

BAPU TRUST FOR RESEARCH  
ON MIND & DISCOURSE

# ANNUAL REPORT

2022-2023



# TABLE OF CONTENTS

Message from the Managing Trustee	03
About us	04
Highlights of The Year	05 - 07
Seher - Community mental health and inclusion program (CMHIP)	08
CMHIP - Our Impact	09
Stories of Change	10 - 11
Program for Inclusion (PFI)	12 - 16
PFI - Our Impact	17
Stories of Change	18 - 20
Impact Assessment	21
Partners & Funders	22
Board Members	23
Financial Audit Report	24 - 25
Sustainable Development Goal	26

# MESSAGE FROM THE MANAGING TRUSTEE



This year was special for the Bapu Trust, as we took important steps to ensure the long-term sustainability of our vision of full inclusion of persons with psychosocial disabilities. From one organization, we have now grown into three interconnected entities, each carrying forward a shared mission in its own unique way:

- Bapu Trust (BT): Continuing, and strengthening, our pioneering social innovations in inclusive community support systems. Our programs in mental health and community wellbeing remain at the heart of our work and are moving forward with renewed energy.
- Bapu Foundation for Learning on Mind and Discourse (BF): A Section 8 company that will focus on training, capacity building, and well-being. This year, we transitioned our training department to the Foundation and began with the planning of the development of an ecologically sustainable training center setup in Saswad.
- Transforming Communities for Inclusion (TCI): An international organization registered in Geneva, bringing grassroots learnings into global spaces and advancing Article 19 of the CRPD through advocacy and capacity building.

Together, BT, BF, and TCI are working in synergy, strengthening ongoing programs, expanding opportunities, and carrying the mental health and inclusion agenda forward with more depth and reach. While each organization has its own governance and operations, they remain bound by shared values, relationships, and a collective vision.

This development would not have been possible without your consistent trust, solidarity, and partnership. Your support has enabled us to grow from local innovations into a wider movement with both grassroots and global impact.

As we move ahead, we remain committed to building inclusive communities, expanding our mental health and wellbeing programs, and ensuring that persons with psychosocial disabilities live with dignity, rights, and choice. We look forward to continuing this journey together, stronger than ever.

**With Gratitude and Warm Regards,  
Dr. Bhargavi, Managing Trustee, Bapu Trust**

# ABOUT US

India's mental health system bears a colonial legacy of outdated laws, asylums, and policies that prioritise control over care, further deepened by displacement, inequality, and expanding institutions. The Bapu Trust challenges this mindset through community-based approaches that affirm dignity, inclusion, and rights, rooted in a new ethic of collective responsibility where happiness and well-being are fundamental human rights.

The spirit of this work comes from Bapu herself—a woman of spirituality, poetry, and resilience. She was punished with incarceration and invasive treatments for breaking social roles, her devotion dismissed as “madness.” Her suffering became a turning point for her children, especially Bhargavi, who founded Bapu Trust to reimagine mental health with dignity, inclusion, and respect for the grey spaces between madness, creativity, spirituality, and pain. Dreaming forward, we envision a world where well-being is holistic, healing is non-violent and creative, and people recover through choice, play, and self-directed care.

## VISION

We want to see a world, where emotional well being is experienced in a holistic manner, and not just as 'mental disease '. 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.

## MISSION

We create, pilot and monitor community inclusion programs. Such programs enable the autonomy and independence of persons living with mental health issues and psycho-social disabilities. We work towards linking people with Development services. Programs aim to expand on the aspirations and potential of communities, to strengthen resilience and opportunities for pursuit of happiness. Our program provides modular interventions to address a matrix of psychosocial needs by providing choice. We advocate to change the structural, social, legal and policy environment, so that they remain human rights compliant, just and fair to people with a psycho-social disability. We strive to create enabling environments for people with psycho-social disabilities where they can realize all their human rights without barriers (guided by the Convention on the Rights of persons with disabilities).

# HIGHLIGHTS OF THE YEAR



**International Recognition:** Seher cited as a good practice in the UN Special Rapporteur Report (A/HRC/44/48).



**Influence on Global Guidelines:** Programs have informed UN Guidelines on Deinstitutionalization, including in emergencies (CRPD/C/5) by the Committee on the Rights of Persons with Disabilities and OHCHR.



**Grassroots Advocacy:** BT made written submissions to the UN Special Rapporteur and Deinstitutionalization guidelines, representing on-the-ground disability inclusion work.



**Academic Contribution:** Publication on Supported Decision Making: Seher's "Circle of Care" Model in Advancing Supported Decision Making in India (Cambridge University Press, 2021).



**Government Collaboration & Recognition:**

- Monetary support from Pune Municipal Corporation for community projects.
- MOU with Maharashtra State Government to launch Deinstitutionalization project in regional mental hospitals.
- During COVID, the program was recognized as essential services, allowing continued operation.
- Program registered under the State Disability Department.



**Community Engagement & Public Outreach:** Organized hallmark events, film festivals, consultations, and participated in Ishanya Foundation's 15th Yellow Ribbon NGO & Artisan Fair (supported by NABARD, Pune).



**National & Global Policy Contribution:** Played a role in shifting from traditional institution-based approaches to community inclusion models in India through above consistent efforts since inception.

# ZERO PROJECT AWARD



In 2023, Bapu Trust received global recognition for its pioneering work on psychosocial health and disability inclusion. The organization was the only one from India to be honoured with the prestigious Zero Project Award for the Seher Program, under the category of Independent Living, Political Participation & ICT Civil Society (Mental Health)..

The Zero Project Call 2023 received 319 nominations from 78 countries, centred around the theme of Independent Living, Political Participation, and ICT. Out of these, 71 innovations from 42 countries were selected for awards. From India, only two organizations were recognized, Bapu Trust being the sole awardee in the psychosocial health and disability inclusion category.

The Zero Project Conference was held from February 21–24, 2023, at the **United Nations Office in Vienna**, bringing together a record of over 1,000 participants. Across three days, more than 150 internationally renowned speakers delivered sessions in over 90 panels and presentations, showcasing successfully implemented innovations.

# BAPU TRUST HAD THE PRIVILEGE OF RECEIVING THREE SPEAKING OPPORTUNITIES AT THE GLOBAL FORUM

- **Panel Presentation & Discussion:** Supporting persons with psychosocial disabilities in serious distress (128 offline participants).
- **Impact Transfer Forum:** Presentation on program design and funding support (110 offline participants).
- **Press Address:** How diplomacy can support disability inclusion, presented alongside H.E. Shri Jaideep Mazumdar, Ambassador of India to Austria, Montenegro and the Holy See, and Permanent Representative of India to the UN in Vienna since June 2020 (95 offline participants).

Additionally, Bapu Trust was part of the Indian delegation to the Embassy in Vienna, where the Zero Project India Forum brought together a large multi-sectoral group to strengthen disability inclusion efforts in collaboration with the Zero Project team.

## Session Recordings

- [Bapu Trust For Research on Mind & Discourse](#)
- [Supporting people with psychosocial disabilities in serious distress](#)
- [Zero Project: Impact Transfer Forum](#)
- [How Diplomacy can help disability inclusion](#)



# SEHER - COMMUNITY MENTAL HEALTH AND INCLUSION PROGRAM (CMHIP)

Seher began in 2004 with a simple yet powerful vision: “**Creating psychologically sustainable communities.**” In its early years, the program followed a treatment-oriented, medical model, responding to the urgent mental health needs of underprivileged communities in Pune. But as Seher grew closer to the people it served, listening to their struggles and aspirations, it realized that mental health could not be addressed by treatment alone. By 2009, Seher had transformed into a **psychosocial response model**, placing relationships, community care, and inclusion at the heart of its work.

This journey of learning and evolution eventually led to the **Community Mental Health and Inclusion Program (CMHIP)**—a model that recognizes mental health as a matter of rights and dignity, inspired by the **Convention on the Rights of Persons with Disabilities (CRPD)**. Seher CMHIP brings together diverse community actors—local leaders, influencers, NGOs, community-based organizations, and governing bodies such as the **Pune Municipal Corporation (PMC)**, **Pune Police**, the **State Health Department of Maharashtra**, the **Regional Mental Hospital**, and the **Disability Department** - to create a web of care and inclusion.

At the heart of this program are Seher’s Wellness Centres located within PMC hospitals and close to the communities. These centres are more than service points; they are safe spaces where individuals in psychosocial distress and persons with disabilities find support, belonging, and pathways to well-being.

Over the years, Seher has become not just a program but a **community movement for mental health and inclusion**, rooted in compassion, partnership, and the belief that every person with psycho social disability deserves the right to live with dignity and psychological well-being.

# CMHIP - OUR IMPACT

Activity	April 22 To March 23
<b>Clients served</b>	<b>177</b>
<b>Community Mental Health Volunteers (CMHVs)</b>	<b>52</b>

Self Care sessions	1054
Nutrition sessions	444
Family sessions	147
Home visits for Therapeutic Group participants	578
Barefoot Counselling sessions	1212
Health care sessions	1350
Social/Livelihood Support	383
Sessions for Client Inclusion	98
Client Referral for various schemes	1560

## Outreach through Awareness Activities

Activity	April 22 To March 23
Total Outreach (no. of people) through Awareness activities	30222
Awareness activities/meetings and Events	3057

# STORIES OF CHANGE

(Name has been changed for confidentiality purpose)

**Sanjay** is 40 years old and comes from a family of 6. He lives with his wife, two daughters, mother, and father. He went to school up to 10th grade. He was introduced to our field staff through a corner meeting by his father. This led to a home visit where the team began building a connection with Sanjay.

According to Sanjay, when he was in 10th grade, he and his friends did something wrong. The details are still unknown of the event but since then, he has been living alone. **He withdrew, sat quietly all day and night, started talking to himself, wandered around aimlessly, not eating, neglected personal hygiene, stayed awake late at night, ate spoiled food from the trash, and engaged in these behaviours.** One day, he suddenly left the house without telling anyone. His family was very worried and confused, fearing they might lose him.

He was started on medication by a psychiatrist at Command Hospital. We visited Sanjay and explained the organisation's work to him. After few days, we visited him again and he consented to taking our help. During the assessment, he filled out only a few forms. He was unresponsive to some questions, appearing lost in himself, speaking loudly, and showing signs of disorientation. We began working with him gradually. His mood would fluctuate quite a bit, so we tried to understand his likes and dislikes. **Initially, we just sat with him and listened, establishing a relationship and gaining his trust, which was essential since he did not trust us initially.**

Gradually, we earned his trust and helped him obtain a disability certificate. We monitored his medication and regularly visited the mental hospital with him, speaking with his doctor. Gaining his rights and support from different people was crucial, and we emphasised this in our work.

He also loved writing. A book was kept at the center where he came daily and wrote before leaving. We are still working together. We started working with his wife and other family members also. Now when Sanjay writes, he no longer talks to himself.

**The neighbours and local community have also taken responsibility for his safety.** When he wanders, no harm comes to him, thanks to the community's efforts. He is now also regularly taking his medication and feels safe with us.

“

Over time, we built a friendship with him and started self-care sessions, focusing on things he liked so he could take care of himself.

”

# STORIES OF CHANGE

(Name has been changed for confidentiality purpose)

**Meenakshi** is 19 years old and lives with her parents. When we first met her during a corner meeting in her community, **she appeared quiet, withdrawn, and visibly isolated. She shared her struggles with recurring pain in her hands and legs, shivering, and headaches.** Alongside these physical concerns, she expressed a strong desire to remain indoors, avoiding social contact and daily activities.

Her family environment reflected similar isolation, with limited connections to neighbours or peers her age. Stigma and financial stress further compounded her challenges. Initial assessments revealed not only her physical distress but also her need for stronger social relationships and emotional support.

**Interventions began with simple, body-based activities such as stretching, Shammi dance, and breathing exercises to help her reconnect with her body and ease numbness.** Mirror reflection activities encouraged her to build a positive self-image, while voice exercises gave her space for expression and confidence. Though writing was difficult, she gradually opened up through activity-based sessions.

Recognising her nutritional needs, her family was linked to food support partners, highlighting the connection between diet and mental health. With improved nutrition, her energy and participation in sessions noticeably increased. Regular health check-ups, multivitamins, and vaccination during the COVID-19 pandemic further supported her wellbeing.

**Work also extended to her family.** Therapy sessions encouraged open communication, awareness about hygiene and mental health, and shared responsibility. Over time, her father, who once believed marriage was the only solution, began to shift towards a more supportive outlook, recognising that Meenakshi could grow with patience and care.

On an individual level, Meenakshi joined a fitness group and later a trauma recovery group. These gradual changes reflected in her growing comfort with others and her participation in group activities.

Today, Meenakshi is taking her first steps toward holistic wellness. She is physically stronger, more socially connected, and supported by a family that is learning to walk alongside her. Her journey reflects both her resilience and the quiet but steady power of care, community, and collective healing.

“

**Trauma-focused practices such as yoga, breathing, voice work, and visualisation helped her release tension, regain flexibility, and experience calm.**

”

# PROGRAM FOR INCLUSION (PFI)

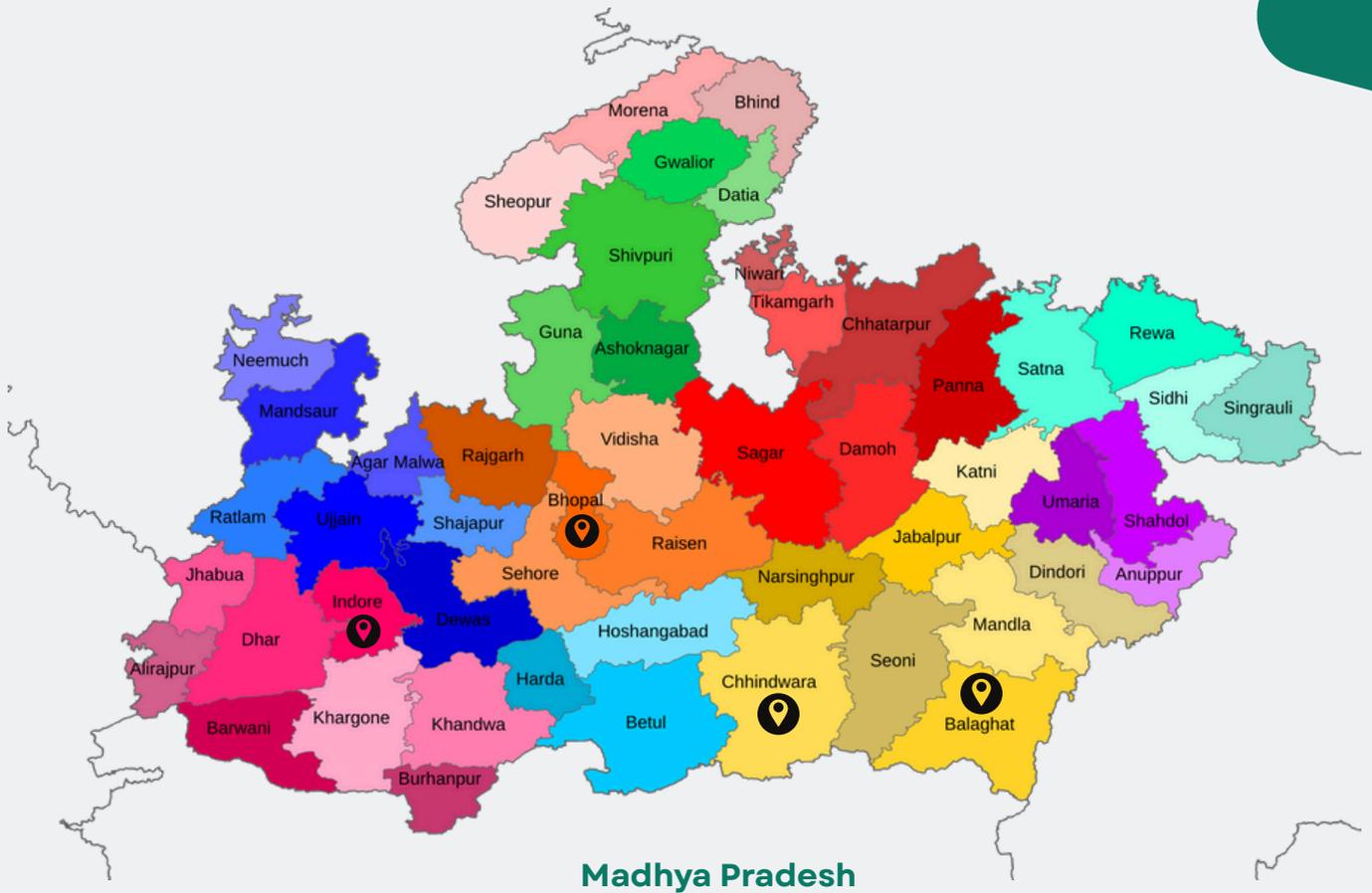


In 2022–23, the **Seher Community Mental Health and Inclusion Program (CMHIP)** **reached** a new level of maturity in effectively implementing and serving underprivileged and diverse communities across Pune city. Recognising the broader need for mental health support across India—grounded in the rights to well-being and the inclusion of persons with psychosocial disabilities as envisioned in the **Convention on the Rights of Persons with Disabilities (CRPD)**—Bapu Trust initiated the **Programming for Inclusion (PFI) in 2017**.

Through PFI, Bapu Trust strengthens the capacity of grassroots NGOs working in development and health. Partner organisations are trained to implement or adapt the Seher CMHIP model, customising it to suit the unique needs of the populations and geographies they serve. With the generous support of the Paul Hamlyn Foundation (PHF), Bapu Trust is currently building the capacities of **seven NGOs in Chhattisgarh and Madhya Pradesh**, enabling them to replicate and expand inclusive community mental health practices.



**Vikalp Samajik Sanstha (VSS)**  
विकल्प सामाजिक संस्था



**Madhya Pradesh**

**MP:** Bhopal, Barwani, Indore, Pandhurna - Chhindwara

**CHHTT:** Raipur, Bilaspur, Bastar, Sukma



**Chhattisgarh**

# OUR PARTNER - SAMAAN SOCIAL DEVELOPEMENT SOCIETY

Samaan Society, a community-based organisation in Indore, Madhya Pradesh, has been **working towards women's empowerment** since 2017. Through partnership with the Bapu Trust under the Program For Inclusion initiative since 2018, it has been able to integrate mental health awareness into its empowerment initiatives, broadening its reach and impact in urban communities.

The name, **Samaan (meaning "Equality")**, reflects its mission to support groups facing inequality, particularly women who have long been denied social and legal justice. Alongside legal support for survivors of violence, Samman has created opportunities for women to gain social and economic independence by training them as professional drivers and mechanics—roles that challenge entrenched gender norms in the city. To further this work, the organization established the **Khushali Kendra (Well-being Center)**, a safe and welcoming space where community members can gather, play, share experiences, and find belonging and happiness.

## KEY ACTIVITIES

- Conducted counseling and psychosocial support sessions for women enrolled in mechanic training programs.
- Adapted and implemented the Sheher Program for Indore's urban settlements.
- Actively participated in supervision meetings, trainings, partner workshops, and exposure visits with the Bapu Trust.

## IMPACT

- Strengthened sustainability via funding linkages facilitated by BT.
- Women in mechanic training benefitted from integrated mental health support, leading to greater confidence and improved well-being.
- The Sheher Program was successfully localised, offering a strong community-based model for Indore.
- The internal team also grew in awareness and resilience, reporting personal improvements in mental health.
- The Khushali Kendra emerged as a trusted community space, fostering joy, inclusion, and emotional support.

# OUR PARTNER - CHHATTISGARH AGRICON SAMITI

Chhattisgarh Agricon Samiti, established in 2007, is a non-governmental organization working across 15 districts of Chhattisgarh, reaching over 75,000 families in 700+ villages—predominantly from Scheduled Tribe communities. Agricon has **focused on agriculture-based livelihoods for poor and marginalised families**, expanding its work into some of the most remote and Naxalite-affected regions such as Bastar and Bilaspur. In 2018, Agricon partnered with the Bapu Trust under the Program for Inclusion to integrate mental health awareness and psychosocial interventions into its development initiatives. It has steadily **combined livelihood support with holistic well-being for tribal communities**.

## KEY ACTIVITIES

- Conducted pilot projects on psychosocial health in Bastar and Bilaspur and rolled-out mental health awareness campaigns, activities, and counselling support.
- Adapted the Seher Program for rural and tribal contexts, ensuring culturally relevant approaches.
- Engaged in supervision meetings, training, refresher workshops, and partner meetings with Bapu Trust.

## IMPACT

- Organisational growth through enhanced professional capacities and active partnership with BT.
- Strengthened sustainability via funding linkages facilitated by BT.
- Built a peer-learning network with Madhya Pradesh Cohort 2 organizations.
- Developed a strong cadre of Community Mental Health Volunteers (CMHVs), including ASHA workers and students.
- Produced creative, accessible awareness materials for schools, colleges, and villages.
- Improved team well-being and resilience, supported by regular guidance from Dr. Bhargavi and the BT team.
- Established positive government linkages, deepening institutional collaborations.

# OUR PARTNER - GRAMIN ADIVASI SAMAJ VIKAS SANSTHAN

Gramin Adivasi Samaj Vikas Sansthan (GASVS), established in 1993 in Chhindwara, Madhya Pradesh, was founded by young social activists committed to peace, justice, equity, and empowerment. The organization has long worked on health and nutrition, education, disability inclusion, natural resource management, and strengthening local governance through rights-based approaches. Since 2018, in partnership with the Bapu Trust under the Program for Inclusion, GASVS has integrated mental health awareness and psychosocial interventions into its community development work. It has localized mental health models for rural and tribal contexts while building strong partnerships across Madhya Pradesh.

## KEY ACTIVITIES

- Conducted pilot psychosocial programs in Pandhurna and Saunsar villages.
- Adapted the Seher Program to suit rural and tribal communities.
- Participated in trainings, supervision, and refresher workshops with Bapu Trust.

## IMPACT

- Improved psychosocial health promotion and community acceptance of mental health support.
- Shifted from a medical model to holistic, inclusion-based practices for this particular project under the PFI program.
- Developed community-friendly awareness materials for rural contexts.
- Built grassroots leadership through trained volunteers and frontline workers.
- Team members reported personal growth and better well-being.

## PARTNERSHIPS

- Active partner of Cohort 2 in Madhya Pradesh, contributing to peer learning and joint training.
- Strengthened linkages with NGOs, government departments, local governance bodies, ASHA workers, Anganwadis, and schools.

# PFI - OUR IMPACT

Activity	April 22 To March 23
<b>Clients served</b>	<b>147</b>
<b>Outreach</b>	<b>38111</b>

Corner Meeting	437
Poster exhibtion	226
Chalta Bolta	354
One minute anchoring	331
Vartaphalak	245
Gully Charcha	368
Awarness Meeting	64
Nutrition session	125
Self care session	262
Support session	421

# STORIES OF CHANGE

**Asha Ingle is 45 years old.** She has three sons and one daughter. Her daughter is married. She was first identified during a corner meeting. After a field inquiry, an assessment process was carried out. Since then, continuous sessions were conducted, and after one full year she has now returned to a state of wellness.

Earlier, she had reported that she used to get very angry. Her arguments would escalate at home and with neighbours as well. During episodes of anger and conflict, she would become so stressed that she fainted and had to be admitted to the hospital. In anger, she would also harm herself. She could only sleep after taking sleeping pills. Due to these problems, she had to stop working.

On one occasion, when her son attempted suicide, she completely lost control after seeing his condition. She was unable to handle herself, and her family found it very difficult to manage her. This incident had occurred shortly after she was associated with the organisation. During our conversations, she mentioned that she felt anxious just by seeing blood and could not control herself.

“

**Samaan worked with with her for a full year. Using an 8-point framework, interventions were carried out in the four domains of self-care, nutrition, health, and individual well-being. Over time, Asha also started seeing positive changes in herself.**

”

With all the intervention, she now gets less angry and has not been hospitalised for her illness. Recently, when her son got into a fight and was injured, she remained calm. Instead of panicking, she spoke to him, guided him, and showed him the right path. She neither scolded him nor harmed herself. She handled the situation very well. Even when arguments arise between her husband and sons, she stays calm, manages herself, and helps them resolve the matter peacefully.

The most significant improvement is that her self-confidence has increased, and her trust in the organisation has grown immensely. She now openly shares matters of her household, including dilemmas related to her son's marriage.

Along with the resolution of her problems, she has also witnessed positive changes in her family. Her daughter has started learning driving, both sons have begun working regularly and there are no quarrels with her husband anymore. She herself has resumed work.

**- Client Story From Samaan Social development society**

# STORIES OF CHANGE

**Tulsi Makram 27 years old** BCom student and active volunteer with yokukansan Champs. lives 15 km inside the Makdi block in the village of Bagbeda. His journey towards mental health awareness and recovery began with a transformative community meeting that shed light on the pervasive issue of Mental Health.

The turning point in Tulsi's life came when a tragic incident struck his small grocery store. A short circuit led to a fire that destroyed his business. Overwhelmed by despair and uncertainty about his future, he found himself in a severe state of stress. However, the mental health training he had received as a youth volunteer soon resonated with him, sparking realisation that although his stores were gone his capabilities and opportunities were not.

Recalling the lessons from his training Tulsi reflected, "it was just a store that burned, not my spirit or my ability to rebuild. I must not let stress overpower me but should take it as a challenge and make a fresh start. "This shift in mindset encourages him to plan the reopening of his grocery store and expand his services to include Ayushman card registrations and other online services.

Armed with a renewed sense of purpose and the tools provided by his mental health training, Tulsi successfully started his business. The training not only helped him deal with the immediate crisis but also equipped him with the resilience to manage stress and maintain a positive outlook on life.

“

**"The mental health training was a beacon during my darkest times. It reminded me that setbacks are just setup for comebacks. I learn to maintain a positive mindset which was crucial in rebuilding my life and business".**

”

Today, Tulsi is not just running his grocery store but also contributing to his community by facilitating access to essential services. His story is a Testament to the power of Mental Health education and the profound impact it can have on personal recovery and community service. Tulsi's journey from the Ashes of his store to a new beginning is an inspiring example of resilience and the importance of Mental Health support.

Tulsi Makram's story illustrates how mental health training can provide the tools necessary for individuals to cope with adversity and transform their lives for the better benefiting not only themselves but also their communities.

**- Client story from Chattisgarh Agricon Samiti**

# STORIES OF CHANGE

I am Parshuram . My son **Govind is 35 years old** and studied up to class 12th. We are a family of 3. We earn our living through farming on two acres of leased land.

Govind's difficulties began while he was working as a clerk in a private college between 2014 and 2018. He was always responsible and contributed to the household. But gradually, he developed alcohol dependence, got involved in gambling, and fell into debt. His addiction worsened to the point where he sometimes disappeared for two days at a stretch, and eventually, he had to leave his job in 2019. Soon after, symptoms of mental illness became evident – he wandered aimlessly, stayed outside the house, shouted loudly, and had trouble sleeping.

We tried several measures. We visited priests and religious shrines and spent over ₹50,000 on rituals and offerings, but there was no lasting relief. We sought private psychiatric treatment as well, spending nearly ₹3,500 every month on medicines and consultations. Although Govind's condition improved temporarily but due to financial constraints, we would often stop treatment and his symptoms would return. He even attempted suicide by jumping into a well. Thankfully, farm workers noticed him in time and saved his life.

Our turning point came when GASVS (Gramin Adivasi Samajik Vikas Sanstha) reached out to us. Their team introduced us to the community mental health program and facilitated Govind's treatment at IMH-RC. They arranged multiple counselling sessions for Govind and frequently visited our home to monitor his medicines and motivate him to take them regularly. The treatment and medicines were provided free of cost. We had to no longer faced the financial burden which forced us to discontinue his care earlier.

“

**In 2024, GASVS formed a caregiver support group in our village, and I became an active member. This group gave me emotional strength and practical guidance, which helped me care for Govind with greater confidence.**

”

We were also able to obtain Govind's disability certificate and UIDAI card in January 2025. Additionally, we were supported with a livelihood grant of ₹10,000, which has helped us stabilise our family income. Thanks to GASVS's consistent guidance and support, Govind's mental health has improved significantly. He now helps me with farming, and our family feels far more secure and hopeful about the future.

**- Client Story from GASVS (Gramin Adivasi Samajik Vikas Sanstha)**

# IMPACT ASSESSMENT

- ▶ Number of organizations covered: **3**
- ▶ Number of villages covered: **20**
- ▶ Sample covered: quantitative data: **58** (Female- 43, Male-15)
- ▶ Qualitative data - FGD: **5** (stakeholders-3, staff-2)
- ▶ In-depth interview with leaders: **3**
- ▶ Field sites (6 organizations) - **Indore, Anjad, Balaghat, Bhopal in M.P & Raipur, Jagdalpur in Chhattisgarh**
- ▶ Qualitative research design
  - Semi-structured interviews with chief functionaries of 6 organizations: **10 Interviews**
  - FGDs (3-5 members in each FGD) with field staff of CMHIP: **7 FGDs**

## KEY FINDINGS

### 1. Pathways to including mental health in development activities

In course of work noticed A gap – absence of attention to psychosocial vulnerabilities  
CoVid pandemic as catalyst

### 2. Facilitating factors

Credibility of organization and familiarity with community; field staff perceived as 'one of us'

### 3. Process and outcomes of integration of mental health in development programs

Systematic process of conducting baseline surveys, community contact through poster, corner meetings, identification and gradation of those with psychosocial needs

Two-pronged approach:

Community level: promotion of mental well-being (ventilation, reflection, self-care, nutrition) through fun-filled activities; raising awareness about importance of mental health; dispelling myths about mental health/illness

Individual intervention: customized plan for recovery, inclusion; support for varied needs

Emphasis on maintaining *psychosocial well-being and inclusion* rather than on 'illness' and pharmacological solutions

### 4. Convergence with state institutions and community networks

Drawing in of PRI, ASHA, anganwadi workers, school teachers, Mohalla committees

### 5. Key challenges

Stigmatization and pejorative labeling

### 6. Way forward according to the stakeholders' perspective

An integrated development agenda with mental health at the center, both as means and goal of development

### 7. Policy implications

Current development practices by state and ngos oriented towards structural inequalities, for enabling and providing access to varied services, and mostly directed at socially and economically disadvantaged populations

But striking gap is virtual absence of integration of mental health services within these activities

CMH organizations, on the other hand, not oriented towards sustainable development

Although current mental health planning shaped by international developments such as SDGs , and mental health framed as cross-cutting issue with development, this is not reflected in actual practice (*Ranade et al, 2022*)

Vision of minimum mental health care in NMHP and DMHP equated with psychotropic medication, not user-centered, & relies on pharmacological solutions for psychosocial problems (*Jain & Jadhav, 2009*)

In such a context, PFI represents shift from bio-medical model to addressing psychosocial health needs within larger framework of development

Thus the disability-inclusive development model demonstrated by BT fills a critical gap

Scaling up in the 2 states seems to have achieved its objective; current reach may be limited but the model can be replicated in other states too for noticeable impact.

# PARTNERS & FUNDERS



# BOARD MEMBERS



**Dr. Bhargavi**, founder of Bapu Trust, was a pioneering advocate for rights-based mental health in India. With a Ph.D. from IIT Mumbai, she blended academic expertise with lived experience, drawing on feminist, anti-caste, and community-rooted approaches. A global voice for inclusion, she championed dignity and autonomy for people with psychosocial disabilities, leaving behind a lasting legacy in compassionate mental health care.

**Ms. Sumangala Kumar**, Trustee at Bapu Trust, brings over 25 years of leadership experience as Senior HR Manager in a leading Public Sector Bank before dedicating herself fully to social causes in 2011. With a Postgraduate degree in Social Work and an MBA from IGNOU, she has strengthened Bapu Trust's public presence through events, campaigns, and donor networks, while also serving as President-Elect of SIPME to advance gender equity and inclusion. Actively supporting several grassroots organizations, she combines sincerity, willpower, and advocacy skills to promote mental health, social wellbeing, and a culture of inclusion.



**Ms. Deepa Athani**, a core member of Bapu Group, has been the backbone of its financial stewardship since the early days. With deep expertise in nonprofit finance and compliance, she has ensured transparency, accountability, and integrity in all operations. Her steady leadership continues to anchor the organization's growth and commitment to inclusive mental health and social justice.

**Kavita Nair**, Training Director at Bapu Foundation, is a social worker with over 20 years of experience in community-based psychosocial health. A TISS alumna and certified Arts-Based Therapy practitioner, she blends healing with social justice. She has led national and global training programs and is a core member of Transforming Communities for Inclusion-Global. Her work integrates Eastern mind traditions with rights-based, inclusive mental health practices.



# FINANCIAL AUDIT REPORT

THE BOMBAY PUBLIC TRUST ACT, 1950 SCHEDULE VIII [Vide Rule 17 (1)] NAME OF THE TRUST - BAPU TRUST FOR RESEARCH ON MIND AND DISCOURSE ( REG.NO. E - 2970 - PUNE ) Flat no: 704, Fillicium Nyati Estate, Mohammedwadi, Pune -411060, Maharashtra, India.					
BALANCE SHEET AS AT : 31ST MARCH, 2023					
FUNDS AND LIABILITIES	AMOUNT RUPEES	AMOUNT RUPEES	PROPERTY AND ASSETS.	AMOUNT RUPEES	AMOUNT RUPEES
<b>TRUST FUND OR CORPUS -</b> Balance as per last balance sheet. Adjustments during the year.	1,000 -	1,000	<b>IMMOVABLE PROPERTIES (AT COST)</b> (Suitably classified giving mode of valuation) Additions or deductions (including those for depreciation) if any, during the year.		
<b>OTHER EARMARKED FUNDS -</b> (Created under the Provisions of the Trust Deed or Scheme or out of the income)			<b>INVESTMENTS :</b>		
Depreciation Fund	-		<b>FIXED DEPOSIT WITH AXIS BANK</b>		2,734,523
Sinking Fund	-		<b>FIXED ASSETS ( Sch. IV )</b>		
Reserve Fund	-		Balance as per last Balance Sheet	1,119,835	
Any other Fund	-		Additions during the year	-	
			Deletion during the year	-	
				1,119,835	
<b>LOANS (SECURED OR UNSECURED)</b>			Less. Depreciation During the year	152,922	966,913
From Trustees.	-		<b>LOANS</b>		
From Others	-		Loan Scholarships	-	
			Other Loans	-	
<b>LIABILITIES</b>			<b>ADVANCES / DEPOSITS</b>		
For Expenses - Statutory Payments	98,636		Trustees		
For Library Deposit	5,500		BSNL Deposit	1,500	1,500
For Advance Grants received ( Sch VIII)	2,670,402	2,774,538	Deposit for Office	245,000	245,000
			Advances - Vendor	-	
<b>INCOME AND EXPENDITURE ACCOUNT</b>			<b>TDS : Opening Balance</b>	46,642	
Balance as per last Balance Sheet.	4,256,801		Current Year TDS ( Deducted)	21,356	
Less : Appropriation , if any	-		Less: I T Refund received	46,642	21,356
Add : Surplus ) as per Income and	-				
Less : deficit ) Expenditure Account.	1,910,820	2,345,981	<b>INCOME OUTSTANDING</b>		
			Rent	-	
			Interest	-	
			<b>CASH AND BANK BALANCE</b>		
<b>Total Rs.</b>		<b>5,121,519</b>	Cash in Hand (Sch VI)	6,625	6,625
			<b>Bank :</b>		
			SB A/c Axis Bank 110010100291859	318,507	
			SB A/c Axis Bank 918010106500168 (APPI)	606,356	
			SB A/c Axis Bank 110010100291866 (FC)	183,281	
			SB A/c State Bank 40086011221 (FC)	37,458	1,145,602
			<b>Total Rs.</b>		<b>5,121,519</b>

AS PER OUR REPORT OF EVEN DATE.

THE ABOVE BALANCE SHEET TO THE BEST OF MY / OUR BELIEF  
CONTAINS A TRUE ACCOUNT OF THE FUNDS AND LIABILITIES AND  
OF THE PROPERTY AND ASSETS OF THE TRUST.

For H.Rustom & Co.  
Chartered Accountants  
Firm Regd No.108908W

HRD Dalal  
Proprietor  
Membership No. 031368  
UDIN: 23031368BGPEJH3837

Place : Ahmedabad  
Date: 03/08/2023

For A S Shaikh & Co.  
Chartered Accountants  
Firm Regd No. 139775W

Aslam Shaikh  
Proprietor  
Membership No. 162345  
UDIN: 23162345BGPELL4122

Place : Ahmedabad  
Date: 03/08/2023

For BAPU TRUST FOR RESEARCH ON MIND AND DISCOURSE

Bhargavi Venkatasubramaniam  
Managing Trustee

Place : PUNE  
Date: 01/08/2023

# FINANCIAL AUDIT REPORT

THE BOMBAY PUBLIC TRUST ACT, 1950					
SCHEDULE VIII (Vide Rule 17 (1))					
NAME OF THE TRUST - BAPU TRUST FOR RESEARCH ON MIND AND DISCOURSE ( REG.NO. E - 2970 - PUNE )					
Flat no: 704, Fillicium Nyati Estate, Mohammedwadi, Pune -411060, Maharashtra, India.					
INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD 01.04.2022 TO 31.03.2023					
EXPENDITURE	AMOUNT RUPEES	AMOUNT RUPEES	INCOME	AMOUNT RUPEES	AMOUNT RUPEES
To expenses in respect of properties		445,740	By Rent (Realised / accrued)		
Rates, taxes, cesses	-		Building	-	
Repairs and maintenance	-		Lands	-	
Salaries	-				
Insurance	-				
Depreciation	-				
Other expenses (Project & Head Office Rent) (Sch XI);	445,740				
To Establishment expenses ( Sch. XV)	774,549	774,549	By Interest (Realised / accrued)		
To Remuneration to Trustees (Sch. XIII)	773,736	773,736	On Loans	-	
To Remuneration to the Head of the Math (Including his household expenditure (if any))			On Bank FD & Investments (Sch X)	153,558	
			On Saving Bank accounts (Sch X)	115,084	
			On Saving Income Tax Refund	1,578	270,220
To Legal expenses			By Dividends		
To Audit fees (Sch XII)	100,000	100,000	By Donations in cash or kind		70,482
To Contribution & Fees - Donation Given			By Grants ( Sch. VIII )		12,632,298
To Amounts written off:			By Other sources		
(A) Bad debts	-		Contribution from Members/Donations	-	
(B) Loan scholarships	-		Other contribution ( Sch. IX )	125,930	125,930
(C) Irrecoverable rents	-				
(D) Other items	-				
To Miscellaneous expenses			By Deficit carried over to Balance Sheet		1,910,820
To Depreciation (Sch. IV)		152,921			
To Amounts transferred to Reserves or Specific funds					
To Expenditure on object of the Trust ( Sch. XIV )		12,762,804			
(A) Religious	-				
(B) Educational (Other)	-				
(C) Medical Relief - Mental Health sector	12,762,804				
(D) Other charitable objects					
To Surplus carried over to Balance Sheet					
		15,009,750			15,009,750

AS PER OUR REPORT OF EVEN DATE.

For H.Rustom & Co.  
Chartered Accountants  
Firm Regd No.108908W

HRD Dalal  
Proprietor  
Membership No. 031368  
UDIN: 23031368BGPEJH3837

Place : Ahmedabad  
Date: 03/08/2023

For A S Shaikh & Co.  
Chartered Accountants  
Firm Regd No. 139775W

Aslam Shaikh  
Proprietor  
Membership No. 162345  
UDIN: 23162345BGPELL4122

Place : Ahmedabad  
Date: 03/08/2023

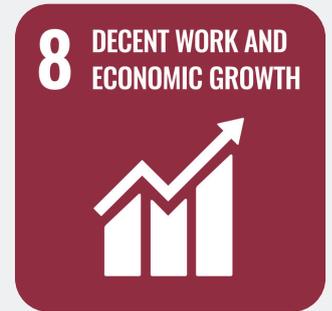
For BAPU TRUST FOR RESEARCH ON MIND AND DISCOURSE

Bhargavi Venkatasubramaniam  
Managing Trustee

Place :PUNE  
Date: 01/08/2023



# SUSTAINABLE DEVELOPMENT GOALS



## Registered Address

B1 Kaul Building, Third Floor Above Ministry of Labour Office, Off, Shankar Sheth Rd, opp. Kumar Pacific Mall, Gurunanak Nagar, Pune, Maharashtra 411042

 [bt.admfin09@gmail.com](mailto:bt.admfin09@gmail.com)

 <https://bapustrust.com/contact/>