>2000 INR	53.84%	7
0	23.07%	3
Total	100.0	13

Data showed 53.84%; n=7/13 clients reported that more than 2000 INR spent on counselling and treatment in one year. In low-income settlement people this amount is quite expensive.

Table No.2: Cost for accessing Bapu Trust services in the last 6 months

Expenditure	Percent	Respondents (n=140)
<500 INR	4.3%	6
Between 500 – 2000 INR	1.4%	2
0	94.3%	132
Total	100.0	140

Data showed 94.3%; n=132/140 clients reported they did not spend any money for access to Bapu trust services. Very few clients reported that they spend money in between 500-2000 INR. All the clients reported spending of money was for travel purpose.

Table No.3: After recovery, clients were able to share your experiences of mental health services with others in the community

Particular	Percent	Respondents (n=140)
Yes	56.4%	79
No	42.9%	60
Not Answered	0.7%	1
Total	100.0%	140

Data showed 56.40%; n=79/140 clients reported they were able to share their experience of mental health service with others in community. Its showed that stigma is reducing.

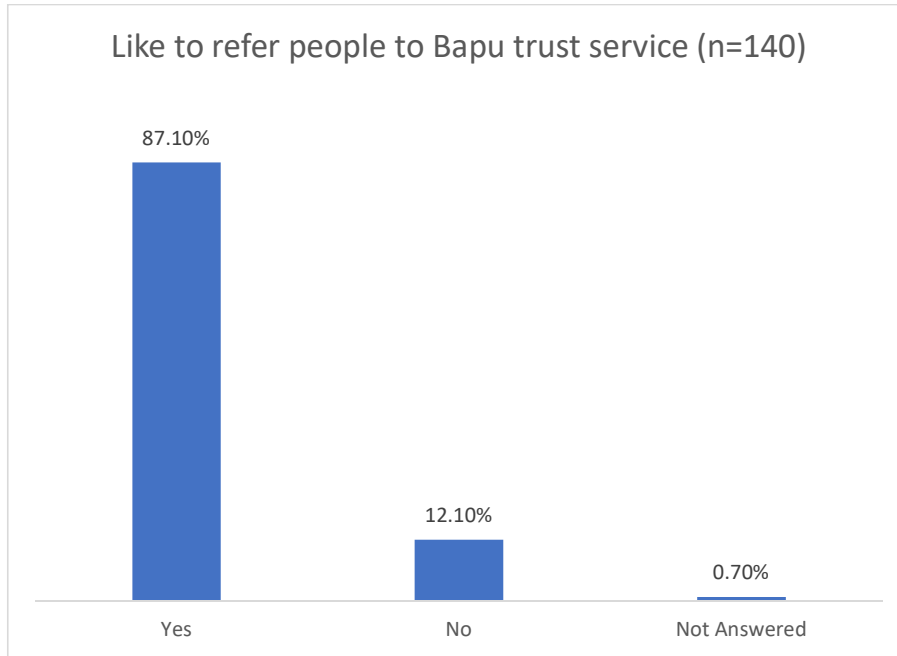
Table No.4: Clients referred people to Bapu Trust services

Particular	Percent	Respondents(n=140)
Yes	39.3%	55
No	60.7%	85

Total	100.0%	140
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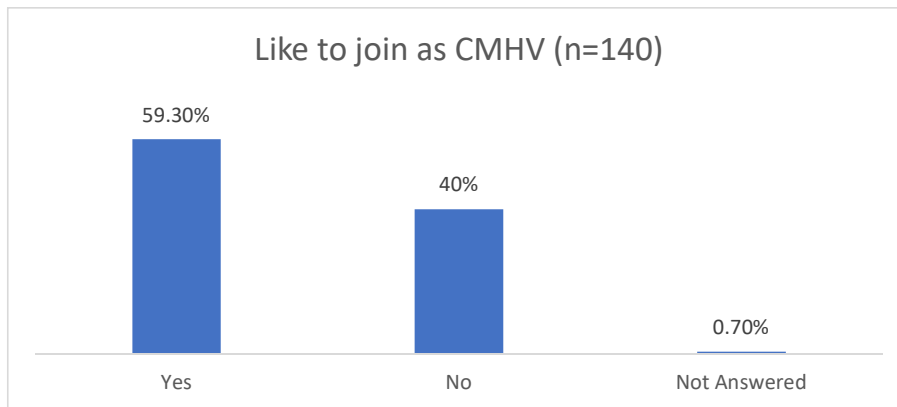
Around 40% (39.3%; n=55/140) respondents reported that they referred other clients to Bapu trust service.

Figure 29: Likely to refer people to Bapu Trust service



Data showed 87.10%; n=122/140 clients are likely to refer people to Bapu Trust services.

Figure 30: Likely to join as CMHV



Data showed 59.30%; n=83/140 clients reported they are ready to join as CMHV.

Table No.5: Other than counselling services received

Other services received	Percentage	Responses (n=140)
Nutrition help	65.0%	91

Homeopathy Medicine	25.7%	36
Job	2.1%	3
Financial support	36.4%	51
Documentation (aadhar, etc.)	3.6%	5
SHG, group support, social support	6.4	9
Other	0%	0
Nothing else	7.9%	11

Most of the clients received multiple services. Data showed 65.0%; n=91 clients reported they got nutrition help, 36.4%; n=51/140 clients reported they get financial support and 25.7%; n=36/140 clients reported homeopathy medicine. A small number of [7.9%; n=11/140] clients reported they got only counselling services.

Table No.6: Clients on medication

Particular	High need	Support need	Total	Percent
Yes	26	23	49	35.0%
No	39	52	91	65.0%
Total	65	75	140	100.0

Data showed 35%; n=49/140 clients reported on medication. Out of 49 clients 26 was high need and 23 support need.

Table No.7: Clients ready for withdrawal medication

Particular	High need	Support need	Number	Percent
Yes	9	8	17	34.69%
No	12	15	27	55.10%
Not Answered	5	0	5	10.20%
Total	26	23	49	100.0

Data showed 34.69%; n=17/49 clients are ready to withdraw from medicine. Out of 17 clients 9 are high needs and 8 are support needs.

## 10 Suggestion from clients for Bapu Trust service improvement:

- Provide Livelihood
- Help poor and needy people
- Need to build good center
- Provide BP sugar free of cost medicine and free health check up
- Nice service, keep continue in future
- Give economical help
- Need to increase Bapu Trust centers in other areas
- Provide free testing
- Talk friendly with clients

- Help for education to the community students
- Permanently work in the one place, it is very useful for the community
- Work for physical disabled people
- Start yoga classes again for community people

## 11 Findings of Qualitative Study:

### ➤ Experience during COVID-19

- Initially the BT team had the fear in their mind, they were not aware about Covid-19, and its effects, treatment measures, everyone had misconceptions and lot of confusion. Everyone felt trapped in that situation, people were used to discuss with each other. People were scared to gather at regular places in the community during the pandemic situation.
- In Covid-19 situation they faced mixed emotion, while handling emotions of self, of family and others. They saw lot of insecurity and instabilities around them. Everyone was under the fear of death. They reported that it was very difficult to manage family fear and their emotions. They were very afraid when they used to visit Jumbo Covid center.
- They realised about importance of health and also responsibilities during the Covid situation.
- They faced struggles in their own family and at work level.
- Respondents reported a self realisation about the importance of being human.
- They felt trapped and there was no chance to meet each other.
- They reported due to curfew they faced restriction while doing work but when they got letter from PMC as an ‘essential service’ it helped them to travel and work in the community for the clients.
- Respondents reported in this crisis situation they never thought of time-bound work. Whenever they came to know about any crisis situation, then they made themselves available for the clients.
- Reported that many people migrated to their native place, so they were not able to contact some of their old clients.
- They shared that previously some clients were not getting out from their houses but during the COVID period those clients were roaming on road of their nearby house.
- One of benefits they reported was that clients and family stayed together and supported each other.
- They reported that they worked in that situation but they were not able to measure quality of work, as they could not meet clients physically.
- They reported most of the NGOs were not functioning and their staff were not available for clients in that situation. The referral system suffered because of that.
- Due to uncertainty situation, they felt they didn’t have personal life. Work time was not fixed, they could be called at any time.

- Lots of negotiation with government staff during clients admission and for proper services, at the Jumbo Covid center.
- They used to work in a day or in night as well so they had to do negotiations with their family members regarding work timing.
- They reported they do lots advocacy with government officials during that period.
- They observed delay in decision making and suddenly changed the decision at time of crises situation.
- Community crises were easy to manage but hospital-based crises management were difficult.
- Sometimes field team thought that seniors were not trusting on them.
- Field team misinterpreted the monitoring mechanism. Whenever seniors asked questions that time field team felt seniors had doubt on their work.
- They worked in the community for people. Initially it was difficult to work in community. They had many questions to start work in Covid, how to take session, follow up of clients? How to conduct self-care activities of clients? How to demonstrate self-care activities and whether clients will agree to do sessions. They thought to do sessions on phone calls but some clients were not having cell phones. It was a practical difficulty. In pandemic situation phone counselling was important but we didn't have any experience of phone counselling.
- When they visited the government hospital for clients Covid testing that they were scared. They saw dead bodies around them due to Covid deaths.
- After covid people used to approach and told them that they lost their jobs and faced financial crises.
- New field worker reported they previously worked in SOLT project but just before covid they were shifted in service project so initially they had difficult to work in service program.
- When one client died due to COVID, at that time a few staff members helped clients funeral, as per clients' religion. Family members did not come for funeral. Community people also refused to do such kind of activities due to COVID but a few people came.
- They used to do self-care activities and session with quarantined people. They had good experience. At that time people shared their problems with them.
- Bapu Trust distributed masks, sanitizers, food and ration to clients. In this period organisation reached out to many people.

➤ **Learning new skill**

- During the COVID-19 situation THEY learnt telephonic counselling. They used to make conference calls to connect with the community people for awareness. They got contact numbers of pregnant women groups, school parents' groups, Bachat gat groups and community people. It helped them to connect and made awareness through phone call. They learnt proper use of mobiles phones in that period.

- They made a WhatsApp group of doctors, nurses, ambulance drivers and hospital staffs for emergency. They had contacts of PMC officials and different NGOs numbers for any assistance.
- They made community volunteer groups in the community.
- New field workers learnt and understood the UNCRPD and made a video on that.
- They provided and got help from other organisations, nutrition to clients and their families.
- They used their network to provide nutrition to clients.
- Awareness was important so the strategy was changed. They started writing positive mental health messages on community blackboards. they made digital material for awareness and shared in the community through WhatsApp, also started one minutes' anchor, to adapt to the 'no contact' situation. These were the new strategies for creating awareness, developed by the team on their own initiative.
- They learnt new digital skills, how to create zoom link, how take reviews online, use of breakout room, conduct sessions online, conduct online webinar and conducted online training. Also, working on Google drive, the email reporting system increased. They learnt PPT presentations, XCEL, etc.
- They observed clients were more independent. In that situation they observed clients dependency was reduced, clients were taking care of themselves. This was a good development.
- They observed the importance of network system or referral system.
- In that situation they learnt government hospital system very well and developed rapport with the government system.
- They learnt many new things from wastage material, such as new games and developed key messages using waste recycling.
- Because of that situation staff increased their confidence and faced any difficult situation without fears.
- In these crises situations active listening was very important and used communication skills a lot.
- Team bonding was improved in that situation.
- They felt that reporting line was improved as everybody kept in touch by email or WhatsApp groups.
- In crises, they learnt how and where to stop and their role. They understood boundaries better. Sometimes they saw clients and their family member handled the crises situation very well. Even field workers developed handling crises situation.
- Staff received training on phone counselling.
- They developed (SALT team) and IEC material during this period.

➤ **Challenges faced during covid**

- They had difficulties with high need clients because some clients don't have mobile phones, some of them were unable to talk on phone call or did not want to talk over the phone.



- They had difficulty to maintain clients' privacy and confidentiality because their houses were small and all the family members were all at home.
  - Initial phone call was difficult because they never used mobile phones for long duration calls. While they used to attend several calls and mobiles used to discharge very often, then they were afraid of not being able to contact the clients and senior staff.
  - Their work plans fluctuated due to uncertainty in work initially. After some time, they realised that it was unending so they accepted the situation and went with flow. They built resilience and confidence in this situation.
  - Initially they felt seniors were not trusting but after some days they built trust on each other. Initially seniors were not aware about the field reality.
  - They never broke honesty and trust with each other.
  - They reported they didn't have any option except to cope with and adjust with the situation.
  - They reported sometime they motivated each other and seniors supported all the time.
  - They reported that providing online services was a big challenge.
  - They reported they didn't have phone number of the clients so there was initially difficulty in getting the phone number, when lockdown happened.
  - They faced challenges for conducting sessions because community people were not helping. People felt they may get infected of COVID.
  - Documentation was a big challenge mentioned.
  - System and doctors were also not updated in COVID center with correct treatment, during that period and clients faced difficulties.
- Motivation for doing this work in covid situation
- They had humanity, interest in social work and worried about clients.
  - They had built rapport with community people and police.
  - Clients were not affected due to covid.
  - Community people were jobless so they were afraid if they would have not work then they might be terminated from their job. They were the only one earning member in their home. That's why they did not have any options.
  - Some of the field worker reported they believed in God and they do social work which is a good cause of work. So they did not get affected by covid.
  - They work for people's mental health, which was so needed in this situation.
  - They got training about Pradnya smruti. They got training about humanity, generosity, honest, donate. They also got training on empathy and how to build empathy about clients.
  - They got so many things from community, so they thought that that was the time to give back to the society.
  - They had confidence because they were doing good work for their community.
  - They thought about clients, people and community and their wellbeing.
  - Salary is one of the motivations.
  - Wellbeing of clients during this difficult time was another motivation.
  - They motivated that everyone was doing their job, then why not them.

- They saw people wake up early in morning and used to buy vegetables. Everyone was fighting to survive. They could too.

#### ➤ **Support from the Organisation**

- Organisation provided I card and PMC letter.
- They have got supported from each other and also from the seniors.
- They reported when they were unable to reach the clients then senior team members reached and supported the clients.
- Leaders and middle level managers gave emotional support.
- Everyone understood and was taking care each other in that situation.
- Admin team also supported them.
- Covid relief services started, cash voucher policy was activated and always got support admin team to field team.
- Organisation gave lot of support like they did not stop staff salary in pandemic situation.
- Admin support was good and they worked at ground level for giving letter to government official, supplying stationery to the staff, providing masks, sanitizer, hand gloves, financial support during covid situation.
- Staff member gave support to each other during covid situation but sometime they felt irritated and angry on each other.
- In the end they used to do brief discussion on call. That supported them a lot.

## 12 Summary of research finding

Based on the impact study research with 140 clients who are beneficiaries of Bapu trust conducted under the Seher community mental health program data showed that:

- 32.1% and 8.6% clients reached Bapu trust through awareness activities and pamphlets respectively.
- 61.4% and 47.9% clients were comfortable to share the changes they experienced with family members and changes in community participation respectively, which showed reduced stigma about mental illness.
- 54.3% clients reported they have HIV, BP, Sugar, thyroid, heart issue, fits, piles, body pain, kidney disease and such kind of health issues.
- 84.3% clients reported they have some daily routines for self care and 88.98% clients are satisfied with their daily routines.
- 77.14% clients reported they do yoga, deep breathing, console breathing, fitness exercise, body activity, meditation such kind of as a self-care activity. Data showed self-care awareness increased due to the intervention.
- 46.4% and 28.6% clients reported that they are satisfied and very satisfied with Bapu trust services. Almost 75% clients are satisfied.
- 46.4%, 22.1% and 21.4 clients reported they had always, sometimes and often respectively convenient time for conducting the session. Almost 85% clients reported session time was always convenient.
- 67.1% clients reported they always feel safe and comfortable place at time of sessions.
- 57.1% clients reported they were always able to share in private without fear that their story will be spread in the community.

- 58.6% clients reported they always feel that such a service is relevant and useful in their life.
- 74.3% clients reported they often feel that they were understood at the time of interaction with team members.
- 47.9% clients reported they always feel that they could share whatever they wanted without any pressure, at the time of interaction with team members.
- 69.3% clients reported team members often take their consent to conduct the sessions.
- 97.9% clients reported they never felt under pressure to continue with the sessions
- Bapu Trust team member attitude:
  - 77.1% clients reported that the counsellor understood them.
  - 62.14% clients reported that the counsellor treated them respectfully.
  - 43.6% clients reported feeling that someone is listening to them.
- 9.3% clients reported they had gone to other service (Psychiatrics, Sassoon or Yerawada mental hospital, other NGO etc.) provider for counselling or mental health treatment.
- 53.84%; n=7/13 clients reported more than a 2000 INR spend on counselling and mental health treatment at other service providers in one year.
- Clients reported when they took treatment from Bapu trust that time they never spent on treatment. 5.7% clients reported they spent only for travelling.
- 56.4% clients reported they are able to share with others their experience of mental health services in the community.
- 39.3% clients reported they referred people to Bapu trust service and 87.1% clients reported they are likely to refer people to Bapu Trust services.
- 35% clients reported that they are on medication.
- 34.69% clients reported they are ready to withdraw from the medication.

### 13 Based on the study specific recommendations for the project are as follows

- Need to emphasize confidentiality in the sessions
- Need to improve privacy for clients sessions
- Need to Increase mental health awareness
- Need to do value-based training like Pradnya smriti training with new staff for better understanding
- More frequently do trainings for staff
- Need to do trust building activities with staff for continued trust with each other