

BAPU TRUST FOR RESEARCH ON MIND & DISCOURSE

2021-2022

ANNUAL REPORT

Published By

Bapu Trust For Research for Mind & Discourse, Pune

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<u>Our Vision</u>

We want to see a world, where emotional well-being is experienced holistically, and not just as a 'mental disease'. We dream of healing environments where every person uses their capacity to make choices, heal themselves, recover, and move on. Recovery methods will be creative, non-violent, non-hazardous, and playful.

<u>Our Mission</u>

Bapu Trust creates, pilots, and monitors community inclusion programs with a core mental health segment. Such programs enable the autonomy and independence of persons living with mental health issues and psycho-social disabilities. Our programs foster 'psychosocial ecosystems', especially in vulnerable human habitats (slums, rural areas, conflict areas, schools, etc.) We work towards linking people with psychosocial disabilities with Development services. Programs aim to expand on the aspirations and potential of individuals, families, and communities, strengthen mental resilience, and utilize opportunities for the pursuit of happiness. Our program provides modular interventions to address a matrix of psychosocial needs by providing choices. We influence the structural, social, legal, and policy environment, so that they remain inclusive, just, and fair to people with a psycho-social disabilities where they can realize all their human rights and entitlements without barriers (guided by the Convention on the Rights of Persons with Disabilities and the SDGs).





Motivation for setting up Bapu Trust

Bapu Trust's legacy is linked to the personal history of a woman called "Bapu" (aka Savithri Mani). "Bapu" faced an intensive history of mental illness, leading to other personal histories of mental illness and discrimination in her family. The younger generation of this family used this experience to open up possibilities of resilience, and recovery using lifestyles, diets, spiritual and creative pursuits, and other ways of life. Bapu Trust was registered on the 1st of April, 1999, by Bapu's daughter, Bhargavi who is the current Managing Trustee of the Bapu Trust.

Bapu Trust works in low-income communities of Pune, in around 30 slums and a population of 800000, in partnership with the Pune Municipal Corporation, providing psychosocial services to families. The program uses a multiple modality in supporting persons with services (called the 8-Point Recovery Framework). Interventions include 'Self-care' (for the individual), Nutrition (for better mental health), addressing barriers to social inclusion, group support, working with partners on improving access to economic opportunities (e.g. livelihood), and comprehensive health care by partnership with public health systems. It offers intensive training on development-linked mental health in other Indian states.

Role of the Bapu Trust in the Mental Health and Disability Sector.

Though considered 'maverick', 'offbeat', etc. Bapu Trust has been solution-oriented from the start, creating strategies to address the gaps in linking psychosocial aspects within Development. We have done path-breaking work opening new mind fields within mental health. We are celebrating our 20th year since inception in 2020, and have had the chance to reflect with others, what is the past and future of the Bapu Trust. Bapu Trust stands as a 'metaphor' in the mental health sector in India, for some a 'refugee camp' where neglected people arrive and support each other; for others, a 'sanctuary' where people create safety together, and for others, an altar of lateral thinking, new ideas and innovation. For many, Bapu Trust represents a way of life, an enabler of caring communities, promoting organic and holistic lifestyles, linked to city life and community development, and in the service of disabled people. If we ask the question, 'What is the right treatment for mental illness?' answers will be in the direction of a restrictive medical model. If however, we ask the question, 'What is the right process of inclusion of persons with mental illness/disability?' answers will be multifold, in the direction of living a life. Our intensive involvement in the UNCRPD made us reframe our question to the latter formulation. Our priority focus is 'transforming communities' so that they change their view about mental health and illness; recognize the importance of this in their lives and the lives of their families, Neighbours, and communities; and take small steps in their everyday lives to improve their experience of well-being, and if possible, enhance their peace of mind and caring capacity.





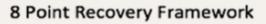
CORE INTERVENTION PROGRAMME: SEHER

Seher, (meaning 'Dawn' in Urdu) Community Mental Health Program was started in 2004 in two slum pockets of Pune city. Seher envisions sustainable psychosocial health and disability inclusion through community development. The project was started with due recognition of the fact that the development sector neglects psychosocial health and wellbeing; and that this aspect needs to be integrated within ongoing development programs as mental health is an integral part of sustainable development. Inclusion is the ethos of the program, and at present, Seher offers prevention, promotion, and inclusion-oriented services to members in 14 bastis (low-income settlements) covering approximately 2.6 lakh people in Pune city.

Registration into the Seher program is based on consent. The psychosocial requirements of these registered individuals are assessed on the eight domains. We consider the client at the center of all interventions. Decision-making with the client is a huge part of all our work with clients ensuring choice and respect at each point of decision-making. Client work plans are assessed every month through a client tracking system and intervention goals are revised in accordance with shifts in the needs of the clients.

The 8-point framework and recovery model came into being with joint efforts of Bapu Trust staff and local community members and includes:









The mental health spectrum is used for assessment. This is a dynamic scale that looks at required inputs based on the disability, development, and rights-based framework.



Intervention plans are prepared in accordance with the needs pertaining to each of the domains.

Services are offered through wellness centers.

In the year 2021 to 2022, Seher has been providing free and accessible services at:

- 1) Sonawane Maternity Home,
- 2) Rajiv Gandhi Hospital,
- 3) Kamla Nehru Hospital,
- 4) Late Jayabai Nanasaheb Sutar Maternity Home
- 5) Dalvi Hospital

The wellness centers envision "Wellness for all" and are a nodal point for integrated services offered to low-income communities, including Awareness, a comprehensive assessment of needs (health/ nutrition/mental health), direct psycho-social services, relief services (during COVID times), community strategies to address social barriers that impact an individual's/communities wellbeing (gender violence, substance use to name a few), community inclusion and resettlement of persons who have exited mental institutions. Recovery methods used in the program are holistic, non-violent, creative, and resonate with people's aspirations and choices.

For the year 2021-22, the slum pockets (bastis) covered are:

- 1) Kashewadi
- 2) Lohiyanagar
- 3) Rajewadi
- 4) Lakshmi Nagar
- 5) Jai Bhavani Nagar
- 6) Kishkinda Nagar
- 7) Sagar Colony



Seher 2021 to 2022

Our partners

Partnerships and networks are an important aspect of the Seher intervention program. While we partner with government departments and governance systems and civil society organizations as well as non-governmental organizations, our networks also draw from within the community and use community resources for building social capital. This enables communities to provide for the needs of persons with psychosocial disabilities and ensure their inclusion in the community.

Details about our partners

Governance systems: The public health system, the law-and-order system (police and legal systems), Urban Community Development Departments (UCD), Social Welfare Departments, the Education Department, Pune Municipal Corporation (PMC), Regional Mental Hospital, State Disability Department, etc.

Civil Society Organizations: Non-government organizations (NGOs) and communitybased organizations (CBOs) working on allied problems such as assistance with livelihood opportunities, capacity-building initiatives, access to food, social security (such as Aadhar card, Ration card, etc), and social entitlements, healthcare diagnostics and treatments (allopathy, Ayurveda, Unani, yoga, etc), etc. Our NGO partners in this year were:

- 1) Baitulmal Committee
- 2) Janadhar foundation
- 3) Shreedatta samajik Sanstha
- 4) Sanvedana Foundation
- 5) Mukul Madhav Foundation
- 6) Manoday De-addiction centre
- 7) CYDA
- 8) Lighthouse
- 9) School Foundation
- 10) Prahar
- 11) Maharashtra Centre For Entrepreneurship Development
- 12) Akshar Manav Foundation
- 13) Tech Mindra
- 14) Cifar
- 15) Doctor Foundation



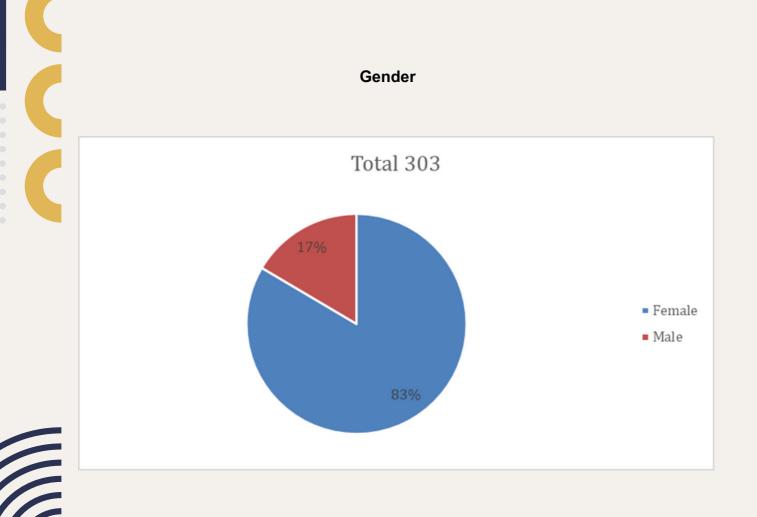
Informal community actors: Local community mobilizers and key informants such as Anganwadi workers, Mitra Mandal representatives, nagar sevaks, social workers, religious group representatives, bachat gat representatives, general practitioners within the community, shopkeepers and community mental health volunteers (CMHV's).

Whom we served

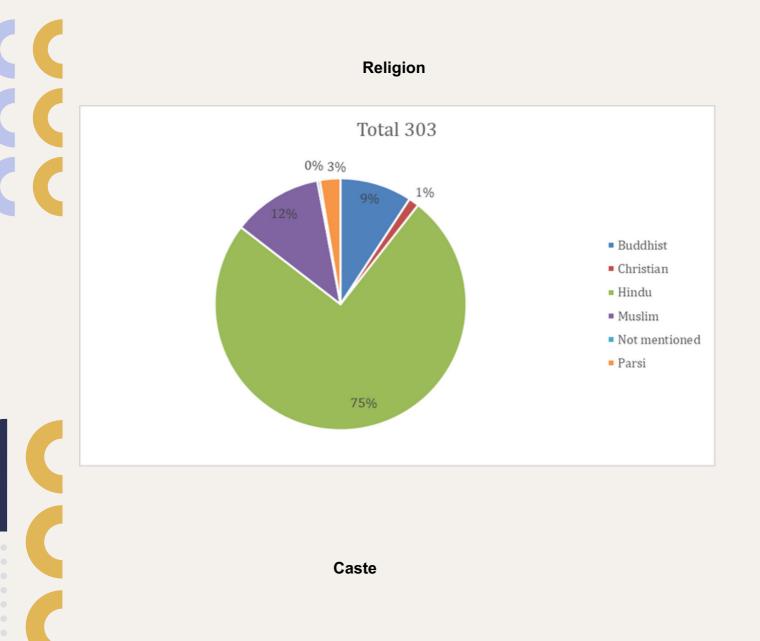
Coverage:

Seven low-income settlements, with a population of 2.35 lacks people were served this year.

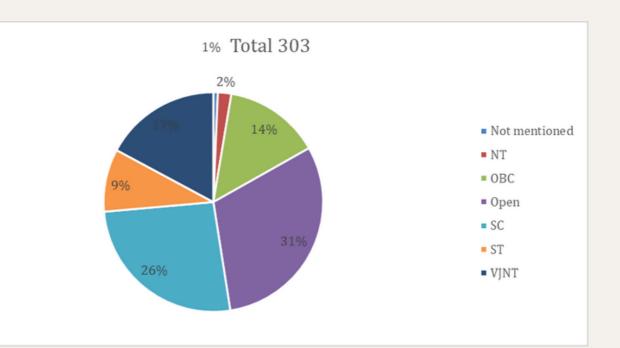
Clients this year: In the year 2021-2022, **303 clients** received direct intervention inputs. The following pie charts show the composition of the clients served in terms of gender, caste, employment status, and religion.





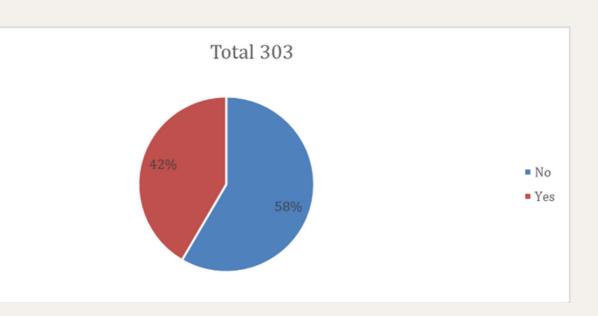


Caste



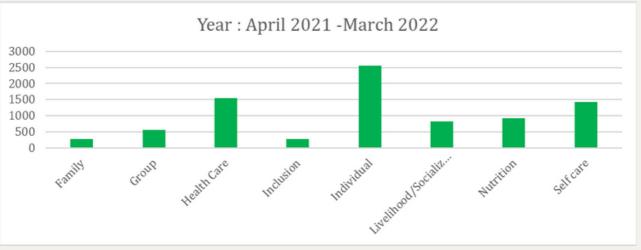


Employment Status



Activities for the year

8364 INTERVENTION ACTIONS WERE TAKEN



Field Activities

• **Trauma-informed services:** Building on our interventions, we have started a process of identifying trauma experience clients and we provide them with inputs which include awareness raising and group work.

• **Deinstitutionalization:** Through the Going Home Project (GHP) initiated in 2019, Bapu Trust has devised a process for the rehabilitation of women discharged from the regional mental hospital into their communities. This involves helping them get identity documents (Aadhar and Pan Card) and helping them access services. We helped those being discharged also find livelihood apart from documentation needs. We also helped to strengthen the family's support to them.

• HR and staffing processes as needed per project requirements.

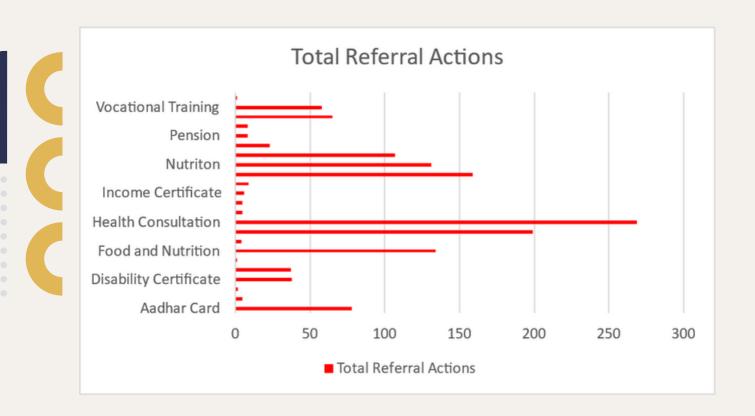


Relief Services

This period was also the third COVID wave; therefore, we set about providing basic relief measures like ration provision and support for health care costs/rent/fuel as required. We created a network with development partners to help with relief measures.

Due to lack of livelihood opportunities, unemployment struggles were still alive in the community, impacting nutrition. We mobilized nutrition support for the communities with support from Yardi, CSR, Mahindra Tech foundations, Sprhul Foundation, and Manuski Organisation for nutritional kits.

Referral Activities



A total of 1352 referrals were made in this year. The graph shows the specific interventions these activities covered.



Research Activities

Research is an ongoing activity. During this period, the following research activities were started/conducted:

a) A baseline research survey on psychosocial and mental health in low-income communities was started.

b) A household survey was carried out in pockets of three different bastis (Sagar Colony, Ambedkar Nagar, Ganesh Peth). Random sampling was done to collect household data. Key informant interviews were also facilitated. A total of 534 households were covered in the baseline survey, along with 33 key informant interviews and 11 focus group discussions.

c) An integrated field survey on mental health and development was carried out in the Velhe area, in partnership with RainTree Foundation. The objective of the research is to link multiple development factors including psychosocial health and wellbeing within the same frame. The Bapu Trust team contributed to questionnaire development, training of field staff, and analysis/reporting.

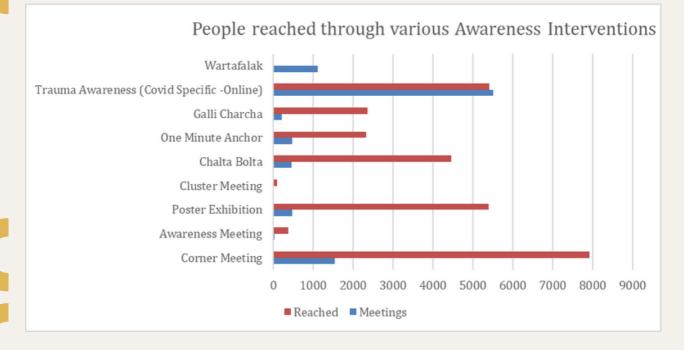
d) Creation of an impact tool to assess the impact of our services. The tool was used to assess the impact on 143 clients.

Advocacy and Awareness

With the decline of the Covid pandemic, it was possible to once again conduct awareness-related events. These included the Erwadi Memorial Day, the 14th Yellow Ribbon Day, International Women's Day, Social Justice Day, and Yoga Day, among others. A Bapu Trust Retreat was held for the staff to help them recover from the pandemic stress.



<u>**Regular Awareness Activities**</u> Regular awareness activities were largely resumed and included Wartafalak, corner meetings, Galli meetings, Cluster meetings, and Poster events among others. Details of the awareness activities held and their reach are shown in the graph below.



Digital mediums that had been harnessed during COVID-19 were also continued. Thus, WhatsApp was used for awareness and wellness sessions.

Awareness sessions included topics like Support, Stress, Stigma, Thought, Trauma, Anxiety, Fear, Emotions, Relationships, Stigma, Addiction, Diet, Social Responsibility, Self-care, Disability, Illness, Natural Calamities, Suicide, Anger, Inclusion, Violence, Disappointment, Equality, Illness, among others.

The Seher Awareness Link Team (SALT): SALT has been working actively towards innovation and material creation in compliance with Article 8 of the CRPD on Awareness Raising from a rights-based perspective of persons with disabilities. This involved engaging in study circles, discussions on the CRPD, capacity building of self, implementation of the knowledge in awareness material creation, and developing training modules for the same.



Networking and Partnerships

Our partners during this have been mentioned above. Networks and partnerships are a significant part of the Integrative service program: Tapping into community resources is a means of building social capital available to communities towards the inclusion of persons with psychosocial disabilities. In addition, it enables us to address the range of allied development needs of persons with disabilities. Our networking activities in this period included:

a) **Key Informant Meetings:** These meetings are a way of bringing different stakeholders on one platform and seeking their commitment to supporting community mental health initiatives. Such meetings are held in our service areas.

b) **Partnership Meetings:** We held partnership meetings as well which enabled us to mobilize new and old partners and to recognize and acknowledge those who collaborate with us in our work. Partners were thanked for their support.

Activities with Partners

a) Lighthouse: We conduct skill-building and personality assessment courses for vocational choices in which Lighthouse provides support.

b) School foundation: Some of our clients need physiotherapy and we refer these to the School Foundation which provides these inputs.

c) Prahar: The organization has helped us serve our clients by providing items like hearing aids and wheelchairs as required.

d) Akshar Manav Foundation: They provide inputs to our clients relating to livelihood and sustainable development.

e) Maharashtra Centre For Entrepreneurship Development: The organization provided training to our middle managers and field team to help us with our skills training for clients.

f) Saptshri Foundation : Working in the area of basic rights for disabled clients, this partner helped us obtain documentation (Aadhar cards) for our clients with psychosocial disability.









Shelter Home Activities











Shelter Home Activities











Warta Falak Activity







Challenges

<u>a)</u> Disability certifications and other documentation: For clients that do not fit into the medicalized model of persons with disability, the organization has found it a struggle to help clients access their various rights. For accessing the right to livelihood or to care, more so for our clients of the Going Home Project, disability certifications are a requirement, and obtaining such certifications was found to be a struggle. Even basic identity documents like Aadhar for these clients were seen to be an uphill task. Those institutionalized for a long time also needed ration cards. Family abandonment in many cases and the absence of basic documents to apply for these identity documents made the process even more challenging.



b) Further marginalization due to challenges in receiving documentation: Thus, a person recovered and re-settled in the community faces barriers imposed by years of deskilling in institutions, abandonment, and loss of social systems, that further marginalize their right to full and equal participation in the community. Livelihood challenges for GHP clients mentioned in the previous year's report continue.Challenges in conducting research: Apart from the routine funding limitations for research, we often face the absence of consent that hinders research studies. Challenges in partnership with government agencies: In our collaboration with government departments such as the PMC, we face challenges like receiving accurate information to process files and contract-related information. A strong collaboration was established with the government-run Aundh hospital for disability certificates but the challenge is their request that symptoms be visible for clients receiving a disability certificate.





SUCCESS STORIES (INTERVENTION RELATED) Names have been changed to protect identity.

<u>F</u>iza

Fiza Ansari is a 45-year-old woman who lives with two of her brothers and mother at the Meenatai Thackeray Gultekdi basti. Fiza was registered into the Bapu Trust services in 2022 as she was expressing various forms of emotional and mental distress. One of her brothers was also going through some distress and disturbance. He used to drink all day get into quarrels with people outside and hit his family members.

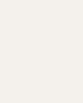
Fiza studied until the fifth grade. She speaks Marathi and Urdu and knows how to read and write a little in both these languages. Since her childhood, Fiza used to take care of both her brothers and well as mother and was therefore unable to focus on her own life and needs. Focusing on their needs caused her to remain unmarried.

The lifelong hard work has now resulted in physical ailments like pain in the hands and feet, swollen feet, and inability to do physical work. At this stage, both her brothers do not pay attention to her condition and requirements. Her mother is not 80 years old and needs constant support. Her brothers are married and are taking care of their families but are neglecting Fiza and her mother. This has caused Fiza a lot of mental distress and anxiety.

After getting registered with the Bapu Trust, services began to be provided to Fiza using the eight-point framework. The domains of inputs included self-care, nutrition, and individual support.

Self-care included forceful breathing and meta bhavan songs. At the commencement of the self-care intervention, Fiza kept expressing her worry about her mother. The importance of self-care and how it would help her was explained to her in detail. Along with self-care, Fiza was also allowed to share her worries and this venting also helped her become calmer and feel lighter.

During this partial recovery, the Covid pandemic struck, and work with Fiza had to be halted during lockdown. Covid brought with it its share of fears and anxieties. Fiza could not be physically contacted during the lockdown nor did she have a phone so our team could not interact with her at all. We later learned that she faced a lot of distress in this period, including access to food rations for herself and her mother. The brothers were completely unhelpful during this phase and Fiza and her mother were in a dire situation. Fiza grew more restless and disturbed in this phase, waking up at odd hours.



Fiza Story Continued...

During this time, Fiza was able to share her issues with a very close friend with whom she had worked at a catering service facility. But Fiza lost this close friend too, who died due to burn injuries. This was another traumatic event for Fiza and she kept having visions of her friend burning and other scary images kept playing in her mind.

After the restrictive measures for the pandemic had been relaxed, our team planned individual counseling sessions for Fiza. Through the individual counseling sessions, the team worked on trying to learn about her current problems, worries, and stressors. They tried to understand her physical and mental health issues and worked on creating a safe space for her to share and talk such that she would feel heard as well as respected. The team made an effort to understand the trials she underwent and the consequent fears. Then they began to work on building positive thoughts.

Self-care was planned to address Fiza's fear, repetitive thoughts, and negativity. Selfcare inputs like a pressure cooker, meta bhavana, hum chanting, om chanting, picture dikhao vichar hatao, etc, were used. The inputs helped in releasing and letting go of pentup negative thoughts and beliefs.

Physical health assessment was also done and the team found that certain health issues also needed to be addressed. A complete physical health checkup was carried out at Khanna Hospital. For her health issues, appropriate referrals were made. She was referred to a homeopath for some of her health issues, and also to a physiotherapist. Additionally, she was referred for yoga sessions at a yoga facility in her neighborhood.

Additionally, a nutrition module was delivered and nutrition referrals were made as per her needs.

Fiza also began to sell certain food items like corn, groundnuts, etc which helped her earn a minimal amount to support herself.

The various inputs and interventions helped reduce Fiza's physical and mental distress. She began feeling calmer and was able to support herself. Self-care became a part of her daily life. She improved her nutrition by taking food on time and having health-friendly foods. Her self-image improved greatly. There was now greater hope and confidence within her.

Fiza soon became self-reliant and was able to start a small business. With her improved situation, our team was able to stop the intervention and with her consent, closure was done.



<u>Shanti</u>

Shanti Kamble is a 42-year-old woman. She lives in Dias Plot. She was identified in 2019 through a corner meeting. During the awareness, she expressed her suicidal thoughts and hence she was called for the assessment.

Shanti has not attended school at all. Still, she had been helping people in the community to help them solve their problems.

During the assessment process, she expressed her distress. Through family and social assessment, it was found that her son was not taking care of her. No one was supportive of her. Shanti revealed during the assessment that she was facing sleep issues. She had no appetite and she was hounded by negative thoughts, stress, and worries.

Shanti has a son and two daughters. Her son was neglectful. He started living separately after he got married. Although both her daughters are married, one was facing harassment from her husband and was staying with Shanti.

Due to her family issues, Shanti's stress was high and she had increased BP. Shanti's son took away her gold ornaments and did not return them. This made her lose trust in her son. She felt troubled that her children were taking away her hard-earned money from her.

The overall family situation was affecting Shanti adversely. She did not feel supported by her children or by any other person. When Shanti's granddaughter came to live with her, the days went very well for Shanti. Then her son came and took away his daughter and this made Shanti feel lonely all over again. The feeling of not having any person who cares overcame her affected her health and led to the situation she had reported during the assessment: lack of sleep, lack of appetite, and having negative thoughts.

Our team came up with the intervention plan, based on the assessment and information revealed. The intervention was to include self-care, individual counseling services, and nutritional inputs.

The focus of individual counseling was to encourage Shanti to stand strong for herself and also to help others. She was also encouraged to accept her situation and to move forward.





Shanti Story Continued...

Self-care activities like consol breathing, forceful breathing, and hum chanting were introduced to help Shanti feel calm and to build hope. Nutrition inputs included the provision of nutrition kits.

A young girl who lived next door helped Shanti during the Corona period when she fell and hurt herself and also when she was unwell. The support from the girl next door led to a mother-daughter kind of bond being formed between this neighbor and Shanti. This made Shanti feel that the community was there for her and was like family.

Shanti was able to move on through socialization and the building of this circle of care. She started a small shop. Our team's interventions motivated Shanti to be self-reliant and stand up for herself. Now she feels happy supporting and helping people in the community. She even took support from the community to get her gold back from her son. She negotiated with her son with the support of community members and got her gold back.

Shanti has grown to accept that her own family is detached and she should not force them to be connected to her if they don't want to. The inputs she received from our team built hope and strength within Shanti

She has now decided to take care of herself. The services were brought to a closure as her needs for the same were reduced. Closure of the services was done in September 2021.





Financial Report for the Year 2020-2021

BAPU TRUST FOR RESEARCH ON MIND AND DISCOURSE TRUST REGD.NO. : E-2970 PUNE

INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD 1ST APRIL 2021 TO 31ST MARCH 2022

PARTICULARS	ANNEXURE	FCRA	INDIAN	TOTAL 2021-22	2020-21
INCOME					
GRANT & DONATION INCOME	VIII	70,10,415	1,21,41,287	1,91,51,702	2,19,89,873
OTHER INCOME	IX		10,11,872	10,11,872	71,744
INTEREST INCOME	×	1,15,475	2,67,290	3,82,765	3,81,878
TOTAL		71,25,890	1,34,20,449	2,05,46,339	2,24,43,494
EXPENDITURE					
RENT EXPENSES	xi	2,17,426	3,14,494	5,31,920	4,40,401
AUDIT FEES	XII	45,000	55,000	1,00,000	93,750
REMUNERATION TO TRUSTEES	XIII	6,77,745	9,71,317	16,49,062	13,83,400
EXPENDITURE ON OBJECTS OF THE TRUST	XIV	57,67,756	1,31,33,720	1,89,01,476	1,90,61,878
ADMINISTRATIVE EXPENSES	xv	3,14,059	6,42,029	9,56,089	9,71,898
DEPRECIATION	· IV	18,178	1,78,223	1,96,401	2,15,104
LOSS ON SALE / DISCARDED	xvi				1
EXCESS OF INCOME OVER EXPENDITURE	VII	85,725	(18,74,334)	(17,88,609)	2,77,061
TOTAL		71,25,890	1,34,20,449	2,05,46,339	2,24,43,494

NOTES FORMING PART OF ACCOUNTS & ACCOUNTING POLICIES - XVI

AS PER OUR AUDITED REPORT OF EVEN DATE



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Contact Details

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> > <u>Thank You</u>



