



Bapu Trust for Research on Mind & Discourse Annual Report (2016-2017)



We dream of healing environments where every person uses their own capacity to make choices, heal themselves, recover and move on.

Recovery methods will be creative, non-violent, non-hazardous and playful.



Transform communities and families, and not just people

Build emotionally resilient communities of mutual support and care.



**Bapu Trust for Research on Mind & Discourse
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Bapu Trust Mission:

We create, pilot and monitor programs and interventions that enable self-reliance and autonomy among persons living with mental health issues and psychosocial disabilities. Such programs aim to connect with people's identities, aspirations and potential, and promote their wellbeing and full inclusion in society. We create socially innovative community based mental health and inclusion program models. We aim to influence and change the structural, social, legal and policy environment, so that they remain just and fair to people with a psycho-social disability. We place the voices of people with psychosocial disabilities at the center of all our work, to inform and inspire all our perspectives and practices. We have faith in non-violence, peace and hope for all.

CAMH (Center for Advocacy in Mental health)

Even though CAMH is not a legal entity, CAMH is the Executive of the Bapu Trust. It manages all programs, partnerships and resources of the Bapu Trust. The objectives of CAMH are:

- Facilitate Inclusion movements in India and the Asia Pacific region in the context of the UNCRPD (United Nations Convention on the Rights of persons with Disabilities) and Inclusion
- Reframe a rights based / CRPD based language for mental health in India
- Create an informed political discourse on Citizenship, Disability, Development and Mental Health
- Address the information gaps and needs of communities on mental health and well being
- Build community based inclusion programs as part of the growing evidence base on inclusion

Our vision for an inclusive society is where communities, families and peers ...¹



¹ People's voices from the Inclusion Survey, 2017. TCI Asia, a CAMH program. Report by Shikha Aleya, Sadaf Vidha and Bhargavi Davar, for Transforming communities for Inclusion of persons with psychosocial disabilities, Asia. Developed by Bapu Trust.

5 Pillars of the Bapu Trust

i. Research: "Mental health and Development". CAMH has in the past, done different path breaking research projects for e.g. traditional healing systems in Maharashtra; psychosocial health within Development; etc. Last year, we published extensively in thematic areas of gender, disability and mental health; communities, inclusion and the UNCRPD.

ii. Advocacy: "Transforming communities for Inclusion"

CAMH has been involved in the works relating to a new Convention called the 'Convention on Rights of Persons with Disabilities' (UN_CRPD) including being trained by IDA (International Disability Alliance). The Convention set the BT on a new path breaking track in research, service development and policy influencing. We are facilitating a regional / international forum since 2014 (TCI - ASIA). TCI Asia is a 14 country member partnership, with over 100 members.

iii. Services: Seher: CAMH has created a model Community based Mental health and Inclusion program called "Seher". The program serves as the 'incubator' for ideas and practices in community mental health, development and inclusion.

iv. Trainings: "Psychosocial interventions for community caregiving" Bapu Trust has since inception done pathbreaking trainings, including 'Gender and mental health' (2001-2006); 'Human rights in mental health for lawyers'; etc. Since 2013, BT is a certified international CRPD trainer. Lead people in the Bapu Trust are certified integrated Arts Based Therapy trainers. BT has also done short term courses on Nonformal caregiving for a diversity of stakeholders.

v. Organizational Development: "Manifesting compassion in effective leadership". CAMH takes high level of accountability for the development of its people and the working environment. Several systems are in place, and kept dynamic, to receive and reform to change factors in the organization; to take risks where necessary in venturing into new project ideas; and to tide over adversity, especially financial.

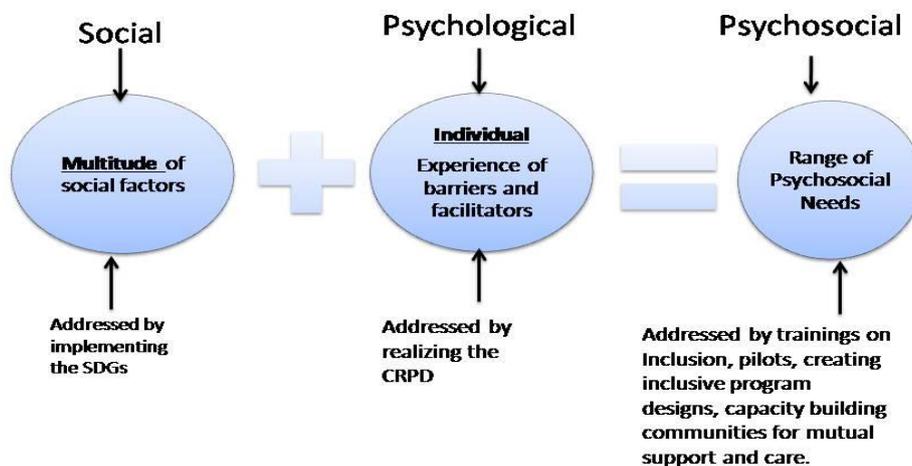


Transforming communities for Inclusion (2016-2017)

The Bapu Trust makes inter-linkages with all 5 areas of its work through the concept of "Transforming communities for Inclusion". The concept of Inclusion, in letter and spirit, captures the spirit of the CRPD, especially Article 19 (Living independently and being included in communities). When we changed our question from "How to treat mental illness", to "How to include persons with mental health problems and psychosocial disabilities" in 2008-2009, our field of thinking and action opened up a whole new universe. Between the Sustainable Development Goals and the CRPD, we found multiple ways to address diverse psychosocial needs of people in our working areas; also to capture and share the learnings through research, trainings, service delivery and policy advocacy in national, regional and global platforms.

Our accent on Inclusion also addresses a significant gap in policy thinking, on *how to do inclusion*.

Addressing psychosocial needs



Article 19 of the UNCRPD*

Article 19 of the UNCRPD states "All persons with disabilities will live in the community and be included to live independently and to participate on an equal basis with others." Article 19 has a particular focus on people's ability to choose their place of residence; to access the community supports they need to prevent isolation or segregation; and to access mainstream community based services and facilities that are in turn, responsive to their needs.

Key Words

Choice - of 'The Person'

Communities- to be in, not to be segregated

Inclusion- not left out, but along with

Independence- not isolation, but interdependence

Participation- can participate, has capacity

Services - general and specific

Equal basis- integrated as one, not apart

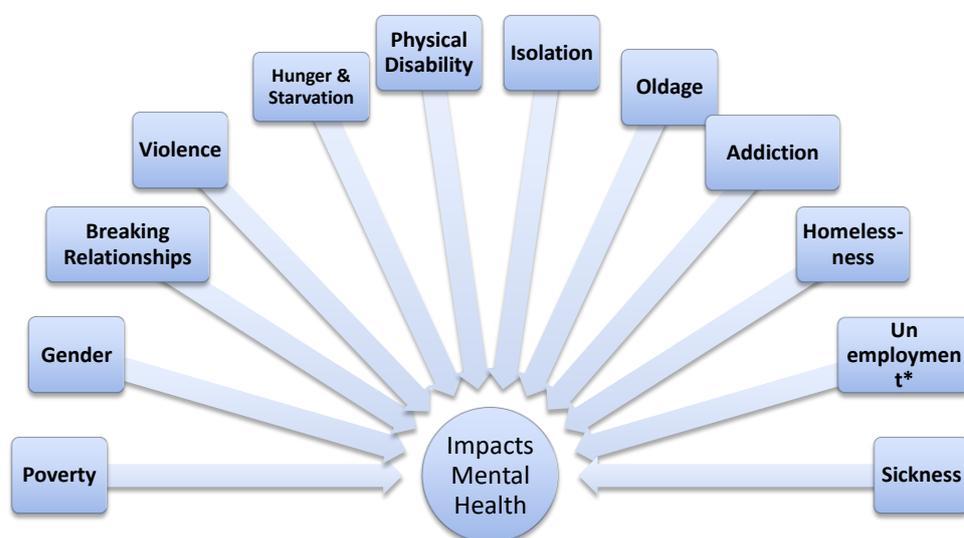
*Shivani Gupta, (2016), TCI Asia Plenary meeting, Bangkok, June 2015, APCD Training Center, Bangkok.

Social determinants and barriers to inclusion

Against text book predictions of medical prevalence, our first Census study of 2011-2012, and continued household surveys and the WHO's Self Reporting Questionnaire, (SRQ)², with large sample population data in Kashewadi, Lohyanagar, Rajewadi / Patrachal, LakshmiNagar *bastis* shows that people with high support needs or extreme states are *not* so high as predicted; Whereas every third household has psychosocial stress, distress and illness. The psychosocial distress and disturbance in low income communities is linked to gender discrimination, poverty, unstable housing, environmental hazards, daily disasters and stresses of daily living, poor civic amenities, domestic violence, poor health care, physical and mental disabilities, chronic health problems, age related issues, growing up in disadvantaged communities (e.g. commercial sex work or transgender), high occurrence of infectious and communicable diseases, especially TB and cancer, addictions, poor health care delivery, hunger, starvation, malnutrition, and very poor health care for the elderly.

'Inclusion' captures the idea that, it is the environment that needs to be worked on, to remove social, and other barriers and create conducive causes and conditions for people to achieve their full potential and aspirations. Mental health and psychosocial wellbeing are to be seen within the overall policy context of Development. Therefore, if the doors to Development is opened up, for example through realizing the SDGs, psychosocial distress and disability will be addressed proactively from the point of view of Inclusion.

What In The Environment Needs Restoration? Some Examples from 'The Social'



**...and many more other factors*

Source: (2016) Kavita Saju Nair, Poster presentation, Disability Summer School, Galway, 2017.

² Bhargavi Davar, Sadaf Vidha, Radha Bhawe (Draft paper, 2016). Comparative household survey data from 4 bastis: Prevalence of mental health distress and disturbance in low income communities. Project report. Bapu Trust, Pune.

Sharing insights from research on Mental health, Disability and Development³

Providing reasonable accommodation and accessible facilities for participants to a workshop or conference is key to inclusion, effective participation and program success.

- (Empowerment initiatives and psychosocial wellbeing, 2012-14) Many demographic and social-developmental indicators, affect psychosocial health and wellbeing. Any empowerment initiative with focused and systematic program features will have a positive mental health effect. More inquiry needs to be done for some important indicators like subjective experience of pain, violence, civic amenities and living conditions – and urban mental health. Community mental health initiatives should focus more on housing and living conditions. Finally, there is a need to consider integrated and inclusive project design in development programs.



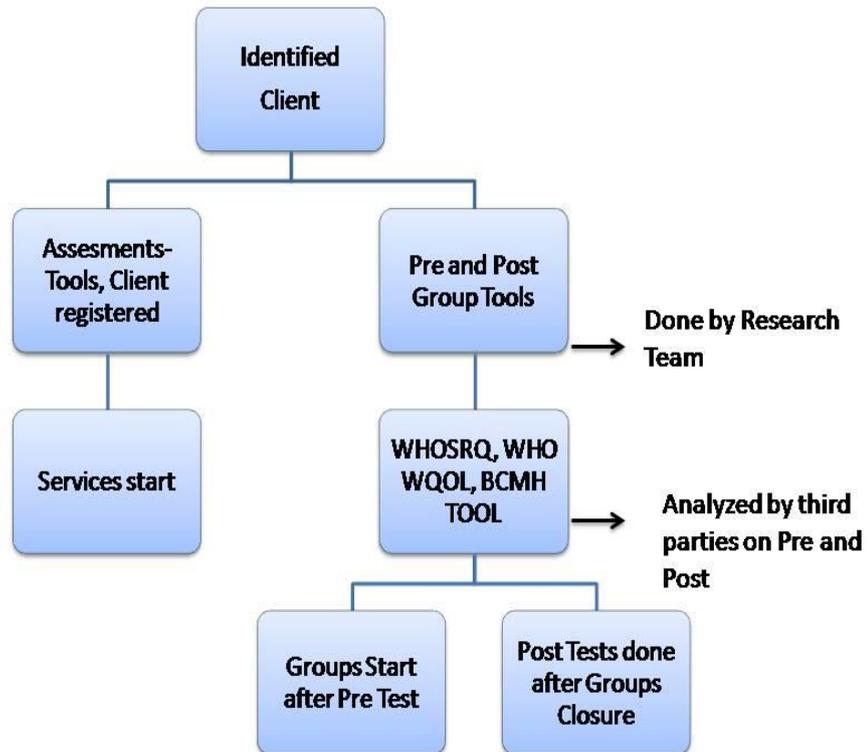
- (Recovery in low income communities, 2014) Is the concept of 'recovery' culturally relevant? Do all staff across BT conceive of 'recovery' in the same way? Learnings from this case study of social inclusion within Development gave useful insights. Staff from management to grassroots may have diverse definitions of 'recovery' open to interpretation and local application. Long term medication are a barrier to recovery and complicate 'chronic' status. Social support is important, from both family and community / neighbourhood.



³ (2016) Monograph / Report of Research agendas and findings on Inclusion. by Bhargavi Davar and Shikha Aleya. Presentations of BT research on "**Mental health and Development**". Dissemination Seminar, 18th and 19th of March 2015, Hotel Radisson Blu, Bapu Trust, Pune.

- (Empowerment initiatives and psychosocial wellbeing, 2012-14) addressed also the question, whether empowerment project design impacts *degree of* psychosocial health inadvertently caused by empowerment programs. Our finding was, *yes, they do*. The more integrated and comprehensive the Development outcomes of an empowerment program, the higher the positive psychosocial impact. MASUM, Chaitanya and SWACHCH, along with 3 other control sites in Pune, Khed and Vehle (Maharashtra) participated in our study.
- (Effectiveness of Therapeutic Groups, 2013-2015) "Therapeutic groups" or TGs is a modality designed by the Bapu Trust, to address the psychosocial needs of vulnerable groups, through group peer support. This was considered to be culturally more appropriate. Over 3 cycles of service delivery, and a considerable overlay of research across groups, using the (Bapu Community Mental Health Intervention Tool, 2014) effectiveness of TG intervention was studied. The studies established the effectiveness of TG as a community mental health modality across the following domains: Self, Body, Cognition, Emotion, Socialization and Health.

The Research Process



Source: (2016) Kavita Saju Nair, Effectiveness of Therapeutic groups, Monograph on Research Dissemination Seminar, "Mental Health and Development", Hotel Radisson Blue, 19th March, 2015. Developed for the Bapu Trust.

Ongoing research on Mental health, Development and Inclusion (2016-2017)

- "Good practices on the Inclusion of persons with psychosocial disabilities, An online survey in Asia" by Shikha Aleya, Bhargavi Davar, Sadaf Vidha.

Between January and April 2016, the Center for Advocacy in Mental health, Pune, conducted an online survey on Inclusion among partner organizations and individuals in the membership and networks of TCI Asia. The Survey was open to people who self-identified as a 'person with psychosocial disability', in Asia. It aimed to explore participants' views and experiences on good practices that enable the Inclusion of persons with mental health problems / psychosocial disabilities: What facilitates their full and effective participation in families and communities? What barriers need to be removed to facilitate inclusion? 87 network members participated in the survey, and the report was compiled. Next year, a full report on Inclusion will be published and disseminated.

- "Standard Operating Processes of the Seher program". A "How to do" Training and guidance Manual on developing a community mental health and inclusion program. CAMH commissioned Dr. Vikram Gupta to capture all the processes of Seher, Urban Community Mental health and Inclusion Program. The technical guidance base document will be released next year, and followed up with creation of digital resources.

- "Cost of exclusion of persons with psychosocial disabilities: A pilot study for TCI Asia", was commissioned, and work started by consultant, Meenakshi Balasubramaniam, and her team, from EQUALS, Chennai. The paper was designed to present the pilot of a study of the costs of exclusion of persons with psychosocial disabilities from the community and the services available in the community. The necessity of doing a specific study on the political economy of excluding persons with psychosocial disabilities, came up in the context of discussions around the recently passed Rights of Persons with Disabilities Act 2016, and the Mental Healthcare Act, 2017 in India.

Other academic work (2016-2017) contributing to the development of Bapu Trust works

(2016). Bhargavi Davar. "Alternatives or a way of life?" In Jasna Russo & Angela Sweeney (eds.). *Searching for a Rose Garden: Fostering real alternatives to psychiatry*. PCCS Books.

(2016). Bhargavi Davar. "Justice in Erwady". In Helene Basu & William Sax, *Law of Possession*. Oxford University Press.

(2016). China Mills & Bhargavi Davar. "A local critique of Global mental health". In *Disability & the Global south*. Eds. Shaun Grech & Karen Soldetic. Springer. UK.

(2016). Bhargavi Davar, Deepali Deshmukh, Sadaf Vidha, Aruna Deshpande, Swati Shinde, Dharma Padalkar. "Mental health and Development: Multi-site study associating development efforts with mental distress, preliminary findings". *Jamia Millia Islamia Journal*, forthcoming, New Delhi.

(2016). Mathias, K., Isabelle G., Davar, B., Kermodé, M. "An asymmetric burden- Gendered experiences of care giving". Submitted to *Trans-cultural Psychiatric Research Review*. Accepted for publication and forthcoming.

(2016). Aleisha Carroll, Alexandra Devine, Bhargavi Davar, Julian Eaton, Rosie Catherine, Janice Cambri, Cathy Vaughan, "Promoting the rights of people with psychosocial disability in development research and programming". *Development Bulletin*, accepted for publication.

(2016). Sabah Siddiqui and Bhargavi Davar, "Devi possession at the intersections of religion, culture and psychoanalysis". In, forthcoming, *Psychoanalysis in the Indian Terroir*. Lexington Books, UK.

Bapu Trust Reports and Monographs:

(2016). Bhargavi Davar, Sadaf Vidha, Radha Bhawe (Draft paper, 2016). Comparative household survey data from 4 bastis: Prevalence of mental health distress and disturbance in low income communities. Project report. Bapu Trust, Pune.

(2016). Bhargavi Davar, Deepali Deshmukh, Sadaf Vidha, Aruna Deshpande, Swati Shinde, Dharma Padalkar, "Development efforts and psychosocial distress". Unpublished monograph. Bapu Trust, Pune.

(2016). Bhargavi Davar, Deepali Deshmukh, Sadaf Vidha, Aruna Deshpande, Swati Shinde, Dharma Padalkar, "Development risk and psychosocial distress". Unpublished monograph. Bapu Trust, Pune.

(2016). Bhargavi Davar. "Using WHO-SRQ in community mental health programs". Unpublished monograph. Bapu Trust, Pune.

(2016). Freya Lloyd, Bhargavi Davar, Sumeet Jain. 'Recovery in an urban Indian LIC context.' Intern Monograph and Working Paper. Bapu Trust in collaboration with Department of Social Work University of Edinburgh.

(2016). Emma Brown, Bhargavi Davar, Sumeet Jain. 'Social capital and mental health in low income community context'. Intern Monograph and Working Paper. Bapu Trust in collaboration with Department of Social Work University of Edinburgh.

(2016). Handbook on Therapeutic Groups. Bhargavi Davar, Shikha Aleya, Kavita Saju Nair. and Monograph on Community mental health. Bapu Trust, Pune. Mss. prepared for publishing.

Program evaluation

(2016). Evaluation of Therapeutic Groups of Seher, community mental health program. By External evaluator, Prof. Sadhana Natu, and her team, Modern College, Pune University.

(2016-17). Internal assessment of the 8 point framework. Kavita Saju Nair, Bapu Trust. Ongoing.

Tools for Community mental health & Inclusion

Research Tools

- Site Selection Tool
- Social Resource Mapping
- Household Survey Tool
- WHO- SRQ for CMH
- Body Mapping for idioms of distress
- Bapu Trust Community Mental Health Tool

Some Program Monitoring Tools

- Daily Monitoring form
- Various forms and registers, for recording corner meetings, awareness meetings, home visits, follow up visits, support counselling
- Group Session Record Sheets for group sessions
- Consent forms for many purposes
- Client registration form
- Case conference form
- MIS for the complete program on weekly / monthly basis

Assessments and inquiries

- WHO-Quality of Life
- WHO- Self Reporting Questionnaire [SRQ]
- Bapu Trust Assessment questionnaire
- Field Inquiry and client identification
- Circle of Care Mapping
- Diet chart
- Depression Anxiety and Stress Scale
- Rosenberg's Self Esteem Scale
- Household survey tool
- ABT assessments
- Brief Psychiatric Rating Scale
- Other projective tools
- Family needs assessment

News from Seher, Community mental health and Inclusion Program (2009-)



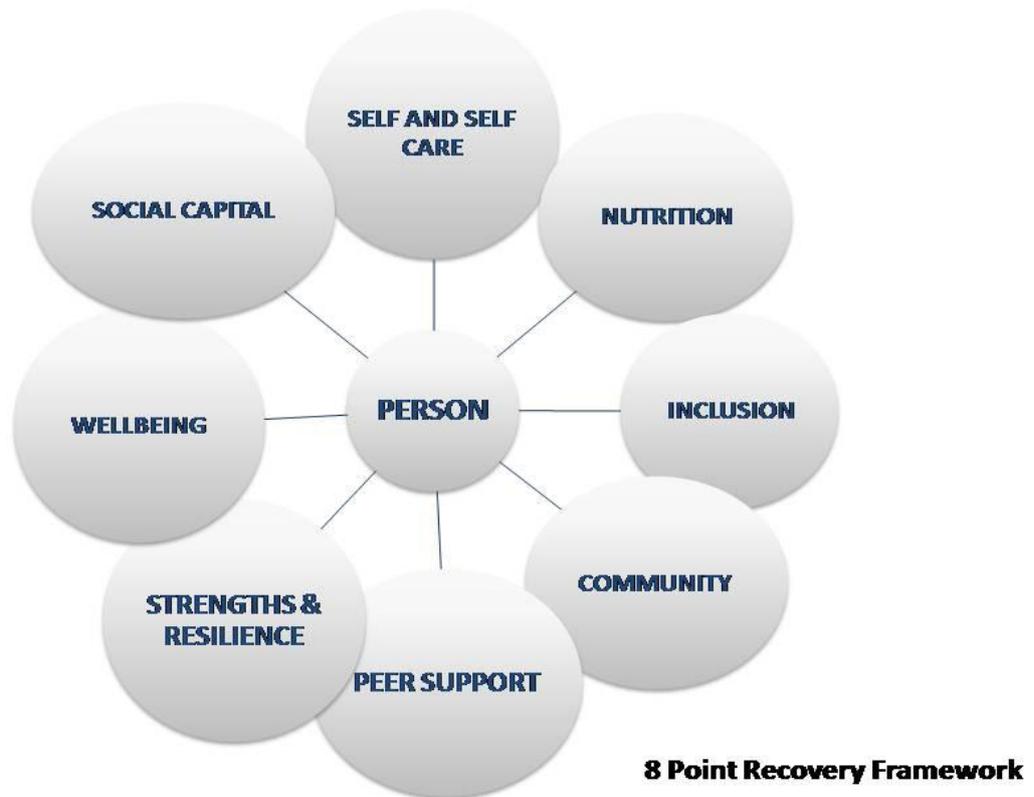
Programming for Inclusion begins with enabling choices to address a wide spectrum of psychosocial and inclusion needs. This is often referred to as a 'mental health spectrum' in Seher. The spectrum is constructed 'bottom up', from people's vernacular expression of 'traas' (problem). For example, 'tar tar' (trembling) is at a different point in the spectrum from 'badbad' (murmuring, close to hearing voices.) Over a period of time, the Spectrum is a frame to plan further diverse range of interventions, and runs through, Wellness, stress and tension, psychosocial distress (low support needs), disturbance, extreme states (high support needs) and disability needs.

Systems level achievements

- The Pune Municipal Corporation, Pune District, has approved the start up of 5 Community Wellness Centers in 5 slum pockets of Pune, based on the Seher Inclusion model. They have generously given spaces within public hospitals, as well mobilized a budget line to support the centers. There is excellent co-operation with officers at all levels of the local government, through these hospitals. BT expresses gratitude to the MaNaPa for this partnership.
- Different grantmakers, philanthropists, and foundations, other than individual retail donors, supported the program, on a sustaining basis, including Goyal Foundation, Forbes Foundation, Mariwala Health Initiative, Fund for Global Human Rights. In kind support for food, medicines, and various other basic needs were generously given by various community members and CBOs in our working areas. We now have a thriving partnership with government and non government agencies based on commitment to the cause of Inclusion and wellness.

Inclusion as a Seher service delivery outcome

Bapu Trust redesigned its program in 2008-2009, following the advent of the CRPD and the mandate for inclusion. This process was fraught with several highpoints, adversities and failures, challenges from evaluators, and was at first considered as a 'high risk' venture. However, after 8 years, we feel strengthened by the visible successes of our experiments and efforts and impact on persons with psychosocial disabilities, families and communities. Seher offers a complex matrix of field actions, in deliberate responsiveness to a diversity of psychosocial needs. Over the years, every part of the service delivery mechanism has been put up for investigation, evaluation and deep scrutiny, excepting perhaps the cost part. Having worked with a wide variety of people, groups and communities, we propose that **Inclusion should be the expected outcome of a mental health service program.**



(c) (2016). Developed by the Bapu Trust. Indicators of impact on client are developed from this framework.

8 Point recovery framework

Is a modality used by the Seher program to cover diversity of needs, to achieve outcome of inclusion. Different field actions, over a period of time, have been pile sorted and organized in one or the other of the 8 domains.

The 8 point recovery framework is **modular**, so that modules can be pinned and unpinned, causing different permutations and combinations, and linkages, depending on client needs.

In this way, a matrix can be created for program planning, of client need versus domains to be activated.

What is the 8 point framework?

SELF-CARE	Self concept, Self value, Self confidence, Doing things to care for oneself- self connect, integration of experiences
NUTRITION	Including mental health friendly foods in ones daily diet, addressing malnutrition,
SOCIAL JUSTICE	Addressing issues of violence, stigma, neglect, seclusion, rights violations
FAMILIES	Working with families on their care giving and support skills, negotiation and arbitration- linked to social justice
GROUPS	Peer groups, support groups, self help, volunteers and other available options in communities
INDIVIDUAL SUPPORT	Befriending, home visitors, peer support, non-formal counseling, arts based therapies
HEALTH CARE	Comprehensive health care, homeopathy, Yoga, Breath practices, exercise, life style changes
SOCIAL CAPITAL	Circle of care- friendships, neighbours, social networks, systems, people in social services

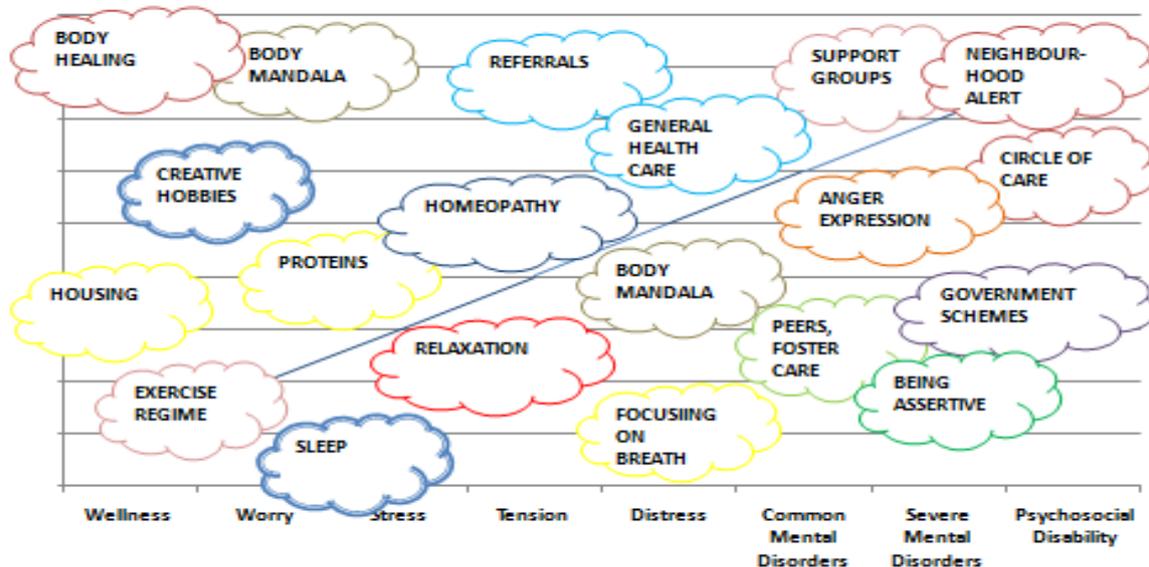
(c) (2016). Developed by the Bapu Trust.

Engagement with Academia on Inclusion

- Bapu Trust has engaged with academia on the topic of Inclusion, around which there are so few research or academic resources. BT, through the TCI Asia / Seher programs, cultivated partnership with the University of Edinburgh to find mutually beneficial relationship to explore the notion of Inclusion academically. 2 presentations were made in Edinburgh (March 2017).

- Seher as a social innovation with outcome of Inclusion was also presented in the "International conference on Mental Health and cultural diversity: Exploring transformatory practices and service models", Leicester, United Kingdom, 22-24 June, 2016. The aim of the conference was to discuss and debate a range of appropriate and acceptable services for people from diverse cultural communities around the world.
- Seher model of inclusion within community development was also presented in Trieste, Think-Tank Conference "Crossroads of Change – The leading experiences in Whole Life, Whole Systems, Whole Community Approach to Mental Health Services and Practices", 17th-18th October 2016 - Trieste. The event was organized by Mental Health Department – Who.CC for Research and Training - ASUTs, Trieste and IMHCN (International Mental Health Collaborating Network), UK.
- A workshop on Seher, community mental health and inclusion program, was presented in a Workshop on community mental health practices, at INTAR India 2016, 26-28 November 2016, Lavasa, Maharashtra.
- Bapu Trust team were also represented and actively participated in national events (Banyan, Chennai, September 2016; Anjali, National Conclave, Kolkata, 2016).

Enabling choices in the Community



Source: (2016) Kavita Saju Nair, Poster presentation, Disability Summer School, Galway, 2017. For Bapu Trust.

Inclusion is about enabling choices, not just making medical decisions. A system of care would create a diversity of opportunities based on a person's will and preference. Informed consent to any medical treatment is only one such opportunity.



Seher, Pehel and Dwi centers

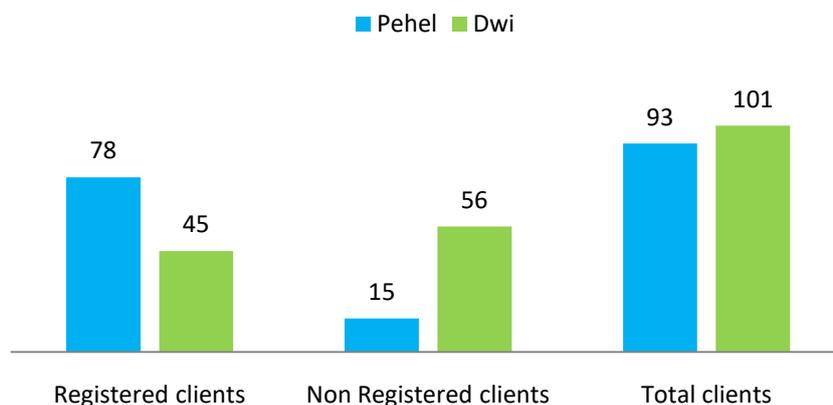
As a part of 'upscaling' services in the collaboration with PMC, Seher now has 2 full fledged wellness centers, Pehel (Sonawane Hospital, TimberMarket Road) and Dwi (Rajiv Gandhi Hospital, Yerawada). The centers receive people from a number of neighbouring low income areas. Distribution of flyers, household survey methods, large awareness gatherings, awareness during festivals season, etc. helps spread news about the centers by word of mouth. The service program modus operandi consists of identifying people, households with possible psychosocial needs, reaching out to them, recruiting them into the program after a thorough needs assessments process and starting interventions with them to facilitate their recovery and inclusion.

Baseline has been done in Dwi, and challenges of working in the new area addressed (medicalization of communities through nearby mental hospital; stigma of people getting treated there; political divisions and ghettos in the area; high rates of suicide).

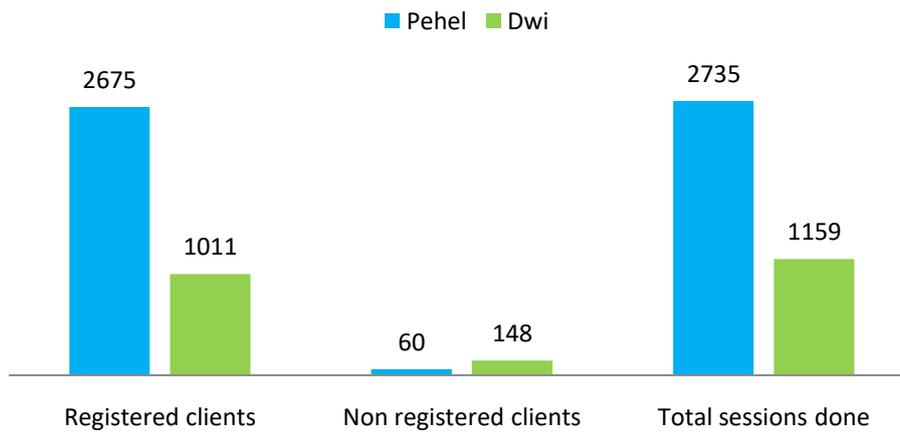
In **(2017-2018)** all other planned centers (3) will become operational, along with intensive awareness activities in the intervening belts of low income communities. By **2019**, full fledged activities will be established in 10-12 neighbourhoods, meeting the needs of approximately 1500 people, serving a population of around 800000 people, using methods hitherto considered as 'too local' and 'unscalable'.

Data from the field

Total number of people enrolled in 2016-2017 at both centers as clients with a need



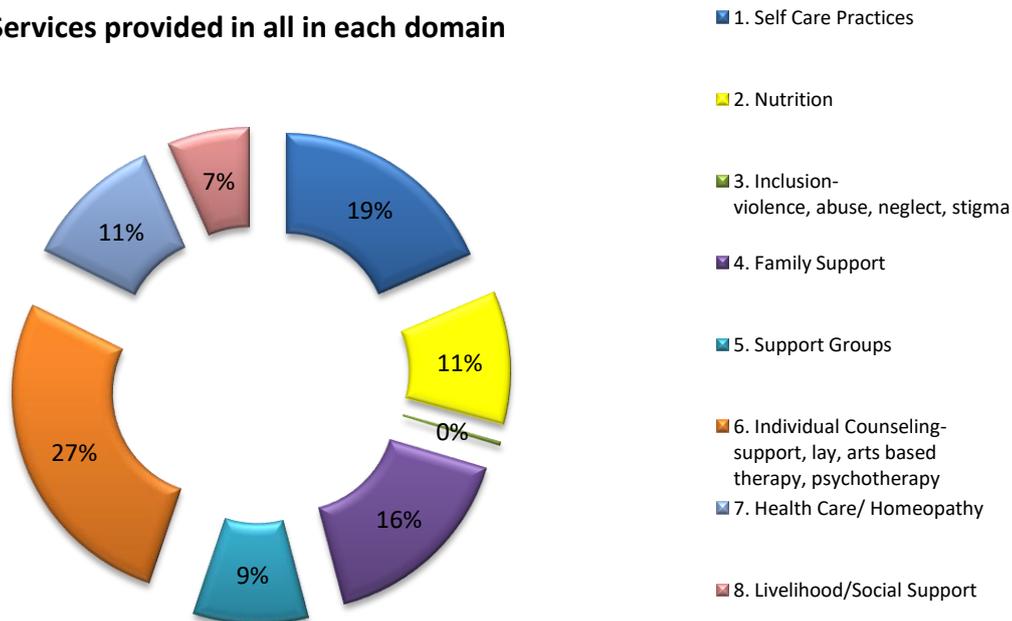
Total Number of sessions done in all Pehel and Dwi



8 Point Framework distribution across all clients

As seen below, highest worked domains are peer, support counselling and ABT; followed by the self care module. Family interventions, group support and nutrition are the next set of most utilized domains. This year, we did not see a lot of violence, abuse and neglect.

Services provided in all in each domain



Homeopathy

25 Homeopathy OPDs were conducted at Pehel centre, reaching out to 136 clients; whereas, 2 were done at DWI, reaching out to 8 clients. Homeopathic medications, multivitamins and nutritional supplements for general health conditions, malnourishment, for support need psychosocial conditions and few high need psychosocial conditions are provided to clients. Positive general health outcomes, reduction of symptoms, reduction in client complaints, reduction of dependence on allopathic medications and positive changes are reported by clients and family members.

Inventing new ways of connecting to people we work with

Making of the Empathy Module: The need to reconsider existing ways of knowing our client struck us when we lost a member of one of our TGs, without realizing that he was slipping. This reflected a gap in our understanding and connection with our clients. We needed a way to know the clients story from the clients perspective. Evidently this suggested a need for better empathetic understanding of the client and being able to allow ourselves to be 'occupied' by our client. This led to the introduction of a new module in this cycle of the TGs- "The Empathy module". The empathy module in the TGs has really centered the client at the core of the 8 point frame. To work together with the person as per his/her self needs, context, capacity, and choice.



Breath practice in Sonawane Maternity Hospital, PMC, at Timber Market. This is an 'open group' of pregnant women who transit the OPD, and super fast sessions to match the pace are held. Highly successful and popular intervention.



Group data from Pehel and Dwi programs

In this year, groups became institutionalized as an integral part of the Seher program, and one arm of the 8 point framework.

Pehel			Dwi		
Men's & Adolescent Boy's Group	12	77	Pregnant Women's OPD group	47	706
Pregnant Women's OPD group	50	843	Single Women's Group- Yerawada	5	11
Support Group for women with support needs	1	3	Women's Support Group - Yerawada	9	21
Women's Peer Support Group	17	51			
Sonawane Hospital Nurses group	3	16			
Support Group for Women with Low and high support needs, Rajewadi	19	95			

Therapeutic Groups facilitate inclusion

Developing local answers to local problems - 'psychosocial'	Occurring in own communities	Collaborating with local social systems
Offering door to door services	Public Private Government CBO NGO Public Partnerships- pool of resources for referrals	Lived experiences
Social capital, social enterprising	Coming closer to home	Making Innovations Improvisations to diversity responsiveness
Basic Needs	Indigenous healing, Traditional Methods,	Culture Specific
Development Hub	Mutuality, not isolation	Choice
Transforming individuals, families and systems		Shared resources
Alternative Family systems	Support and Care Cadre, Peers, Volunteers	Sharing cost and resources
Neighbourhoods	Foster Care	Housing
Sustainability	Livelihoods	Proving Scalability
		Circles Of Care, support networks and Ripple Effects
		Potential
		Social protection

Other highlights

- The Seher program continued with its awareness activities in old and new areas. 987 corner meetings were done, in which 6612 people participated. 182 people were identified through the corner meetings. 34 Awareness meetings were done, where 1694 people participated. 20 persons were identified as having psychosocial issues through these meetings. 73 poster exhibitions were done, and 1522 people participated. 76 persons were identified as persons having a mental health issue or psychosocial disability.

Thanks to our grassroots partners for providing a number of needed services to our clients and other supports:

Academic Institutions	CBOs, NGOs	Government Systems	Other stakeholder groups
Karve Institute of Social sciences	ECF	Pune Municipal Corporation	Community members- Somnath Khavle, Surekha Khandagle, Anand Gaikwad, Dr Harish
Modern College	<i>Vishranti shelter home- cancer care</i>	Disability Department	
Abeda Inamdar Senior College	<i>Chetna Mahila Vikas Sanstha</i>	Urban Community Development Dept	Local Corporators Avinash Bagwe, Babu Kamble
BALM	<i>Manoos Pariwar</i>	Local Police stations	Youth Mandals Siddharth cricket club
SNDT	<i>Majhe Ghar</i>	Zilla Parishad	
Community College	Connecting NGO	Sasoon Hospital	KEM Hospital
St Meera's College	Santulan deaddiction centre	MIMH	Unani Hospital
Flame University	<i>Maher Shelter home-women</i>	Gol-davakhana	Tarachand Hospital
Symbiosis college	<i>Parivartan</i>	Sonawane Hospital	Anandpuram
University of Edinburgh	<i>Devrai</i>	Rajiv Gandhi Hospital	Shanti clinic
	Tathapi	Tehsil Office	<i>Tambay aarogya Bhavan</i>
	Ecoad Foundation	Pension office	Venkys Foundation
	Makeshah Masjid Trust	E seva Kendra	Alcoholic Anonymous group
	Chaitanya Mahila Mandal	Aundh Chest Hospital	
	ASHA NGO	Kamla Nehru Hospital	
	Sahara HIV and TB	Probationary officers	

	<p>care</p> <p>CIFAR</p> <p>Jeevdan Trust</p> <p>Asha ki Kiran</p> <p>John Paul foundation</p> <p>Ghar Prakalp</p> <p>Ananth ashram</p> <p>Prayas</p> <p>Disha</p> <p>Family Planning Association</p> <p>Light house</p> <p>Parvati Swayam Rozgaar yojana</p> <p>Deep Griha</p>	<p>Yerawada Mental Hospital</p>	
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Calendar of CRPD advocacy activities and public engagements of TCI Asia

TCI Asia (*Transforming communities for Inclusion of persons with psychosocial disabilities, Asia*) is an Asian Alliance of people with psychosocial disabilities, and cross disability supporters, focussing on Article 19 (Living independently and being included in communities) and its realization in the Asian region. Since 2012, TCI Asia has made several country visits, 4 annual plenary consultative processes, 1 strategy development workshop, and has engaged upto 15 member countries, to enhance the pedagogy and practice of Article 19 for the region ⁴.

Bapu Trust has been the convenor of TCI Asia since its inception in 2014. Bapu Trust serves as an administrative office, facilitator, and fiscal sponsor for TCI Asia works. Bapu Trust further provides the necessary technical inputs to TCI Asia, based on its vast experience in advocacy, research and service development.

Here is a calendar of activities of the program in 2016-2017

April 2016:

- Participation in United Nations Day of General Discussion on Article 19, UNCRPD Committee, Geneva, 19th April, 2016, *Nations des Palais*. A submission before members of the Committee was made on Article 19, by Convenor, TCI Asia earlier.
- Meeting with chief officers of the World Health organization, 18th April, 2016, Bhargavi Davar facilitated by Human Rights Watch, Geneva. We learnt of WHO's interest and commitment to the UNCRPD; and their engagement with the new Quality Rights trainings.
- Meeting with WNUSP members in Geneva, 19th April 2016, towards INTAR India 2016. (International Network on Alternatives towards Recovery).
- Meeting with some key resource persons on inclusion of persons with psycho-social disabilities, alternatives to institutions, organized by IDA, IDA office, 18th April 2016
- 3 minute intervention on 'Equality and non-discrimination', at the 10th Year Celebrations of the UNCRPD, at Palais des Nations, Geneva.

May 2016:

- Co-facilitation in BRIDGE Pacific (17-18 May), organized by IDA-IDDC, a training program on the CRPD and SDGs
- Fact finding mission in Fiji. Meeting multiple stakeholders to scope the mental health sector in Fiji. (19-23 May), organized by Pacific Disability Forum in collaboration with IDA. We met members of the mental health service provider community from the Fiji Mental Hospital; local psychiatrists, and a community center. We had a meeting with cross disability leaders, as also members of the Fiji Psychiatric Survivor's Association. The environment for care in Fiji, as in other common wealth nations, is highly medicalized and institution based. Fiji has started a 'community' program based on coercive care, in the community.

⁴ This submission draws from the consultative processes done between 2012-2015 of TCI Asia. We are grateful to all member participants, allies, partners, stakeholders and sponsors for the support and contribution.

June 2016:

- (15th June 2016), 9th United Nations Conference Of States Parties CRPD session, Participation by Yeni Rosa Damayanti in Side Event organized by Inclusion International, WNUSP, IDA, and HRW, "Promoting the rights of persons with psycho-social and intellectual disabilities". 15th June, 10-11.30.

July 2016:

- **(15th, 16th July 2016)** 3 TCI Asia members, Kavita Pillai, Sarbani DasRoy and Bhargavi Davar participated in the National Conclave on Community Mental health, organized by Anjali, Human Rights NGO, in Kolkata. Keynote by Bhargavi Davar and Sarbani DasRoy.

Event curreted at https://storify.com/ARROW_Women/arrow-at-cmh-anjali

August 2016: Capacity Building Program in SriLanka: The visit was done successfully with support at National Level from the SriLankan Government, and CANMH, SriLanka.

- (25th August) "Multi Stakeholder Orientation Program on the UNCRPD in SriLanka", under the aegis of the Ministry of Health, Nutrition and Indigenous Medicine, SriLanka. This training was attended by senior bureaucrats and functionaries of the Health, disability and various other departments.
- (26, 27th August) CRPD training for DPOs and persons with psychosocial disabilities, under the aegis of CANMH and NIMH, SriLanka.
- (28th August) Meeting with Health Department nursing and medical staff to apprise them about the UNCRPD.

September:

(1-3 September 2016) Conference in Chennai, Tamil Nadu, on **"Justice and the rights of homeless persons with psychosocial needs"**, organized by a leading national service provider, BANYAN. The aim of the Conference was to pool the good practices in care and support of persons identified to be 'mentally ill', among the homeless population. TCI Asia members, Sarbani DasRoy and Bhargavi Davar attended the Conference.

October:

(3-4 October), OHCHR United Nations, Social Forum Meeting, organized by the Human Rights Council, Geneva. The theme for 2016, was **"the promotion and full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities** in the context of the tenth anniversary of the adoption of the Convention on the Rights of Persons with Disabilities (CRPD.)" Yeni Rosa Damayanti and Bhargavi Davar attended the event from TCI Asia.

(4th October) "Interpretations of the right to independent living worldwide: Towards a general comment on Article 19. Side event on Article 19 of the UN CRPD. Event was organised by the European Network on Independent Living (ENIL) and co-sponsored by the International Disability Alliance (IDA). Bhargavi Davar was invited to speak at the side event in the session on **"Perspectives from across the world: challenges to the realisation of the right to independent living and good practices"**.

(4th October) "Persons with psychosocial disabilities and their rights under the CRPD – An open debate". Co-organised by the World Network of Users and Survivors of Psychiatry (WNUSP), African Disability Forum (ADF) and Transforming Communities for Inclusion of Persons with Psychosocial Disabilities (TCI Asia), co-sponsored by the Permanent Mission of Portugal and Brazil (TBC) and the International Disability Alliance (IDA). YeniRosa Damayanti and Bhargavi Davar spoke at the side event. Side Event at the Social Forum 2016, 4th October 2016 – 8.15 to 9.45 am, Room 25, Human Rights Council Social Forum, Room XXIV, Palais Wilson, Geneva

(6-8 October) Curriculum Design for BRIDGE, organized by IDDC-IDA. TCI Asia members participated in this event, the aim was to gather experiences of TOTAL and BRIDGE and to bring it to the new evolution of BRIDGE training.

November

November 21-24 November: 4 day Learning Institutes at INTAR. Learning institutes comprised of

- a. Chris Hansen and Steve Morgan, Intentional Peer Support training
- b. Liam MacGabhann, Dialogue methods in community mental health (Open Dialogue, Somatic Experiencing, Trialogue)
- c. Olga Runciman, Support for Voice Hearing people in communities.

INTAR India 2016 Conference 26-28 November, at Lavasa International Conference Center, Pune.

INTAR conference was stellar. We saw the participation of 40 countries and over 150 participants. Every global, regional stakeholder was in the room. Global Mental Health Movement, WNUSP, CBM, IDA, TCI Asia, WHO, UNCRPD Committee members (2), members from the SR's offices (Health), (Disability), and a number of family, civil society, service providing NGOs, DPOs were there. Many academics had also participated worldwide. A number of funding partners have engaged with INTAR by this reporting period, including CBM-A, DFAT, and Mariwala Health Initiative. It was a great experience for TCI Asia. Program sheet is found with annexure.

29th November RoundTable on Article 19

Considering that every important global stakeholder was in Lavasa, we organized, in partnership with IDA, an event around Article 19, with about 35 participants. The day's activity helped to consolidate INTAR learnings and apply them Article 19 dialogues. It was a global convening around Article 19, with very important stakeholders represented, therefore, we consider this a singular achievement of our events last year.



Resources created

50+ Videos of the INTAR India 2016 proceedings:

<https://www.youtube.com/channel/UCP6IbEhryHaRuonVu-OFSLA>

An Aljazeera video of the "Seher Inclusion Program", Pune

<http://www.aljazeera.com/programmes/peopleandpower/2015/10/shadows-151029073123574.html>

Interview with Bhargavi Davar, a PodCast from "Madness Radio"

http://www.madnessradio.net/?powerpress_pinw=1900-podcast

Investing in Mental health: A recent report from Dasra, Mumbai

<https://www.dasra.org/cause/bridging-the-enormous-deficit-of-mental-healthcare-in-india>

"On Inclusion" Bapu Trust (2017). A film by Aparna Sanyal

https://www.youtube.com/my_videos?o=U

Seher Videos, find at

<http://youtu.be/t5PC0yBK3ow>

<http://youtu.be/22blQzYFoMg>

<http://youtu.be/U73aE3fhe6l>

<http://youtu.be/uDTRjfgMHLE>

http://youtu.be/_06oWRppPJc

<http://youtu.be/xLxsXL1ZMVs>