BAPU TRUST FOR RESEARCH
ON MIND & DISCOURSE

BUILDING INCLUSIVE AND SUSTAINABLE COMMUNITY MENTAL HEALTH

A ROADMAP FOR TRANSFORMATION BASED ON BAPU TRUST'S

'PROGRAMMING FOR INCLUSION OF PERSONS WITH PSYCHOSOCIAL DISABILITIES WITHIN DEVELOPMENT A CAPACITY BUILDING PROGRAM'

IMAGE CREDIT: CORNER MEETING, COMMUNITY DEVELOPMENT CENTRE (CDC), BALAGHAT

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This report seeks to articulate the pathway for transforming communities. It is neither an impact assessment nor an evaluation; rather, it adopts a conceptual orientation, aiming to reinforce key messages and insights. For a more in-depth analysis, including participant narratives and empirical data, readers are referred to Vindhya Undurthi's comprehensive document, titled *Disability-Inclusive Development Model: An Assessment Study of Partnerships of Bapu Trust with Development Organizations*.

Disclaimer: All the images used in the report are representative of the work done under Bapu Trust's *Programming for Inclusion of Persons with Psychosocial Disabilities Within Development: A Capacity Building Program*, from the period 2017–2025. All partner organizations have given consent to use the images as part of the report.

BAPU TRUST FOR RESEARCH ON MIND & DISCOURSE

"Be the change that you wish to see in the world." Mahatma Gandhi

"If you can't change it, change your attitude." Maya Angeloue

"There is no health without mental health; mental health is too important to be left to the professionals alone, and mental health is everyone's business." Vikram Patel

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BAPU TRUST FOR RESEARCH ON MIND & DISCOURSE

List of Abbreviations

AYUSH	Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy
BSJVS	Bastar Samajik Jan Vikas Samiti
CDC	Community Development Center, Balaghat
DID	Disability Inclusive Development
DMHP	District Mental Health Programme
EPRFW	Eight Point Recovery Framework
GASVS	Gramin Adiwasi Samaj Vikas Sansthan
IASC	Inter-Agency Standing Committee
LMS	Learning Management System
MHPSS	Mental Health and Psychosocial Support
MIS	Management Information System
NIWCYD	National Institute of Women, Child, and Youth Development
NMHP	National Mental Health Programme
OD	Organizational Development
PFA	Psychological First Aid
PFI	Programming for Inclusion
PHF	Paul Hamlyn Foundation
SDG	Sustainable Development Goals
ToT	Training of Trainers
UCMHIP	Urban Community Mental Health and Inclusion Program
UNCRPD	United Nations Convention on the Rights of Persons with Disability
UNICEF	United Nations International Children's Emergency Fund

Introduction

The Bapu Trust for Research on Mind & Discourse, established in 1999 in Pune, India, exemplifies a transformative and inclusive approach to community mental health. For over a decade, the Bapu Trust has pioneered innovations in "transforming communities for inclusion", guided by the principles of the UN Convention on the Rights of Persons with Disabilities (CRPD). Rather than focusing solely on targeted interventions for individuals with psychosocial disabilities, the Trust engages with entire communities shifting attitudes, building systems of care, and enabling inclusive practices across the board.

Through its flagship program, *Seher*, the Trust has developed and scaled a model that integrates mental health and psychosocial support (MHPSS) into the broader canvas of community development. The program emphasizes rights-based, inclusive, and non-coercive practices, in reframing mental health within a human rights and disability framework. *Seher*'s core aim is not merely recovery or symptom management, but social inclusion—understood as the ability of all individuals, including those with psychosocial disabilities, to participate fully and meaningfully in all aspects of their life.

All strategies, interventions, and services in Bapu Trusts core projects are rooted in this foundational commitment to inclusion. Recovery is positioned as one aspect within a wider set of goals that include dignity, community participation, livelihood access, education, and belonging. Mental health is thus approached as a social justice issue, addressing the intersecting forms of marginalization and discrimination faced by individuals based on gender, caste, class, ethnicity, sexuality, and disability status. *Seher*'s model recognizes that mental health challenges do not arise in isolation, but are shaped by multiple layers of vulnerability. It attends to a full ecological understanding of mental health, including predisposing factors (such as systemic poverty or discrimination), precipitating factors (such as acute violence, trauma, or displacement), presenting problems (such as emotional distress or functional difficulties), perpetuating factors (such as ongoing exclusion, stigma, or lack of access to services), and protective factors (such as community support, social inclusion, and access to rights-based services). By intervening across all these dimensions, *Seher* supports individuals and communities not only to heal from distress but also to build resilient, inclusive environments that uphold dignity, autonomy, and participation for all.

In contrast to conventional community mental health programs in India, such as the National Mental Health Programme (NMHP) and District Mental Health Programme (DMHP)—which emphasize clinical services within primary healthcare systems—*Seher* offers a comprehensive, layered, and community-owned model. While other programs may limit themselves to awareness-building or referrals, *Seher* focuses on community ownership, peer support, integration with livelihood and education services, and localized solutions rooted in the lived realities of communities.

The *Seher* Urban Community Mental Health and Inclusion Program (UCMHIP) operates in low-income urban communities (slums), with the mission: "To enable communities to be psychologically contained, their emotional needs met, and to be tolerant and inclusive of the

mental health needs of a diversity of people, including those with intellectual and psychosocial disabilities."

By promoting multi-level, cross-sectoral action and forging partnerships with both governmental and non-governmental stakeholders, *Seher* nurtures caring communities. It advances a psychosocial approach that emphasizes social security, inclusion, and self-determination for individuals experiencing mental distress. *Seher*'s work aligns closely with the UNCRPD, especially in advocating for autonomy, choice, and the voices of persons with psychosocial disabilities to be central in legal and policy reform.

In terms of technical design, *Seher* aligns with the UNICEF-endorsed Mental Health and Psychosocial Support (MHPSS) Pyramid of Interventions, a tiered framework widely used in humanitarian and development contexts. The program strengthens this model through locally adapted, rights-based, and non-coercive practices, demonstrating how global standards can be powerfully localized.

Since 2017, the Bapu Trust has been replicating the *Seher* program in other regions, including Madhya Pradesh, Chhattisgarh, and across Maharashtra, showcasing its scalability, contextual relevance, and transformative potential for building inclusive mental health ecosystems in India. This experience forms the basis of the document titled:

'BUILDING INCLUSIVE AND SUSTAINABLE COMMUNITY MENTAL HEALTH: A Roadmap for Transformation Based on Bapu Trust's 'Programming for Inclusion of Persons with Psychosocial Disabilities Within Development'; A Capacity Building Program'.

This roadmap for transformation outlines the Trust's approach to embedding psychosocial disability inclusion into mainstream development work through community-based mental health programming, capacity building, and systemic change.

Corner Meeting, Bastar Samajik Jan Vikas Sanstha (BSJVS), Bastar

Contrasting MHPSS Pyramid with the *Seher* Model

Figure 1 Comparative Pyramid: MHPSS vs Seher Model, Representative figure is for illustrative purposes and has been developed by Bapu Trust for Research on Mind and Discourse

	Inter-agency standing committee (IASC) MHPSS FRAMEWORK *Intervention pyramid for mental health and psychosocial support in emergencies.*	***SEHER* MODEL (BAPU TRUST)** *Bapu trust for research on mind and discourse- Seher community mental health & inclusion program (2010)*
1	**Basic Services and Security** • Ensure essential services (food, shelter, health care) are delivered safely, with dignity, and in socially appropriate ways that strengthen community support. • MHPSS roles include advocating for responsible service provision, documenting impacts on well-being, and guiding delivery to promote mental health.	**Social Determinants and Inclusion** • Address caste, poverty, gender, disability, and identity-based exclusion in psychosocial health. • Rooted in local development priorities — advocating for responsive and rights-based service delivery using a disability-inclusive development framework.
2	**Community and Family Supports** • Strengthen access to family and community networks, especially in emergencies where these supports are disrupted or strained. • Responses may include family reunification, communal healing activities, psychosocial coping messages, parenting support, informal education, livelihood programs, and activation of existing social groups.	**Community-Based Support Systems and Services** • Led by individuals with lived experience through peer support, self-help groups, and grassroots leadership. • Mental health and inclusion facilitators are embedded within the social fabric of communities, providing ongoing psychosocial support services/networks.
3	**Focused, Non-Specialized Supports** • Provide targeted individual, family, or group interventions by trained and supervised non-specialist workers for those needing more than basic support. • Responses include emotional support, livelihood assistance, Psychological First Aid (PFA), and basic mental health care delivered through primary health services.	**Non-Coercive Psychosocial Interventions** • Incorporates arts-based practices, trauma-informed resources, and consent-based interventions as core strategies. • Strengthened linkages with AYUSH services (Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy). • Trained community-based workers ensure the interventions are embedded in local social structures, offering culturally relevant and contextually sensitive support.
4	**Specialized Services** • Provide psychological or psychiatric care for individuals with severe mental disorders whose needs exceed the capacity of general health services. • May involve referrals to specialized services or building long-term capacity within general or primary health care service providers through training and supervision.	**Systems Change and Policy Influence** • Focuses on transforming communities towards psychosocial inclusion. • Advocates for institutional transformation and the integration of psychosocial support into development programs and policies. • Targets system transformation through dialogue, negotiations, and bridging the Convention on the Rights of Persons with Disabilities (CRPD) and Sustainable Development Goals (SDGs) frameworks.

Key Comparative Insights:

- **MHPSS pyramid** moves from general to specialized support, assuming clinical care at the top.
- ***Seher* pyramid** inverts this assumption by building **bottom-up power and inclusion**, treating specialized services as **non-central**.
- ***Seher* model** embeds mental health in *development*, while MHPSS often situates it in *emergency/humanitarian* contexts.

MHPSS Pyramid Level	Description (MHPSS)	*Seher* Model Equivalent	How *Seher* Differs / Deepens the Layer
Basic Services and Security	Ensuring access to food, shelter, health care, and safety. Mental health is supported by meeting basic needs.	Integrated psychosocial lens within development sectors like livelihoods, disability, gender, and education.	*Seher* embeds mental health into developmental priorities. It ensures well-being through intersectional inclusion—not only meeting basic needs but ensuring participation, equity, and dignity.
Community and Family Supports	Structured social support from family, religious leaders, women's groups, etc.	Community-Based Support Systems and Services such as peer groups, mental health facilitators, trauma-informed schools, local healing spaces.	*Seher* creates dedicated community ecosystems: Trained peer supporters, self-help groups, safe spaces "(e.g., *Aao Baat Karein, Khushahali Kendras*)" and psychosocial practices embedded into daily life. It's proactive and rights-based, not just responsive.
Focused, Non-Specialised Supports	Trained, non-specialist workers (like teachers or community health workers) provide psychological support to individuals or groups.	Field-based interventions using trained community mental health facilitators using tools like the Circle of Care, 8-Point Framework, and arts-based tools.	*Seher* centers non-coercive, culturally rooted, psychosocial-first approaches, moving beyond psychological first aid to recovery-oriented, relational care using indigenous and expressive methods.
Specialized Services	Mental health care delivered by mental health professionals (e.g., psychologists, psychiatrists).	Limited and referral-based; emphasis remains on reducing reliance on clinical services through upstream, community-rooted prevention.	*Seher* challenges the over-medicalization of distress. Referrals are consent-based, rare, and only when essential. It de-centers psychiatry, building capacity for everyday care within community structures.

Poster Exhibition, Agricon Samiti


Poster Exhibition, Agricon Samiti


Corner Meeting, Agricon Samiti


Poster Exhibition, Agricon Samiti

Summary of Key Differences

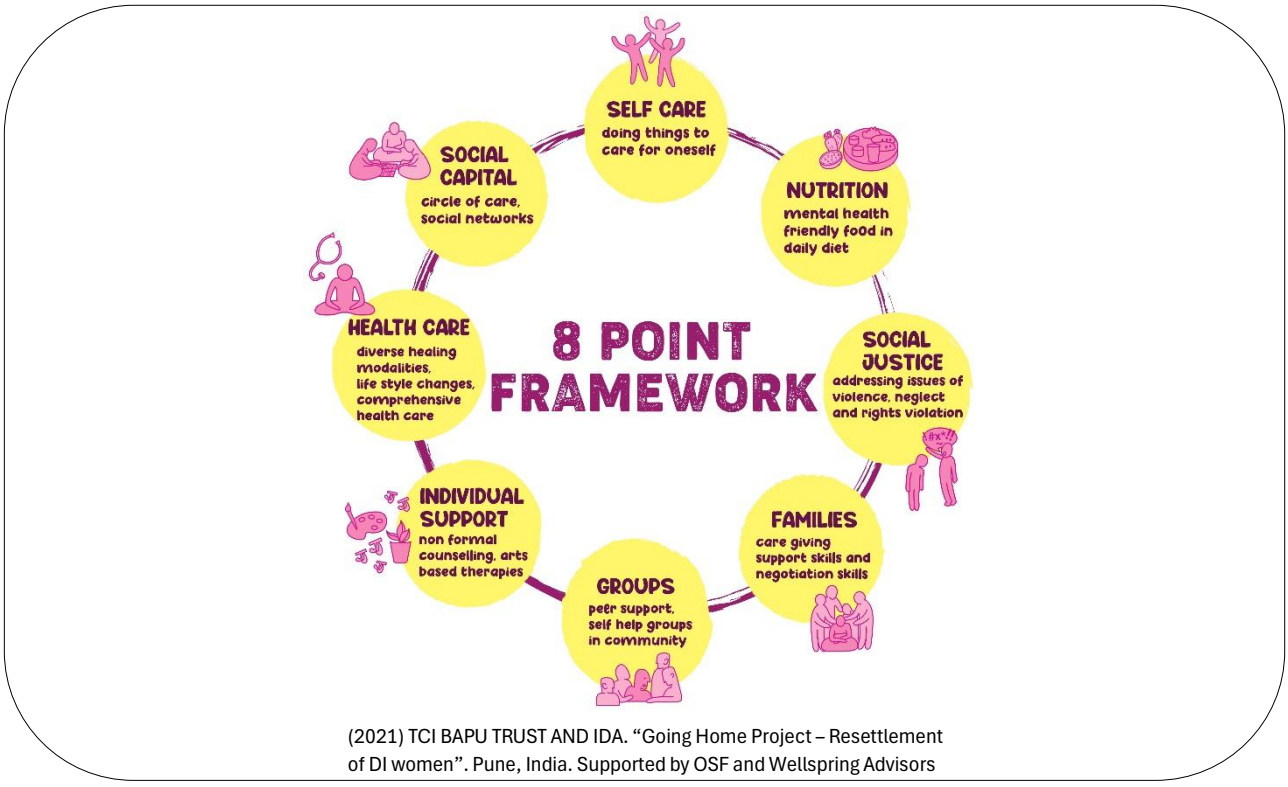
- Community ownership vs. Community design: MHPSS mobilizes existing supports; *Seher* in addition to above, also creates and trains new systems grounded in rights-based mental health care.
- Medicalized top-down vs. Participatory grassroots: *Seher* flips the hierarchy by prioritizing non-expert, lived-experience leadership and decentralizing specialized care.
- Emergency vs. development framing: MHPSS emerged from humanitarian contexts. *Seher* is deeply rooted in long-term development and inclusion.
- Static pyramid vs. dynamic care loops: *Seher* practices are iterative, relational, and non-linear—focusing on lifelong well-being, not symptom relief alone.

Eight Point Recovery Framework (EPRFW) and the MHPSS Framework: Addressing Basic Services and Security through *Seher*'s EPRFW

At the foundational tier of the MHPSS Pyramid of Interventions lies *Basic Services and Security*, which refers to ensuring that all individuals can live with dignity—having access to essentials such as food, shelter, safety, and non-discriminatory public services. This layer is crucial for mental well-being, as it situates mental health within the realities of people's everyday lives.

The *Seher* project addresses this MHPSS tier through its EPRFW. This framework serves as a practical tool for fieldworkers to assess the *social determinants* of mental health in a structured, non-medicalized way. It explores eight interconnected domains:

Figure 2: EPRFW



(2021) TCI BAPU TRUST AND IDA. "Going Home Project – Resettlement of DI women". Pune, India. Supported by OSF and Wellspring Advisors

Within the EPRFW, this tier is operationalized through targeted efforts to improve both access to and quality of basic services and social protections:

- Access to Mainstream Services: *Seher* ensures equitable access to health care, education, skill development, housing, and food security for persons with psychosocial and multiple disabilities.
- Provision of Community Support Services: The program facilitates access to disability pensions, social protection schemes, personal assistance, and official identification documents necessary for full civic inclusion.
- Livelihood and Social Inclusion Support: On-ground interventions include securing adequate housing, food, and health care while strengthening inclusion in community life and institutions.
- By addressing these foundational needs, *Seher* enables a *non-clinical entry point* for psychosocial work, helping community workers recognize and respond to distress without pathologizing individuals. This approach supports early, accessible, and socially embedded interventions.

Importantly, this bottom layer of the pyramid reflects *Seher*'s commitment to contextualizing mental health within the lived realities of social exclusion and deprivation. It aligns with and operationalizes both the "Do No Harm" principle central to the MHPSS framework and the "Leave No One Behind" commitment of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs).

Innovating Community Mental Health: *Seher*'s Circle of Care and the MHPSS Approach to Social Support

The second tier of the MHPSS Pyramid emphasizes strengthening community and family support—the foundational relationships and informal networks that provide everyday emotional and social care to individuals in distress. The *Seher* project operationalizes this tier through its unique "Circle of Care" approach: a non-hierarchical, community-led model of psychosocial support built on empathy, trust, mutual aid, and shared responsibility.

In *Seher*'s Circle of Care, care is not the sole domain of professionals or institutions. Instead, it is provided by trained peers, caregivers, neighbours, and other community members, with the person in distress participating as an equal and active agent in shaping their own support network. Recovery and participation unfold through collective dialogue, arts-based practices, and informal gatherings that rebuild trust and social connection—often outside clinical or institutional spaces.

This mirrors the MHPSS emphasis on social connectedness, particularly important in contexts of chronic poverty, discrimination, and trauma, where communal ties are often eroded.

Importantly, '*Seher draws a critical distinction between community support services and community support systems*. Over 25 years of practice, *Seher* has generated valuable learning that highlights the *positive, often transformative impact of relational and communal forms of support'*. These supports are embedded within **existing social networks**—neighbors, extended

family members, friends, and nearby acquaintances—and are grounded in the *collective experience of trust, affection, and belonging*. Rather than being professionally delivered or programmatically structured, such support emerges organically through **shared human connection**. This communal dimension of care is central to fostering long-term inclusion and emotional security, often serving as the first and most sustained line of response for individuals in psychosocial distress.

Seher's layered and contextually grounded approach prompts practitioners to constantly ask: Are our community support services promoting and enabling caring, inclusive community support systems? Without this reflective practice, the transformative potential of informal care structures-so vital to inclusion, especially for persons with psychosocial disabilities—can be diminished.

Focused, Non-Specialised Supports: Peer Counselling and the Role of Trained Grassroots Workers

The third tier of the MHPSS pyramid emphasizes focused, non-specialised support delivered by trained individuals who are not mental health professionals—such as community health workers and peer supporters. In *Seher*, this layer is strengthened through a robust peer counselling model and the work of community-based facilitators trained under Bapu Trust's "Programming for Inclusion" (PFI) curriculum.

These grassroots workers are trained in rights-based, trauma-informed methods such as active listening, psychological first aid, and non-coercive, culturally resonant support strategies. They offer both individual and group-based psychosocial support, conduct home visits, facilitate recovery circles, and make referrals when necessary—all while being deeply embedded in the socio-cultural fabric of the communities they serve.

What distinguishes *Seher* is its cultivation of a community of practice for inclusion, animated by a "teeming" cadre of grassroots workers. These individuals act as psychosocial binders, strengthening emotional connections within families and neighbourhoods, and building local capacities for trust, healing, and social cohesion. They also serve as bridge-builders, connecting individuals to mainstream resources—be it education, employment, healthcare, or civic services.

Ultimately, the presence of these non-specialist workers is pivotal to *Seher*'s vision: support that is accessible, humane, locally grounded, and designed to catalyse social inclusion—not just manage mental distress.

Seher's Rights-Based Approach to Specialized Services in the MHPSS Framework

The fourth and top tier of the MHPSS pyramid consists of specialized services, such as psychiatric care, clinical psychology, and other expert-driven interventions for individuals experiencing severe or persistent mental health conditions. While the *Seher* model centres on

non-coercive, community-anchored care, it recognizes the value of specialist support—but only when it is needed and with full, informed consent of the individual.

Importantly, specialized services under *Seher* are not limited to conventional psychiatry or allopathy. The program provides a diverse and holistic range of interventions, rooted in a psychosocial understanding of distress. These include:

- Individual counselling and group sessions
- Talk therapies and psychological therapies
- Arts-based therapeutic practices
- Referrals to AYUSH systems and allopathic services for symptom alleviation or management
- Non-pathologizing, trauma-informed, supportive conversations within community spaces

These services are not delivered in isolation. They are integrated with continued community-based accompaniment and support, ensuring that the person remains embedded in a network of care even when engaging with clinical services. This mitigates the risk of isolation and reinforces recovery through social belonging, trust, and continuity of care.

Further, *Seher*'s approach emphasizes building resilience and psychosocial skills among individuals experiencing distress or psychosocial disabilities. Rather than waiting for crises to trigger clinical intervention, the program proactively fosters inner strength, emotional regulation, and relational skills through accessible, community-rooted support.

In essence, the *Seher* project aligns seamlessly with the MHPSS pyramid by constructing a layered and scalable support ecosystem: beginning with social inclusion and dignity through the 8 Point Framework; building community resilience through the Circle of Care; offering focused, peer-led care through trained grassroots cadres; and connecting to specialized services when necessary—always grounded in rights, dignity, and self-determination.

The Programming for Inclusion (PFI) initiative builds upon the foundational vision and field-based innovations of the *Seher* project. Drawing from over two decades of *Seher*'s transformative work in embedding mental health within the fabric of community life, the PFI model represents a thoughtful replication and contextual adaptation of this approach. While *Seher* demonstrated how inclusive mental health ecosystems can be built in urban low-income settings through community-rooted, rights-based practices, PFI takes this further by enabling wider adoption through structured capacity-building efforts. Designed as a scalable model, PFI carries forward

Seher's ethos—centering inclusion, participation, and psychosocial well-being—while equipping individuals, organizations, and systems to integrate these principles into diverse development contexts. By grounding its practice in lived realities and social justice, PFI not only sustains *Seher*'s legacy but also extends its reach, offering a replicable pathway for inclusive community mental health across regions.

Corner Meeting, Community Development Centre (CDC), Balaghat

Awareness Meeting, National Institute of Women, Child, and Youth Development (NIWCYD), Bhopal

Corner Meeting, Community Development Centre (CDC), Balaghat

Summary of 'Programming for Inclusion'

The Bapu Trust's "Programming for Inclusion (PFI) of Persons with Psychosocial Disabilities within Development" is a landmark capacity-building initiative that reimagines community mental health care by embedding psychosocial well-being into development frameworks. Spanning 2018 to 2023, with support from the Paul Hamlyn Foundation (PHF), the program adopts a disability-inclusive development (DID) and rights-based approach, grounded in the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

Phase I (2018–2019): Initiation and Piloting

The first phase of the initiative was implemented in Madhya Pradesh and Chhattisgarh in partnership with three organizations: Samaan Society, GASVS, and BKG Agricon. These partners were trained to integrate psychosocial support into their existing programs on health, education, and livelihoods. Bapu Trust developed and delivered a structured yet flexible training curriculum combining experiential learning, conceptual grounding, and practical tools.

Key components included:

- Conceptual modules on psychosocial disability, community mental health, and rights-based care.
- Practical training on screening, documentation, and referral systems.
- Field mentoring and supervision to help partners apply psychosocial practices in real-world settings.
- Emphasis on using local languages, building relationships with institutions, and promoting non-coercive care.

An external evaluation by Sridhar Venugopal validated the effectiveness of the model and recommended the institutional development of Bapu Trust as a training hub.

Phase II (2020–2023): Scaling and Institutionalizing

Despite the disruptions of the COVID-19 pandemic, the second phase saw the expansion of PFI to seven partner organizations, with hybrid formats enabling continued capacity building. This phase focused on deepening practice, localizing mental health initiatives, and enhancing training infrastructure.

Major achievements included:

- Development of Training Materials: Creation of 52 posters, 2 booklets (Key Messages – For Creating Awareness on Mental Health and Inclusion and Mental Health for Everyone), awareness games, *Seher* SOP, and self-care kits in Hindi, Marathi, and English.
- Strengthening Partnerships: Collaborations with CDC, NIWCYD, Vikalp, and BSJVS led to broader community engagement. Partners localized the mental health agenda by naming their programs—e.g., *Khushaali Kendra (Well-being) and Aao Baat Kare* (Let's Talk).

- Digital Infrastructure: An online Learning Management System (LMS) on Moodle ensured 24/7 access to training materials and resources.
- Trauma-Informed Approaches: Post-pandemic, trauma care modules were introduced to address emerging psychosocial needs.
- Sustainability through Funding and M&E: Among several cohorts 1 partner secured independent funding (e.g., from PHF and APPI), while Bapu Trust's MIS tools helped track delivery and outcomes.

Toward Phase III and Long-Term Sustainability (2023–2025)

Phase 3 of the project focuses on strengthening human resource capacity, enhancing training systems, and ensuring long-term sustainability of community mental health interventions. The key focus areas are briefly outlined below:

- Building a robust training and mentoring ecosystem by developing trainer-supervisor teams to support and guide grassroots workers.
- Strengthening seven key partnerships through advanced trainings, regular supervision, and strategic collaborations, enabling partners to enhance their field programs. Additionally, facilitating partner-donor linkages to help mobilize resources for ongoing mental health initiatives.
- Reinforcing systems and knowledge infrastructure by developing a Management Information System (MIS) for data-driven reporting and decision-making, and producing relevant training and IEC materials—including a comprehensive ToT manual tailored for grassroots-level implementation.

Awareness Meeting, Bastar Samajik Jan Vikas Sanstha (BSJVS), Bastar

BAPU TRUST FOR RESEARCH ON MIND & DISCOURSE

Tangible Learnings and Takeaways from the Programming for Inclusion (PFI) Training

The PFI training programme has equipped partner organizations with essential tools to integrate psychosocial support into community development frameworks, reflecting Bapu Trust's philosophy of inclusion, community-led mental health, and a rights-based approach.

Key components and learnings from the programme include:

Capacity Development of Local Neighbourhood Psychosocial Support Networks (Formal & Non-Formal)

A cornerstone of Bapu Trust's Programming for Inclusion (PFI) is the development of localized, grassroots psychosocial support networks. These networks operate within both formal and non-formal settings, ensuring that mental health support is deeply embedded in the community fabric. Formal networks refer to recognized community health structures, while non-formal networks are built through NGOs, self-sustaining peer support groups, and community-based initiatives.

This approach is closely aligned with the Circle of Care concept from the *Seher* framework, emphasizing the importance of social support and connectedness. In *Seher*, this principle was foundational, with a focus on strengthening family and community support networks. By adapting this model within the PFI programme, the initiative nurtures psychosocial resilience at the community level.

The PFI programme specifically encouraged strengthening relationships between local institutions such as police stations, schools, and healthcare centres, integrating these formal structures into the support ecosystem. For instance, working closely with local schools and healthcare providers fosters a holistic approach to mental health, ensuring that mental health care is accessible and embedded within the broader development process.

The relationship between Bapu Trust and its partner organizations mirrors the community support systems discussed in *Seher*'s model, where community workers, local leaders, and mental health professionals collaboratively create an inclusive and supportive environment. This mentorship and supervision structure ensures that the people experiencing psychosocial distress are never isolated, reinforcing the idea that mental health care should be integrated into daily community life, not confined to institutional settings.

By fostering these networks and relationships of mutual care and solidarity, Bapu Trust's programme offers a scalable, sustainable approach to mental health that reduces reliance on formalized clinical interventions, focusing instead on community ownership of mental health and well-being. This directly reflects the "do no harm" principle central to MHPSS, ensuring interventions are non-coercive, inclusive, and community-centered, and aligned with the Sustainable Development Goals (SDGs), particularly goals on mental health, well-being, and community resilience.

Training Grassroots Communities in Providing Care & Support

A major paradigm shift in mental health support occurs when care becomes a shared community responsibility, rather than being restricted to professionals alone. This approach, deeply embedded in Bapu Trust's model, emphasizes the importance of community-based, non-medicalized care—aligning with the larger goals of the *Seher* framework and the Programming for Inclusion (PFI) initiative. By transforming communities into active participants in mental health care, the program ensures that mental health support is not isolated from daily life but is deeply rooted within it.

Through extensive training and supervision, community facilitators learned to recognize distress, engage in non-judgmental listening, and guide individuals in accessing available resources. These interventions helped bridge the gap between formal healthcare structures and the informal networks of care, ensuring a more holistic approach to mental health. This reflects the broader focus of the *Seher* model, where mental health is viewed as inseparable from the social determinants of well-being—such as social capital, safety, and access to resources—ensuring that support is available in contexts that are familiar and accessible.

The training also addressed the importance of dismantling stigma around psychosocial disabilities, using creative methods such as role play, music, and art to help community members engage with the topic in an open and inclusive manner. This aligns with *Seher*'s "Circle of Care" and Bapu Trust's ethos of creating community-driven support systems that not only heal but foster solidarity and empathy within communities. By focusing on relational and communal support, the program ensures that mental health care becomes a shared responsibility, by reducing the burden on institutional services.

Additionally, the training encouraged family members and caregivers to adopt inclusive, non-coercive approaches, ensuring that individuals experiencing psychosocial distress are treated with dignity and respect. By positioning those receiving care as active agents in shaping their own well-being, the program echoes the rights-based approach at the heart of the PFI model, ensuring that people with psychosocial disabilities are at the center of their own care. For instance, the initiative led by GASVS, *Anand Utsav* (Happiness/Wellness Festival), exemplified how cultural and social activities like dance, music, and art can be woven into mental health care, reinforcing the idea that mental health support should be culturally relevant and community-driven. This reflects the ongoing goals of the *Seher* model and the PFI program to build inclusive, sustainable, and non-institutional community mental health frameworks.

In summary, the training program fosters a paradigm where mental health support is integrated into the fabric of community life, ensuring that individuals in distress are cared for in an environment that promotes inclusion, mutual support, and community resilience, as advocated by both *Seher* and the PFI model.

Providing Diverse Well-Being Services through Comprehensive Modalities

Mental health is intrinsically linked to broader social determinants such as access to nutrition, safety, sanitation, and livelihood, as well as cultural contexts that shape one's overall well-being.

Recognizing this, Bapu Trust has exposed its partner organizations to a variety of well-being services that address mental health in a holistic and integrative manner. This approach aligns seamlessly with the overarching philosophy of both the *Seher* model and the Programming for Inclusion (PFI) initiative, which emphasizes that mental health care cannot be isolated but must be part of a larger framework of community health and development.

Through hands-on experience with diverse modalities, including corner meetings, arts-based therapies, expressive arts, and community development strategies, partner organizations developed a deeper understanding of the importance of non-verbal and creative methods for recognizing and communicating distress and support. These experiential approaches, which are central to the *Seher* model, allow for a deeper exploration of mental health that doesn't rely solely on verbal communication, creating spaces where individuals can express and process their emotions in culturally relevant and non-coercive ways. This is particularly important in communities where traditional verbal counseling may be seen as inaccessible or stigmatized.

Since many of the partner organizations were not primarily mental health-focused, time was devoted to understanding the unique challenges they faced in their respective sectors, such as issues of nutrition, sanitation, and violence. This cross-sectoral approach echoes the foundational principle of the PFI model, which emphasizes a disability-inclusive, rights-based, and person-centered approach to mental health. By addressing these broader challenges, organizations were able to see how they could integrate mental health support into their existing programs, thus avoiding the compartmentalization of mental health as a separate issue. For example, Samaan Society was encouraged to explore the interconnectedness of livelihood, domestic violence, and the mental health of women drivers. By viewing mental health as part of a larger, interconnected set of issues, these organizations adopted a more holistic, systems-based approach to care.

This integrated model aligns with Bapu Trust's long-term vision of embedding mental health within the broader context of social and economic well-being. By combining a range of modalities that include traditional mental health techniques and community development strategies, the program ensures that mental health care is comprehensive, person-centered, and community-driven—consistent with both *Seher*'s community-led approach and the PFI model's focus on inclusion and sustainable development.

In essence, this approach reframes mental health care as something that is embedded in everyday life, not as an isolated, clinical service, but as part of a larger web of services and support systems that work together to enhance well-being and resilience. This ensures that mental health support is not just accessible, but also culturally relevant and deeply rooted in the lived experiences of the community.

Embedding Self-Care as a Crucial Aspect of Community Work

Sustaining inclusive mental health ecosystems and practices requires that caregivers and community facilitators also prioritize their own mental well-being. Burnout, secondary trauma, and emotional exhaustion are common challenges in psychosocial support work, making self-care an essential input. This aligns with the broader philosophy of community-led, non-

Corner Meeting, Gramin Adiwasi Samajik Vikas Sanstha (GASVS)

Self-care with Children, GASVS

Self-care with Children, GASVS

Corner Meeting, Gramin Adiwasi Samajik Vikas Sanstha (GASVS)

medicalized, and rights-based mental health care promoted throughout Bapu Trust's Programming for Inclusion (PFI) approach.

By fostering a community-led, rights-based approach to mental health, the program highlights the importance of shared responsibility for mental health support. Just as the PFI model empowers communities to take ownership of mental health care, the focus on self-care ensures that those providing this care—whether grassroots community facilitators or local partners—are supported in maintaining their own well-being. This reciprocal model reinforces the idea thatmental health care is not a top-down, institutionalized effort but a shared, sustainable responsibility within the community.

The training of grassroots communities also emphasizes the need for self-care. As community members are trained to recognize distress and offer support, they are simultaneously equipped with tools to manage their own emotional health. This dual focus ensures that caregivers do not burn out, and the care they provide is grounded in compassion, rather than emotional depletion. By creating space for self-care alongside training in community-based mental health interventions, the program encourages a balanced, non-hierarchical approach where all members—caregivers and recipients alike—are actively engaged in shaping a mentally healthy community.

Finally, the non-medicalized approach to mental health embraced by the PFI program is reinforced through the self-care component. Rather than treating mental health purely as a clinical concern, self-care techniques like mindfulness, reflective spaces, and creative activities (such as artwork and self-portraits) support a holistic, person-centered view of well-being. This approach ensures that mental health care remains integrated into daily life, supporting individuals in their emotional and psychological needs without relying solely on institutional or medical interventions.

Embedding self-care into community work, Bapu Trust's PFI model not only promotes sustainable mental health practices but also strengthens the overall community ecosystem. Through this holistic approach, the program cultivates a culture of collective well-being, where mental health is seen as a shared responsibility, and the well-being of both the caregivers and those they support is preserved and prioritized.

Continuous Self-Evolution & Staff Training for Professional Development

A unique strength of Bapu Trust's Programming for Inclusion (PFI) lies in its commitment to continuous self-evolution and organizational development (OD), emphasizing wellness and professional skill upgradation. This approach 'is central to the program's' sustainability, ensuring that both the facilitators and the organizations remain adaptive, resilient, and aligned with evolving global frameworks in mental health. This philosophy of continuous self-evolution is not only applied within the Bapu Trust team but also extends to its partner organizations, ensuring that the entire network remains dynamic, learning-oriented, and collaborative.

A key aspect of this developmental process is field exposure and cross-learning, allowing staff and trainees from partner organizations to engage directly with *Seher*'s field sites. By witnessing

firsthand how the *Seher* program functions, participants are able to connect the theoretical frameworks learned in training with real-world, community-driven interventions. This ensures that the inclusion policies and techniques developed by *Seher* are not blindly transplanted but are adapted to reflect the unique local realities and social contexts of each partner organization. This method of collaborative learning reflects the program's emphasis on community-led mental health care, where methodologies are continuously refined through real-world feedback and lived experience, ensuring they resonate with and address the everyday needs of people experiencing psychosocial distress.

Feedback loops and follow-up training are integral to the PFI model. After initial training and orientation, baseline surveys were conducted to assess the specific needs and challenges of partner organizations. This participatory approach empowers organizations to take ownership of their learning and ensures that interventions are grounded in real, contextual insights. Follow-up training sessions, focused on refining the initial training concepts, further embed the principle of community-driven and rights-based care. By creating a system of continuous reflection and adaptation, the program aligns with Bapu Trust's broader goals of fostering sustainable mental health support systems that are not only effective but also constantly evolving to better meet the needs of individuals and communities.

This emphasis on self-evolution ensures that Bapu Trust and its partners are not static entities but are constantly learning, adapting, and strengthening their capacity to foster inclusive mental health ecosystems. It's a core principle that bridges grassroots mental health care with global human rights frameworks, making the approach both grounded and forward-looking. Through continuous professional development, Bapu Trust's model remains at the forefront of community mental health innovation.

Lived Experience Leadership & Non-Hierarchical Learning

A fundamental tenet of Bapu Trust's approach to inclusive mental health is the leadership of individuals with lived experience of psychosocial disabilities. This principle is evident throughout the Programming for Inclusion (PFI) training, where the lived experiences of both trainers and trainees play a pivotal role. Inspired by Dr. Davar's vision, Bapu Trust has consistently championed the need for people with psychosocial disabilities to take on leadership roles, not just as recipients of care but as mentors, facilitators, and advocates within their communities.

Incorporating self-disclosure narratives into the training created an environment where personal experiences were not seen as separate from professional roles but as an integral part of the learning journey. This approach enabled the trainers to share how their own lived realities informed and shaped their community work, fostering a deep sense of connection between their personal and professional lives. In doing so, the training provided an authentic, non-hierarchical learning space where participants, including those from partner organizations, felt empowered to bring their full selves into their work, ensuring their humanity and experiential knowledge were valued.

Moreover, most of the grassroots staff and program implementers who are part of this initiative come from marginalized and excluded groups, including individuals affected by caste, class,

religion, gender, and disability. Many of the individuals who have benefitted from the program have also become program implementers themselves, rising to leadership positions within the initiative. This is a powerful reflection of Bapu Trust's commitment to empowerment and equity by enabling those most impacted by psychosocial disabilities to take charge of their own care and lead the way in creating inclusive communities.

The inclusion of lived experience leadership directly challenges traditional hierarchical structures in mental health care, particularly the divide between medical and community-based care. By decentralising these hierarchies, Bapu Trust fosters a more equitable and participatory approach to care. This is evident in the peer-led learning environments, where the expertise of individuals with lived experience is seen as equal to, and sometimes more impactful than, professional knowledge.

This participatory model of co-learning allows communities, mental health facilitators, and individuals with psychosocial disabilities to collaborate in creating inclusive practices, ensuring that mental health support systems are not just created for people with psychosocial disabilities but by them. In this way, the training and subsequent practice reinforce a community-centered, rights-based model of care, where all voices—particularly those most impacted by mental health challenges—shape the systems and structures around them. The emphasis on non-hierarchical learning positions individuals with lived experience as central agents of change, nurturing a culture of empowerment and mutual respect.

By embedding this model, Bapu Trust further strengthens the idea of community-led mental health care, ensuring that inclusive practices are built on the foundation of shared lived experiences, thus creating truly sustainable and equitable mental health ecosystems.

Scalability and Adaptability: The Ease of Applying the PFI Model Across Contexts

The Programming for Inclusion (PFI) model, developed by Bapu Trust, embodies a unique and flexible approach to community mental health that is both scalable and adaptable across a variety of community and institutional settings. This model stands out particularly in low-resource, culturally diverse, and traditionally underserved contexts, making it applicable not only in India but also in global settings where mental health resources are limited.

Rooted in principles of inclusion, non-coercion, and psychosocial well-being, the PFI model does not rely on high-cost, specialized psychiatric infrastructure. Instead, it taps into existing community systems, human relationships, and participatory practices, ensuring that mental health care is embedded within everyday community structures. This approach makes the PFI model highly scalable, particularly in areas where mental health support systems are either absent or inadequate.

A key strength of the PFI model is its emphasis on local ownership and community leadership. Much like the *Seher* model, the PFI program integrates individuals with lived experiences of psychosocial disabilities as peer supporters and facilitators. These community members are

often already embedded within their social fabric as anganwadi workers, educators, SHG members, or informal caregivers, which makes them ideally positioned to foster trust and build supportive environments. This community-rooted approach significantly lowers the threshold for implementation, ensuring that mental health care is not an external, foreign intervention but a localized, culturally relevant process.

Additionally, the PFI model is institutionally flexible and can be integrated into existing development programs. During its implementation, the PFI model has been successfully applied by a variety of partner organizations—ranging from development NGOs to grassroots collectives—each adapting the model to their thematic areas. For instance, in some cases, mental health support was linked to women's empowerment programs, while in others, it was connected to education, disability inclusion, and livelihoods. This adaptability allows organizations to embed mental health care into their core mission rather than creating standalone mental health initiatives, ensuring that mental health is woven into the fabric of broader social justice and community development efforts.

Another critical 'element of the PFI model's scalability' is its non-medical, non-stigmatizing language and approach. The model emphasizes the importance of using community-friendly terminology that avoids pathologizing distress or mental health conditions. This approach resonates with communities, particularly in areas where mental health issues are often misunderstood or feared. By focusing on relationships, healing, and support, the model creates an accessible, safe, and inclusive space for individuals to engage with their mental health in a way that does not stigmatize or marginalize them.

The 'PFI model's' ability to scale across diverse contexts is also evident in the way it can be adapted by different organizations to suit their specific needs. Whether it's livelihood programs, education systems, or empowerment initiatives, PFI provides a framework that organizations can embed into their existing structures. This makes it not just a model for mental health care, but an integrated approach that enhances existing development frameworks, ensuring that mental health is treated as a core component of overall well-being.

Awareness Meeting- Alertness Game, National Institute of Women, Child, and Youth Development (NIWCYD), Bhopal

In conclusion, the 'PFI model's' scalability and adaptability make it a powerful tool for creating sustainable, rights-based, and community-driven mental health ecosystems. By drawing on local resources, community knowledge, and participatory practices, the model can be seamlessly applied across various regions and sectors, ensuring that mental health support becomes an integral part of holistic community development. This approach ensures that mental health care is not just for the community but also by the community, empowering individuals to take active roles in their well-being and in the design and delivery of mental health support.

Roadmap for Transformation

Building Inclusive Communities through Psychosocial Disability Training

At Bapu Trust, we understand that change is not linear. It is complex, dynamic, and influenced by various contextual factors. While the path toward inclusive mental health care is shaped by multiple elements, the following narrative outlines the key components of our transformation plan for our Theory of Change for Programming for Inclusion (PFI), aimed at integrating persons with psychosocial disabilities into development programs. This narrative provides insights into how the initiative fosters inclusive communities by embedding mental health within broader community-driven, rights-based frameworks.

Short-Term Outcomes: Laying the Foundation for Inclusive Mental Health Care

The initial phase of the PFI program focuses on shifting mindsets, increasing awareness, and building critical skills among stakeholders. In line with the roadmap for transformation, the short-term outcomes represent crucial milestones toward creating an environment where inclusive mental health care can thrive.

Increased Awareness About Psychosocial Disabilities

In India, as in many parts of the world, mental health has traditionally been approached within a biomedical paradigm, which often emphasizes diagnosis and medication over social and community-driven interventions that focus on self-healing. This approach has inadvertently pathologized distress and reinforced the stigma surrounding psychosocial disabilities, often reducing individuals to derogatory labels like "*paagal*" (mad/mental) which suggest that someone who is experiencing mental distress is beyond help or improvement.

Partner organizations' community workers, initially, shared these limited and stigmatizing views about psychosocial disabilities. Many of them had minimal exposure to rights-based frameworks, such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and India's Mental Healthcare Act, 2017. This narrow understanding hindered their ability to respond to mental health challenges in a comprehensive and non-coercive way.

Through Bapu Trust's Training Programs, a significant shift in awareness has been fostered. The program empowered community workers and partner organizations to understand psychosocial disabilities as social and rights-based issues rather than as medical pathologies. As part of the

training, the connection between mental and physical health was emphasized, promoting a more holistic understanding that challenges the traditional mind-body duality prevalent in the partnering communities. This shift in perspective was foundational in moving from a purely medicalized model of care to one that integrates psychosocial support within community development frameworks.

This increase in awareness is pivotal in laying the foundation for more inclusive mental health care. By viewing mental health as an ongoing process rather than a pathological state, stakeholders can better advocate for mental health as a human right, which can be nurtured through community-based support systems. This transformation in understanding is not just a theoretical shift; it equips individuals to become advocates and change agents, further embedding inclusive mental health practices within institutions and community structures.

This short-term outcome marks the beginning of a larger transformation. It sets the stage for **long-term sustainability** and **scalability** of mental health support systems, which will be driven by **community empowerment** and **local ownership**. As the theory evolves and unfolds, it will continue to emphasize how these shifts in **awareness**, **skills**, and **systems thinking** create ripple effects, leading to a more **inclusive society** for individuals with psychosocial disabilities.

Greater Understanding of the Role of Social Determinants in Mental Health

Mental health is inherently linked to a broader set of social determinants such as poverty, caste, gender, education, housing, and employment. These factors significantly impact an individual's mental health, influencing both the onset of distress and the ability to recover. Recognizing that mental health does not exist in isolation, but is deeply interwoven with the socio-economic and cultural context in which people live, was a crucial outcome of the PFI training program.

Through Bapu Trust's capacity-building initiatives, participants gained a deeper understanding of how these structural factors shape mental health challenges. Community workers, who were initially focused on individual-level interventions, began to recognize the need to address these root causes and the ways in which social inequality exacerbates mental health distress. This shift in perspective allowed for a more holistic approach to mental health, ensuring that it was not just seen as a set of psychological issues, but as a problem influenced by broader socio-economic realities.

For example, participants learned to recognize how poverty can lead to increased stress and anxiety, how gender discrimination and violence affect women's mental well-being, and how caste-based exclusion can lead to feelings of helplessness and despair. Similarly, issues like unemployment and poor housing conditions were also understood as important determinants of mental health.

This greater understanding of social determinants enabled grassroots workers to embed mental health support within their existing programs, whether in education, livelihoods, or community development. For instance, organizations like Samaan Society began incorporating mental health support into their livelihood programs for women drivers, acknowledging the links between economic vulnerability, domestic violence, and mental distress.

Awareness Meeting, Samaan Society-Indore,


Corner Meeting, Samaan Society-Indore

Mass Awareness-Rally, Samaan Society-Indore

By integrating these social factors into mental health care, the program empowered workers to not only provide emotional and psychological support but also address the structural barriers that hinder well-being. In doing so, the PFI model creates a more sustainable and inclusive

approach to mental health, where social, economic, and cultural factors are addressed alongside psychological support, ultimately promoting holistic recovery and resilience within communities. This shift in understanding aligns with the broader goals of the roadmap for transformation, emphasizing that inclusive mental health is not just about treating individual symptoms but addressing the root causes of distress through community-led and socially integrated approaches.

Improved Skills and Enhanced Confidence in Implementing Inclusive Practices

A central aim of Bapu Trust's training program was to equip caregivers, community health workers, and other stakeholders with the necessary skills to implement non-coercive, support-oriented, and consent-based interventions for individuals experiencing psychosocial disabilities. Traditional mental health practices in many communities, especially in India, often rely on institutionalization, forced medication, and coercive treatment methods, all of which undermine the rights and dignity of individuals. These methods are not only harmful but also do not align with the principles of human rights-based mental health care. In fact, this kind of approach was reported as the normative practice in several communities before the training began.

Bapu Trust's skill-building sessions worked to shift these entrenched practices by providing alternative approaches rooted in respect for autonomy, consent, and voluntary participation. By emphasizing the rights-based approach to care, the training helped participants move away from harmful practices like forced treatment, encouraging instead inclusive, person-centered models of care that treat people with psychosocial disabilities as active agents in their own recovery.

Through the training, participants gained practical skills in non-judgmental listening, community-based care, and supportive counseling. They were also trained on the importance of informed consent, ensuring that individuals receiving support are fully aware of and agree to the care they receive. Furthermore, the training placed significant emphasis on active participation from both the individuals experiencing distress and their families, recognizing that care is most effective when it is collaboratively developed and culturally relevant.

This shift toward voluntary and supportive interventions has led to increased confidence among community workers in implementing inclusive mental health practices. The confidence of community facilitators grew as they began to witness firsthand the effectiveness of non-coercive interventions in promoting long-term well-being. As workers gained these skills, they were able to implement more inclusive practices, creating an environment in which individuals felt safe and empowered to seek help. This transformation aligns directly with the roadmap of transformation, where skills enhancement and capacity building serve as key drivers of inclusive mental health care.

Additionally, as community workers became more confident and adept in these new practices, they were able to model inclusive behaviors to their peers and communities, fostering a cultural shift towards more compassionate, non-coercive mental health support. This confidence not only benefited individuals directly experiencing psychosocial distress but also helped to normalize these inclusive practices within the broader community, ensuring that mental health support is seen as a shared responsibility rather than a specialized, detached service.

Strengthened Relationships with Community-Based Organizations

For any transformative community mental health initiative to be sustainable, the development of strong institutional collaborations is essential. Bapu Trust's training program placed a significant emphasis on the importance of fostering partnerships with a variety of stakeholders. These partnerships go beyond mere cooperation; they focus on a holistic approach to mental health that integrates social, educational, and community-based perspectives. This strategy is crucial in ensuring that mental health issues are not seen as isolated or specialized concerns, but are addressed within broader social development frameworks.

As a result of this training, attitude shifts occurred among community workers and stakeholders, leading to resource-sharing, mutual capacity-building, and increased collaboration across sectors. This has been pivotal in integrating mental health programs into mainstream health and social development policies, making them more accessible, inclusive, and sustainable. The ability to create these partnerships has ensured that community mental health programs are recognized as essential components of social care, not just isolated interventions.

The growing network of organizations engaged in this program helps distribute the work of mental health promotion and support across different sectors, ensuring that mental health care is woven into all aspects of community life. This distributed approach allows for more effective interventions, where mental health is viewed through a holistic lens that incorporates the social, cultural, and economic contexts of each community. It also ensures that sustainability is built into the program, as local organizations take ownership of mental health initiatives and integrate them into their ongoing work.

The "Programming for Inclusion of Persons with Psychosocial Disabilities within Development" (PFI) attracted interest and collaboration from 10 organizations across India. These include 5 organizations in Madhya Pradesh, 2 in Chhattisgarh, and 3 in Maharashtra. Each of these partner organizations is already actively involved in development work, serving marginalized and excluded communities, whether in rural, urban, or remote areas. These organizations focus on a range of issues such as education, livelihoods, health, and empowerment. The collaboration with Bapu Trust has enabled them to embed mental health support within their existing programs, enhancing their ability to reach and support people living with psychosocial disabilities.

Intermediary Outcomes: Bridging Change by Strengthening Community Mental Health Systems

while the short-term outcomes of Bapu Trust's roadmap for transformation focus primarily on building awareness, understanding, and skills among key stakeholders, the intermediary outcomes reflect a deeper shift—moving from individual capacity-building towards structural transformation. These outcomes signal the beginning of systemic change, where the primary forces driving inclusive and sustainable mental health reforms are community-driven initiatives, collaborative partnerships, and lived experience leadership.

This phase marks a critical transition where the groundwork laid in the short term begins to translate into more institutionalized and systemic changes. The influence of the *Seher* model has played a pivotal role in facilitating these shifts, encouraging a holistic and rights-based approach to mental health within partner organizations and local institutions.

Institutional Changes in Policy and Practice

The *Seher* model has facilitated notable shifts in how partner organizations and local institutions perceive, prioritize, and integrate mental health into their core operations. One of the major intermediary outcomes has been the integration of psychosocial support into the core operations of partner organizations,

Integration of psychosocial support into core programmatic strategies of partner organizations

Mental health support is no longer an isolated aspect of community work but has been woven into larger programs addressing women's empowerment, education, and livelihood generation. This shift reflects the understanding that mental health cannot be treated in isolation but must be embedded within broader development frameworks.

Routine inclusion of mental health awareness activities in regular community-based programming.

Partner organizations have begun incorporating activities such as group sessions, peer support spaces, and community dialogues on mental health within their existing programs. This ensures that mental health awareness is not an add-on but a regular part of community development efforts.

Development of internal protocols

Development of internal protocols for distress identification, support, and consent-based referrals. By co-creating these protocols with staff and field teams, partner organizations have embedded mental health care into their standard practices, ensuring that mental health is approached with respect, dignity, and consent. These protocols also ensure that individuals

experiencing distress are not subjected to coercive or institutionalized care, but rather are supported through a person-centered, rights-based approach.

Formal designation of staff roles

For mental health facilitation, supervision, and coordination. Many partner organizations have started to designate specific staff members to manage mental health care responsibilities, creating clear structures for supervision and facilitation. These roles are often guided by tools developed within the *Seher* model, such as the Circle of Care, which provides a framework for both formal and informal support systems within the community.

These changes demonstrate a fundamental shift towards institutionalizing mental health within development work, making it an integral part of everyday operations. By embedding mental health into existing community structures, Bapu Trust's PFI program has ensured that sustainable, inclusive mental health care is no longer a peripheral issue, but a central concern for all stakeholders involved. This approach ensures the long-term impact and scalability of mental health initiatives across diverse communities.

Establishment of Community-Led Mental Health Initiatives

A significant milestone in the intermediary phase of Bapu Trust's roadmap for transformation is the establishment and strengthening of community-led mental health initiatives. These initiatives reflect a shift towards local ownership and empowerment, prioritizing the psychosocial, rights-based, and non-coercive approaches to mental health support. By emphasizing community-led interventions, Bapu Trust's program underscores the importance of integrating mental health care into the social fabric of communities, reducing dependence on institutionalized care, and enhancing the local capacity to address mental health concerns in a culturally sensitive, inclusive, and sustainable manner.

These initiatives are characterized by peer-support groups, volunteer-based programs, and the involvement of trained community facilitators, who become the primary sources of support rather than psychiatrists or hospitals. This decentralization of mental health care ensures that support is available at the community level, and services are accessible, affordable, and non-stigmatizing.

For example, AGRICON, a partner organization of Bapu Trust, successfully recruited a group of student volunteers to facilitate mental health interventions within their community. These volunteers were not only involved in delivering mental health support but also took part in assessing the outcomes of these interventions, gathering community feedback, and developing strategies to improve mental health services. This active participation by the community in both the implementation and evaluation of mental health initiatives empowers local people to shape their own mental health care strategies and ensures the long-term sustainability of these efforts.

These community-led mental health initiatives also embody the MHPSS (Mental Health and Psychosocial Support) recommended actions, which emphasize the importance of community involvement, non-coercive support, and rights-based approaches. By placing local community

Awareness Meeting, Vikalp Sanstha

Awareness Meeting, Vikalp Sanstha

Awareness Meeting, Vikalp Sanstha

members at the heart of mental health interventions, these initiatives strengthen community resilience and foster a culture of mutual care and support.

Thus, the establishment of community-led mental health initiatives marks a critical step towards creating inclusive, sustainable mental health ecosystems, where local actors are the key drivers of change, ensuring that mental health care is accessible, empowering, and culturally appropriate.

Long-Term Outcomes: Transformative and Sustainable Shifts in Mental Health Care

The long-term outcomes of Bapu Trust's training programs reflect profound, systemic changes in the way mental health is understood, supported, and integrated within communities. Through its comprehensive approach, Bapu Trust aims to catalyze a paradigm shift in India's mental health system, moving it towards inclusivity, dignity, and social justice. The long-term vision is to create a system where mental health care is not only accessible and equitable but also rooted in the community, emphasizing human rights and self-determination.

Increased Participation of People with Psychosocial Disabilities in Shaping Mental Health Frameworks and Programs

A central goal of Bapu Trust's roadmap for transformation is to transform power dynamics in mental health advocacy and interventions. Historically, mental health policies and programs in India have often been shaped by professionals and institutions without the meaningful involvement of those who are most affected by mental health issues—people with lived experiences of psychosocial disabilities. This lack of representation has led to policies and interventions that do not fully address the lived realities and needs of individuals with psychosocial disabilities.

Bapu Trust's training initiatives challenge this status quo by empowering people with psychosocial disabilities to become active participants in shaping mental health frameworks. The organization has successfully nurtured leaders with psychosocial disabilities who now serve as advocates, trainers, and policymakers. These individuals are now positioned in decision-making bodies, policy forums, and legal advocacy efforts, ensuring that lived experiences are central to the development of mental health policies and practices.

This shift represents a democratization of decision-making in mental health work. It prioritizes dignity, autonomy, and community-based care, ensuring that those with psychosocial disabilities have agency in how mental health interventions are structured and implemented. Moreover, this change reflects the growing acknowledgment of the Lancet Commission on Global Mental Health's recommendations, which emphasize the critical role of people with lived experience in shaping mental health policies and practices. This long-term outcome marks a significant departure from the traditional, often paternalistic approach to mental health care, placing those affected at the heart of advocacy, policy development, and systemic reform.

By empowering people with psychosocial disabilities to lead and advocate for their own needs, the program ensures that mental health systems in India evolve to reflect social justice, inclusion, and human rights. This participatory approach paves the way for a future where mental health policies and practices are grounded in the lived realities of individuals and communities, fostering a more inclusive, empowering, and sustainable mental health care system.

Reduction in Institutionalization and Coercive Practices in Mental Health Care

One of the most significant long-term outcomes of Bapu Trust's training programs has been the reduction in institutionalization and coercive practices in mental health care. Historically, institutionalization has been a normalized practice in India, where people experiencing psychosocial distress are often subjected to forced treatment, hospitalization, and medical interventions without their informed consent. Trainees repeatedly mentioned this in context of their communities as well. This approach stems from an entrenched biomedical model of mental health, which prioritizes institutional care and coercive measures as solutions, often disregarding the autonomy and dignity of individuals.

Through the training and capacity-building initiatives, Bapu Trust challenged these deeply ingrained practices by introducing a **spectrum approach** to mental health care. The spectrum approach emphasizes the importance of providing support and inclusion-based care that is non-coercive and rights-based. As trainees—comprising community health workers, caregivers, and social facilitators—developed a deeper understanding of this model, they were equipped with the tools and knowledge to shift their approaches to mental health care.

Many reported that, as a result of their training, they were able to successfully intervene and prevent practices such as abandonment, medicalization, and even physical punishment of individuals experiencing distress. By recognizing the interconnectedness of mental health with social determinants such as family dynamics, community inclusion, and access to social support, these practitioners became powerful advocates for a more humane, community-centered approach to care.

In addition to this, greater awareness and sensitivity were built among key stakeholders—family members, neighbors, caregivers, and community health workers—regarding the importance of autonomy and informed consent in mental health care. This understanding significantly reduced the tendency to resort to coercive methods of care, shifting the focus to empowerment and self-determination.

Bapu Trust's model also emphasized the use of non-stigmatizing language, art-based approaches, and the integration of mental health messages into community spaces as a means to create a more supportive and inclusive environment. This approach helped dismantle the stigma surrounding mental health issues, making mental health care more accessible and accepted within communities.

Through the participatory care models promoted by Bapu Trust, mental health care is no longer seen as a separate, medicalized system but as a natural component of social inclusion. This

model embeds mental health care in families, schools, workplaces, and local support networks, significantly reducing the reliance on psychiatric institutions. In this way, the program not only fosters dignity and autonomy for individuals with psychosocial disabilities but also transforms how communities' approach mental health care, ensuring that it is person-centered, inclusive, and sustainable.

Sustainable, Resilient, Empowered, and Reflective Communities

A key long-term outcome of Bapu Trust's training programs is the empowerment of communities, transforming them into sustainable, resilient, and reflective units capable of addressing mental health challenges in a non-coercive, inclusive, and participatory manner. Through the training initiatives, community members have gained a deeper understanding of mental health literacy, peer support, and inclusive practices, which has enabled them to become active agents of change within their own communities.

Historically, mental health care in India has been predominantly medicalized and institutionalized, creating a significant gap in community-based support systems. Bapu Trust's approach shifts the focus from this traditional model by nurturing community-led mental health initiatives. The training has equipped communities with the tools needed to foster peer networks, ensuring long-term support, advocacy, and healing spaces within the community. These peer networks offer a much-needed alternative to reliance on external mental health services, enabling communities to become more self-sustaining and resilient in the face of psychosocial challenges.

In these empowered communities, the traditional model of "care for others" has evolved into a more inclusive and reciprocal model of "care with others". This shift in the conceptualization of mental health care has been a critical part of the program's success. It underscores that mental health is a shared responsibility, where individuals, families, and communities actively participate in supporting each other's well-being. In this way, mental health care becomes an integral part of community care, fostering a culture of mutual aid, solidarity, and support.

By prioritizing local ownership, Bapu Trust ensures that mental health initiatives are adaptable to the unique needs and challenges of the community. This community-driven approach not only builds self-efficacy but also reduces stigma, enabling individuals with psychosocial disabilities to fully participate in and contribute to the well-being of their communities. Ultimately, the training program fosters communities that are not only reflective and adaptive but also empowered to sustain and expand these practices independently of external support, ensuring the long-term impact of the initiative.

Increased Self-Understanding of Trainees in Terms of Health and Distress

One of the most profound long-term impacts of Bapu Trust's training programs is the transformation trainees undergo in their own understanding of mental health and distress. The program encourages deep self-awareness and emphasizes self-care, ensuring that trainees do

not only learn how to support others but also reflect on and take responsibility for their own mental well-being.

Trainees consistently reported greater emotional resilience, as well as the ability to recognize signs of stress and burnout in themselves. This self-reflection leads to an increased commitment to engage in self-care practices, which are vital for sustaining their roles as community facilitators and caregivers. The trainings facilitated a shift in perspective, enabling trainees to view mental health not as a "problem to be fixed" but as a fluid, dynamic aspect of life that requires collective support. This shift is particularly significant in a cultural context where mental health issues are often viewed as something separate from the everyday challenges people face.

Moreover, the self-care practices introduced in the training, such as mindfulness, art-based approaches, and peer support, became integral to the personal growth of the trainees. Many shared how the training helped them develop a more compassionate and reflective approach to distress—both their own and others—enhancing their ability to foster supportive and healing environments within their communities.

The transformative personal experiences reported by the trainees indicate that the program successfully integrates personal growth with community work, emphasizing that effective mental health support begins with individual well-being. Trainees felt empowered and self-reflective, equipped not only to support others in distress but also to navigate distress in their own lives. This dual impact—of both personal and collective empowerment—ensures that the mental health work remains grounded in lived experience and resilience, reinforcing the importance of self-awareness as a core component of inclusive mental health care.

Outputs: Tangible Steps Towards Inclusive Mental Health (Immediate)

The outputs of Bapu Trust's training programs are the immediate, measurable results of efforts aimed at capacity-building, community engagement, and advocacy. These outputs are critical milestones that lay the foundation for broader, systemic change in mental health care. The following outputs represent key achievements:

Trained Community Mental Health Facilitators*:* A diverse group of individuals, ranging from social workers and grassroots volunteers to peer supporters, have been trained in non-coercive, rights-based mental health practices. These facilitators are now equipped to provide support based on principles of inclusion, dignity, and empowerment, offering services that challenge traditional, medicalized approaches to mental health care.

Implementation of Community-Led Mental Health Models: Several community-led mental health programs such as *'Mann Mitra, Aao Baat Karein, and Khushali Kendra'* have been successfully piloted in urban and rural settings. These models showcase the feasibility of non-medical, psychosocial support systems that are community-driven and culturally relevant. They provide alternatives to institutional care, ensuring mental health support is embedded in everyday life.

Development of Arts-Based and Psychosocial Well-Being Interventions: The introduction of arts-based practices such as creative expression, singing, storytelling, and peer-based support has brought culturally relevant healing practices into the community. These interventions are designed to be accessible and engaging, offering ways to cope with distress that resonate deeply with local values and traditions. Community members and facilitators now have access to effective, non-stigmatizing approaches to mental health.

Self-Care and Staff Wellness Frameworks: Bapu Trust has successfully integrated self-care practices into the community mental health framework. This includes providing practitioners with linguistic, cognitive, and behavioral tools for managing personal and professional well-being. The focus on staff wellness ensures that those working to support others are also taking care of their own mental health, fostering a sustainable and resilient workforce.

Barriers and Challenges in Implementing the Training Program

While Bapu Trust's training initiatives have led to significant progress in building inclusive mental health ecosystems, several barriers and challenges have emerged in the process. These obstacles highlight the structural, organizational, and systemic difficulties that impact the full realisation of the vision of the roadmap for transformation. The following are some of the key challenges:

Financial and Human Resource Constraints: One of the most pressing challenges in implementing and sustaining community-based mental health programs is the lack of financial and human resources. Unlike hospital-based or clinical mental health interventions, psychosocial and rights-based approaches require sustained investment in capacity-building, outreach, and long-term engagement. A few partner organizations reported a shortage of financial funds, as their grants did not cover community-based and psychosocial approaches to mental health. The need for continuous training sessions, follow-ups, and community engagement activities requires long-term financial commitment, which led to high operational costs that some organizations could not sustain—particularly those without strong volunteer networks. Additionally, some organizations experienced shortages of skilled professionals, facing difficulties in recruitment and retention, which further strained their ability to implement the training effectively.

Reduced Follow-Ups on Long-Term Impacts: Sustained impact measurement is crucial to understanding the effectiveness of interventions. However, challenges in conducting long-term follow-ups have made it difficult to track the evolution of trained communities and individuals over time.

Mental Health is Not a Central Priority for Partner Organizations Many of the organizations that Bapu Trust collaborates with primarily focus on education, agricultural issues, tribal rights, health and sanitation, women's empowerment, or livelihood programs. While mental health is integral to these domains, it is often not a core organizational priority.

As a result, partner organizations did not always have a dedicated mental health program, leading to low integration of training insights into their ongoing work. Mental health interventions

were sometimes seen as secondary to other development goals. Some partner organizations working in education and disability rights recognized the importance of psychosocial disability inclusion but faced challenges in fully integrating mental health perspectives into their service delivery models.

One Partner Organization Could Not Complete the Entire Training Procedure: One of the partner organizations faced significant logistical and operational challenges that prevented them from completing the full training program. This incomplete participation led to gaps in their progress and documentation, making it harder to assess the full impact of the training on their work.

Despite these barriers, Bapu Trust continues to refine its approach to overcome structural, financial, and institutional limitations. Through adaptive strategies, increased funding, and strong partnerships, the program moves closer to achieving long-term systemic change in mental health care.

Corner Meeting, Community Development Centre (CDC), Balaghat

Recommendations

Strengthen Institutional Capacity

- Develop standardised curriculum and training manual. This can be a blend of online and offline activities. Some recorded sessions can be added too. This can reduce the load on trainers, making training more resource-efficient. Online platforms that help engage in collaborative work and discussions can be used.
- Build a certification system for trained community mental health workers to professionalise the workforce. This can work as an incentive for their future employability and increments. Expand Training of Trainers (ToT) programs to build a cadre of certified master trainers.
- More resources then can be used to study individual organizations, their communities and local cultural context. This will help them adapt the strategies (circle of care, 8-point framework) to enable readymade tools for their work.
- Training members in supervision roles.
- Develop contextual modules on trauma-informed care, gender-based violence, and other relevant areas.

Enhance Community Ownership

- Developing a mentoring system for the community workers and groups with diverse representation (e.g., women, youth, persons with disabilities, local healers). Trainers can work as long-term supervisors for the groups.

Deepen Intersectoral Collaboration

- More effort towards integration of naturopathy and traditional healers in training and dialogue to build pluralistic care pathways.

Amplify Knowledge and Dissemination

- Host annual conclaves or festivals to share practices, tools, and innovations with broader civil society and academic partners. This should be both within and between organizations.
- Enhance visibility in academic settings by publishing case studies and research findings in journals and public health forums. This can be done by hiring master's or PhD interns who are aspiring research writers. Suggest editing special issues in journals dedicated to community mental health.

Foster Financial and Programmatic Sustainability

- Support partners in developing independent fundraising capacities (e.g., through grant writing workshops).
- Create a consortium of PFI-trained organisations to jointly seek funding and advocate for inclusive mental health.

Conclusions

The *Seher* project has shown that inclusive, community-based mental health support is both transformative and sustainable when grounded in local realities, participatory frameworks, and rights-based approaches. By training grassroots organizations, building peer-led ecosystems of care, and promoting non-coercive, psychosocial interventions, the project has not only expanded access to mental health support but also catalyzed lasting changes in community norms, institutional practices, and governance systems.

A key strength of *Seher* lies in its ability to integrate mental health within existing development programs such as education, livelihoods, disability inclusion, and women's empowerment—without relying on clinical infrastructure. This embedded approach ensures that mental health is recognized as an essential element of holistic community development. Tools such as the 8-Point Framework, Circle of Care, and trauma-informed, peer-led practices ensure that mental health support remains locally anchored, culturally relevant, and relationship-based.

Sustainability is further reinforced by the institutional uptake of core principles. Partner organizations have begun embedding psychosocial support into their program strategies, staff roles, and field-level operations. The creation of open-access learning platforms, standardized training curricula, and community-led implementation models enhances the program's replicability and potential for scale.

This approach directly contributes to Sustainable Development Goal (SDG) Target 3.4 (promote mental health and well-being) and aligns with Indicator 3.8.1 (universal access to essential health services, including mental health). More broadly, it fulfills the SDG mandate to "leave no one behind", particularly under Section 31, which emphasizes equitable access to quality health and social services for marginalized and vulnerable populations.

As Bapu Trust prepares for the next phase of the Programming for Inclusion (PFI) initiative—focusing on developing a grassroots training manual, strengthening institutional systems, and deepening academic and international collaborations—the foundation laid by *Seher* offers a powerful and replicable blueprint. It demonstrates that mental health systems can be inclusive, community-rooted, and built on principles of care, dignity, and justice.

Roadmap for transformation Framework

Phase	Description	Key Activities/Outputs	Outcomes
Input & Resources	Resources, capacity, and training materials that support the program.	Community health workers, caregivers, and stakeholders trained in rights-based, non-coercive mental health practices. - Development of training materials, including arts-based methods.	Strong foundation of skilled facilitators. - Supportive community and institutional networks.
Training & Capacity Building	Delivery of training programs aimed at building knowledge and skills on non-coercive, rights-based mental health approaches.	Workshops and group training sessions. - Collaborative development of psychosocial support frameworks. - Tools developed like the Circle of Care.	Participants gain enhanced understanding of mental health. - Capacity of local communities and service providers in psychosocial support increases.
Short-Term Outcomes	Immediate changes in awareness, understanding, and skills.	Increased awareness of psychosocial disabilities. - Improved skills in providing non-coercive mental health care. - Adoption of inclusive practices.	Individuals trained feel more confident and equipped to offer support. - Community members are more aware of mental health issues and less likely to engage in coercive practices.
Intermediary Outcomes	Mid-level changes reflecting institutional and community shifts.	Integration of mental health into existing community development programs. - Creation of community-led mental health initiatives. - Collaboration with local stakeholders and government bodies.	Community-led mental health initiatives strengthen and expand. - Mental health becomes a core aspect of community-based development programs. - Institutional changes in the approach to mental health within partner organizations.
Long-Term Outcomes	Sustained, transformative shifts that lead to systemic change and broader societal impact.	Strengthening local partnerships and collaborations. - Policy advocacy for inclusion of psychosocial disabilities in national development policies. Continued capacity building and outreach.	Greater participation of individuals with psychosocial disabilities in decision-making. - Reduction in institutionalization and medicalization of care. - Empowered and resilient communities.
Impact	Final outcomes and systemic change that occurs as a result of the theory of change implementation.	Creation of inclusive mental health systems. - Empowered communities actively engage in promoting mental health and well-being.	The full integration of mental health care into social development frameworks, with increased participation of persons with psychosocial disabilities. - A sustainable, community-driven approach to mental health across India.

This table summarizes the steps, activities, and outcome of the roadmap for transformation process while emphasizing the synergies between different stages. It showcases how each phase builds on the previous one and how the cumulative effect leads to systemic change in the mental health landscape for persons with psychosocial disabilities.

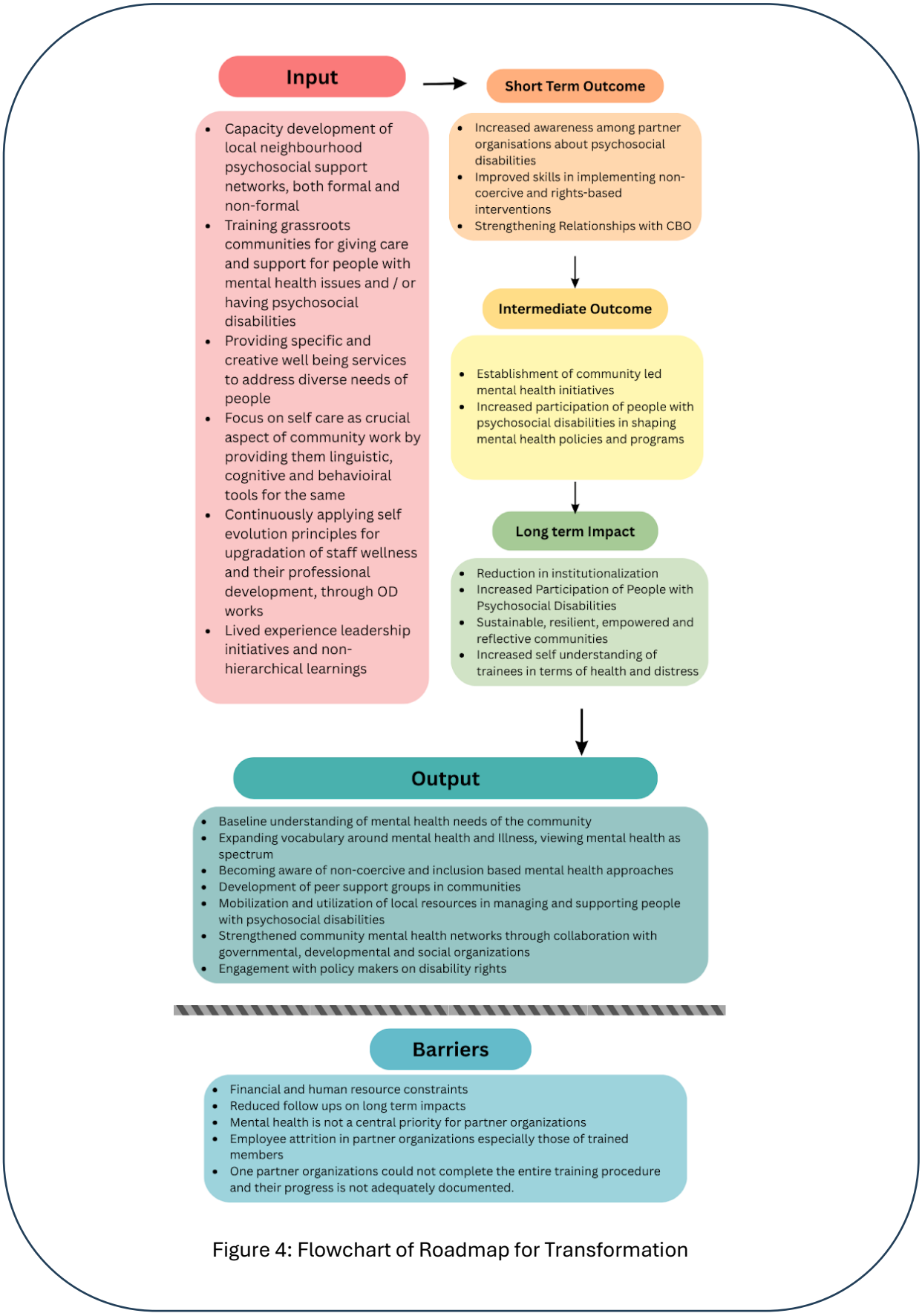


Figure 4: Flowchart of Roadmap for Transformation

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