



The Banyan COVID-19 Response Report



The Banyan
6th Main Road
Mogappair Eri Scheme
Mogappair West
Chennai 600 037
www.thebanyan.org

The Banyan - COVID-19 Response Report

Table of Contents

Overview

The Banyan Way

Challenges and Highlights

Residential Care

Preparing for the Pandemic for Inpatient and Home Again Clients

Dissemination of Knowledge

Expansion of Roles, Skill Building & Social Co-operatives

Medical Care Unit

Care Systems

Outreach

Needs Assessment and Outreach

Entitlements

Outpatient Care

Initiatives for Emergent Needs: Holding Centre

Helpline

Advocacy

Webinars and Partnerships

Resource Building

Public Policy

Social Action

I. Overview

In the best of times, 1.78 million Indians (Census of India 2011) experience homelessness, ill health, distress, starvation, unstable housing and social exclusion. 90.7% of homeless persons (n=140) experience psychiatric illnesses, with a majority from rural backgrounds with no education (Tripathi et.al., 2013). Long-distance to district mental health centers or tertiary hospitals, high caregiver burden, financial insecurities, deplorable living conditions, and concomitant distress impede access to care and increase disability, often resulting in a descent into a state of homelessness, particularly in the context of a severe mental disorder. A strong bidirectional link is often observed between poverty, homelessness and mental illness (Gopikumar et.al., 2015); while with some individuals homelessness precedes mental illnesses, with many, homelessness is a consequence of mental illnesses, disability and lack adequate and integrated care pathways (Bunders et.al., 2014; Tripathi et.al., 2013). In light of the public health response to the COVID-19 pandemic (the “Pandemic”), that mandates social and physical distancing, the plight of these homeless persons with severe mental illness (“hPSMI”) has been further exacerbated, exposing them to a higher risk of contracting the disease, aggravation of their symptoms, loss of livelihood, and bereft of access to basic amenities. For these hPSMI, the loss of jobs and social isolation has further increased the risks of poor mental health and in turn leading to homelessness, not just at the individual level but also for the family.

Acknowledging the crisis, the United Nations has identified the ultra-vulnerable group who are least able to protect themselves as the focus of its COVID-19 humanitarian response program, likening it to a “matter of basic human solidarity”, and the fact that a crucial element of combating the virus requires an urgent need for focused policy action towards the ultra-vulnerable. The public health system for mental health services in India includes the District Mental Health Program (“DMHP”), which is operational over 500 districts with 43 state mental health centers that offer inpatient care. Notwithstanding the growing recognition of the principles of universal human rights for all at both the State and the Central government level, the hPSMIs continue to face challenges in accessing care, especially in the context of the Pandemic. Reports have suggested that these groups suffer increased consequences of the lockdown and quarantine, that severely restrict their access to basic needs and livelihood. The hPSMIs are often exposed to structural violence of a persistent sort; many are now living in close quarters with their perpetrators, or in states of enhanced distress owing to amplified rates of unemployment, lack of education, food, medicines and support networks (Mathew and Krishnadas et.al., n.d). In this background & given the various challenges experienced by persons from disadvantaged health and social backgrounds, the Pandemic has reportedly resulted in further depletion of resources and increased stress, contributing to mental ill health and allied difficulties.

II. The Banyan Way

The Banyan has adopted an integrated approach to mental health care, taking into cognizance the bidirectional relationship between social disadvantage and mental ill-health and the predisposing, precipitating and perpetuating impact that social determinants have on hPSMIs. A targeted focus to address intersectionality around the needs of minority or vulnerable groups has led to bespoke mental health care and social needs care packages along a continuum ranging from emergency to long term care. At the core of The Banyan’s methodology is its focus on individual strengths, support networks, enhancement of social capital and participation in social and cultural life. The sections below, elucidate various models along the continuum of care:

I. Capacity building and Early Identification of Psychosocial Distress: Capability building of non-technical workforce in all National Urban Livelihood (“NULM”) shelters to identify persons in psychological distress may extend reach and enable effective distress reduction measures. The reintegration process supports the client across five domains - psychological and social health, quality of life, addressing caregiver strain, and all, with an emphasis on community inclusion. This process is aided by a highly-skilled non-technical workforce of community and health care coordinators, who comprise 60% of The Banyan’s workforce. This workforce is inducted from local communities and are trained to identify mental health issues early on within the communities, facilitate referral pathways, and engage with clients and families as they negotiate their illness. Psycho-education, community sensitization, and accessing local support networks including panchayats, public health systems including the DMHP, and civil society based organizations form a large part of the multi modal ‘recovery’ planning process. Consistent with global evidence which suggests that homeless persons have higher abuse, morbidity, and mortality rates, when compared to the general population (Folsom, 2005; Yim, 2015), an evaluation of the banyan’s service users indicates that 47% have suffered abuse and adverse experiences, with a majority experiencing physical violence (49%; Krishnadas and Gupta n.d) while 54% have at least two comorbidities such as anemia, hypothyroidism, etc. this indicates intersectionality between social disadvantage, mental illness, and homelessness, stigma and discrimination and gender roles (Oxle and Corrigan, 2018). Focusing on minority mental health, The Banyan services target this intersectionality by promoting access to opportunities, equitable care, support networks and strengthening of self-reliance.

Ms.V is widowed and lives with her daughter’s family. Her primary caregivers are her daughter and son-in-law who are daily wage earners and their three sons who attend the local government school. The family of six lives in a small hundred square feet house at a slum in Madhuravayil, Chennai. During the Lockdown Vasantha’s family wasn’t able to afford even a single meal a day. Her daughter was juggling between taking care of Vasantha and making ends meet. The aftercare team collected all the details from Vasantha’s daughter and medications and dry rations were delivered to their doorstep. Lakshmi (Vasantha’s daughter) collected the relief provisions and was almost in tears while talking about the difficulties and how these relief provisions would help her through the lockdown to feed her family.





2. Emergency Center and Recovery Centres (“ECRC”): The ECRCs are accessed by hPSMIs for care and rehabilitation services (stay period ranges between 6 - 12 months on average). These centers currently operate across three districts, in two states, Tamil Nadu and Kerala. If admissions are necessitated, transparency in communication on processes of care, peer support that helps foster trust, and a care coordination team that liaises on behalf of the client with multiple specialist services are mandatory. Stages of care at the ECRC include an in-depth understanding of the clinical and social histories and development of individual care plans implemented by multi-disciplinary teams. Social role valorization, creative use of living spaces, culture-sensitive psychosocial services, and collaborative work on domains of functionality are stressed. Service delivery is characterized by the use of evidence-based approaches adapted to suit the socio-cultural context; such adoption of trauma informed interventions in an eclectic mix of traditional and non-traditional therapeutic offerings such as socio-therapy, cognitive-behavioral therapeutic strategies, open dialogue, befriending, forming fictive kinship bonds, the use of rituals, therapist and client discussions on life events and vulnerabilities etc. From a rights perspective, a legal aid cell is available for individuals to address grievances and seek legal recourse. In addition, an internal Human Rights cell with diverse membership from external organization's and advocacy groups and a service user audit mechanism are integral to The Banyan's value-based operations. The service audit is a collaborative process led by peer researchers and auditors to gather service delivery related feedback that is then incorporated into the supply chain. Co-production of knowledge has helped The Banyan develop some of its most fearless innovations that include open dialogues and discussions on suffering, existentialism, social relationships, commonalities in life events between the therapist and client, personal growth and purpose to name a few. Isolation rooms and locked wards for person with high needs are replaced with open wards and a small special needs room that offers comfort and support; cultural congruence in care provision is stressed in diet, grooming rituals, spirituality and recreation. Self-discharge balances the pros and cons around quality of life and healing. Transparency is initiated by ushering in movement between the 'outer social world' and those otherwise 'behind the walls of the hospital' using social and cultural spaces such as cafes and other social hubs that enthruse passersby to engage with this mental health system; visits to the movies, places of worship and recreation is encouraged in small and self-formed affinity groups. Numbers are capped so as to be able to keep the unit small, allowing for personal attention and swift recovery, mental health care teams and client ratios are better managed, peer engagement strengthened and continued training and experiential learning mechanisms further integrated into the organization's collective vision. Peer leaders also train interns and scholars, besides the mental health care teams, such that lived experience contributes to the organization's development and culture, while influencing social dynamics and obscuring social hierarchies.



3. Centre for Mental Health and Inclusive Development (“CMHID”): Despite emergency and outpatient services, 11% of HPSMI remained within in-patient facilities (Gopikumar and Vallath et.al., n.d). The Banyan’s CMHID caters to the needs of hPSMI experiencing long term care needs through two primary programs: supported housing and supported living options. ‘Home-Again’ a supported living option for persons with severe mental illnesses experiencing long term care needs is an innovative approach that offers non-clustered housing and personal recovery support as key interventions. 4-5 women in each home, form affinity groups and live together in formed families with opportunities to engage with the community and normalize mental illness. The community living experiences creates organic changes in self-care and learning through observation and social comparison, impacts individual and group behaviour. 50% of individuals who have moved into such facilities have transitioned to supported housing with no or minimal staff contact for support.

The program has been successful in the rehabilitation and integration of hPSMI with community services at costs 50% below the average expenditure in any institutional facility (Kumar et.al., n.d). Further, social mixing entices communities to challenge prejudice and through social connection better understand individuals with severe mental illness. More importantly, disrupting the specialist driven care trajectories, peer leaders have anchored home again in rural contexts, adhering to standardized protocols, but integrating their unique wisdom to develop a vibrant version of the prototype.

Outcomes of The Banyan way have been further elucidated in Table 1.

Table 1. Impact of The Banyan’s models on mental health, reintegration and quality of life

	Number of people/low income households impacted	Social and Mental Health Gains	Impact on community Inclusion
ECRC	Since its initiation in 1993, 2585 homeless men and women have accessed ECRC centers, across Tamil Nadu and Kerala. At any point of time, about 200 persons with SMI reside in the centers. Additionally, given the intersectionality and interlinkages between caregiver burden, and family involvement in mental health recovery gains, The Banyan ECRCs also cater to 10,340 families of the aforementioned 2585 individuals.	1478 (nearly three-quarters) of residents have successfully returned to their families after attaining recovery at ECRC, combating homelessness. Additionally, About 40% of those in residential care participate in work, full-time or part time employment or social enterprises. Of those individuals discharged, 20% are in paid employment and 61% are engaged in household occupational roles (Narasimhan et al., 2019).	Seven out of 10 (73.3 %) of women in ECRC exited life of homelessness after care, and were able to sustain themselves within the family or otherwise. Support networks were enhanced resulting in arresting homelessness.

	Number of people/low income households impacted	Social and Mental Health Gains	Impact on community Inclusion
CSNL	1 million persons across the country have accessed services, since its initiation in 2007. Additionally, 8510 individuals experiencing severe mental illnesses from socially disadvantaged backgrounds, are direct beneficiaries of medical, social and psychological services through outreach programs and outpatient clinics.	As part of the outreach programs, several enterprises such as a cafe, a mess, an all-purpose store, a salon, a laundry unit etc. were set up and run by persons with SMI, 1655 have accessed social entitlements such as . Caregivers, taking care of family members or extended relatives with SMI were supported by the Banyan through holistic services to cope with the various symptoms of their loved ones by a variety of need based interventions (Dijkxhoorn, Padmakar & Regeer et al., 2018).	It maybe hypothesized that families and individuals have experienced a reduction in levels of poverty and an increase in work force participation alongside expansion of social support networks and community participation. Further inquiry into impact is underway.
CMHID	Since its initiation in 2015, about 329 persons with severe mental illnesses, experiencing long term care needs have accessed inclusive living options	Outcomes on quality of life indicates a significant improvement in residents after five months, in relation to physical health and social relations in addition to significant reduction in psychiatric symptoms (Padmakar et al., 2020; Narasimhan et al., 2018) with increased well-being (Vallath et.al., nd)	CMHID has been influential in hPSMIs existing institutionalization. Through enhanced social mixing and participation mental illnesses and allied disability is normalized, decreasing stigma and discrimination (Narasimhan et al., 2018) as measured through community integration

	Current no. of Inpatient Clients
Mogappair ECRC	102
Santhome Shelter	40
Kovalam ECRC	17
Kerala ECRC	5



III. CHALLENGES AND HIGHLIGHTS

The purpose of this report is to bring to the fore the challenges faced by hPSMI specifically in the context of the Pandemic. The data has been collected from various sources by The Banyan: these include their existing clients at its various residential facilities, their aftercare and outpatient clients, and also on the basis of outreach work done by the staff at The Banyan and Nalam workers.

CHALLENGES	HIGHLIGHTS
20% reduction in staff	Clients and staff worked together to bridge the gap resulting from reduced staff
Reduced community interactions resulting in a sense of isolation	Clients and staff worked with each other to provide emotional and social support to each other
Fear and anxiety amongst staff and clients	Increased efficiencies of the staff in planning and execution
Loss of jobs and source of funds for clients as most are daily wage workers	Reduction in behavioural issues amongst clients (particularly those in the ECRC) as they undertook more responsibilities given the reduction in staff
Difficulty accessing banks	Across-centre adoption of technology to keep in touch with near and dear ones
Helplessness when faced with sickness in family and being away from them	Self-grooming initiatives taken by clients
Delay in delivery of medication	Active client participation in housekeeping, cooking and helping staff with chores
Inability of clients to interact with case managers made them more anxious	Skill building through remote classes by staff
Increased incidences of domestic violence	
Resource shortages at the skills unit, including obtaining raw materials	
Nalam workers and staff found it difficult to get e-passes to travel and reach clients	

RESIDENTIAL CARE

Preparing for the Pandemic for Inpatient and Home Again Clients

As part of gearing up for the Pandemic, The Banyan's clients and staff were educated about the Pandemic and the safety protocols to prevent transmission. All clients and staff across The Banyan were addressed in small groups about the Pandemic and the coronavirus as soon as reports started coming on various news platforms. The nursing team along with mental health professionals disseminated information about the nature of the disease, how it originated, symptoms and precautionary measures to be taken during this pandemic using visual aids, role play and demonstrations. These sessions were done in their preferred languages to ensure every individual in the organization clearly understood how crucial it was to stay safe and abide by the protocols set specifically to tackle this situation in the organization. With the reduction of staff, the remaining staff moved in-house and no outsiders were permitted to enter into any of the residential set-ups, all procurement and deliveries were done at the gate, staff members worked in circulation by staying 14 days in the ECRC.

Emphasis was placed on limiting people stepping out for groceries and daily essentials by fixing a day to buy necessities, assigning only one person from the Home to go to the shops. Clients were also advised on limiting social interactions with neighbours. Personal Assistants were trained to monitor temperature and sanitize hands prior to entering the Homes. Visits by Nurses to the various homes followed safety protocols like wearing of masks. Clients were apprised of the need to maintain social distancing at all times. Personal Assistants continued to monitor the health of the clients on an everyday basis, with visits from Nurses to identify any symptoms of respiratory tract infections. Anyone identified with fever or cold was reviewed by a general physician, with self-quarantine protocols set up at the Homes. Ongoing psychiatric reviews and calls were conducted by video and phone calls.

In places where the Home Again houses were close to each other, in some cases one Personal Assistant took over running it entirely and was able to manage the everyday functioning and health-monitoring with support from the clients. The staff and the clients were able to keep a positive frame of mind by participating in various activities, like yoga, reading, cooking, celebrating festivals together etc. Clients had a difficult time adjusting with the isolation and reduction in community interaction. However, with the help of NALAM workers and personal assistants, they maintained a positive attitude. Those clients who were unable to cope and had psychiatric emergencies were referred to the ECRC.



Figure 1: COVID-19 Response Framework

Covid Responses

Wearing of masks, Physical distancing, isolating users who have health concern's, daily monitoring of vitals, quarantining staff and users who visit other hospitals. Rosters for staff and capacity building were carried out at all centres.

1

CSNL - Posters were displayed. Maintaining physical distance yet socially connected with the users, services at their doorsteps through Nalam workers to avoid gathering at the hospital: consistent follow up to ensure their wellbeing and devised strategies accordingly.

2

ECRC - Informational posters on protocol displayed in different languages, staff and users screened; provisions for hand sanitizers; masks compulsory for all frontline workers and house keeping staff; cleaning of corridors with bleaching powder once / 3days; inpatient wards cleaned 2 times /day; protocols for addressing emergencies put in place.

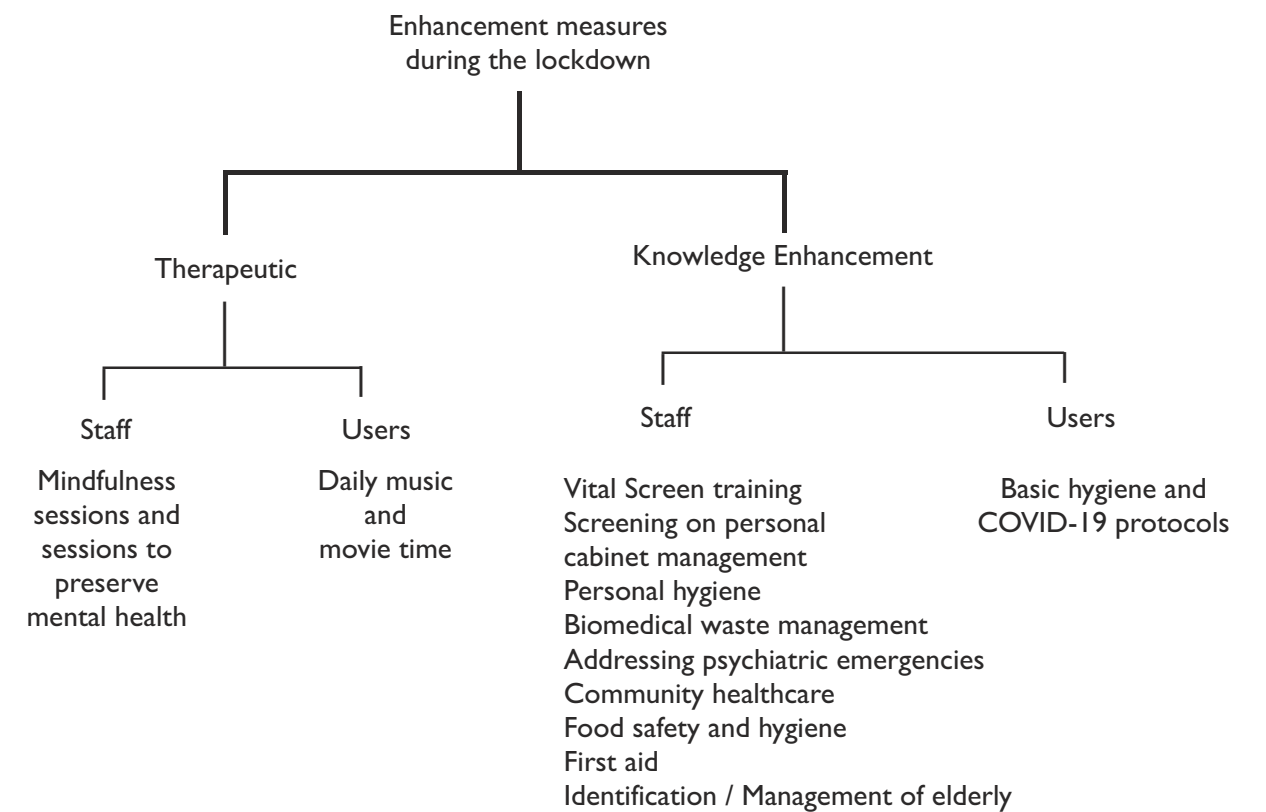
3

CMHID - Educated the staff and visits to each house everyday, traditional ways of sanitization ensured coped with existing resources by grinding and preparing our own food and medical emergencies addressed by referral to ECRC

B. Dissemination of Knowledge

During the pandemic different sessions were conducted for staff and clients by various resource people. Staff from various departments at ECRC, Home Again and other programs run by The Banyan and clients participated in these training sessions. The flow chart below represents how knowledge dissemination activities were structured and undertaken.

Figure 2: Therapeutic and Knowledge-Enhancement Measures during the lockdown



C. Expansion of Roles, Skill Building and Social Cooperatives

With an overall reduction in staff due to the Pandemic, the remaining staff across the various centres moved in-house till the end of the lockdown announced by the Government of India (the “Lockdown”). Following strict protocols of social distancing, the entire staff, including the clients across The Banyan network joined hands to ensure the smooth functioning of all inpatient and Home Again units. Training sessions were conducted in various languages to educate the clients on the Pandemic and to update them about what was happening around the world. Clients showed demonstrable knowledge of:

Happenings around the world,

Symptoms of coronavirus and how it spreads, and

Precautionary measures necessary to protect them from the coronavirus.

Ms.V (40, F,Tamil Nadu) is married and has two sons. Her husband is a daily wage agriculture labourer earning Rs. 400 per day for eight hours of work. During the Lockdown, her husband lost his job and the family was facing financial crisis, unable to afford two meals a day. Vijaya had discontinued medication as she did not have the means to travel to the clinic to pick them up. The Banyan team organized medication to be delivered through the postal services and Rs. 2000 was deposited in her account in the month of May to manage her household. The family is currently living in uncertainty about going back to work after the lockdown has been lifted. Vijaya and her family would require further support for the next few months as well to help them cope with the current situation.

Ms. K (36, F,Tamil Nadu) is married and currently living with her husband at a village in Srikakulam. Her husband, a daily wage labourer, lost his job and was finding it exceedingly difficult to make ends meet. The family members were unable to access local health services to get essential medicines. The Banyan team sent the medicines by the postal services and Rs. 2000 was credited in her husband's account. Kalyani felt very supported and expressed her gratitude to the team for helping her family during such difficult times. The family will continue to require support as they are uncertain about their future as well as resuming employment



A group session was conducted at the ECRC Mogappair by Parvathy, who works in The Banyan Salon about self-care, self-reliance, and importance of work. The main takeaways of this session were:

Importance of greeting everyone with a smile and talking to everyone leaving a positive impression and making new friends.

Maintaining oral hygiene by brushing twice a day.

Maintaining hair hygiene and keeping hair clean and free from lice, nits and dandruff by washing hair twice a week.

Maintaining hand hygiene by cutting nails regularly and washing hands frequently.

Wearing footwear to keep feet from getting dirty and cracked.

Wearing clean and well-coordinated clothes to feel confident.

Engaging in work, promoting financial independence.

Looking out for each other and encourage others to groom themselves and participate in activities.

Communicating with each other and building relationships.





The National Health Mission - The Banyan run ECRC at Vellore catered to about 50 mentally ill inpatients. The Walajah team conducted the highest number of CTI's during the lockdown period. The team reached out to the homeless population across different parts of Vellore district. There had been a sudden increase in homeless people on streets as they were unable to access food and shelter. Every client was brought into the facility was screened for COVID-19 and offered separate space outside the Vellore District Hospital. The Social Worker appointed by The Banyan supported COVID suspected clients with strategies for the management of anxiety inside the COVID-19 Ward.

Ms. PD (55, F, Bihar) lives in a 10 member household, including her husband, two sons, their wives and 4 grandchildren. Her younger son lives in Delhi. He delivers milk and his brother is an electrician. They are the only earning members of the family and earn INR 16,000 collectively. She was unable to get medicines and had stopped taking them for 15-20 days when contacted by The Banyan team. She reported that she used to sleep better and feel more active when she was on medication, but was feeling excessively tired and lethargic and complained of physical discomfort. She is doing mild household work, but is not able to do a lot of work. She is not able to do a lot of work, she reported that she used to be more active before. She likes to spend her time playing with her grandchildren. She also likes to spend her time engaging in religious activities and prayer at home. The Banyan team was able to provide support by sending medications through the postal system and counseling over the phone.

As a consequence of the Lockdown, several of the clients who were employed outside were engaged within The Banyan facilities. Based upon their strengths, these clients were trained to lead a unit within The Banyan's facilities. Anusiya lead the housekeeping unit, while Soniya was trained to help in the kitchen where she led other clients.

The Tailoring Unit did not have any staff to guide the clients, but that did not stop the clients from learning. Staff members sent video tutorials and through these the clients learned to make tote bags and cloth masks. This allowed for continuous engagement with the clients, allowing them to develop new skills. The Tailoring Unit based of Kovalam made and distributed 80 masks to the staff and clients at the ECRC and 70 masks to the CMHID. In addition, they fulfilled an order of 60 masks and received an order of 120 masks.



The clients in the Baking Unit learnt new recipes through video tutorials. These included banana cupcakes, cakes, and butter cookies. The Baking Unit was led by Uma Devi, a client, who in turn trained other clients. This unit baked cakes for the residential staff during their birthdays which cheered up all the staff as well as the clients.

Many of the clients who worked in the juice shop or kiosks took up jobs like washing dishes and baking. Due to shortage of raw materials, clients were creative and used the limited resources to cook delicious local food from their native places. The learning of new skills never stopped! As a result of learning these new skills, there has been an overall increase in the number of clients who are currently employed at The Banyan and who will be employable once the Pandemic is over.

The Banyan started 3 social co-operatives during this period. Two of these are based out of ECRC, Mogappair and one from the Santhome Shelter. Clients rose to the occasion to work in these co-operatives, earning a livelihood and building new skills.

Vegetables Co-operative: Based out of ECRC Mogappair, this is entirely run by clients and is supported by PHF. 3 number of clients are employed at this co-operative. The vegetables are grown and sold by the clients.

Laundry Co-operative: Also based out of ECRC Mogappair, this co-operative employ 3 clients, and manages the washing and ironing of clothes.

Café Launched on July 20, 2020, the cafe employs three clients.



D. Medical Care Unit

A Medical Care Unit was established at the ECRC in Kovalam (Chengalpet District) to care for those with acute medical needs, with the help of a newly recruited nurse, but other staff were also oriented about the need for said unit. To ensure the safety of the inpatients at the Kovalam ECRC, several who were not actively psychotic or in need of acute care were moved to the Clustered Group Home to ensure continuity of care and reduce risk of exposure.

E. Care Systems

The nursing department monitored the health of the clients daily across the ECRCs with regular rounds to each unit, with temperature, pulse rates, respiration and blood pressure recorded twice a day. Emphasis was placed on reminding clients to wash hands frequently. Anyone identified with fever or cold was reviewed by the general physician and started with medications, quarantined at special needs units keeping in mind the safety and health protocols. Doctors, healthcare workers were also provided online consultations and follow-ups. The residents also worked together and provided support to each other as part of a community. There was a pervasive sense of belonging amongst the residents and they supported the most vulnerable amongst them. In addition to the above initiatives, The Banyan is also working to promote access to testing for Covid-19 for homeless persons.





Spotlight

Ms RJ from the Walajah ECRC co-run by The Banyan and the National Health Mission was reunited with her family in Ratnagiri, Maharashtra, 15 years after she went missing from home. She was found near Arakkonam railway station by the CTI team, who admitted her in April 2020. She was diagnosed with Psychosis NOS and treatment was initiated by the care team. Details of her life on the streets are still unknown, while she continues on her journey to recovery, only that she took to the streets after she lost her husband. She continues to access treatment at Walajah with her family visiting her periodically, and will be discharged to return home by the end of July, based on her treating team's advice.

V. OUTREACH

The Banyan explored various strategies to help its clients with medicines and psycho-social care. This process of reaching out to out-patients was streamlined in such a way to allow for the categorization of the needs of the clients and provide tailor-made services.



A. Needs Assessment and Outreach

The team at The Banyan were actively engaged with outpatient and aftercare clients over the phone before the Lockdown was announced to determine their needs for financial support through direct bank transfers ("DBT"), medicines, dry rations and food. Follow-ups were done 2 weeks after the first call to ensure that they were keeping well and to understand what support The Banyan could provide them - this included supplying medications, psychological counselling (over call and in person - based on need), and referrals to local government facilities. Apart from the regular reviews, clients were screened for wellbeing, perceived danger to self or other, risk of return to state of ill health or relapse and tele counseling services were facilitated where the Psychiatrists and the Nalam workers offered supportive counseling. Consistent follow ups were done to ensure their well-being and responsive strategies devised accordingly.



Figure 4: Flow of Needs Analysis and action taken

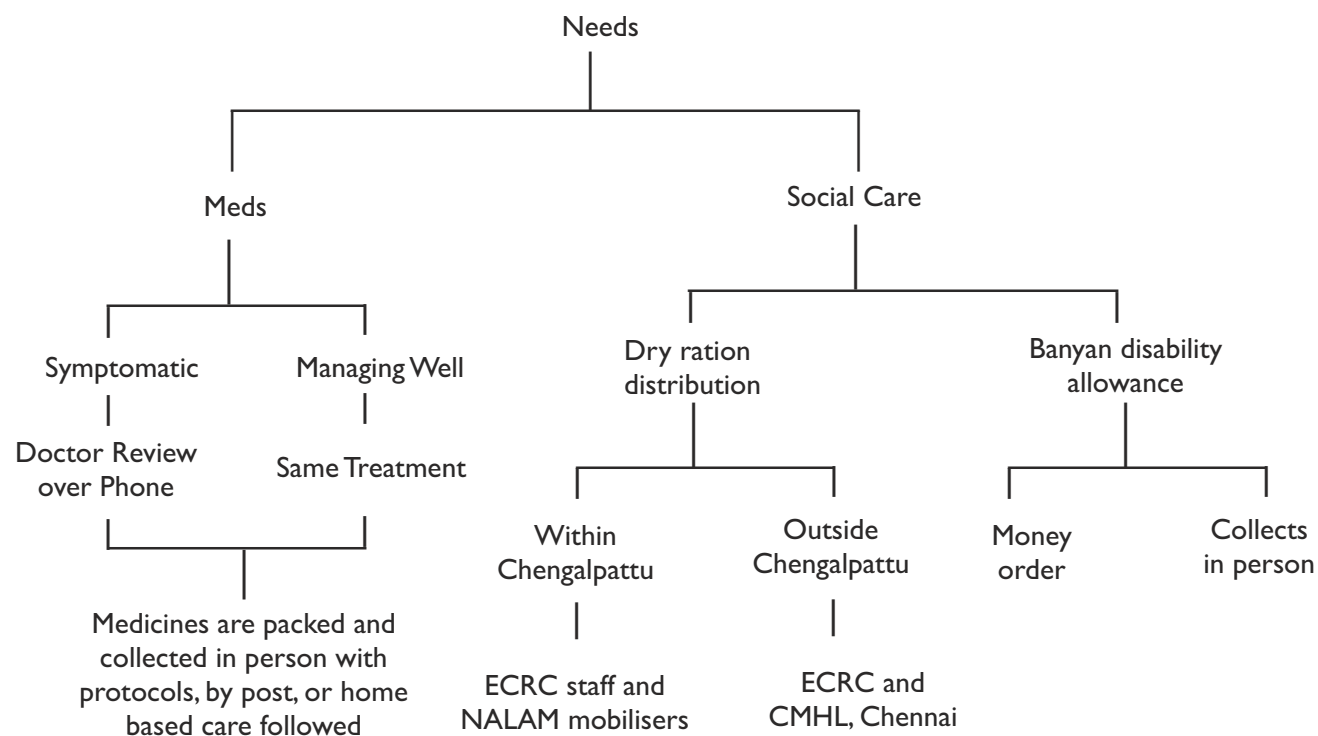


Table 2: Call Register Data

Call register	Urban Tamil Nadu	Rural Tamil Nadu	Aftercare Tamil Nadu	Kerala	Total
Total Number of active clients - Outpatient and Aftercare	674	691	290	100	1755
No. of calls made, along with follow-ups at least 3-4 times	597	609	252	95	1553
No. of calls unattended	77	82	38	5	202

Per the calls made, dry rations and DBT were distributed based on:

- Single or elderly caregiver
- Loss of job / income
- Families with incomes less than Rs. 10,000 per month
- Single breadwinner

Tables 3 to Table 5 list down the number of persons and the amount of assistance provided by way of DBT, scholarships etc.

Table 3:Tamil Nadu Urban

Tamil Nadu Urban:Total number of active clients - 674		
	Funder – No. Of People	Total No. Of People
Clients who lost jobs	OIF	292
Clients who received dry ration	APPI - 64 HCL - 150	214
Clients who received DBT	PHF	28
Scholarships required	PHF	30
Families who require DBT	Fuel a Dream	3

Table 3:Tamil Nadu Rural

Tamil Nadu Urban:Total number of active clients - 674		
	Funder – No. Of People	Total No. Of People
Clients who lost jobs	OIF	100
Clients who received dry ration	Bhoomika - 111 APPI - 100 Others - 100	311
Clients who received DBT	PHF	1
Scholarships required	PHF	68
Families who require DBT	Fuel a Dream	8

Table 3: Aftercare Pan-India (outside Tamil Nadu)

Aftercare Pan-India: Total number of active clients – 363		
	Funder – No. Of People	Total No. Of People
Clients who lost jobs	OIF	90
Clients who received dry ration	APPI - 54 HCL - 72 THF - 3	129
Clients who received DBT	PHF - 80 THF - 34	114
Scholarships required	PHF	26
Families who require DBT	Fuel a Dream	4



A subset of the above aftercare patients from Tamil Nadu and Kerala who continue to be associated with The Banyan through its aftercare program are now based pan-India in various states. The Banyan's outreach team has also been working with these clients to assist them in any way possible. See Table 6.

Table 6: Support (Outside States of Maharashtra, Kerala and Tamil Nadu)

State	No. of Clients	Funders	DBT
Andhra Pradesh	14	THF-1 PHF-11	12
Assam	1		0
Bihar	6	THF-1 PHF-2	3
Chhattisgarh	3	PHF-3	3
Gujarat	2	THF-1 PHF-1	2
Haryana	1	PHF-1	1
Karnataka	4	PHF - 4	4
Maharashtra	10	THF-3 PHF-5	8
Madhya Pradesh	3	THF-2 PHF-1	3
Odisha	6	THF-1 PHF-4	5
Rajasthan	1		0
Telangana	2	PHF - 2	2
Uttar Pradesh	10	THF-1 PHF-4	5
West Bengal	4	THF-2 PHF-1	3

THF: The Hans Foundation

PHF: Paul Hamlyn Foundation

APPI: Azim Premji Philanthropic Initiatives

HCL: HCL Technologies

Bhoomika: Bhoomika Trust

OIF: Other Identity Foundation



During the course of the needs-assessment, The Banyan also provided psychosocial support to the clients across the spectrum. Table 7 elucidates the number of clients who were counseled and suffered from various psycho-social distress as a consequence of the Lockdown.

Psychosocial Support	Current no. of Inpatient Clients
Domestic Violence	89
Substance Abuse	129
Sexual Abuse	1
Single breadwinner	430
Persons with Disability in the family	112
Elderly Caregiver	196
Prior incidence of homelessness	21

Spotlight

Nalam worders approached The Banyan's Neithal Partner, Malar Trust with a list of people with disabilities from Oragadam and Nelikuppam in Thiruporur Block, Chengalpet District. This list was forwarded to their NGO partners, resulting in dry ration support to 90 people. In addition, Nalam workers were able to get disability covid relief support from the Government to 260 beneficiaries in the first phase. Many more will receive these entitlements in the second phase.



The Fuel-A-Dream campaign was conceived by Amiteshwar Palanivelrajan, a 11th grade student in Chennai to support outreach clients and their families whose livelihoods were impacted due to COVID-19. Funds were especially raised to enable clients coming from daily-wage background in the state of Tamil Nadu access essential needs in this context. Recognizing his privilege Amiteshwar felt an immediate need to mobilize funds and alleviate distress. A total of INR 244,800 was raised

B. Entitlements

The Banyan, since its inception, has been establishing an evidence base on the nexus between homelessness, poverty and mental illness. With the pandemic wreaking havoc on livelihoods, there has never been a more appropriate time to prioritize the facilitation of social need entitlements. With a large number of clients unable to access social schemes due to lack of identity documents, social workers at The Banyan worked closely with government officials and enabled clients to access the welfare measures.

Table 8: Entitlements Across Urban Tamil Nadu done till date

Social Entitlements	Urban=674	%
Aadhaar card	306	45.40%
Ration card	389	57.72%
Voter id	278	41.25%
Disability card	64	9.50%

Table 9: Entitlements Across Rural Tamil Nadu done till date

Social Entitlements	Rural N=691	%
Aadhaar card	620	89.73%
Ration card	623	90.16%
Voter id	549	79.45%
Disability card	157	22.72%

Table 10: Entitlements Across Maharashtra done till date

Social Entitlements	MH N=99	%
Aadhaar card	49	49.49%
Ration card	39	39.39%
Voter id	12	12.10%
Disability card	6	6.06%

Table 11: Entitlements Across Kerala done till date

Social Entitlements	Rural N=691	%
Aadhaar card	37	37.00%
Voter id	35	35.00%
Ration card	35	35.00%
State Health Insurance	4	4.00%
Disability card	21	21.00%
Old-Age pension	2	2.00%
Widow-Pension	2	2.00%

C. Clinics

The clinics at Mogappair and Kovalam in Tamil Nadu and Ottapalam (Palakkad District) in Kerala continued to function through the Lockdown. These were primarily used as medicine distribution points. For some of the clients who were not able to access the clinics, medicines were sent either by way of a door-to-door delivery or by the postal services. An in-person outpatient clinic was held more recently with the relaxing of the Lockdown where clinicians saw clients, while maintaining social distancing and all other protocols.

Table 11: Outpatient Clients who accessed The Banyan

Accessed The Banyan Clinics	No. of Clients
Aftercare	81
Urban	403
Rural	333
Kerala	13

Table 12: Medicine Distribution Door-to-Door

Medication Door-to-Door	No. of Clients
Aftercare - Pan India	34
Urban	96
Rural	347
Kerala	0

Table 13: Medicine Distribution Through the Postal Service

Postal Medication	No. of Clients
Aftercare - Pan India	84
Urban	4
Rural	159
Kerala	15

Ms. R (30, F, Mumbai) is currently living with her sister's family in an 8 member household. R's husband has substance abuse issues and he has been perpetrating violence against Renuka. He does not allow her to see her child and has also threatened to kill her. Renuka recently visited her child once accompanied by a social worker. Currently Renuka's family is in an immensely difficult situation as a result of the lockdown. She has been begging to arrange a day's meal. Her entire family has lost their livelihoods. Renuka is currently actively looking for work, as is her nephew. Her family has previously received DBT from the Banyan and dry rations from local organisations. Her sister has been providing for her ever since she left her husband's home 3-4 years ago. She wants to be financially independent. Renuka has also not been on medication for the past one month. She has not experienced any significant issues. However, the distress as a result of the lockdown has led to lack of sleep, high blood pressure, loss of appetite. Social workers from the Banyan are in constant contact with Renuka and her family and providing support. The Banyan aftercare team working actively on employment for the family; medications have reached Maharashtra and are expected to reach her soon.



Initiatives for Emergent Needs: Holding Centre

The Pandemic has affected the regular operations of The Banyan to a great extent. In order to protect the health status of the 160 odd clients currently in the three ECRC centres across Tamil Nadu, new admission of homeless persons has been stopped and instead they are housed in government shelters. While this provides a degree of safety, this also means the treatment for their mental health is delayed. The increasing number of persons in government shelters also puts them at risk of infection by Covid-19. To cater to this gap, The Banyan has operationalized a Holding Centre in Kovalam to resume its admissions, thereby providing safe measures for both new and old clients. Covid negative clients will be admitted to the Holding Centre, a separate 12-bedded ward and shifted to the other centres and wards after a period of quarantine, enabling the organisation to take in more people as the current scenario makes it particularly unsafe for them to continue living on the streets. The Holding Centre will also temporarily accept homeless clients without mental health issues with special circumstances and provide them shelter until the situation improves or a more suitable arrangement can be found. If any of the new entrants test positive for Covid, the government protocols will be strictly followed.

Since the operationalizing of the Holding Centre 6 persons (2 men, 3 women and 1 child) have been admitted offering them inpatient services with safety protocols and psychosocial care, operated by a multidisciplinary team which comprises frontline workers, nurses, social workers and a psychiatrist. This outreach work will continue with two people out for 2-4 social workers out in specific areas for 2-4 hours every day to service homeless persons on the streets in need of crisis support or critical time interventions.

Basic protocols are followed within a human rights framework, including not displacing persons as far as possible and engaging with them multiple times to ensure if the person needs mental health care or institutionalized care. Every person during this outreach process is met with a welcome kit that has food, new clothes, water and basic sanitary needs in case the person refuses to join us, he/ she have at least that. In the context of the Pandemic, clients are greeted from a distance of 3 feet and wear masks and gloves and share masks with clients as well. If urgent medical attention is deemed necessary, standard outreach protocols to facilitate access to healthcare in collaboration with the Corporation and Health Department are followed. Not all clients met during this outreach will be admitted and shouldn't; homelessness cannot be ended using coercion. The Banyan team continues to develop protocols in this ever-evolving situation to develop protocols that will enable adoption of better processes, including uniform public health guidelines, psychosocial support, admission criterion and outreach support on the streets.

THE BANYAN HELPLINE



1800-1020-243

Mon-Fri 9am-4pm

SERVICES PROVIDED

1. Guidance on accessing social care benefits from government, eg. Jan Dhan Bank account, MNREGA, disability certificate and card, health insurance, pension, free education, housing schemes, free legal aid, etc.
2. Guidance on accessing your social entitlements like Aadhaar, PAN, Voter id,
3. Guidance on vocational skills, jobs and entrepreneurship
4. Guidance on tele-mental health services



Helpline

The Banyan has been committed to ensuring the social well-being of its service clients. A toll-free helpline was set up to serve more than 3000 after-care and outpatient clients of The Banyan with the primary objective of enabling them to access social entitlements. The helpline has been set up using a cloud-based telephony software which allows The Banyan's social workers to take calls from its clients and offers services in Tamil, Malayalam, Hindi and English. The team is working with an active network of volunteers on the ground to ensure that the needs are being met. It will also facilitate psychiatrist and psychological interventions when needed.

The following are some of the key social entitlements the helpline offers clients of The Banyan:

Identity documents (Aadhaar, PAN Card, Voter's ID)

Free Health insurance (PM/CM schemes), Subsidized/ Free Life insurance schemes

Financial inclusion (Jan Dhan bank accounts, micro-credit, loan schemes etc)

Restoring property/assets ownership, etc.

Widow/Old age pension, Educational scholarships, Reservation in Jobs and Education

Disability certificate & cards, Disability allowance, Travel pass, etc.

Ration cards (PDS)

Access to Free legal aid systems for issues related to exploitation, human rights violation, discrimination etc.

Provide information on Free / Subsidized Skill training program

Referrals for job placements

Promoting Self Employment opportunities

Facilitate Micro entrepreneurship schemes and opportunities.

Ms. N (62, F, Andhra Pradesh) is living with the support of her younger brother and mother in Vizag. She had been discharged in the month of February 2020 from the government psychiatric facility. Her brother, Mr. Eswar, the primary caregiver for her was finding it difficult to handle the household as well as take care of her. In the month of March 2020, Mr. Eswar, a painter by profession, lost his job and had no source of income. He requested for financial support from The Banyan. Rs. 2000 was transferred to her. Narasamma was very happy and she said The Banyan is like her family which will always support her during her difficult times.

Advocacy

In light of the uncertainty, loss of livelihoods and social crisis resulting from the Pandemic, The Banyan has been working during this time to share expert opinion and drive public policy to stress upon the significance of mental health care. Mental health professionals from The Banyan and The Banyan Academy were invited by many institutions all over India to share their views on a wide range of issues and worked with these institutions to set up knowledge sharing and training initiatives, including starting a dial-in service primarily aimed at offering mental health first aid. The Banyan has continuously been working with the National Health Mission and other government bodies to advocate the rights of homeless people.

Webinars and partnerships

Wellness matters with Prakriti Foundation: The Banyan Academy partnered with Prakriti Foundation and offered multiple webinars on improving mental wellbeing during the pandemic. They were centered around healthy coping, self-care and identifying risk factors. The Banyan Academy developed a wellness manual as a key resource for this initiative. These webinars were primarily aimed at artists, a community which the Prakriti Foundation supports and nurtures.

Mental health support with Sundram Fasteners Limited: Academicians and practitioners from The Banyan Academy and The Banyan will offer webinars on mental health wellness for 1,600 employees of SFL from July to September. A total of 40 webinars will be delivered by The Banyan's team of mental health professionals. They will discuss early signs of distress, self-care and mindfulness.

Wellness sessions with V-Sesh: A webinar was offered to people with hearing disabilities, in partnership with V-Sesh, a pan-India organization that enables employment opportunities for persons with disabilities.

HCL Academy - Critical care services for homeless people with mental health issues during COVID-19: HCL Foundation invited senior experts from The Banyan and Koshish to speak on 'Critical care services for persons with mental health issues during COVID' as part of their ongoing webinar series. The questions discussed were: How are inpatient facilities working with homeless persons, including those with mental health issues equipped to handle the epidemic? What are the specific mental health challenges confronted during this time?

Representatives of various non-profits across India participated in the webinar and exchanged views with our experts. The primary takeaway from the webinar was: Outreach for homeless persons cannot stop since the pandemic is going to be around for a while. In fact, it has to be stepped up, with additional provisions for residential services with physical distancing and testing facilities.

For frontline healthcare workers: Experts from The Banyan Academy conducted a wellness session for healthcare staff in the dialysis units of Tanker Foundation. It involved discussions on managing stress, self-care, developing routines and mindfulness. A virtual wellness session was held for frontline workers at the MV hospital for Diabetes. A session was conducted for the frontline healthcare workers at Arvind Eye Hospitals on 'Building resilience during COVID 19' for frontline healthcare workers at Arvind Eye Hospitals. The session focused on the importance of mental health and practical strategies to care for our minds during these turbulent times.

Helping students and parents navigate the pandemic: An immersive session on 'Mental Health and Mindfulness' was held by a senior expert for students of SRM university. It focussed on ways to help students navigate the uncertainties better.

A senior mental health professional from The Banyan Academy was invited to be a panelist in a discussion on mental health in schools, conducted by Schools of Equality. She shared her experiences and perspectives on the mental health consequences of the #covidpandemic on students and educators in schools and colleges.

'Rewiring the lens on Mental Health' for The Hyderabad chapter of "Young Presidents Organisation, Next Generation". The reality of mental health issues for young adults and also touched upon the psychological impact of Covid-19 was discussed

On our response to the pandemic: The Banyan's response to the pandemic was presented in a panel discussion, 'Dealing with the Unknown: Mental Health Challenges during Covid-19' hosted by India Alliance DBT. She joined Vikram Patel, Shyam Bhat and Sumi Jain in demystifying mental health responses during COVID

Resource Building

Dr. Mark Salzer of Temple University on Community inclusion of persons with mental illness

In the webinar, Dr. Mark discussed the concept of community inclusion as not only a human right as articulated by the United Nations, but also as essential for promoting physical, cognitive, and mental health and wellness of everyone, including individuals with serious mental illnesses. He will then touch on the basic fundamentals required to make community inclusion a reality.

Dr. Nachiket Mor on Research during Covid

Dr. Mor conducted a closed-door session for mental health professionals from The Banyan and The Banyan academy and offered valuable suggestions on how to continue research studies during the lockdown.

Prof. David Mosse on Addressing self-harm during the pandemic

Prof. Moose of SOAS London in this important webinar for Movement for Global Mental Health, to which The Banyan Academy is the secretariat, stressed on the importance of social networks in mental health care. The MGMH is a virtual network of over 10,000 individuals and 100+ institutions all around the globe.

Public Policy

Representing The Banyan at a state-level government meeting with non-profits: The Tamil Nadu Ministry of Health and Family Welfare invited The Banyan to its meeting aimed at understanding the responses of non-profit organizations during COVID. The state's Health Minister, Health Secretary and various stakeholders from civil society organisations participated in this discussion. The Banyan shared field-based realities traversed by homeless people with mental illness, clients and their families across settings.

Setting the right public discourse on mental health: Dr. Vandana Gopikumar, founder The Banyan and The Banyan Academy, co-authored an opinion piece on 'Mental Health Concerns' in Frontline Magazine, along with Dr. Deborah Padgett, Dr. Alok Sarin, Dr. Andrew Wilford, Dr. Sanjeev Jain and Roberto Mezzina. Here are some excerpts from the article:

"The problem is that "social distancing" is the very antithesis of all that is considered therapeutic in mental health. Enforced isolation deprives human beings of social contact, the need for which is hard-wired into our brains."

"In this situation, psychological distress, inextricably linked to social losses, has to be addressed adequately. Narratives of the catastrophic effects of the pandemic (such as mass unemployment, depletion of support networks, gender-based violence and housing instability), find fertile breeding grounds in disenfranchisement and marginalisation."

"Although not yet documented by epidemiologists, there will likely be an increase in deaths by suicide, in severe depressive episodes and in spikes in anxiety, characterised by feelings of apathy, excessive rumination, loss of control and hopelessness."



Social Action

Helpline to offer psychosocial support for people with disabilities: The Banyan Academy worked with V-Shesh and trained their staff to offer a mental health helpline for persons with disabilities. This involved multiple training sessions and creation of extensive protocols. V-Shesh has now begun to offer tele counselling services for people with disabilities.



Free Support: When the pandemic hit, experts from The Banyan and The Banyan Academy stepped up to offer free mental health first aid for the public in English, Tamil, Hindi and Malayalam. These services began in May and members of the public have reached out to The Banyan's team of mental health professionals as and when they need help

