



Mind Matters

ANNUAL REPORT

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The Banyan
I exist therefore I am

The Banyan's work is rooted in its ethos, "I exist, therefore I am" – a radical adjustment to Descartes' "I think therefore I am". This departure from western philosophy is an important facet of The Banyan's vision; to say that one's humanness and dignity is not epistemological but simply valid because we exist – being becoming, thinking, acting, feeling. The guiding vision of The Banyan's work will remain bringing an attitude of unconditional equality, acceptance and dignity to all the lives it engages with, and this year was no different.

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Credits

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COMMITMENT MATTERS

Message from the co-founders



The sheer helplessness and devastation of a woman, broken, alienated and fearful, propelled us into action, three decades ago; action of a sort that wasn't interrupted by caution, planning or rationale. There was a need to respond without thought, and yet mindfully, as an ally to a person whose experience of distress was insurmountable. A simple and random act of immediate responsiveness that wasn't thought through entirely, and was further spurred by our friendship and the need to be present for persons, that we closely identified with. This seemed quite logical, after all!

Every woman who came our way, and then every man who came our way, and every now and then, every child who came our way, grew us and The Banyan up in a manner so intense, real and deep, through lessons that only seers, wise women and men can teach. That we lived with the people that we served and learned from their lived experience and narratives of suffering and pain, grit and resilience, engagement and withdrawal from service and society, helped us advance our programmes in a manner that resonated with our collective values and philosophy, embedded within a framework of justice, equity, radical empathy and critical realism.

From a care and recovery centre for homeless persons with mental illness; to community living programmes for persons with severe disabilities; to public mental health approaches and crisis support for low income households and disadvantaged persons including tribal persons and formerly homeless persons; to a child and adolescent mental health programme focussed on the needs of children living with parents with mental illness; to the founding of The Banyan Academy of Leadership in Mental Health; to constantly examining what worked, when and why, especially in the background of complex structural and systemic barriers and intractable problems; to the use of adaptive and dynamic feedback loops to allow for models to evolve and develop – so much has been led by collaborative thought and action with our service users and partners.

Peer advocates, often also survivors of violence, now lead support circles and enable care pathways for others in need; meanwhile we have learnt to resist the urge to view admissions as the first line of care, resorting to outreach and conversations, offering the safety of dialogue and safe spaces in communities. We think that we might also have learnt to expose ourselves more courageously to painful ethical dilemmas, running the course of self-doubt, introspection and reflection, knowing that we are far from perfect in doing and knowing and that intellectual and ideological humility is key to every form of our growth. The Emergency Care and Recovery Centres and Home Again have now spread, offering care closer to home in rural and remote areas and smaller towns across 10 states, both self-operated and with partners. While social health and community participation are key goals, journeys of our colleagues, care providers, mental health service users and their family members and an inspirational network of partners from whom we have learnt so many amazing lessons has been such a highlight! And now the social cooperatives with Chennai Mission break the stereotype, take care away from the exclusive biomedical

space to the social. We love the Goli Sodas from Siesmat and Kuzhi Paniyaram from Thina!

That we can disseminate our findings in ways that might inspire others through our academic partnerships that will build cadres of mental health professionals and social change agents who will further our vision and service under-resourced communities, is a milestone. We eagerly await the launch of our collaborative postgraduate degree with Madras School of Social Work and the launch of our Diplomas in therapeutics such as Open Dialogue, Trans Disciplinary Research (TDR) and in mental health systems, drawing largely from the work of and findings from The Banyan, based on our Early Intervention in Psychosis programme for homeless persons and Inclusive Living Option courses.

From Chennai to Maharashtra, Kerala to Karnataka, our universe is shrinking as we embrace a similar sense of passion and desire to plunge in and walk alongside those who live on the margins thanks to a community that believes that lives can be bettered and that status quo should be challenged – our leadership, our Board members, service users, peer leaders, collaborators and friends, you truly advance our vision and hold 'us', all of us, up!

And this year has been testimony to that.

The faith in our actions, in our intent and in keeping at our goals persistently, will bear results. Support that moved us and made us realise that a lot is good with the world came our way from the Azim Premji Foundation, Rural India Supporting Trust, TVS Sundram Fasteners, Yield Giving and MacKenzie Scott, Paul Hamlyn Foundation, Cognizant Foundation, Bajaj Finserv, Grand Challenges Canada, HCL Foundation, Capco, Apollo Foundation, VS&B Containers, Cholayil Foundation, AR Foundation, Chennai Mission and individual donors, trusts and corporates. Your gifts over the past five years, and especially this year (in some cases) gave us the strength to pause when our bodies and mind needed to heal, so we could recoup and reengage, refreshed, and with a greater sense of vitality. This was not the case even last year, or through the difficult Covid years when the desire to scale up and reach out was very much intact, although, means, non-existent. We are relentlessly hopeful, that's always been one of our superpowers, and that's why we seek out solutions in the midst of bleakness, dark truths and adversity. You, amongst many others, have reinforced our faith in audacious hope and humanity and for this, we are grateful. It is collective visioning, effort and intent that's brought us this far, and we hope that it will take us and many others through paths of immersive action and collaborative work.

Vandana Gopikumar & Vaishnavi Jayakumar

PEOPLE MATTER

Message from the Chairperson, Treasurer, Directors

The Banyan turns 30 this year and BALM turns 16 years old.

Congratulations, Vandana and Vaishnavi, on this important milestone. Your commitment to the cause remains unchanged of course, but what we are astounded at never waning energy levels from 1993! It's rare, and wonderful to behold.

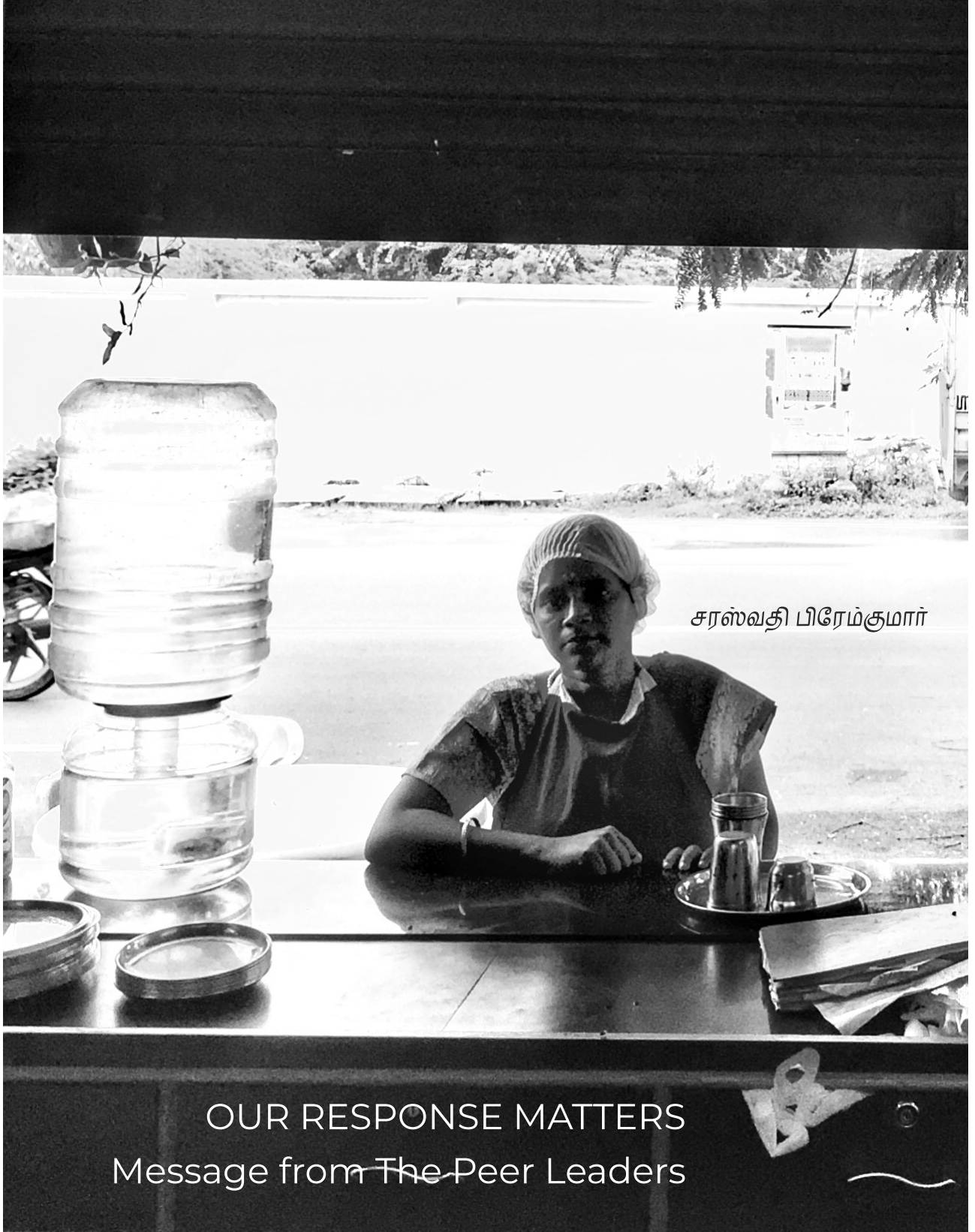
Our congratulations also to the very capable and dedicated teams at The Banyan and BALM, who have begun to take independent leadership across several domains of work, manage myriad complexities and emergencies every day.

As ever, we are so grateful to our residents and their families for continuing to trust that we will only offer the highest quality of care and for energizing us with the kind of love that only they can provide.

Finally, to our volunteers, interns, donors, and members from communities across the five states in which we're directly present, thank you for your trust, support and commitment. We could not and will not be able to do this without you.

Here's to the next 30!

A Sankaranarayanan, Balraj Vasudevan, KV Kishore Kumar, Lakshmi Ravikanth



சரஸ்வதி பிரேம்குமார்

OUR RESPONSE MATTERS
Message from The Peer Leaders

உலகத்துக்கு ஒரு கடிதம்

பெண்ணின் கண்ணீரும் கடல் நீரும் கலந்த ஒரு போராட்டத்தின் கதை,

தாயின் கருவறையில் இருக்கும் பொழுது நான் கண்டதை விட உங்களை பார்த்த பிறகுதான் அம்மா என் தெய்வத்தை (வந்தனா அம்மா) நான் கண்டு கொண்டேன். நான் எவ்வளவோ பேரை பார்த்திருக்கின்றேன். இங்கு கிஷோர் டாக்டர், அன்பு அப்பா, டாக்டர் சாந்தா அம்மா, திவ்யா டாக்டர், Case manager அனைவரும் என்னுடைய தெய்வங்கள்.

நான் பேனியனுக்கு வந்து 8 வருடம் முடியப்போகிறது. என்னை யாரும் இவ்வளவு அழகா பார்த்ததில்லை. எனக்கு பிடித்தவை எல்லாம் எனது பெற்றோரிடம் கூட கிடைக்காது. ஆனால் நான் முன் ஜென்மத்தில் என்ன செய்தேனோ இதெல்லாம் எனக்கு இங்கு கிடைத்து இருக்கின்றது. உணவு, உடை இடம் கொடுத்து என்னை வாழ வைத்த இதயங்கள் அனைவருக்கும் நன்றி.. நன்றி.. நன்றி

இப்படிக்கு

சரஸ்வதி பிரேம்குமார்



திருச்செல்வி

என் பெயர் திருச்செல்வி. முதுகலை உளவியல் பட்டதாரி. எனது ஊர் நீலகிரி மாவட்டம். நான் கடந்த 13 ஆண்டுகளாக பேனியனுடன் இணைந்து பணி புரிந்து வருகிறேன்.

மேலும் The Banyanல் பியர் குரூப் லீடராகவும் கடந்த இரண்டு ஆண்டுகளாக இருந்து வருகின்றேன். எங்களது குழுவின் பெயர் " நமக்கு நாமே" ஆகும். எங்கள் குழுவின் நோக்கம் எங்கள் உரிமைகளை கேட்டுப்பெறுவதும் எங்களது பிரச்சினைகளை ஆலோசிப்பதுமே எங்களின் பணியாகும். Peer Leader ன் பணி என்பது எங்களைப்போன்று உள்ளவர்களுக்கு ஆதார், வோட்டர் கார்டு, மாற்றுத்திறனாளி அடையாள அட்டை, UDID கார்டு, ரேஷன் கார்டு, வங்கி கணக்கு ஆரம்பித்தல், காப்பீடு அட்டை என அனைத்தும் பெற்று தருவதாகும்.

எங்கள் உரிமைகள் பாதிக்கப்படும் இடத்தில ஒன்றாக இணைந்து குரல் கொடுப்பதும், எங்கள் உரிமைகளை அரசாங்கத்திடம் கேட்டுப்பெறுவதும், எங்கள் பிரச்சினைகளை பொது மக்களிடையே கலந்து ஆலோசித்து மகிழ்ச்சியாக எங்கள் வாழ்க்கையில் சுயமாக சம்பாதித்து முன்னேறுவதாகும்.மேலும் தெரியாத பல தகவல்களை கற்றுக்கொள்வதாகும்.

இப்படிக்கு

திருச்செல்வி



P. Amali

தி பேணியன் என்றாலே முதலில் நமக்கு ஞாபகம் வருவது

1. அடைக்கலம் தரும் இடம்

2. இருப்பிடம்

3. அடிப்படை வசதிகள் கிடைக்கும் இடம்

4. மனநோய் பாதிக்கப்பட்டவர்களை இச்சமுதாயத்தில் சகமனிதனாக மாற்றும் இடம்

5. மனநலம் பாதிக்கப்பட்டவர்களுக்கு வேலை வாய்ப்பு அளிக்கும் இடம்.

இப்படிக்கு

P. Amali

COLLABORATION MATTERS



We've seen a child break her piggybank to contribute to a client's emergency surgery.

We've seen a father ride 200 kms on his bicycle to procure medicines for his son.

We've seen one of the members of our housekeeping team donate her monthly wages to sponsor special meals with chicken curry because her favorite client had a hankering.

We've seen volunteers and trustees over the age of 90 be the first at inspections, first to reply to emails, first to get back on documents, first to RSVP to meetings.

We've seen our director treating patients in the hospital where he was admitted for COVID.

We've seen our founders living with the people they served for eight years, allowing themselves to learn and unlearn everything they knew about social justice, and continue to do so.

We have been mentored to value creativity, resilience, consistency, ethics, rights, respect to diversity, and moral responsibility as central to everything we do. To go all in, immerse ourselves in the work, get our hands dirty, and only then allow ourselves to formulate opinions, ideas and plans. To learn from experience across cadres, to know our history, and to never stop learning. To speak with confidence and pride when we are right and show humility when we are wrong. To never stop feeling angry at injustice, to measure our responses, strike a balance between that anger, and what the situation needs in the now, and in the

Message from The Senior Management Team



long-term. To know that the truth, as Oscar Wilde said, is never pure, and rarely simple. And in our constant pursuit of it, a protective layer of well-meaning, mindful, and strong individuals forms around us, just as they have, around Vandana and Vaishnavi since 1993. With these lessons in mind, here is our commitment to The Banyan and BALM for the next decade – create diverse leadership in the mental health sector which includes encouraging and facilitating peer leaders emerging from our serviced clients; providing better access to livelihood options for persons with mental health issues; greater participatory action and research that leads to enhanced agency for persons with lived experience; greater focus on children with parental mental health issues to address their unique needs; continued and sustained responsiveness to distress and emergencies; continued and reinforced model-building for impact with greater transparency and collaboration through periodic reviews and social audits; facilitating access to cost-effective care that is culturally resonant and co-created by service users; more onboarding of implementation partners, stakeholders and volunteers in the mental health sector; continued learning from setbacks and challenges and innovating at all times.

We have been given a responsibility of gargantuan proportions and seek all your support in doing justice to the work of these two incredible women.

Happy 30th to The Banyan! Happy 16th to BALM!

Ashok, Murugan, Swapna, Archana, Preetha, Vanitha, Salih, Roy, Ramesh, Paroma, Lakshmi Sankaran and Mrinalini



MIND MATTERS



In India, about 10.6 percent of the population is living with mental health issues. An estimated 13.6 percent have experienced mental health issues at some point in their lives. From the approximately 150 million Indians in need of mental health services, fewer than 15 percent of those with common disorders and 30 percent of those with serious disorders are receiving any form of care (NMHS, 2016).

This care gap, estimated at 83 percent (NMHS, 2016), is a combination of poor mental healthcare infrastructure, reductionist conceptualisations of mental ill health and distress, inadequate human service professionals and care providers, and largely prevalent prejudice towards mental illness, creating blockades in pathways to access available options of care.

Therefore, households with lower incomes and unemployment are disproportionately affected by mental health issues (NMHS, 2016), with the problem exacerbated by both a culture of segregation on the one hand and structural barriers on the other hand.

The District Mental Health Programme (DMHP) was launched in 1996 in India, with the aim to link mental health care with primary care and create avenues to align mental health with social development services across 738 districts. However, the programme doesn't focus sufficiently on social care components that address those social and cultural determinants that precipitate ill health and stress.

A study by the Institute of Human Behaviour and Allied Sciences (IHBAS) estimates that 50 percent of the 1.7 million homeless recorded in the 2011 Census, were likely to have a mental illness. The irony is that despite their vulnerability, they are the ones feared and loathed.

Harmful substance abuse, deprivation, living in subhuman conditions and invisibilisation often prove to be a mind-altering experience for even persons not afflicted with mental illness. It is far worse for those who experience psychosocial distress. The lack of support for people with psychosocial disabilities makes them vulnerable to risks of early mortality, poverty and homelessness. The life expectancy of people living with mental illness is about 10-25 years below the average life expectancy for the general population (Fiorillo & Sartorius, 2021).

Multiple factors contribute to the marginalisation of persons struggling with mental health conditions, including broader systemic challenges including inequities and injustices emerging from gender, class and caste-based discrimination. The Banyan therefore works to create holistic healthcare by building an intersectional and interdisciplinary understanding of the lived experience of mental illness.

Care that isn't

While some homeless persons living with mental illness (HPLMI) find their way into the care system, it isn't always to their advantage. In most cases these are either tertiary care facilities or long-term rehabilitation homes, that aren't always responsive in ways that facilitate community inclusion; responsive and person-centred care, overcrowding and emphasis on dignity is not the norm. Data shows that about 32 percent of the beds in mental healthcare facilities in India are occupied by long stay service users (The Hans Foundation, 2019). Extended stay at these facilities only increases the extent of segregation and makes reunification with families, community living and participation in society much more difficult.

This alienation is also imposed by society. Homeless persons living with mental illness are often disenfranchised, and unable to participate in civic and political processes, owing to archaic and highly ableist notions of normal and abnormal.

The mandate for change

Institutional support and care is one amongst many solutions that might help persons with mental illness.

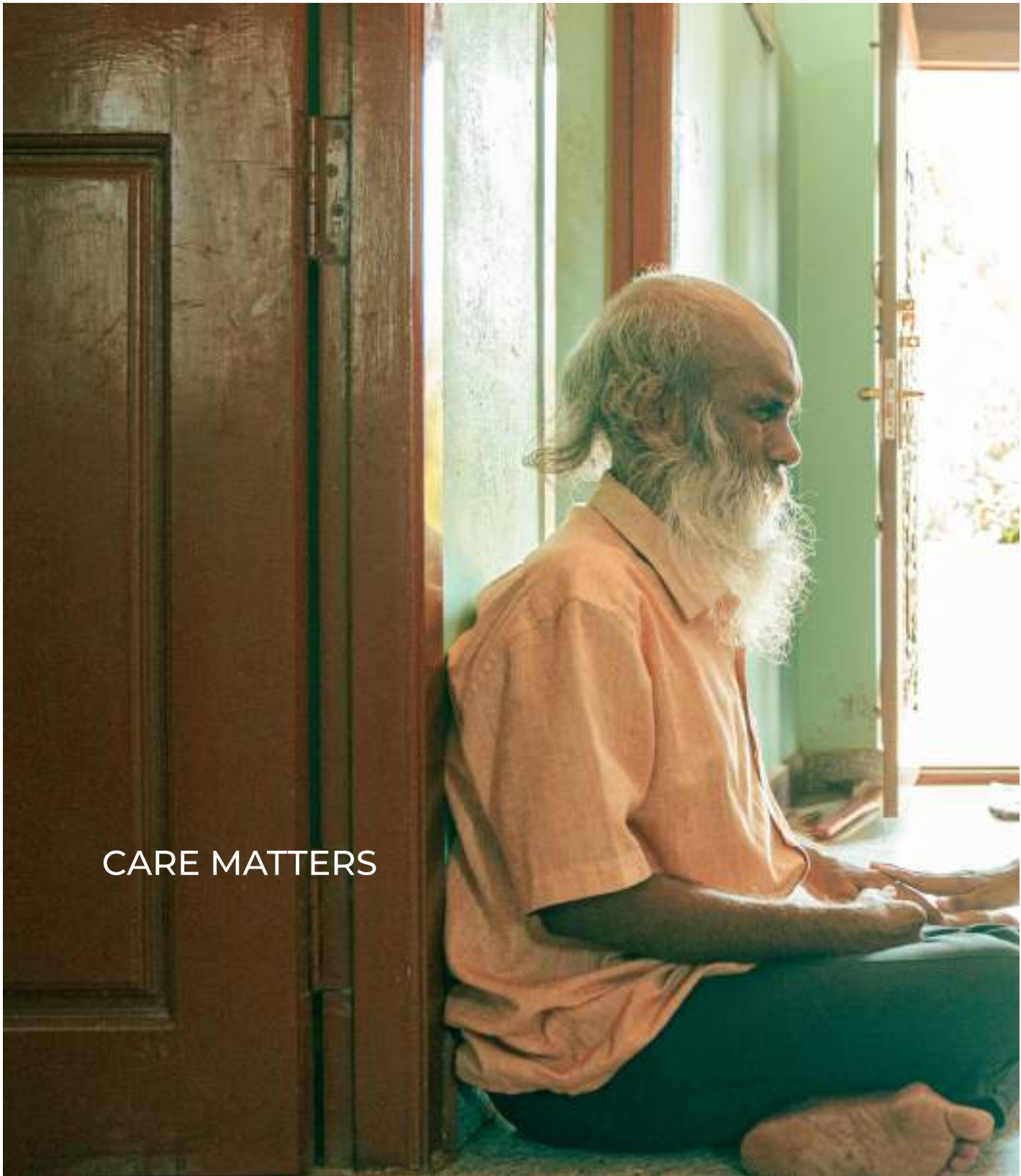
In 2017, the Supreme Court of India issued a directive for the national and state governments to develop a strategy to address the issue of long-term stay in mental hospitals. The Rights of Persons with Disabilities Act of 2016 (RPWD) and the Mental Healthcare Act of 2017, also uphold the rights of people with psychosocial disabilities to live amongst the community. The directive tasked the government to take necessary steps to make this possible.

While there is an increasing recognition of the issues surrounding mental health in the country, like general awareness of mental illnesses, positive attitudinal shifts in seeking mental health treatment and perceptions about societal contribution possible by persons with mental illness, the road to implement affective changes on the ground is yet to be paved. High development priorities like eradicating poverty, malnutrition and illiteracy, that have causal effects on mental health, are not adequately addressed, thereby further exacerbating the issues surrounding mental illnesses and access to care.

Recognising the cyclical challenge of poverty and mental illness, as well as the fractured support for the mental health sector (a less effective District Mental Health Programme, lack of trained care-givers and medical professionals; lack of adequate infrastructure for mental health; misgivings and misunderstandings around mental health issues; lack of funding avenues etc.), the Banyan works towards three levels of the individual, institution and industry, to create an ecosystem of care that seeks to rupture the status quo through a 3-pronged approach:

- Provide social care and facilitate community participation in decision-making roles
- Provide emergency health services and aftercare to the most vulnerable persons with mental illness
- Create exit pathways allowing for complete reintegration into community

Persons with mental illness, especially the homeless, continue to exist in full view - anonymous, invisible and uncounted. It is no longer acceptable to not acknowledge their struggles and their agency.



CARE MATTERS



Mental illness can be arrested, and even significantly reversed, with timely intervention and quality care provided. However, homeless persons living with mental illness seldom have access to care, or the means to actively seek such care. In an effort to provide quality care options for the most vulnerable in our society, and implement the ideal of a community-level mental health care system, The Banyan has introduced a hospital based care system that aims at physical, mental and social recovery of homeless persons living with mental illness.

The Banyan works towards addressing the need for quality, and timely, care for the most vulnerable of our society, through its **Emergency Care and Recovery Centres (ECRC)** that offer multidisciplinary, person-centred hospital-based care for HPLMIs, to recover. These transit care facilities are designed as an enabling first step for persons living with mental illness in their journey towards living life integrated with community.

ECRCs use street-based outreach (including reaching out to homeless persons exhibiting signs of mental health distress, keeping in touch with families and community members with histories of mental illness to identify and support those that need immediate care attention), inpatient bio-psychosocial care, pre-discharge services, reintegration with community and aftercare. Inherent in this model is the right of the HPLMIs to dignity and care, in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the Mental Health Policy, 2014 and the Mental Health Care Act, 2017.

The Banyan outreach teams, comprising trained social workers, follow a tiered approach towards outreach for maximising ways in which vulnerable populations can be approached and supported:

Tier 1 – Support to persons who are homeless and / or living with a mental health concern and in need of emergency care and crisis support, access to short stays, readmissions, conflict resolution services, after care services in times of recurrence of ill health or social crises, medical care and admissions into ECRCs or referral into government shelters supported under the National Urban Livelihoods Mission (NULM).

Tier 2- Support to persons who are homeless and / or living with a mental health concern and in need of emergency care and crisis support but not always willing to access the ECRC service. This results in continued engagement and support on the streets in the form of access to basic amenities and medical care when needed. Typically, many people from this group transition to Tier 1 over a period of time, because of trust building exercises, befriending, access to support circles and opening dialogues.

Tier 3- One time support based on need – many homeless persons in psychosocial distress often seek one time support in the form of clothing, food, water or medical care. They are mobile and the opportunity to engage with them over a period of time is typically not an option. The Banyan is in the process of trying to understand ways in which this group might be better supported.

The Govt. of Tamil Nadu has included the ECRC model as part of its State policy to address the needs of homeless persons with mental health issues. Some of the characteristics that make ECRCs a unique collaborative care model are:

- **Participatory:** The ECRC model encourages the clients/service users to participate in the day to day running of the facility. They take on responsibilities depending on aptitude, interest and remuneration. The duty roster includes cooking, housekeeping, laundry, kitchen garden, administrative work and, sometimes, caring for those who need greater support.
- **Bespoke services:** While ECRCs have all the infrastructure needed to provide quality care to the patients, they do away with the one-size fits all hospital approach to care. Instead, an ECRC draws up bespoke plans for their clients/service users, depending on where they are in their wellness journey. These plans use a multidisciplinary approach that includes critical health interventions, social interventions and psychological therapies. The rehabilitation network is co-developed by the service-user and the care team with a focus on cultural specificity. Exit pathways include reintegration with one's family, independent or supported living; these are customised, person-centric and need based. ECRCs also have user-led service audits, human rights cells and grievance redressal bodies to ensure accountability and transparency.
- **Continuum of care:** An ECRC is a non-custodial care model built on the values of responsiveness, individual dignity, choice and personal care. It is a deviation from the custodial care model that relies more on incarcerated exclusion, rather than rehabilitation. Aftercare is integral to an ECRC. Once the client/service-user is ready to leave the ECRC, the outreach workers actively work to reunite them with their families. Apart from counselling, medical and financial support is provided on a need basis, leveraging the resources of the District Mental Health Programme, welfare departments and civil society as well as community-based organisations. For those who do not have families to go back to, the Home Again model is facilitated for them that offers independent living at long stay homes. Aftercare is ensured through regular follow ups with the clients who have exited the ECRC, through phone calls and home visits.
- **Livelihood generation:** Economic independence is important to successful reintegration. ECRCs have a powerful component of skilling and entrepreneurship. Clients/service-users are trained in basket weaving, tailoring, leather craft, baking and other skills with market potential. The products made inside the ECRCs are sold through exhibitions and bulk orders are also undertaken. The ECRC model also has a public facing café that is run by special SHGs. These are predominantly groups of women who have battled mental illness and are now working towards becoming socially, and financially, confident.

- **Collectives:** The ECRCs are also a space where weekly meetings among people living in or with histories of homelessness are convened. These meetings of homeless collectives are an exercise in solidarity and shared identity which are used to initiate actions including advocacy towards securing their entitlements including citizenship, livelihoods and housing.
- **Community-facing:** An ECRC, by design, is set up in the middle of a populated neighbourhood to encourage social and economic transactions between the clients/service-users and the larger community. This is an inclusion strategy – neighbours are encouraged to donate clothes and goods, sponsor meals, buy food from the cafes, purchase goods produced by the clients/service users and attend the festivities inside the facility. Walking into an ECRC helps dissolving the otherization and invisibilization of persons with mental illnesses.

THE ECRC SPREAD As of March 2023



ECRCs IN NUMBERS

Indicators	Mogappair	KK Nagar	Chengalpattu	Kerala	Replication sites*	Total
Outreach	461	539	258	37	1,061	2,356
Bed capacity	95	30	50	15	194	384
Admission	93	37	22	46	317	515
Reintegration	66	42	39	26	221	394
Unique clients served	236	84	138	51	475	984
Social entitlement	153	89	40	2	57	341

AS OF MARCH 2023

	Mogappair	KK Nagar	Chengalpattu	Kerala	Replication sites*	Kerala state run mental health centres**	Total
Total Admission	2,140	478	171	66	655	NA	3,510
Total Reintegration	1,658	223	103	42	372	377	2,775

*There are ten other ECRCs that are run at replications sites including 9 across Tamil Nadu and 1 in Bangalore, Karnataka. This data represents all 10 sites.

** In partnership with the Kerala State Govt. The Banyan assists in the reintegration and rehabilitation of clients from across three state-run mental health centres in Calicut, Trivandrum and Thrissur for providing opportunities for reuniting clients with their families or exploring inclusive living options through The Banyan's Home Again programme.



Azim Premji
Foundation

TATA TRUSTS



The Breadsticks Foundation

CHENNAI
MISSION



Paul Hamlyn
Foundation



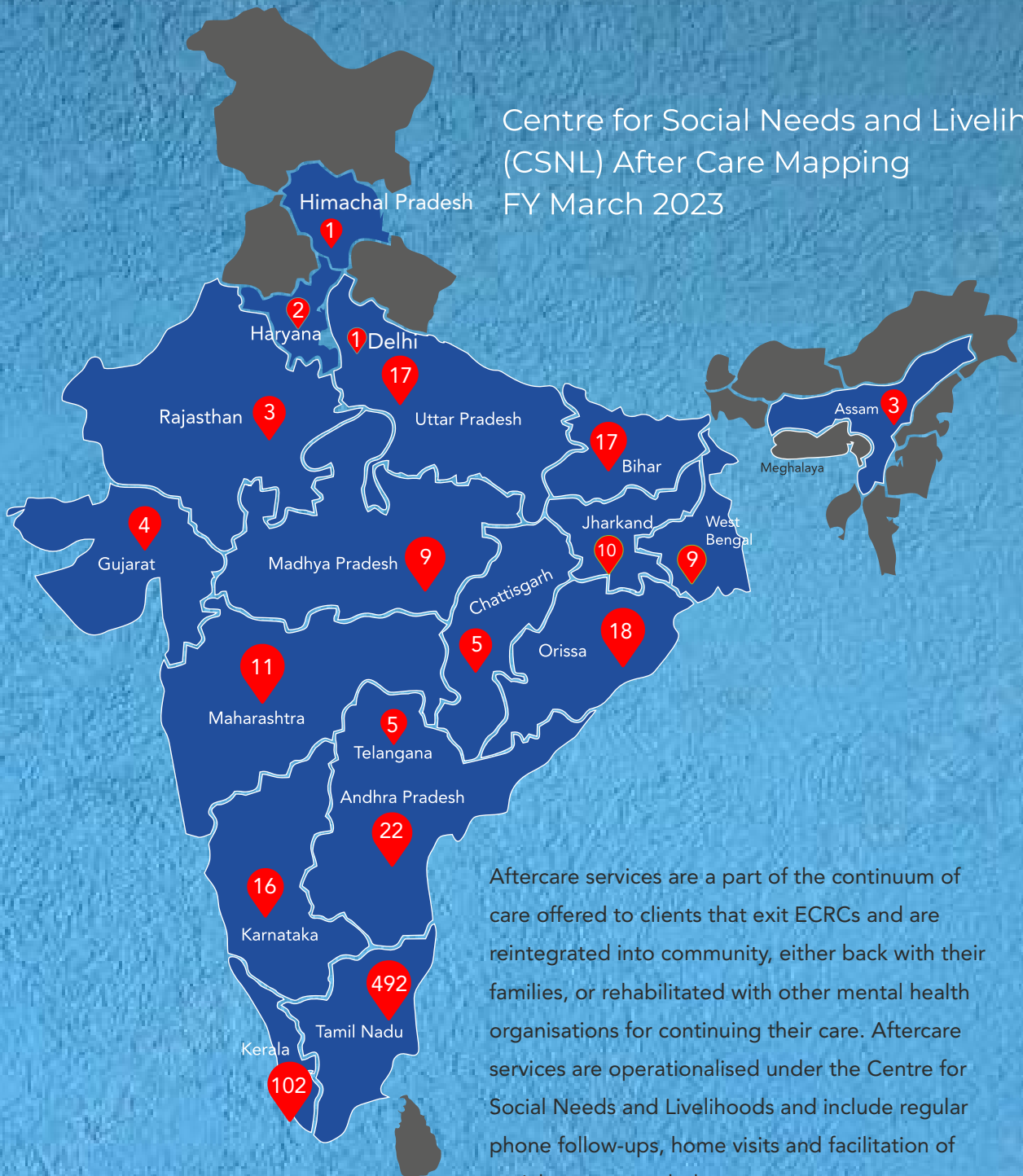
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HCLFoundation

Sathyanarayana Charitable Trust

Centre for Social Needs and Livelihoods (CSNL) After Care Mapping FY March 2023



Aftercare services are a part of the continuum of care offered to clients that exit ECRCs and are reintegrated into community, either back with their families, or rehabilitated with other mental health organisations for continuing their care. Aftercare services are operationalised under the Centre for Social Needs and Livelihoods and include regular phone follow-ups, home visits and facilitation of social care as needed.

“

As a boy, I played against them.
As an adult, I am in their team.

- Ruben, outreach worker at The Banyan

“I was about 11 when they opened a shelter for homeless men with mental health issues in my locality. I remember a lot of brouhaha amongst the adults because it was in the same complex that housed the anganwadi. Some women spoke of not sending their children to the anganwadi anymore. My friends and I were intrigued by all the fuss and sneaked into the shelter, expecting to encounter the 'madness' that was clearly rattling the adults in our community. But all we saw were ordinary men sitting around - some looked tired, others quite frankly seemed lost in their world and did not even register our presence.

Some of the resistance abated when The Banyan opened a tuition centre for us children in the same complex that housed the shelter. When the adults chaperoned their children, they had the opportunity to see the mentally ill men as they ought to be seen - people who were at risk from society and not vice versa.

While I never did go for tuition, me and my friends were befriended by Harilal Pillai R, (programme lead for CSNL and part of the team running the Santhome shelter) who over time became a part of our evening play ritual. One day he suggested the idea of starting a youth club in the shelter complex, that got us all excited. Before long we had a club at Santhome, where we spent time training, playing and sometimes shooting the breeze. We would talk about the men in the shelter, hear their stories and get a ringside view of what it meant to grapple with mental illness. The symbiotic relationship between harmful substance abuse and mental illness became clear to us.

After the pandemic, the shelter was moved out of Santhome to KK Nagar. By then I knew I wanted to continue to be a part of the Banyan's engagement with the mentally ill. After I graduated from school, I approached the Banyan to become a part of their team, where I now work as an Administrative Assistant. Not only do I earn a salary, but I also get the opportunity to make my living in a meaningful way. That's more than what many of my friends are doing. I have dreams for my future within this organisation and I feel confident that The Banyan will encourage me to spread my wings”



COMMUNITY
MATTERS



In 2017, about 197 million people in India suffered from mental illness of varying severity (The Lancet Psychiatry, 2020), which are revised, and increased, figures from 150 million as per the National Mental Health Survey of India 2015-16. The Banyan's strategic approach to create a robust mental health care ecosystem includes making the community a part of the solution to address increasing mental health concerns.

The Banyan's Centre for Social care Needs and Livelihoods (CSNL) works towards enhancing social wellbeing of people with psychosocial distress from low-income households by educating, engaging, and empowering them to co-exist in their communities, advancing their quality of life by facilitating opportunities and bridging gaps in their access to mental health care.

NALAM is a community mental health programme that is operationalised under CSNL, and pivots around community participation. NALAM, meaning well-being in Tamil, reflects the intent of the intervention. NALAM recruits and trains community mobilisers, in urban wards and village panchayats, to identify persons with mental illness in their community and deliver a holistic care response package to them. The NALAM model acknowledges that a one-size-fits-all approach doesn't work when it comes to care.

NALAM mobilisers help link persons undergoing mental distress to medical care in out-patient community clinics, offer psychological care, monitor and offer aftercare services, assist in employment placements and social-care packages. These mobilisers are armed with a comprehensive understanding of the lived experience of mental illness and its associated deprivations. They serve as confidants and counsellors for persons in need as well as their family and have a nuanced understanding of both the mental health needs of the person and family dynamics. This makes them ideally placed to work with the users and create a bespoke social care plan, components of which include:

- Access to support circles
- Linkages to government schemes and community resources
- Skill development aimed at livelihood
- Livelihood support through formation of SHGs and social cooperatives
- Low-cost housing
- Para-legal services in clinical settings
- Access to education and care for children of parents with mental illness
- Learning centres and adolescent clubs for children of parents with mental illness
- Conditional Cash Transfers (CCTs)

NALAM IMPACT

Outpatient services offered under the CSNL include access to free clinics (organised twice in a week) in poorly serviced neighbourhoods where mental health professionals and mental health and social care facilitators are engaged to offer comprehensive services to persons in distress. These services are currently offered under the NALAM programme and are operational in Tamil Nadu, Kerala and in Maharashtra.

NALAM	TOTAL REGISTRATION Up to March 2023				CLIENTS SERVED FY March 2023			
	Male	Female	Trangender	Total	Male	Female	Trangender	Total
Chennai	2,507	2,635	1	5,143	227	322	1	550
Chengalpattu	1,681	1,948	2	3,631	310	444	1	755
Maharashtra	441	302	0	743	171	118	0	289
Kerala	14	13	0	27	10	8	0	18
Total	4,643	4,898	3	9,544	718	892	2	1,612

Social Care support is a vital component under CSNL that underscores the need for linking social care with clinical models of care, offering practical support like aiding in securing important personal documents and IDs; socio-economic support that includes financial assistance in times of needs such as general health concerns, housing support; and social and emotional support that includes facilitating formation of peer groups and support circles, help in establishing self-help groups (SHGs) that enable HPLMIs to share experiences and work towards building trust and respect towards integrating back within community

S.No.	SOCIAL CARE DETAILS FY March 2023	BENEFICIARIES
1	<p>Social Entitlement Facilitation</p> <p>(Includes facilitating Aadhar, Voter Id, PAN card, Bank account, PDS card, Disability card, Disability Allowance, Free Health Insurance etc.)</p>	1,803
2	<p>Socio Economic Support</p> <p>(Includes providing financial support to persons within the network of care identified with monthly average income of below Rs. 10,000; as well as financial support offered during crisis situations; medical support and admission assistance for general health concerns, rental support, support for funeral expenses etc)</p>	346
3	<p>Support Group Facilitation</p> <p>(Includes facilitation of support groups amongst clients, caregivers and community members, formation of Self-Help groups, and encouraging peer leadership amongst community to foster trust-building and access to care pathways through peer-to-peer support)</p>	
	(I) Number of community support groups	13
	(ii) Number of members in community support groups	66
	(iii) Number of peer leaders	21
	(iv) Number of peer group members	85
	(v) Number of self help groups (SHGs)	10
	(vi) Number of members in SHGs	79

Facilitating access to livelihood is an important reintegration strategy. It reaffirms one's right to work and enables participation in the larger community. To strengthen their economic stability, CSNL encourages The Banyan's service users with lived experience of mental illness (across ECRCs and Home Again programmes) to form SHGs, based on their work interest and skill set, and collectively run social businesses like farming cooperatives, hospitality ventures, handicraft or artisanal cooperatives. Skill development workshops and vocational trainings are also organised to upskill the clients. Running a business as a group works at multiple levels - it allows people with different recovery paths and different skills to contribute in their own way. The Banyan contributes to the growth of the service users by offering support in terms of marketing, linkages and operational advice.

A majority of women service users have expressed an interest in culinary and cooking related work activities with spice making and operating small-scale cafeterias being of key interest. Currently, The Banyan service users run three cafes, and there are two enterprise groups formed that are registered as MSMEs. The cafes include the Nalam cafe run at the ECRC located in Mogappair, Chennai that serves paid meals for the employees of The Banyan and also has a front-facing cafe for passersby to stop for a meal; the Thinaï cafe that is located outside the public health centre in Kovalam (Chengalpattu) where also meals and snacks are on offer for the neighbourhood community; and Ruchi cafe that is run by The Banyan service users at its KK Nagar shelter in the city. The service users involved in the social enterprises are able to generate a monthly income within a range of INR 600-15000, offering financial stability, but more importantly a sense of collective purpose.



AR Charitable Trust

The Rajan Family Charitable Foundation

Sathyanarayana Charitable Trust

Mr. Bijoy Paulose

Mr. Krishnan

Livelihood Facilitation

8

Skill development workshops

364

Clients trained in vocational training activities

51

Employment Facilitated

8

Social cooperatives

40

Clients trained in social cooperatives

76

Clients & caregivers participated in workshops







This venture is our identity. This has helped us see life from different perspective. To earn and to be part of the community is our basic right. We run this enterprise. This statement is so powerful and I feel empowered when somebody calls me madam. That is the point I understood that work is always not about money, it's about roles and relationship”.

– Ms. Annamary

Ms. Annamary, who came to The Banyan as a client twenty years ago, through her own initiative, started D'Lite Masala – a spice powder making social cooperative housed within The Banyan, that was inaugurated in 2022. She leads this initiative, along with Nandhini, another client at The Banyan. At the Thinaï cafe in Kovalam the masalas are put to good use in everyday preparation of meals and snacks. Both the enterprises are collectively run with the help of interested and trained Banyan service users in Kovalam, offering them an opportunity to earn an income, become self-reliant and participate in work – be it behind the kitchen counter, or front-facing sales position in interacting with customers. Ms. Annamary, in recognition of her running these enterprises was also awarded the State award for Best Employee under the self-employment category. Nandhini and team also submitted a proposal to the district collector to purchase a mobile van to sell the masalas and snacks across the neighbourhood including taking it to the beach. The proposal was successful and they received an electric vehicle from the government to scale-up their business within the community.

MENTAL HEALTH FRIENDLY COMMUNITIES

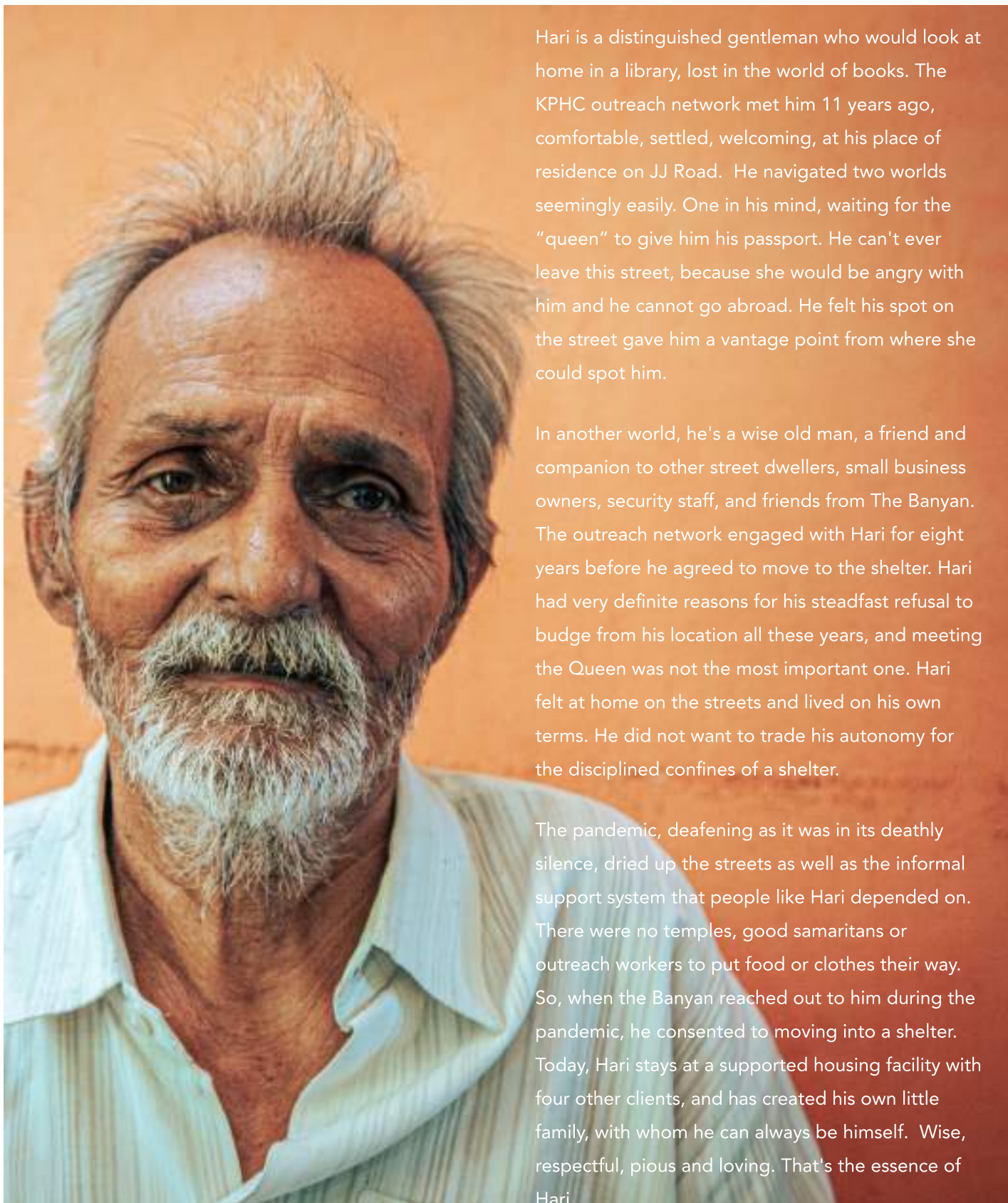
The Banyan, with the support of HCLFoundation, initiated the Kind People Happy Cities (KPHC) programme in Chennai. This programme leverages the power of volunteering to create informal outreach networks that help The Banyan staff to identify and help HPLIMs. These outreach volunteers come from all walks of life, and they develop long-term relationships with persons on taking them warm meals and clothes, sharing a cup of tea or just having a long chat without any specific agenda. These interactions are often eye-opening experiences for volunteers because they get to witness that mental illness is not monochromatic.

A majority of the people affected with mental illnesses are functional and capable of living autonomously for a large part. However, they require support – different permutations and combinations are required to facilitate their healing process including psychiatric medication, counselling, and psychosocial support. While those identified in need of urgent care are rescued and shifted to the Emergency Care and Recovery Centres (ECRC), the HPLIMs who want to stay on the streets are not coerced. The outreach workers work towards using the ECRC services, even for brief periods, leaving room for the possibility that they may not avail of these services at all.

In another effort to create safe spaces for exchange and agency for marginalised and underserved HPLIMs, in October 2022, The Banyan organised the Mattram event with the support of the Greater Chennai City Corporation and HCLFoundation. Held on 14th October 2022, at the Sir Pitty Thiyagaraya Hall, the event was an enormous success, with over 25 shelters and 200 people participating in it. Performers from Indisha Academy, Stella Maris College, and independent artists participated and performed different cultural events for the residents of the homeless shelters. Along with these performers, there were also participants from different shelters who were selected as best performers by the Greater Chennai Corporation for the cultural events. The residents of the shelter took to the stage to dance, perform and share their stories.

One of the most important highlights was the debate on the signages for the shelters which saw many residents actively participate and express their opinions. The opinions ranged from wanting a sign for the shelter and questioning the proposed sign for the shelters, to finding signs as stigmatizing. We realize it is only the beginning of the debate and look forward to engaging with the residents across shelters for further insights on this issue.

Mattram in Tamil refers to “revolutionary change”, a shift in the paradigm of non-governmental efforts towards the homeless by creating platforms that are not only inclusive but encourage the voices and expression of the homeless.



Hari is a distinguished gentleman who would look at home in a library, lost in the world of books. The KPHC outreach network met him 11 years ago, comfortable, settled, welcoming, at his place of residence on JJ Road. He navigated two worlds seemingly easily. One in his mind, waiting for the “queen” to give him his passport. He can't ever leave this street, because she would be angry with him and he cannot go abroad. He felt his spot on the street gave him a vantage point from where she could spot him.

In another world, he's a wise old man, a friend and companion to other street dwellers, small business owners, security staff, and friends from The Banyan. The outreach network engaged with Hari for eight years before he agreed to move to the shelter. Hari had very definite reasons for his steadfast refusal to budge from his location all these years, and meeting the Queen was not the most important one. Hari felt at home on the streets and lived on his own terms. He did not want to trade his autonomy for the disciplined confines of a shelter.

The pandemic, deafening as it was in its deathly silence, dried up the streets as well as the informal support system that people like Hari depended on. There were no temples, good samaritans or outreach workers to put food or clothes their way. So, when the Banyan reached out to him during the pandemic, he consented to moving into a shelter. Today, Hari stays at a supported housing facility with four other clients, and has created his own little family, with whom he can always be himself. Wise, respectful, pious and loving. That's the essence of Hari.

HOME MATTERS

The process of recovery for those with mental illness extends beyond hospitalised care. For persons who live long-term in institutions, and for persons who once discharged are unable to return to their families and homes (either because of the severity of their mental illness that renders it challenging to trace their roots; or some who no longer have families to call their own; and then some who choose to not return home or leave long-term care facilities), The Banyan offers support through an innovative assisted living care model called Home Again, that works to reintegrate people with community.





The Banyan started its journey with trying to understand how vulnerable homeless women who exhibited signs of mental illness could be cared for appropriately and reintegrated back with their families. While most HPLMIs that The Banyan worked with were able to find their way back to their support systems, with facilitation of care pathways including counselling and social support from The Banyan, a small percentage (about 10-12% ref. Home Again Manual, The Banyan) were not able to. In conversations with these persons to understand what they may require recovering their sense of agency and what living options they would prefer (institutional or otherwise), most answers led to the creation of inclusive living spaces integrated with social services such as finding appropriate livelihood opportunities, linkages with existing government welfare entitlements, avenues for recreation and social interaction etc.

The Banyan runs the Home Again (HA) intervention to address this gap of inclusive housing options available for HPLMIs who, for a gamut of reasons, are not able to integrate back with their families. This programme is anchored in its Centre for Mental Health and Inclusive Development. Home Again is an assisted living programme where those recovering from mental illness are helped to ease into the community through bespoke housing plans that are rooted in individual choices. The Banyan rents and customises accommodations in both rural and urban areas. A group of five people stay in each unit. Individuals are not assigned homes, rather they come together of their own volition to form affinity groups.

After moving into houses with people they know, residents form and renew relationships, assert their preferences and move voluntarily towards developing socio-cultural pathways to wellness.

Each house is assigned an on-site Personal Assistant (PA) who provides supportive supervision and is in-charge of immediate emergencies. While the clients/service-users are encouraged to run the household like a family, the PA helps them with issues related to health, household management, socialisation, economic transactions, work, leisure and other pursuits. The extent and kind of support extended depends on not just an external assessment of what the group needs but on what it wants. The intent is to help people achieve their own sense of well-being, which differs from one individual to another.

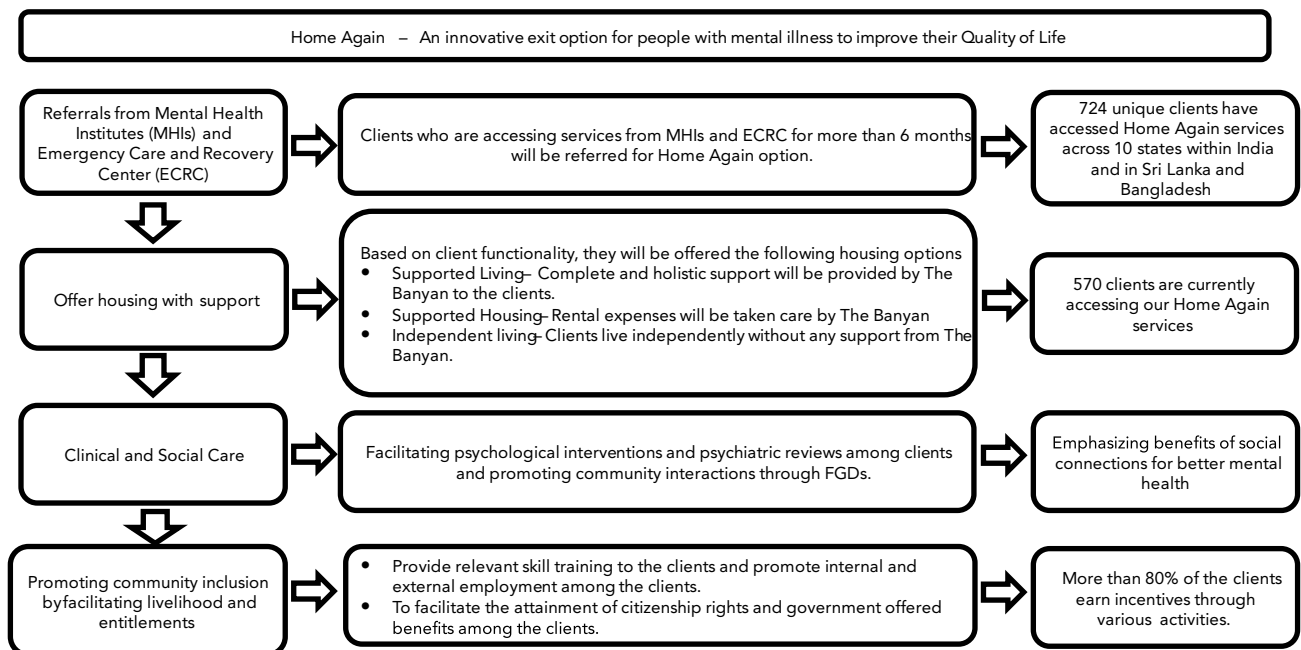
Residents independently occupy social roles of meaning, manage their spaces, care for pets, and forge strong bonds, instilling a sense of hope and community towards each other. The model of care encourages relationships that transcend the norm. These can be something simple like ordinary friendships with the larger neighbourhood, enabling these entities to coalesce into a source of derivative comfort, support and cause for peer leadership, negotiations and decisions.

Apart from Personal Assistants, a team comprising a nurse, social worker and programme managers, supervise and help direct the care programme with targeted strategies based on where the client/service user is in their stage of recovery.

The Banyan is actively working with state governments, and allied NGOs to replicate the model of Home Again. The aim is to reduce the number of long-stay users at state mental hospitals and address the needs of those who continue to remain in psychiatric facilities for over a year or more.

The Lancet Commission on Global Mental Health and Sustainable Development, and more recently, World Health Organisation (WHO) has cited Home Again as a recommended model of care.

Home Again – Operating Model



Grand Challenges Canada®
Grands Défis Canada
BOLD IDEAS WITH BIG IMPACT



Azim Premji
Foundation



महाराष्ट्र शासन

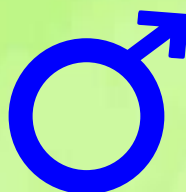
Λ M Λ R Λ_Λ
homes

HOME AGAIN SPREAD

Unique Clients Served



TAMIL NADU 272
KERALA 86
MAHARASHTRA 54
ANDHRA PRADESH 8
KARNATAKA 20
GUJARAT 12
ODISHA 0
MADHYA PRADESH 10
ASSAM 5
NAGALAND 5
SRI LANKA 5

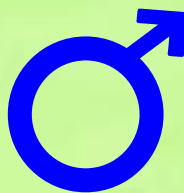


TAMIL NADU 82
KERALA 69
MAHARASHTRA 11
ANDHRA PRADESH 6
KARNATAKA 23
GUJARAT 11
ODISHA 5
MADHYA PRADESH 0
ASSAM 5
NAGALAND 7
SRI LANKA 28

Occupancy as of March 2023



TAMIL NADU 207
KERALA 73
MAHARASHTRA 46
ANDHRA PRADESH 7
KARNATAKA 15
GUJARAT 10
ODISHA 0
MADHYA PRADESH 10
ASSAM 5
NAGALAND 5
SRI LANKA 5



TAMIL NADU 68
KERALA 43
MAHARASHTRA 10
ANDHRA PRADESH 5
KARNATAKA 13
GUJARAT 7
ODISHA 5
MADHYA PRADESH 0
ASSAM 5
NAGALAND 5
SRI LANKA 26

Finding support from the community

Sankari's life up until last year, was one of strife and struggle. Reeling from a troubled and conflicting relationship with her husband, with whom she had borne a son, Sankari was in a push-and-pull relationship with upholding her expectations from the society, and her desire to be happy. With a family history of mental health concerns, Sankari did not fare well with this ongoing struggle in her mind and in time, suffered a psychotic episode that rendered her homeless and on the streets.

Help came in the way of her admittance to the Emergency Care and Recovery Centre (ECRC) in Tirunelveli, where she was able to receive attention and care to address the underlying causes of her mental distress. In a short period of time her recovery was made possible with the assistance of social care workers and psychologists in-charge of her care, and she developed strong bonds of friendship and trust with them, as well as her other peers at the ECRC. She was able to take on a lot of work at the ECRC, showing initiative and drive, working in the kitchen helping in the preparation of daily meals for the clients and staff. Sankari's life at the ECRC took an upward turn and she started smiling, laughing, joking and allowed herself to be content.

With her speedy recovery, Sankari now felt ready to be integrated back into the community but, understandably, was hesitant about transitioning to a Home Again Initiative. Her son, though an adult, was still studying in Chennai, and was not in a position to become her primary caregiver. She could not return to her family home either, given the trigger of her distress lay in her unhappy marriage. Her hesitation to move to the Home Again stemmed, in part, from her concern of losing the trusted relationships she had built within the ECRC. With adequate support provided by the ECRC team she was able to make a successful transition to the Home Again home in Tirunelveli, where she has been residing for the past year. The confidence that she gained during her time spent in the ECRC held her in good stead at the Home Again, where she became fast friends with her peers, and learnt to provide care for them. In the meantime, her son has now secured a job in Chennai, and though still not in a financially viable position to take over his mother's care completely, both mother and son hope that one day soon she will be able to live with him. Her son visits her at the Home Again from time to time, has had the chance to meet her peers and friend circle in Tirunelveli, and regularly keeps in touch via phone calls. With this trust built up again between the mother and son, and the support and care she receives from the community, Sankari is now in a space where she feels hope for her future and contentment for her present. She will always have the safe space of the Home Again, for as long as she feels she requires the support.



STORIES MATTER

It takes a while for people recovering from mental illness to feel at home. We bring you stories from the ground; stories of hope and despair, rising and falling. These need to be heard not as validation of policies and programmes design, but as narratives that are essential to dissolving the boundaries of otherization and creating an equal society.



It is a long and lonely road to recovery. You need someone to walk with you.

“

I have walked the road from mental illness to recovery and know that it is impossible to walk alone. I have chosen to be a NALAM worker to help those who are suffering and can't ask for help. My illness was diagnosed in time and that prevented it from progressing. Not everyone is as lucky. I feel timely diagnosis and intervention should not be a factor of luck but of due process. And that can only happen if we have a system that proactively identifies the mentally ill and gets them the help they need, instead of pushing them under the carpet.

Nayanamrutha grew up in a middle-class household that valued education and independence. She graduated with a degree in Computer Application and secured a decent job, and helped her siblings pursue their dreams and aspirations. In due course her parents found a suitable match and she was married. Unfortunately, her husband struggled with alcohol abuse and regularly subjected Nayanamrutha to physical and mental abuse. She tried to make the marriage work but the effort came at a big price.

She developed schizophrenia and in time, she returned to her parents' home. The family rallied around her and tried their best to get her back on her feet but at some point, exhaustion set in, and the efforts diminished. A series of events led her to the Banyan ECRC at Kovalam where she was given the professional as well as personal care that she needed. Nayanamrutha made a complete recovery and is today living independently at an accommodation that she rents with another woman. Currently, she is employed as a NALAM mobiliser and makes enough to make ends meet. Some day she hopes to complete her Master's degree and go back to working in the IT sector. Tomorrow is another day, meanwhile she is focussed on making today count for the mentally ill.

“

Nalam workers don't go from door to door, looking for mental illness specifically. They go to ensure the holistic well-being of the family offering support in matters such as employment, welfare entitlements and linkages. However, once people open their doors to you, metaphorically speaking, you get a closer look inside at the problems that are not allowed to see the light of day - problems like mental illness. The stigma attached to mental illness stands in the way of timely interventions. People just do not want to take their loved ones to trained professionals for help. No one is ashamed to tell people that they are receiving treatment for a broken leg, but no one wants the world to know that their kin are being treated for a broken mind.

“

We need to give the mentally ill a fair chance at recovery, not as a function of charity but as a basic human right.”

Stories from the Ground

The single parent

A 21-year-old widowed woman with three young children who had developed depression and suicidal tendencies, was helped by NALAM workers. In a community support group meeting she shared her woes that included the loss of her husband via suicide, and her grave financial issues owing to a loan for a motorbike that her husband had taken. Instead of referring her to the clinic, NALAM workers helped her by listening to her troubles and understanding the underlying issues that were causing her mental distress. The contentious motorbike was in the possession of her sister-in-law while the lenders were harassing her frequently. She was financially broke and was finding it challenging to feed her family. The NALAM workers decided to speak to the panchayat leader, who was very supportive. He spoke to the lenders and had the amount waived off. The sister-in-law too agreed to return the motorbike, so it could be sold. After that, she was able to enroll her children in school. One by one as her underlying issues were resolved through collective action, she started recovering mentally and did not need any medication.

The concerned father

An over-protective father, who though bothered by his schizophrenic son's inability to hold a job, was unable to let his son perform tasks within the home or outside. The NALAM workers who were working with the son observed the father's fearfulness acutely when they were able to get the son a disability card to work in the MGNREGS scheme with reduced hours, but the father claimed that his son could not go, because he might feel drowsy and unwell. The father's apprehension about his son's well-being, however well-intentioned, was becoming an obstacle in the path of his recovery. In time, the NALAM workers decided to speak to the father and address his fears. He was counselled extensively to help assuage the fear he had developed between caring for his son and his perception of his son's ability to perform tasks independently. He was assured that the NALAM workers would monitor and stay in touch with the family as the son sought independent livelihoods, available as a support system to ensure that his son's mental well-being is not compromised in his path to independence. The father finally agreed and allowed his son to do small jobs.

Fatima's disability card

Fatima is a 30-year-old woman from a disadvantaged community, who lives with her mother and brother. She was diagnosed with intellectual disability, and also suffers from psychosis. While Fatima's mother works as a house-help, the brother does not financially contribute to the family. As a result, Fatima often had no money to travel for her monthly appointments with her psychiatrist. What she required was a disability card, allowance and transport pass, but when Fatima and her mother visited the Tahsildar (the local revenue office) to apply for the same, they found the process to be complicated and unwieldy to decipher by themselves. After a few repeat visits, where Fatima was unsuccessful in securing the disability card, a NALAM worker was assigned to help her, with whose help she was able to navigate the process and finally receive the disability card.

Family dynamics

A troubled teenage girl, with a history of self-harm, came to the mental health clinic, where a NALAM worker came across her case. She had a history of being mistrusted, judged and abused by several members of her family – her mother had abandoned her, and her father redirected his frustration at his daughter, taunting her that she would follow in her mother's footsteps. Unable to withstand his constant jibes, she left her house to be with her mother, but there she was abused by her mother's partner. Desperate for refuge, she then left her mother's house with a partner she made, but he turned out to be an alcoholic. Traumatized by these series of ill treatments meted out to her, she took to harming herself.

The NALAM worker assigned to her case belonged to the same community as the teenage girl and was aware of her journey. The worker decided to intervene at the family level and address the underlying issues of abuse, negativity and lack of support and empathy.





IMPACT MATTERS

Emergency Care and Recovery Centre (ECRC)

3,510 (983M, 2527F)

people with mental illness and histories of homelessness who have accessed ECRCs

57%

returned to live with their families or independently in the community

92

Average number of days homeless people spend at the ECRCs before choosing a pathway to exit the facility

40%

of current ECRC clients (417 persons) who found meaningful employment working at The Banyan and receiving incentives from vocational training

Centre for Mental Health and Inclusive Development (CMHID)

570 (187M, 383F)

people with histories of homelessness and mental health issues (active as of March 2023)

123

Homes

across

23

locations

Centre for Social Needs and Livelihoods (CSNL)

12,000

people who have received early access to care

1,600

people accessing services on a monthly basis

24%

of clients have returned to work post receiving care

243

CSNL mobilisers have been trained via Diploma in Community Mental Health to offer supportive mental health services in community settings

SUPPORT MATTERS

It is our collective responsibility to ensure that the mentally ill are not denied the opportunity to heal because our minds are not able to comprehend theirs. The Banyan has been lucky to have the support of people, foundations and corporate entities who share this viewpoint. We are deeply thankful to have them walk with us on this journey.



A R Charitable Trust
 Abhinavam Ramkumar
 Anu Menon
 Ashok Balagopal
 Ashwin Thomas
 Azim Premji Foundation
 Bajaj Allianz General Insurance Limited
 Bajaj Finance Limited
 BALM Trust
 Balraj Vasudevan
 Bharat Petroleum Corporation Ltd
 Bhuvana Bharti
 Bijoy Paulose
 Breadsticks Foundation
 C.O.S.M Consorzio Operativo Salute Mentale
 Societa' Cooperativa
 Capco Technologies Private Limited
 Choleyil Trust
 CMS Info Systems Ltd
 Corporation of Chennai, Zone -9
 David Nash
 Delphi TVS Technologies Limited
 District Rural Development Agency,
 Thiruvallur District
 District Social Welfare Office, Zilla Parishad,
 Ratnagiri
 Dr.Babasaheb Aambedkar Bhavan,
 Zilla Parishad, Ratnagiri
 Dr.K.V.Kishore Kumar
 EPI Source India Pvt Ltd
 Friends of The Banyan USA
 Frigorifico Allana Private Limited
 Give Foundation

Grand Challenges Canada
 HCL Foundation
 IRIS KPO Resourcing India Private Limited
 K.M.Balasubramaniam
 Kirthika Varatharajan
 Maas Foundation
 Madras Engineering Industries Pvt Ltd
 Mahadevan
 Mirjam Dijkxhoorn
 N.Velayutham
 Nilpeter India Private Limited
 Online Giving Foundation (India)
 P & C Private Limited
 Pradeep Choleyil
 PVR Limited
 R V Industries
 Rural India Supporting Trust
 S. Anuprakash
 Sangeeta Mathew
 Sharcastar Communications Limited
 Sharmila Sanjay
 Sricharanya Subramaniam
 State Mental Health Authority,
 Andhra Pradesh
 Subha Raghavan
 The Rajan Family Charitable Foundation
 The Sathyanarayana Charitable Trust
 The UK Online Giving Foundation
 TIME LINKS
 V. Venkatesan
 VS&B Domestic Container Solutions Pvt. Ltd

GOVERNANCE MATTERS



Strengthening our internal services is important for maintaining checks and balances within the organisation, ensuring a feedback loop between all teams working on and off the ground towards our programmes, and adhering to all statutory compliances to ensure transparency and accountability. This is achieved through internal and external audits, regular programmatic reviews as well as HR, Admin and Financial management reviews including updating of policies (like POSH, procurement, vendor on-boarding etc.), creating new policies when the need is identified, and informing all employees on policy changes and decisions.

Annual board meetings are held four times a year where updates on all our work are presented to the board members and advice sought on challenging tasks, and successes celebrated.

In addition, Executive Committee meetings are held on a monthly basis for all governance related matters including initiation of new projects and approvals for budgetary allocations and procurements, HR management, and programme updates.

Pulse meetings and social audit reviews are organised on a quarterly basis. Pulse meetings are an internal programmatic huddle for sharing, ideation, and discussing the emergence of important research and addressing training needs; while social audit reviews are in-person visits to programme locations to monitor and evaluate the effectiveness of the programme and address course corrections wherever required.

Our Admin and Internal Services are supported with exclusive support from Breadsticks Foundation, Tata Trusts (corpus grant), Mr. Balraj Vasudevan; and supported in part by other funders and donors.

GOVERNANCE

Nature of the organization

A secular Indian Registration Public Charitable Trust reaching out to the marginalised sections of society

Trust Registration Details

No. 1589/4, Year of Establishment – 1993, Place – Chennai

Board of Trustees

*Dr. Vandana Gopikumar – Founder Trustee

Ms. Vaishnavi Jayakumar – Founder Trustee

Mr. A. Sankara Narayanan – Chairperson

Mr. Balraj Vasudevan [MD, Autopumps & Bearing Co. Pvt. Ltd.] – Treasurer

*Mr. Senthil Kumar [Director, Qube Cinema Technologies Pvt. Ltd.] – Trustee

Mr. Amarnath Reddy [MD, Shoetek Agencies] – Trustee

Mr. Bijoy Paulose [Chairman, VSB Containers] – Trustee

Mr. P.S. Raman [Advocate] – Trustee

Mr. V.S. Pradeep, MD, Cholleyil Group - Trustee

Ms. Arathi Krishna, Managing Director, Sundram Fasteners - Trustee

Mr. N.K. Ranganath, Managing Director, Grundfos Pumps India Pvt. Ltd. – Trustee

Mr. Vijay Hinduja – Trustee

Mr. Vijay Anand – Trustee

* Note that Dr. Vandana Gopikumar is married to Mr Senthil Kumar. Both were independent members prior to their marriage.

Salary Details

Gross salary plus benefits (INR per month)	Men	Women	Total
10,000-25,000	81	216	297
25,000-50,000	10	21	31
50,000-1,00,000	6	8	14
1,00,000>	1	0	1
Total	98	245	343

Head of the Organisation: Rs. 1,80,000 Per month | Highest paid staff Member: Rs. 1,80,000 per month
Lowest paid staff member: Rs.11,000 per month

Total monthly payments made to consultants (in Rs)	Number of consultants
5,000 - 10,000	10
10,000 - 25,000	26
25,000 - 50,000	6
50,000 - 1,00,000	5

Travel Details

Total cost of National travel by Board members/staff/volunteers on behalf the organisation for 2022 - 23 is INR 36,42,598/-

Total cost of International travel by Board members/staff/volunteers on behalf the organisation for 2022 - 23 is INR 1,23,837/-

Board of Trustees Meeting 2022-23

Date	Attendance
11 th June 2022	6
10 th September 2022	7
10 th December 2022	7
26 th March 2023	6

Registrations

Permanent Account Number(PAN)/GIR No: AAATT0468K

Donations are tax exempt under Section 80 (G) of the Income Tax Act

Registered u/s 12A, Application No: 291/93-93 dated 8/12/1993

FCRA Registration No: 075900624, dated April 1998

Darpan Unique ID :TN/2017/01 16803

CSR Registration No: CSR00001155

Auditor

Mr. Viji Joseph, Chartered Accountant
G Joseph & Co,
Chennai – 600 031

Internal Auditor

T R Chadha & Co LLP
Anna Salai
Chennai 600 002

How can you help?

Every penny towards our work counts. The Banyan's work since 1993 is built on the foundation of unwavering support from countless individuals and key institutional donors, who have partnered with us in our journey to transform lives. Some options to donate are:

Donation Options	Details
Meals on Time Initiative	INR 700,000 Covers meals for 100 clients for 52 days in a year, one day per week
Special Occasion Scheme All meals in a day Breakfast Lunch or Dinner	INR 13,500 INR 3,000 INR 5,500/INR 13,500 (with a meat dish of choice) Fresh meals cooked and served in our premises for 100 residents to celebrate or in memory of an occasion.
Monthly Membership Scheme	Starting from INR 1,000 onwards to any amount that you choose credited monthly to the cause of The Banyan for 12 months
Stay Well Incentive	INR 18,000 per client Covers an incentive equivalent to a disability allowance for one client for a year
Support Medicine for a Client	INR 6000 Covers medicines of one client for a year
Stay in School Scheme	INR 20,000 to INR 50,000 covers annual tuition fees for school/higher education of one child or young adult living with parental mental illness
No Strings Attached	Any amount of your choice

Gently used clothes, accessories and household articles

FCRA Money Transfer Details

For FCRA Name & Address of the Beneficiary	The Banyan
Account No.	40121845535
Type of A/c (CA / SB)	Saving Bank
Name&Address of Bank Branch	State Bank of India FCRA Cell, 4th Floor Sansad Marg, New Delhi 110 001
Branch Name & Code	New Delhi Main Branch, 00691
SWIFT No.	SBININBB104
IFSC Code of the Bank Branch for RTGS mode	SBIN0000691
IFSC Code of the Bank Branch for NEFT mode	SBIN0000691

NON – FCRA Money Transfer Details

Name and address of the Beneficiary	The Banyan
Account Number of Beneficiary	0287104000117616
Account Classification (CA/CC/SB) as per Cheque leaf	Saving Bank IDBI Bank
Name and address of the Bank Branch	No.80,New Avadi Road Opp to Lifeline Hospital, Kilpauk, Chennai - 600010,Tamil Nadu
Branch Name/Code	Kilpauk Branch, Chennai (TN) Code:287
The 9 Dight MICR code of the Branch	600259012
IFSC Code of the Bank Branch for RTGS mode	IBKL0000287
IFSC Code of the Bank Branch for NEFT mode	IBKL0000287
Swift Code	IBKLINBB005

Send your contributions by Cheque/Demand Draft/Money Order in favour of "The Banyan".
To donate through Credit Card or Net banking visit www.thebanyan.org.
For more information write to ashok.kumar@thebanyan.org

Consolidated statement Balance Sheet as on March, 2023

LIABILITIES	As on March 31,2022	Non-FCRA	FCRA	APF	GCC	TOTAL
General Fund	44290775	9,46,795	3,60,40,115	1,77,67,196	58,15,878	6,05,69,984
Corpus Fund - APF				1,00,00,00,001		1,00,00,00,001
Corpus Fund - RIST	14,89,23,992		14,89,23,992			14,89,23,992
Corpus Fund - NRTT	6,35,94,072	6,45,34,981				6,45,34,981
Corpus Fund - Bajaj	6,00,00,000	6,00,00,000				6,00,00,000
Corpus Fund - Others	1,82,31,489	1,92,30,540	949			1,92,31,489
Corpus Fund - Endowment Fund		15,00,000				15,00,000
TOTAL	33,50,40,327	14,62,12,316	18,49,65,055	1,01,77,67,197	58,15,878	1,35,47,60,446
ASSETS						
Fixed Assets	4,55,33,947	4,38,73,111	1,14,03,011	12,20,660	10,28,542	5,75,25,324
CURRENT ASSETS , LOANS & ADVANCES						
Current Assets	1,04,97,413	60,68,565	51,70,328	1,01,97,33,210	11,61,674	1,03,21,33,777
Balance in Banks & Cash-in-hand	31,87,72,954	12,82,50,212	17,28,78,144			30,57,54,750
Sub Total	32,92,70,367	13,43,18,777	17,80,48,472	1,01,97,33,210	57,88,068	1,33,78,88,527
Less : Current Liabilities	3,97,63,987	3,19,79,573	44,86,427	31,86,673	10,00,732	4,06,53,404
Net Current Assets [(A) - (B)]	28,95,06,380	10,23,39,205	17,35,62,045	1,01,65,46,537	47,87,336	1,29,72,35,122
TOTAL	33,50,40,327	14,62,12,316	18,49,65,055	1,01,77,67,197	58,15,878	1,35,47,60,446

Consolidated statement

Receipts & Payments Account for the year ended March, 2023

RECEIPTS	Non-FCRA	FCRA	APF	GCC	TOTAL
Opening Balances :-	55,135	51,430	44,543		1,51,108
Cash-in-hand					
Bank Accounts					
Axis Bank- 083010100136983 Rec	6,29,900				6,29,900
HDFC Bank Ltd - 50100092343049	5,97,398				5,97,398
ICICI Bank-602701202072 Corpus	57,069				57,069
ICICI Bank-602701209343 Rec	5,20,033				5,20,033
ICICI Bank A/C : 032901000114	17,196				17,196
ICICI Grameena Bank : 602705038223	29,349				29,349
IDBI Bank -0287104000117616	9,63,395				9,63,395
IDBI Bank - 0287104000256308 - APPI			2,00,91,797		2,00,91,797
Kotak Bank-A/C:-8413114703- Bajaj	7,64,166				7,64,167
Kotak Mahindra - 6011581033 NRTT Corpus Grant	16,25,155				16,25,155
Kotak Mahindra Bank - 6011155807	(72,44,925)				(72,44,925)
Kotak Mahindra Bank - 6011291253 HCL	27,757				27,757
RBL Bank - 300040004004 (CTS)	3,74,751				3,74,751
RBL Bank - 400040004004	1,00,000				1,00,000
RBL Bank - 309013087711			15,96,995		15,96,995
SBI - 10408452644 Rec	39,773				39,773

RECEIPTS	Non-FCRA	FCRA	APF	GCC	TOTAL
SBI 10408452859 Building Fund	24,606				24,606
SBI - 10408453115- SWADHAR	1,04,666				1,04,666
FCRA					
SBI Bank - 40121845535 - FCRA Ac		6,07,876			6,07,876
RBL - 309015735955		24,11,086			24,11,086
Kotak Mahindra Bank - 8411876887		1,41,32,742			1,41,32,742
Kotak Mahindra Bank (F C) - 6011155791 - GCC				1,13,08,873	1,13,08,873
Donation and Programme Receipts (Non - FCRA)	6,95,36,027		4,25,53,000		11,20,89,027
Foreign Contribution Received		7,44,50,206			7,44,50,206
Corpus Fund received from Azim Premji Foundation			1,00,00,00,001		1,00,00,00,001
Corpus fund received	19,40,909				19,40,909
Endowment Fund Received	15,00,000				15,00,000
GCC Donation Transfer From FCRA Main A/c				1,82,88,035	1,82,88,035
Interest Income	1,20,94,822	98,77,985	14,12,950	3,03,462	2,36,89,219
FCRA Penalty Refund	11,95,173				11,95,173
Other Income	5,35,300				5,35,300
Rent Deposits Recovery		10,40,681			10,40,681
Loans & Advances Recovery	2,99,624	2,53,614	3,15,134		8,68,371

RECEIPTS	Non-FCRA	FCRA	APF	GCC	TOTAL
Sundry Creditors	18,43,683		9,29,591		27,73,275
Outstanding liabilities			2,42,283		2,42,283
Loan taken from Kotak bank (OD)	75,15,280				75,15,280
Vehicle Loan Taken from ICICI Bank	7,50,988				7,50,988
TOTAL	9,58,97,231	10,28,25,619	1,06,71,86,294	2,99,00,370	1,29,58,09,515
PAYMENTS	Non-FCRA	FCRA	APF	GCC	TOTAL
Emergency Care & Recovery Centre- Mogapair	89,96,104	11,27,562	2,26,99,773		3,28,23,439
Emergency Care & Recovery Centre- Kovalam	46,71,873	10,39,543	86,77,003		1,43,88,419
Emergency Care & Recovery Centre- Chennai		1,19,601			1,19,601
Emergency Care & Recovery Centre- Kerala	2,66,477	1,00,954	23,55,255		27,22,686
Emergency Care & Recovery Centre- Bangalore	4,78,981		53,46,505		58,25,486
Emergency Care & Recovery Centre- Thiruvallur	34,20,697				34,20,697
Emergency Care & Recovery Centre- Others		1,15,910			1,15,910
Emergency Care & Recovery Centre- Replication Sites	3,43,923		33,63,611		37,07,534
Centre for Social Needs and Livelihoods - Rural	61,37,365				61,37,365
Centre for Social Needs and Livelihoods - Urban	32,81,724				40,14,728
Centre for Social Needs and Livelihoods - Maharashtra	40,14,728				32,81,724
Centre for Social Needs and Livelihoods - Kerala	1,79,795				1,79,795
Centre for Social Needs and Livelihoods - (NALAM)	1,27,535	17,94,083			19,21,618

PAYMENTS	Non-FCRA	FCRA	APF	GCC	TOTAL
Home Again - Thiruporur	3,73,729	79,47,009			83,20,738
Home Again - Chennai	6,85,290	80,27,996			87,13,286
Home Again - Trichy	5,56,071	58,84,770			64,40,841
Home Again - Kerala	4,41,863	1,20,74,138			1,25,16,001
Home Again - Thirunalveli & Villupuram	1,91,890	12,54,450			14,46,340
Home Again - Maharashtra	1,01,30,053				1,01,30,053
Home Again - Gujarat, Karnataka, A P, Etc		3,35,322	11,87,139	2,19,69,187	2,34,91,648
Shelter for Men	74,74,346				74,74,346
Aftercare / Rehab.project expenses	22,25,229	23,45,002	3,50,261		49,20,492
Skills Development	33,96,735	17,87,530			51,84,265
Research and Training		13,145	1,10,906		1,24,051
Other Programme Expense	3,62,125				3,62,125
Administrative Expenses	84,23,110	45,51,399	8,10,038	15,91,996	1,53,76,543
Assets Maintenance	18,51,432	6,256			18,57,688
Covid 19- Expenses		30,29,125			30,29,125
Capacity Building / Replication Travel Expenses			8,96,008		8,96,008
FCRA GCC Donation Transfer GCC A/c		1,82,88,035			1,82,88,035
Sub Grant	5,00,000		15,50,000		20,50,000

PAYMENTS	Non-FCRA	FCRA	APF	GCC	TOTAL
Fixed Assets	1,29,96,455	16,56,230	45,441	10,08,339	1,57,06,465
Fixed Deposit	24,61,967	1,13,03,705	1,00,00,00,000		1,01,37,65,672
Rent Deposit	15,45,360			6,00,000	21,45,360
Expenses Payable	13,09,975				13,09,975
Loans & Advances (Asset)	45,446	4,43,190		1,04,454	5,93,090
Outstanding Liabilities	35,51,841				35,51,841
Closing Balances :-					
Cash-in-hand	67,736	1,605			69,341
Bank Accounts					
Axis Bank- 083010100136983	11,25,124				11,25,124
Axis CA 923020011940669			1		1
Axis SB 923010010763594			8,05,304		8,05,304
HDFC Bank Ltd - 50100092343049	49,921				49,921
ICICI Bank-602701202072 Corpus	40,874				40,874
ICICI Bank-602701209343 Rec	99,286				99,286
ICICI Bank A/C : 032901000114	17,196				17,196
ICICI Grameena Bank : 602705038223	29,349				29,349
IDBI Bank -0287104000117616	31,90,591				31,90,591
IDBI Bank-0287104000256308			21,97,956		21,97,956
IDFC-10099749880			4,10,651		4,10,651

PAYMENTS	Non-FCRA	FCRA	APF	GCC	TOTAL
IDFC - 10104855831			1,57,12,689		1,57,12,689
Kotak Bank-A/C:-8413114703- Bajaj	42,788				42,788
Kotak Mahindra - 6011581033 NRTT Corpus Grant	4,04,719				4,04,719
Kotak Mahindra Bank - 6011291253 HCL	17,177				17,177
RBL Bank - 300040004004 (CTS)	33,234				33,234
RBL Bank - 400040004004	1,63,167				1,63,167
RBL Bank - 309013087711			6,67,752		6,67,752
RBL -309015735885		69,37,020			69,37,020
RBL - 309015735955		43,79,059			43,79,059
SBI - 10408452644 Rec	40,858				40,858
SBI 10408452859 Building Fund	25,277				25,277
SBI - 10408453115- SWADHAR	1,07,816				1,07,816
SBI Bank - 40121845535 - FCRA Ac		43,10,135			43,10,135
Kotak Mahindra Bank-8411876887		39,52,846			39,52,846
Kotak Mahindra Bank (F C) - 6011155791 - GCC				46,26,394	46,26,394
TOTAL (B)	9,58,97,231	10,28,25,619	1,06,71,86,294	2,99,00,370	1,29,58,09,515

As per our report of even date
for **G . JOSEPH & CO**
Chartered Accountants
Firms registration number :

Viji Joseph
Partner
Membership No : 027151

For and on behalf of the Board
The Banyan

Dr KV Kishore Kumar
Director

Consolidated statement

Income & Expenditure Account for the year ended March, 2023

INCOME	Year Ended 31.03.22	Non-FCRA	FCRA	APF	GCC	TOTAL
Donation and Programme Receipts (Non - FCRA)	9,74,70,183	6,95,36,027		4,25,53,000		11,20,89,027
Foreign Contribution Received	5,51,59,072		7,44,50,206			7,44,50,206
Interest Income	2,29,24,596	86,62,427	1,08,85,886	14,53,377	3,03,462	2,13,05,152
Rent Income	12,10,000					-
Other Income	3,36,950	5,35,300				5,35,300
GCC Donation Transfer From FCRA Main A/c	1,79,22,000				1,82,88,035	1,82,88,035
FCRA Penalty Refund		11,95,173				11,95,173
TOTAL (A)	19,50,22,801	7,99,28,927.49	8,53,36,092	4,40,06,377	1,85,91,497	22,78,62,893
EXPENDITURE	Year Ended 31.03.22	Non-FCRA	FCRA	APF	GCC	TOTAL
Emergency Care & Recovery Centre- Mogappair	2,90,71,735	89,96,104	9,24,713	2,26,99,773		3,26,20,590
Emergency Care & Recovery Centre- Kovalam	1,11,88,338	46,71,873	12,03,255	86,77,003		1,45,52,131
Emergency Care & Recovery Centre- Chennai			1,78,189			1,78,189
Emergency Care & Recovery Centre- Kerala	29,81,556	2,66,477	1,41,171	23,55,255		27,62,903
Emergency Care & Recovery Centre- Bangalore		4,78,981		53,46,505		58,25,486
Emergency Care & Recovery Centre- Thiruvallur		34,20,697				34,20,697
Emergency Care & Recovery Centre- Others			1,55,072			1,55,072
Emergency Care & Recovery Centre- Replication Sites	1,54,10,383	3,43,923		33,63,611		37,07,534
Centre for Social Needs amd Livelihoods - Rural	62,16,892	61,37,365				61,37,365

EXPENDITURE	Year Ended 31.03.22	Non-FCRA	FCRA	APF	GCC	TOTAL
Centre for Social Needs and Livelihoods - Urban	26,89,522	32,81,724				32,81,724
Centre for Social Needs and Livelihoods - Maharashtra	45,37,420	40,14,728				40,14,728
Centre for Social Needs and Livelihoods - Kerala		1,79,795				1,79,795
Centre for Social Needs and Livelihoods (NALAM)		1,27,535	18,63,380			19,90,915
Home Again - Thiruporur	91,68,542	3,73,729	76,34,374			80,08,103
Home Again - Chennai	65,25,680	6,85,290	78,58,423			85,43,712
Home Again - Trichy	58,94,799	5,56,071	58,50,621			64,06,692
Home Again - Kerala	97,05,486	4,41,863	1,15,75,723			1,20,17,586
Home Again - Villupuram & Thirunaveli		1,91,890	13,05,531			14,97,421
Home Again - Maharashtra	86,68,485	1,01,30,053				1,01,30,053
Home Again - Gujarat, Karnataka, A P, Etc	67,75,586		5,25,604	11,87,139	2,17,59,847	2,34,72,590
Shelter for Men	63,34,377	74,74,346				74,74,346
Kovalam CGH (P C) project expenses	11,88,941					-
Aftercare / Rehab.project expenses	58,59,704	22,25,229	17,51,959	3,50,261		43,27,449
Skills Development	36,06,606	33,96,735	17,39,712			51,36,447
Research and Training	1,70,541		13,145.00	1,10,906		1,24,051
Other Programme Expense	7,14,427	3,62,125				3,62,125
Administrative Expenses	1,64,66,931	84,03,912	42,36,443	8,10,038	17,19,958	1,51,70,351
Assets Maintenance	52,70,419	43,27,149	9,23,083	3,27,021	3,09,009	58,86,262
Covid 19- Expenses	29,14,144		29,46,125			29,46,125

EXPENDITURE	Year Ended 31.03.22	Non-FCRA	FCRA	APF	GCC	TOTAL
Capacity Building / Replication Travel Expenses	4,68,431			8,96,008		8,96,008
NALAM Maharashtra	65,887					-
Kerala Chapter	8,80,080					-
FCRA GCC Donation Transfer GCC A/c			1,82,88,035			1,82,88,035
Sub Grant		5,00,000		15,50,000		20,50,000
TOTAL (B)	16,27,74,912	7,09,87,593	6,91,14,558	4,76,73,521	2,37,88,814	21,15,64,486
EXCESS OF EXPENDITURE OVER INCOME [(B) - (A) = C]				36,67,144	51,97,317	
EXCESS OF INCOME OVER EXPENDITURE [(A) - (B) = C]	3,22,47,888	89,41,334	1,62,21,534			1,62,98,407

As per our report of even date
for **G . JOSEPH & CO**
Chartered Accountants
Firms registration number :

Viji Joseph
Partner
Membership No : 027151

Place : Chennai
Date : October 30,2023

For and on behalf of the Board
The Banyan

Dr KV Kishore Kumar
Director

INDEPENDENT AUDITOR'S REPORT

Opinion

We have audited the financial statements of The Banyan ("the Trust") which comprise the Balance Sheet at March 31st 2023, and the Income and Expenditure Account for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Trust as at March 31, 2023 and of its excess of income over expenditure for the year then ended in accordance with the Accounting Standards issued by the Institute of Chartered Accountants of India (ICAI).

Basis for Opinion

We conducted our audit in accordance with the Standards on Auditing (SAs) issued by the Institute of Chartered Accountants of India (ICAI). Our responsibilities under those Standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Trust in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India and we have fulfilled our other ethical responsibilities in accordance with the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation of these financial statements that give a true and fair

view of the financial position and financial performance of the Trust in accordance with the accounting principles generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Trust or to cease operations, or has no realistic alternative but to do so.

The Trustees are responsible for overseeing the Trust's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SAs, we exercise professional judgement and maintain professional skepticism throughout the audit. We also:-

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or,

if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

for **G . JOSEPH & CO**
Chartered Accountants

Viji Joseph
Partner
Membership No : 027151

Place : Chennai
Date : October 30,2023

