ABOUT THE COVER

Meenakshi* is one among the many homeless women with psychosocial disabilities who have walked through the doors of The Banyan after traversing long years of homelessness, violence and mental illness. Accessing equitable mental health services, sharing a home with her friends as part of Home Again and living life with a formed family helped Meenakshi negotiate peace and regain power over her narrative.

*Name changed to protect identity

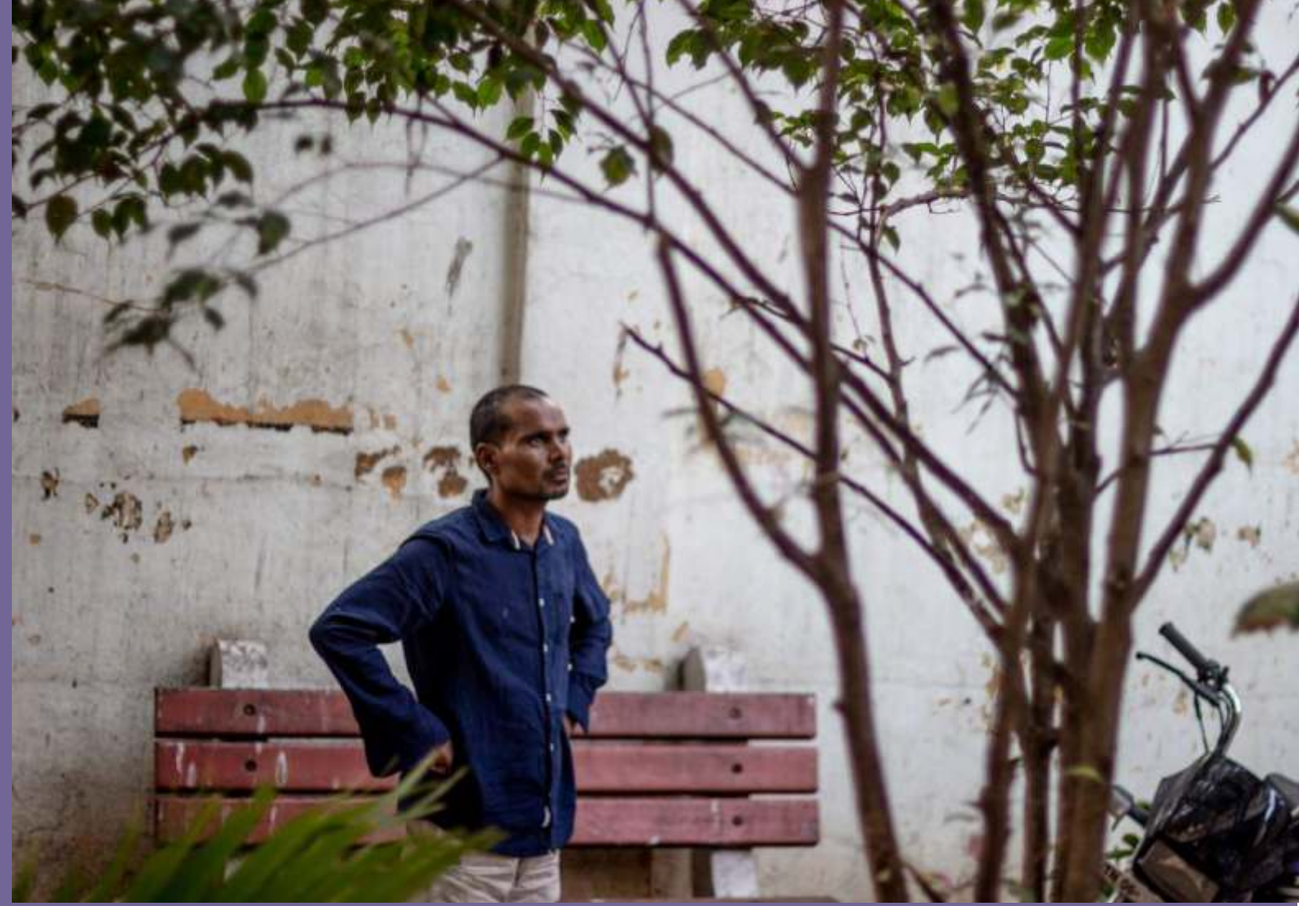
The Banyan

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

The Banyan

Annual Report 2019-20

Credits
Words: J.J. Rajendran and Keerthana Ram
Photographs: J.J. Rajendran
Layout : I. Ashok Kumar



Vision

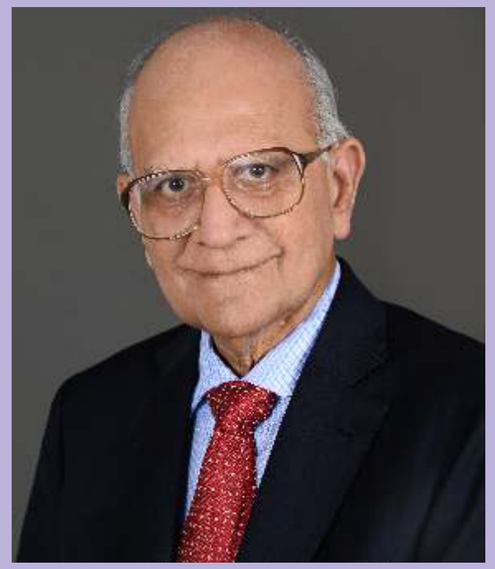
An inclusive and humane world that promotes capabilities, equity and justice.

Mission

Enabling access to health and mental health care for persons living in poverty and homelessness through comprehensive and creative clinical and social care approaches embedded in a well-being paradigm. The needs of those who live in the margins are our collective responsibility.

TABLE OF CONTENTS

Message from The Chairman



A Sankaranarayanan

2019 has been a standalone year for The Banyan. We made some significant efforts to reaffirm neurodiverse understandings and establish care approaches shaped through social and cultural lenses. Innovation from both a governance and systems perspective saw exceptional thematic engagement and adherence across programmes. All our approaches continued to offer homeless people with mental illness - crisis intervention, primary care, skills development and employment services, built environments, modules for pre-discharge and recovery, support groups, reintegration, aftercare services and inclusive living options. The Banyan in partnership with multi-sectoral service providers together pursued goals of equity, improving mental health access and mitigating social and opportunity losses.

Bespoke followup supports and discharge planning outcomes were followed up especially amidst populations steeped in disadvantage. Individual efforts were taken to identify community prospects of choice and prepare users to move from long histories of incarceration and inadequate care to self nominated wellbeing. These mainly included service users dealing with oppressions due to clinical and social factors such as complex health needs, gender, caste and class: single women, older carers, dependent children. Teams systematically built capacities for supported self management and increased social integration while addressing emergent needs within the homelessness and psychosocial disabilities context based on user feedback from consistent audits. Core competencies needed for models to work, given that our approaches are radically different from traditional mental health service delivery models were enlisted beforehand and documented to ensure adherence to ethos and values. Work reflections and field observations were analysed and monitored alongside review sessions every week to understand socio-demographic profiles and prevalent issues from a ground realities perspective.

I am immensely pleased to note the roles played by the spirited and passionate employees of The Banyan who have helped us make great leap towards social change . The compelling power of dignity, quiet kindness and respect they bring with their work will bear ripple effects transcending generations. They indeed form an indispensable part of The Banyan's ecosystem and will continue to play pivotal roles investing and extending peripheries of the work we do.

It is a matter of great joy that Amali, with lived experience of homelessness and mental illness, who leads our Trichy chapter along with Jackulin, joined our board this year. On behalf of the Board of Trustees, and the incredible staff at The Banyan, I would like to extend our heartfelt welcome to her and immense gratitude to our institutional collaborators, corporate donors, volunteers, and well-wishers who are vital partners in our endeavour to alleviate distress and promote resilience and wellbeing.

Message from The Treasurer

Balraj Vasudevan

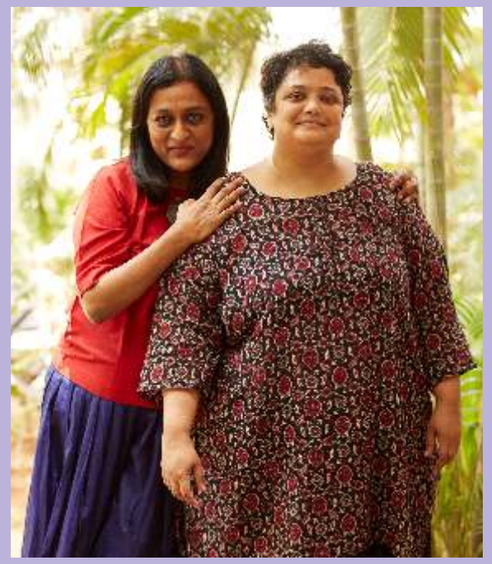
People hailing from histories of mental illness, homelessness and poverty stand witness to unique struggles that continue unabated year after year. Twenty eight years ago, The Banyan was started to enable them access well-defined services that help them reach goals of health, autonomy and wellbeing. In the process, people have been enabled to navigate their life trajectories despite disproportionate liabilities, entrenched social inequalities, multidimensional poverty and complex everyday realities. Over the years, along with service users and their families, we have spearheaded diverse approaches and constantly persevered to challenge rhetoric at play. We have set systems and user-moulded processes in place and constantly updated these to incrementally build capacities for care; and thereby reduce pathways into long term institutionalisation and homelessness. Teams have additionally supported activities of knowledge-sharing, fostered entrepreneurship and enabled sustainable livelihoods for people with mental health conditions in low-income communities. These comprehensive investments and supportive resources thereby steered diverse pathways into wellness, agency and community participation.

All this has been made possible because of the stupendous efforts of the multidisciplinary team of senior managers, social workers, peer leaders, experts from the field and community who are engaged in running programs at The Banyan. Throughout the last year staff were engaged in collaborative learning and mutual sharing of experiences, helping people across cadres understand protocols and dynamics in connection with local cultural contexts. Robust efforts were made to ensure that innovation and replication sites drew from embedded value boards, program goals and processes vetted by service users who were predominantly marginalised folk. Phased capacity building and technical support were strongly offered to locally recruited teams.

Space for dialogues that narratively recorded suggestions or impressions of stakeholders in the larger ecosystem was periodically organised to allow emergence of locally relevant, feasible alternatives to issues. Staff across levels of leadership and identities were empowered to offer their suggestions, comments and critiques. All internal services and processes across the board were thus aligned towards participatory governance and integral fairness. Existing schematics in place and strategies were reviewed to allow for greater efficacy and favorable outcomes in the future - within the integrated system of services and care. Key financial events, trends, concerns, and assessments of the organisation's fiscal health were routinely carried out to ensure fidelity, accountability and long term vitality of our mission and shared goals of our donors and institutional partners. Attention to detail and transparent financial management was responsibly adhered to as more steps were threaded towards health care that is accessible, diverse, intersectional and socially focussed. Here is hoping that The Banyan enables more people to dismantle the entrenched oppressions, exclusions and disparities in their lives while helping them articulate aspirations and access well-rounded lives on their terms.

Note from Founders

We are at the cusp of tremendous change.



Dr. Vandana Gopikumar and Vaishnavi Jayakumar

The year 2019-20 was crucial for The Banyan in terms of aligning strategic collaborations that further advanced health, social wellbeing and inclusion among homeless people with psychosocial disabilities. Change and growth has been a constant because we keep the vulnerable population we serve as our central focus and have from them learnt the importance of grit, introspection, courage and empathy. The Banyan continued to draw from its experiences and established a range of approaches that enabled a future filled with positive destinies and outcomes for its consumers. We explored the link between homelessness and mental illness and collectively agreed on guidelines that strengthened alliances across domains of research, practice and advocacy.

One among our three core approaches, the Emergency Care and Recovery Centre (ECRC) was taken to scale in Tamil Nadu and Kerala with state support. Services in these centres drew from co-produced value boards, program goals and processes. Relationships were resolutely forged at both domain and policy level to furtively and effectively scale up solutions. As always intersectoral linkages with Grassroot Organisations, Panchayat Leaders and Community Members proved indispensable in persevering and diffusing essential care.

Our sustained efforts have always been in the anticipation to envelop the limitations of the archetype medical model and demonstratively reorient care paradigms in public mental health systems. Post the directive passed by the Supreme Court to establish long-term exit pathways for people in state mental hospitals, we made strides in designating tasks and resources towards the same. It was especially gratifying to see incremental progress being made to scale up inclusive living options in Tamil Nadu, Kerala and Maharashtra these past few years.

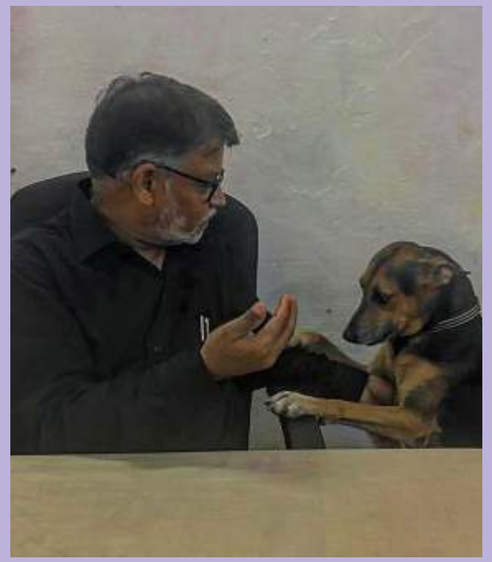
Partnerships with State Governments have helped us co-opt and uptake approaches to care. Engagement with the Government of Maharashtra this year facilitated the replication of Home Again (HA) for long stay cohorts from state-run mental hospitals in Ratnagiri and Thane. Over the years, HA has enabled individuals to pursue independent, atypical and transformative lives of their own choice with local community support. A National Study which consolidated surveys of service users across 43 state psychiatric hospitals and recommended strategies for community inclusion (commissioned by The Hans Foundation and anchored primarily by The Banyan along with other civil society partners) was officially released for wider dissemination. The reportage is expected to reform government policy, shift attitudes away from long-term institutionalisation and towards community driven inclusiveness.

Our fervent belief to invest in community driven mental health services delivered by grassroots NALAM workers, continued this year and showed tremendous promise. The approach has longitudinally showcased an alternate praxis tempered with wellness that has successfully mitigated social distress, broken cycles of inter generational structural violence and arrested overall drift across geographies. Execution of such overarching frameworks have brought together therapeutic social care services which have the potential to address diverse everyday needs present in local ethnic contexts. In 2019, this work expanded to include District Mental health Programmes (DMHPs) in the taluks of Kattumannarkoil and Sriperumbudur. We also built upon our collaboration with the Tata Institute of Social Sciences field action project, Integrated Rural and Human Development Project to run a community mental health clinic for Adivasi households facing ongoing oppression, discrimination and poor access to resources in Shahpur Taluk, Aghai Panchayat and surrounding padas in Maharashtra. Lastly, work on promoting self advocacy, pathways for user-directed care, multiple audits of services delivery, reimagination of design and living spaces across the interventions led by experiential experts continued this year. This ushered in greater degrees of personal liberty, dignity and accorded due diligence to evidence by experience apart from exponentially bolstering quality of care.

Significantly people framed their own personal stories towards recovery, wellness and salubrity. The Banyan witnessed them re-entering communities, leading equitable lives and fostering relationships of choice. We envision a time where mental health is accessible to more and more individuals each day. Our indispensable team will continue to navigate intractable terrains to focussing efforts in bringing greater momentum towards recognizing the needs of systematically marginalised communities through every aspect of their work.

It has been an honor to care for homeless people with psychosocial disabilities, and on behalf of The Banyan, we express our deep-felt gratitude to every service user, peer advocate, partner, board member, volunteer, colleague, carer and friend whose sustained investment, leadership and kinship continues to make all these endeavors succeed. Your support year after year enables us renew our commitment to further themes of transformative social justice, dignity and inclusivity across geographies. Without you we cannot exist. Despite the challenges that lie ahead, we look to the future with hope and the possibility to share with you all the journeys that are yet to come.

Message from The Director



Dr. K.V. Kishore Kumar

Social disadvantage is implicated in mental illness. Homeless people with psychosocial disabilities face disproportionate liabilities and trauma. These challenges are especially pronounced across social locations. Barriers are often viewed in isolation, without the lens of identities such as caste, class, gender, sexuality and atypical social behaviours that impede access to care. Formulating access to ensure clinical and social care and wellness for these priority populations across designated themes of social justice and inclusivity remain our continual focus. This year, keeping in mind variegated user-carer lived and shared experiences, teams across sites including peer leaders leveraged diverse programs and crafted unique solutions for people accessing services at The Banyan.

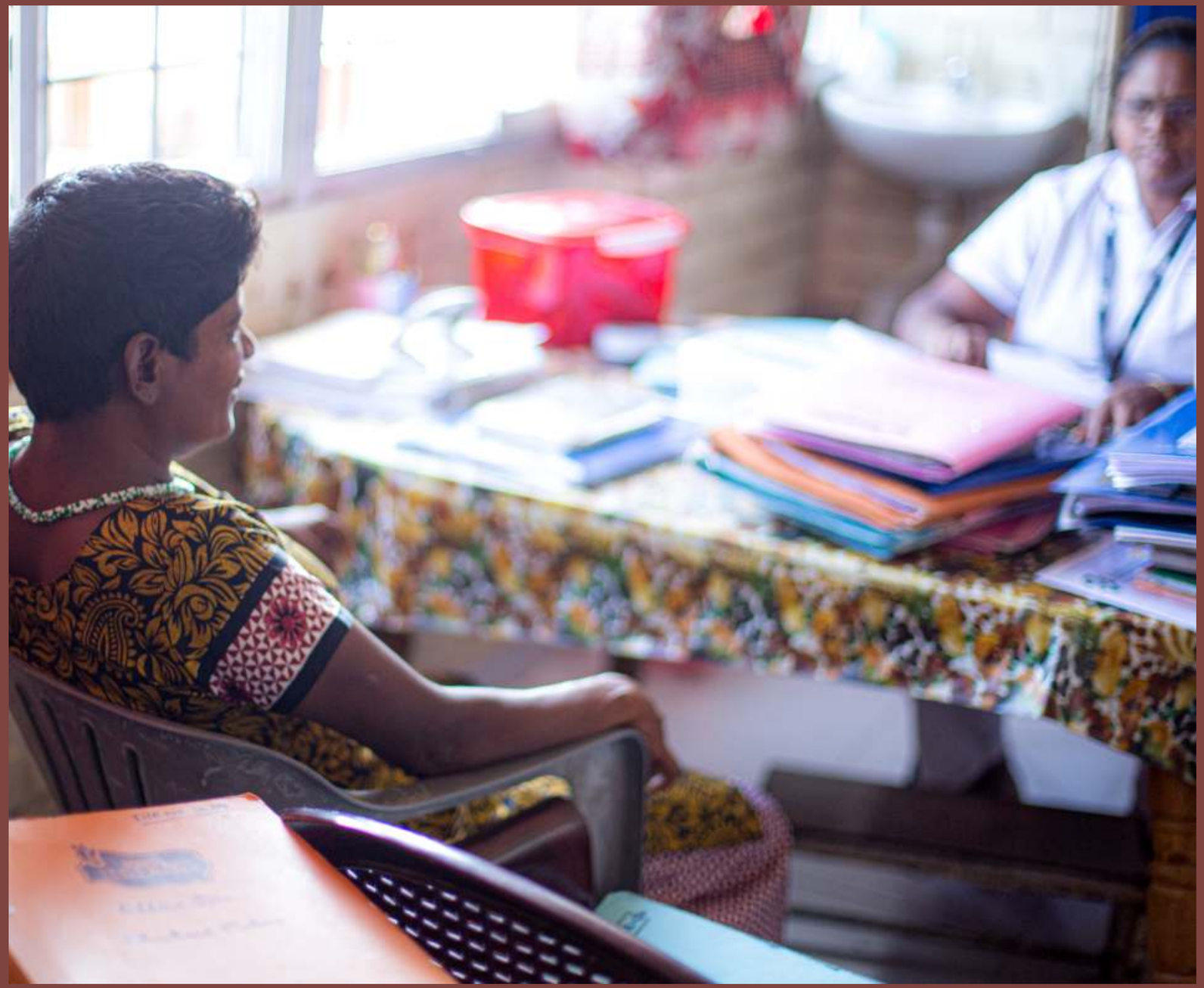
2019-2020 was a meaningful year for The Banyan. We enabled incremental pathways towards skill development, employment, home and community-based skills, associated ways of being. Crucially, users have been particularly encouraged to elaborate on life challenges they had to confront on an everyday basis and develop personal directives for care based on past histories. Collective promotion of goals such as social inclusion, enhancement of support networks and user-directed participation took center-stage allowing for people, young adults and their families from marginalised communities to build upon a framework of community based equity and rights.

There is a pressing need to celebrate and amplify user-led narratives of wellness, relationships and unapologetic resilience, central to aspirations and identities in these communities. Through this report, you will read stories and features on our three core approaches: Emergency Care and Recovery Centres (ECRCs), Home Again and NALAM and how exactly we are enabling pluralistic stories of people thriving and enduring, transacting local joys, gathering community friendships and support despite personal struggles. A long-form personal essay by an exceptional peer leader who has navigated mental illness and homelessness, concludes the narrative.

Our outstanding supporters, friends and partners have been with us in every step of the way. To all of you, we extend our deepest thanks. We look forward to your continued partnership in the coming years. We will embrace differences that define us and look forward to enabling people across boundaries to take action that truly reclaims lost grounds of power leading to transformative equality and social justice.

EMERGENCY CARE AND RECOVERY CENTRES

The Emergency Care and Recovery Centre approach offers crisis intervention, reintegration and aftercare services, amplifies user-directed narratives of wellness and supports homeless people with psychosocial disabilities to pursue exit pathways back to their families and communities of choice. Lived experiences are amplified, stories of wellness and autonomy are encouraged & neuro-diverse disabled wisdom central to aspirations and identities are celebrated on a daily basis.



EMERGENCY CARE AND RECOVERY CENTRES

Emergency Care and Recovery Centres (ECRCs) were formulated as a contextual response to have a space where homeless people with mental health issues could access person-centered hospital based care and concomitantly engage in transactions that allow for identity and autonomy.

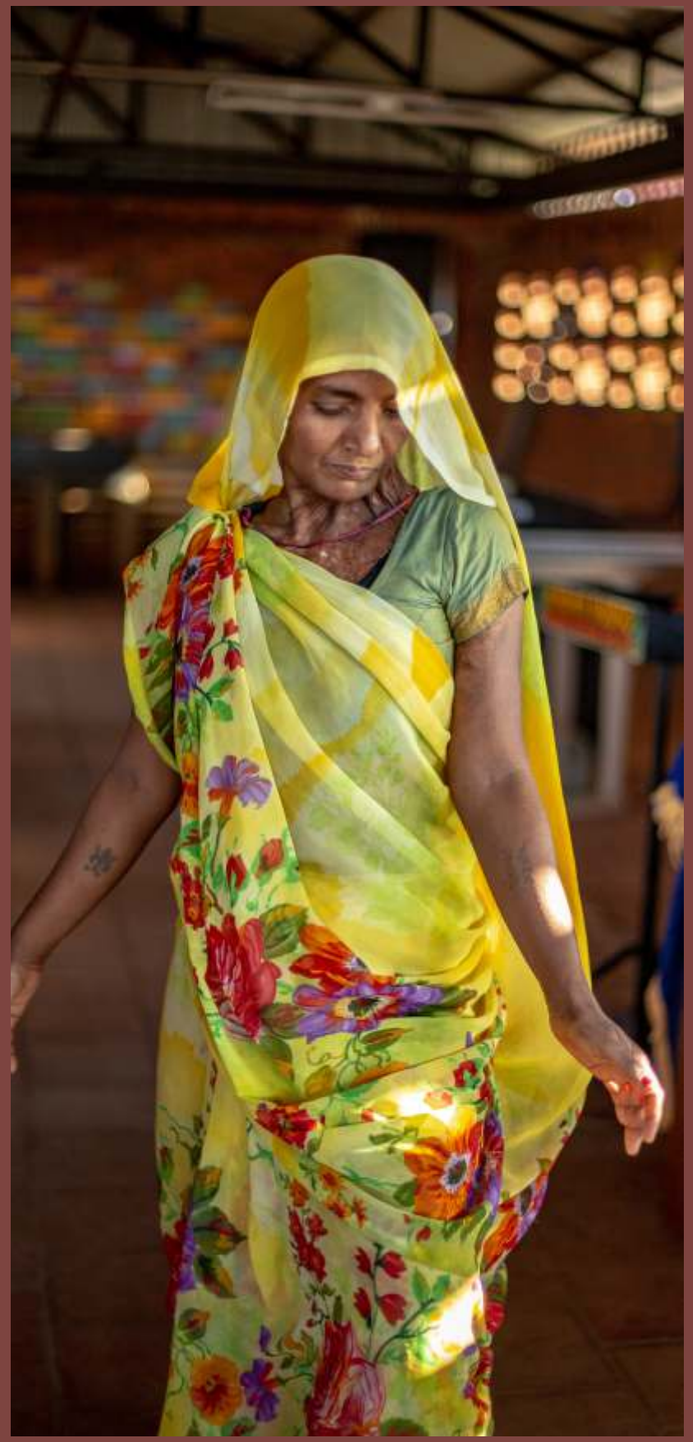
Offering people multiple opportunities to move towards personal journeys of reclaiming agencies and rewriting narratives, these centres function as safe spaces emphasising designated goals of rights, choice and well being. Over the years, ECRCs have reimagined social architecture therapeutically and have organically emerged as an ecosystem that implements intersectional care frameworks led by lived experiences.

Service users lead and participate across domains including crisis intervention, medical, social and psychological care, case management and self-create pathways for housing in the community. Concerted efforts to maintain sustained social entrepreneurship, engagements and learnings happen simultaneously across these Centres. The locally managed Potti Kadai sells delectable ice creams, perfumed rose milk, groundnut barfis and potato wafers, The Banyan Collective designs and sells bespoke clothing and hand crafted thread jewellery, while Nalam Cafe prepares and sells meals across the day to the tune of old movie songs belting out from the radio.

Children of service users, staff and community members come over after school and dispel the quiet. Apart from engaging in conversations with their adult friends, they dig sandpits, loll with dogs on campus, immerse themselves in homework and wolf down frozen desserts.

People returning home after work, on hot summer days, quench their thirst by frequenting kiosks stationed outside the premises selling irresistibly cold spicy buttermilk out of earthen pots and wholesome fruit juices.

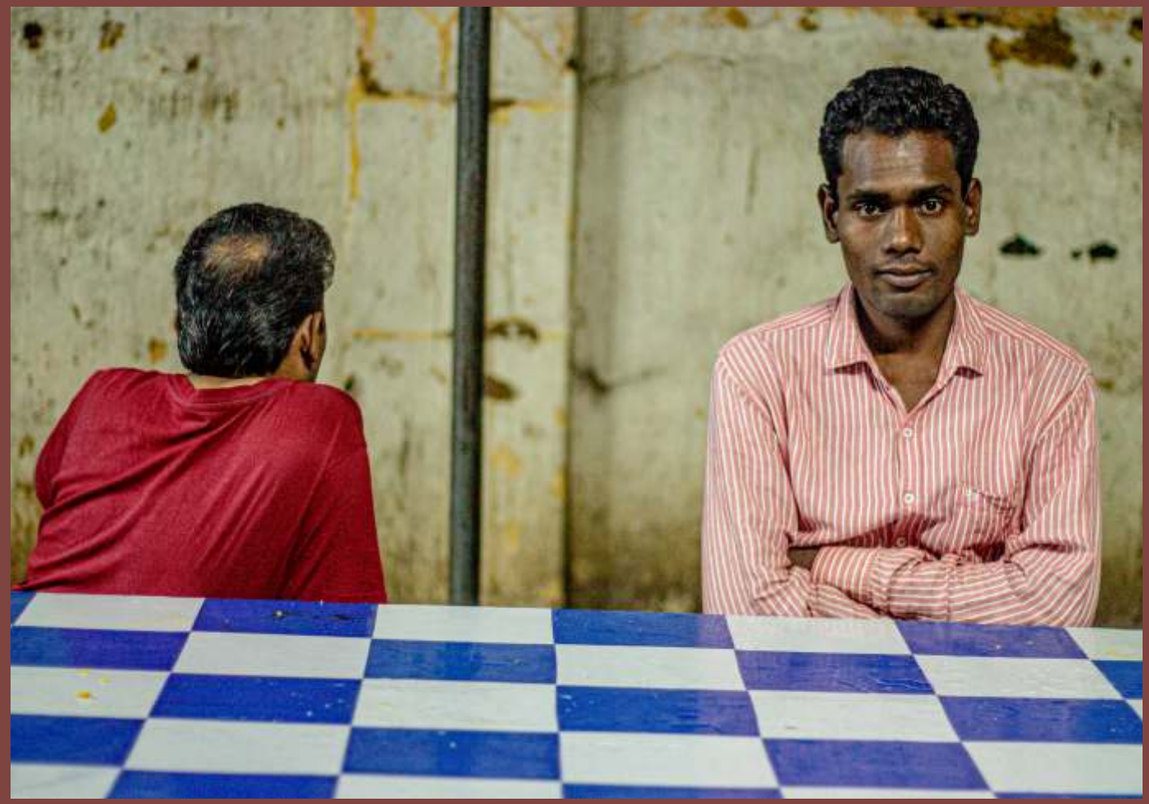
Throughout the day, the collective's members are busy threading jasmine flowers, sorting local produce and ample seafood, to be collaboratively sold to the neighbourhood regulars at wholesale prices. Apart from nurturing innovation, these options (solicited by clients based on personal choice) allow the opportunity to pursue self- directed goals. In the process, people develop their own personal stories towards recovery, wellness and equity.



Simultaneously diverse reintegration and aftercare options are pursued across geographies. Home visits before and after discharge are organised for people to renew lost relationships and familiarise themselves with expectations in the context of continued care, social roles, and identities at home.

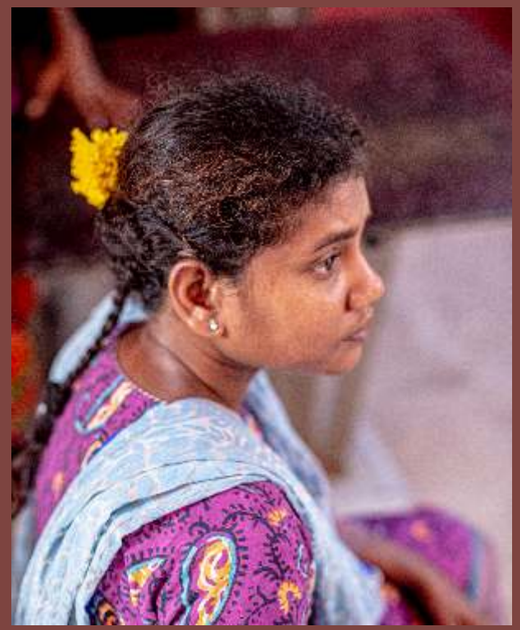
Users and carers as part of the process attend pre-discharge sessions with teams where relevant themes such as adverse histories, unremitting gender-based violence, changing relationship and family dynamics, social and economic disadvantages, lopsided care burdens, neighbourhood stigma, livelihood options are unpacked and confronted. People come to terms with their individual trajectories, arresting further descent into poverty and homelessness or re-institutionalisation.

A multidisciplinary team of psychiatrists, social workers, peer advocates, health care workers and project managers mediate concerns, forge solutions and help in formulating individualised care plans. After journeying back to once familiar landscapes people foster relationships of choice with trustworthy community members, secure local care resources and government district mental health programmes allowing proximal service usage and sustained wellbeing. Collaborations are forged with local networks including partners, link workers, panchayat leaders and other surrounding coordinates allowing users navigate post-discharge care needs, accommodative livelihood options, access community based psychosocial support and develop organic social relationships that overarch dependence.



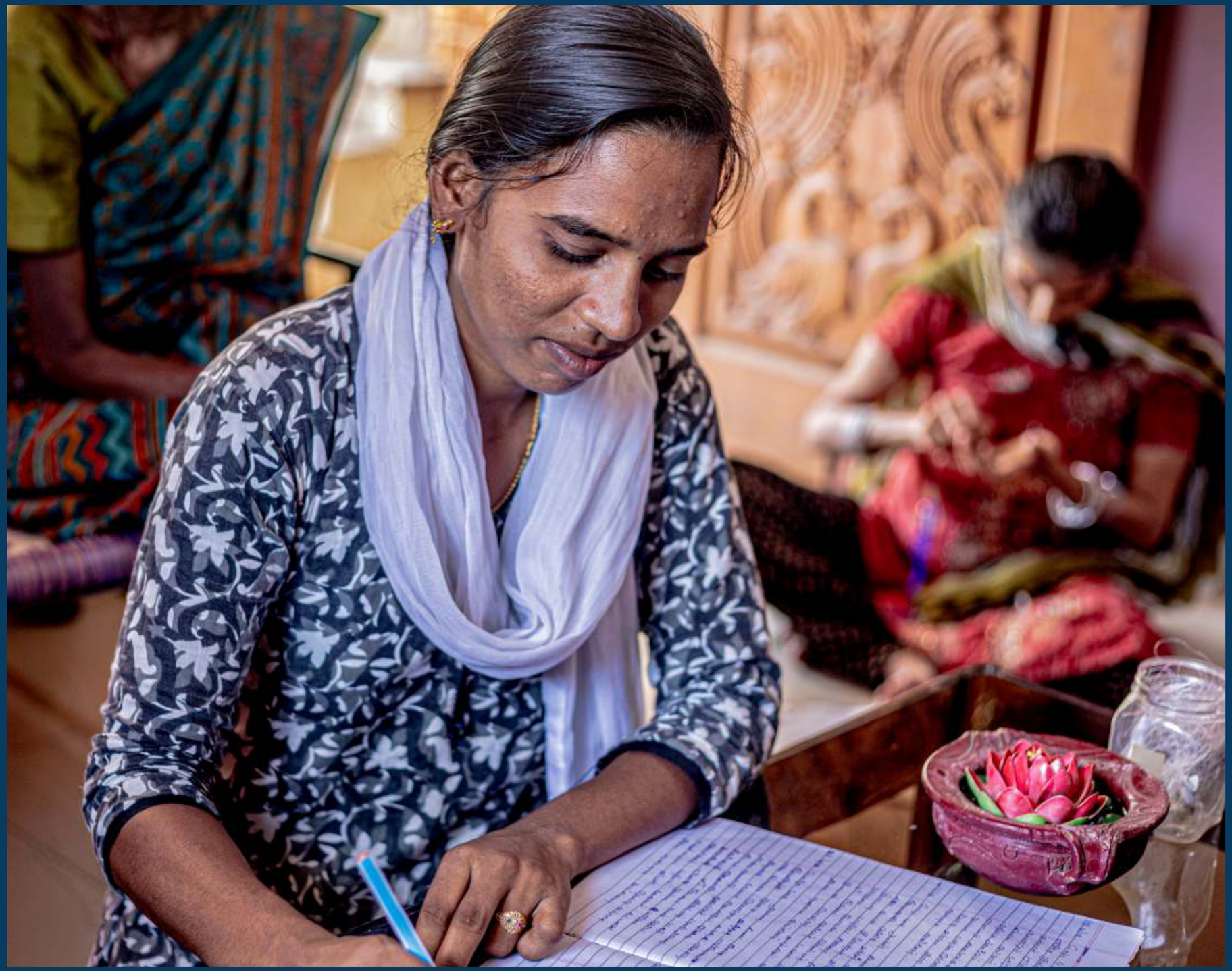
Since 1993, about 2500 people with mental illness and histories of homelessness have accessed ECRCs, and three-quarters have moved back to live with their families or have branched out to live full and independent lives in the community.

Apart from the first ECRC in Mogappair, The Banyan and National Health Mission of Tamil Nadu have collaboratively set up ECRCs in district hospitals of Walajapet and Tirupur. These two centers function based on a value board drawn from The Banyan's principles allowing for responsive, user-centric, and inclusive systems of mental health in sync with vision of the state and national policies on mental health and disability.



HOME AGAIN

Narratives of homeless people with psychosocial disabilities reveals histories of abuse, tenuous relationships, socio economic deprivation, neglect and loss spanning many years. Encountering spaces and services that embody the same social hierarchies can constrict access to the already meagre resources and social capital, denying opportunities for individuals. In this context, Home Again (HA) enables people to make their way through treacherous pathways of isolation, social control, gender-based violence, homelessness and resultant disenfranchisement to live a meaningful life with their friends in the community.



CENTRE FOR MENTAL HEALTH AND INCLUSIVE DEVELOPMENT: Home Again

Home Again (HA) offers individuals living with mental illness experiencing long term care needs the possibility to participate in basic economic, political and social functioning of the society while living together in homes coexisting within communities. Along with housing, the intervention features onsite allied supportive services such personal assistance, on-going medical support and livelihood options. Operationalised in the format of commutable living options with handheld support across urban and rural localities, the intervention has resulted in demonstrated gains in disability levels and social integration in the community.

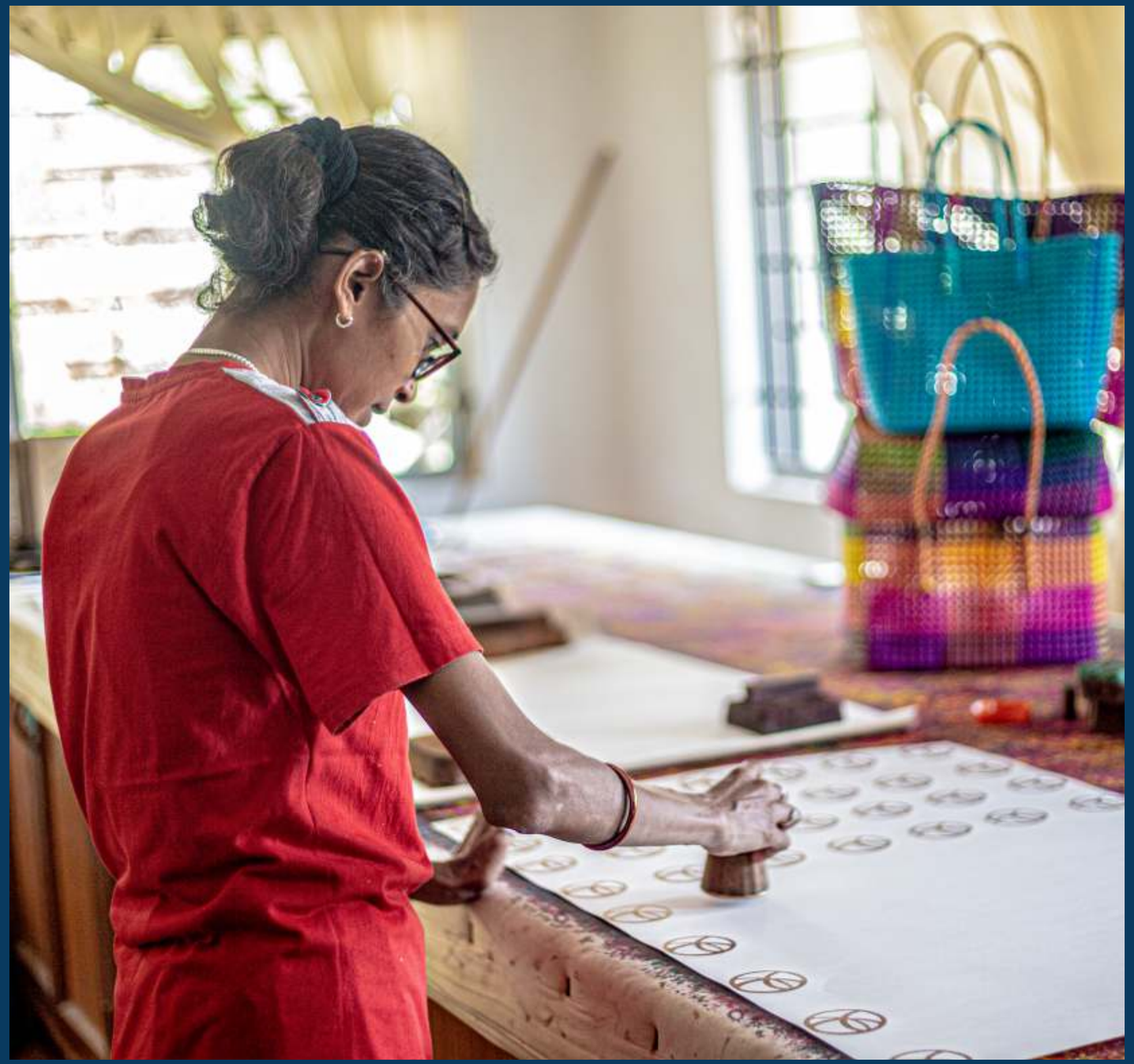
The programme is led and informed by people with diverse lived experiences including women, non-binary folk, older adults and those choosing to live atypical lives. After moving into houses with people they know, residents form and renew relationships, assert their preferences, embrace denied choices and voluntarily move towards developing socio-cultural pathways to wellness. This is especially significant considering problematic experiences service-users may have possibly traversed in a prolonged institutional living or homelessness context.

Home Again allows contrarian need arrangements to be pursued based on expressed desires, individual choices and contexts. People maintain relationships of active choice, disrupt expectations and transact anormative livelihood options with equal footing. A large proportion of users in shared home settings continue to engage in work pursuits inside and outside home.

Residents independently occupy social roles of meaning, manage their spaces, care for pets, act as de facto personal assistants for nominal pay co-decided by staff and users. 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.

Each site has a dedicated set of personal assistants, experiential experts and programme managers who duly support, supervise and help direct the central ethos of care combined with the programme. Specific efforts for people to build skills and strategies for supported self-management in home and community contexts are initiated on an ongoing basis.

To engage a wider range of prospects, career modules have been produced collaboratively with users and volunteers from diverse sectors. Residents of supportive housing run entrepreneurial initiatives along with their friends and self generate income by managing food kiosks (snacks, wet batter and condiments) in the communities they live in. They access denied agency or leadership, mediate interpersonal conflicts, grievances and consequent duress that may arise in employment or in home without paternalistic notions.

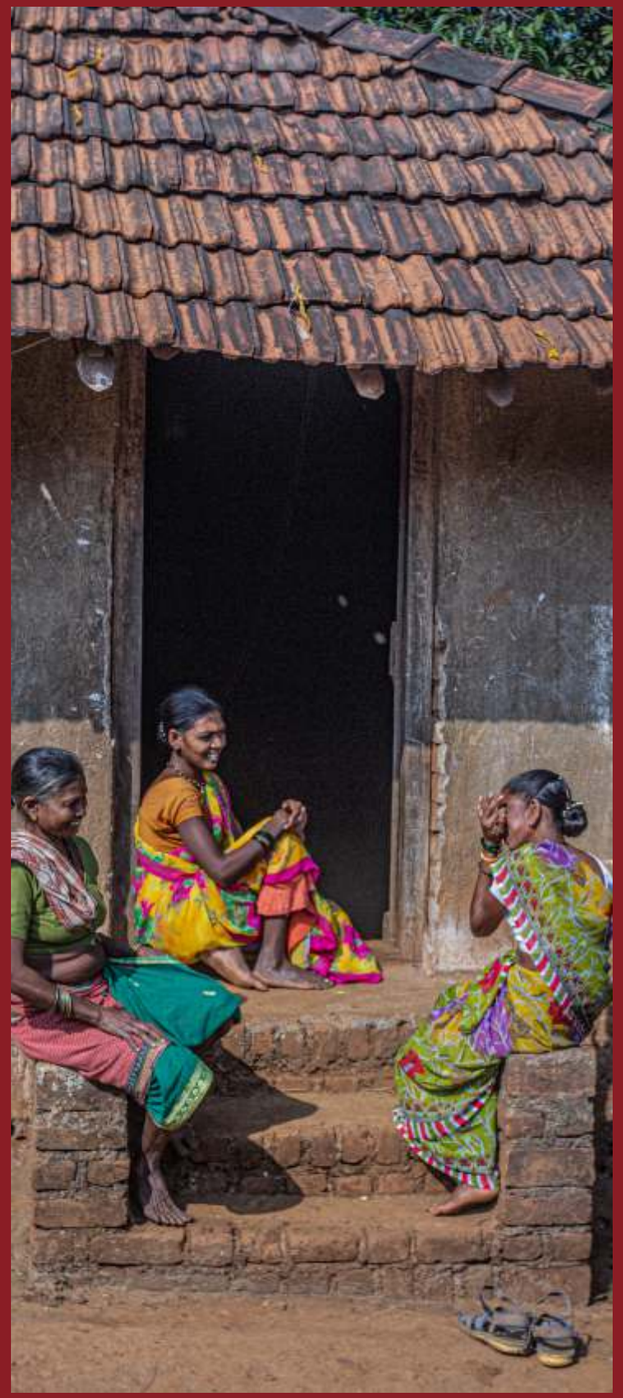


Home Again activities are guided by structured training protocols and fluid ongoing engagement with peer leaders, mentors from the community and other stakeholders. Steps are taken to oversee operations and help teams perceive protocols in connection with the local cultural notions to aid equitable intervention deliverance. Efforts are placed to ensure that the innovation draws from value boards, program goals and processes vetted by service users who are predominantly women and those coming from marginalised communities. This is facilitated on a peer to peer basis, on daily issues faced in delivering services from an continued socio cultural and clinical care perspective. Focus Group Discussions to qualitatively record improvements or transgressions are routinely organised, allowing residents and staff across identities to discuss and showcase critical thoughts and vocalise their lived experience approach to care.

More than 200 people with histories of homelessness and mental illness have exited state-run psychiatric institutions and other care facilities to live as part of formed families within homes in the community. This is available in Chennai, Trichy and Thiruporur (Tamil Nadu), Mallapuram (Kerala), Ratnagiri and Mumbai (Maharashtra). The Trichy chapter in Tamil Nadu is anchored by two sisters (Amali and Jackulin) with first-hand experiences of mental illness and homelessness themselves.

NALAM

NALAM: is a community mental health programme delivered by grassroots mobilisers across urban and rural locations. The programme seeks to address immediate mental health needs of people across a spectrum. Pathways towards social cooperatives and micro-businesses, accessible livelihoods are created. Young adults and their families from marginalised communities are supported to build upon a framework of community based equity and rights.



CENTRE FOR SOCIAL NEEDS AND LIVELIHOODS: NALAM

NALAM, meaning well-being in Tamil, is a community mental health programme which places its emphasis on offering an assortment of holistic care responses beginning at the primary levels across geographies. Delivered by grassroots mobilisers who identify psychological distress, offer supportive peer counselling, do home-based follow-up and organise social welfare and livelihood referrals through clinics spread across urban and rural locations, the programme seeks to address immediate mental health needs of people across a spectrum. The intervention is additionally supported by proximal community health clinics staffed by psychiatrists, experiential experts and social workers.

NALAM mobilisers carry with them lived experiences of mental illness and associated deprivation. This enables NALAM to operate as a supportive network for users to disclose and reconcile their individual histories of illness, disadvantages, prejudices or discriminations. NALAM workers partner with users to create a comprehensive social care plan for each family. People access multifactorial packages of care through the programme and assume spaces of investment over their social and health care plans. Sessions are conducted routinely and are validated by reviewing goals involved to address discordance in service provision. This process is further enhanced by the use of technology such as mobile phones to access specialists through telemedicine while strengthening compliance and follow-up.

Thematic concerns in the context of mental illness and wellbeing in the community are worked towards by accessing informal social networks (including peers, friends, neighbours or community members) via trauma informed and gender responsive case conceptualisations. Conditional Cash Transfers (CCTs) and access to skill development activities which may generate income and dignified sustenance are offered to users and their families based on grades of care. Field and policy level investigations are conducted to enable people with disadvantages access government schemes and community resources. Low-cost housing is secured for communities in need with priorities being allocated to those who have been systematically displaced and homeless such as people belonging to Irular, Dalit and Adivasi communities.

Users, families and communities are enabled to actively lobby with local bureaucracy, create specific legal capacities and disseminate para-legal services in clinical settings. Children living with parental illness who have been denied educational access are provided support to pursue opportunities for associated wellbeing, while a dedicated care-giver from the neighbourhood is assigned to oversee the daily social, and emotional needs that may emerge.

Child and adolescent groups further are engaged via learning centers and adolescent clubs run in the milieu. Critical options for engagement offered include after school lessons, sports and skills development services. Focus is placed on arresting intergenerational distress, promoting upward social mobility and fostering equitable learning environments. Integrated curriculums with in-built workshops for mental health promotion, structured group interventions and education support alongside outpatient consultations are implemented.

A federation of peer-led homeless collectives comprising people from indegenious communities, ultra poor and disadvantaged groups such as children with parental mental illness, elderly with care burdens and women who have been disenfranchised due to their lived experiences and absolute homelessness meet on a regular basis to spearhead activities geared towards improving outcomes, transcending disparities and accessing wellbeing on their own terms.

NALAM is anchored by the Centre for Social Needs and Livelihoods. NALAM is presently active in 9 wards of Chennai city, Thiruporur Taluk, Kattumannarkoil and Sriperumbudur Taluks (in partnership with National Health Mission, Tamil Nadu) in Tamil Nadu, Ottapalam (in collaboration with Ottapalam Welfare Trust) in Kerala and Shahapur Taluk in Maharashtra (in collaboration with Integrated Rural and Human Development Project, Tata Institute of Social Sciences). Till date more than 10,000 individuals have accessed these services.

Impact

Operate and partner in 7 districts, 3 states.

Service a population of 10,00,000 across states.

Over 2111 homeless persons have walked through the doors of the Banyan and accessed emergency care and recovery services.

Approximately 152 people sought shelter within ECRCs at any point of time through last year.

An approximate 1153 of them have been reunited with their families & communities of origin all over India.

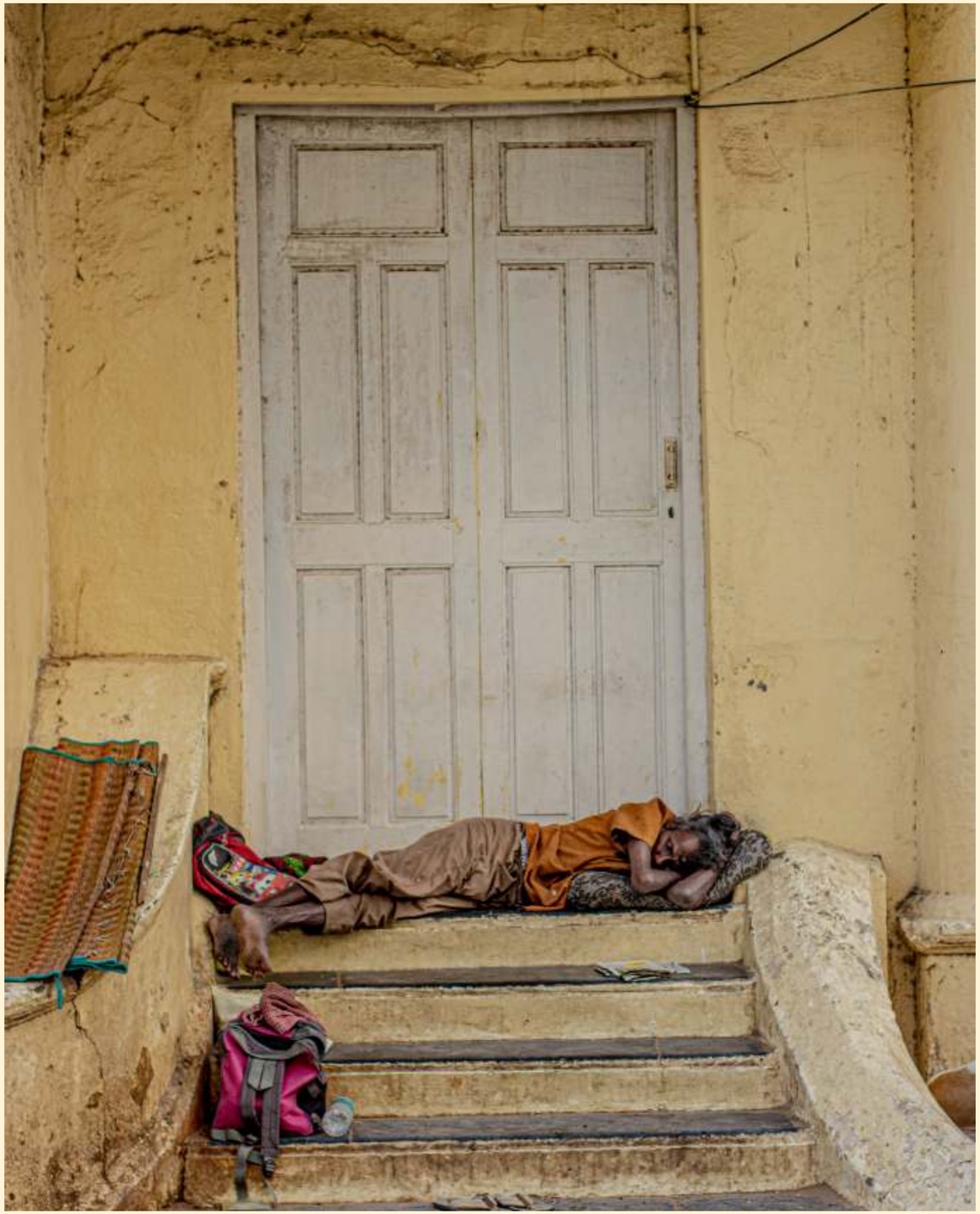
Nearly 216 of them live as part of independent and supported housing in the community as an alternative to long-term institutionalisation.

Over 10,000 individuals and their families have received wellness oriented community based mental health services delivered by grassroots mobilisers.

56% of women who have used the services have accessed unique pathways to recovery and wellbeing.

800 children living with parental mental illness and at-risk children receive support annually to break intergenerational cycles of deprivation.

200 NALAM mobilisers have been equipped with Diplomas in Community Mental Health to offer supportive mental health services in community settings.



Continued Care Across Geographies

Nafisa and Thulasi Return Home

Overwhelming grief enveloped Nafisa when her husband passed away. Unable to expect any support from her maternal family or siblings because of their equally precarious states of living, Nafisa tried to warp reality and support her five young children on her own. Struggling to comprehend and cope with the sudden loss, she took up multiple jobs to make sure her family did not lapse into penury. Her only focus was to ward away the hunger of her children. Nafisa recalls giving away her share of food as well and sustaining herself on meager cups of black tea.

Nafisa's mother in law resented the changes and directed her displeasure towards her. Although there was a struggling want to mourn, take a break and rest, an exhausted Nafisa had to plough on, and so she did. She navigated single parenthood, entrenched socio economic hardships alongside relentless physical and emotional abuse, under a haze of sorrow.

As Nafisa struggled to make sense of poverty and this version of life that she had no choice but to grapple with, an interlude in the form of a bitter betrayal made its way into their lives and interceded the intermittent peace that they were finally settling into. The elders in her extended family treacherously pronounced that she ought to get married to her husband's brother to ensure her survival as a young widow, all for “her own good”. Reminiscing on the past, Nafisa recounts the fears that were fuelled by the family's obstinate want to hold on to ancestral property.

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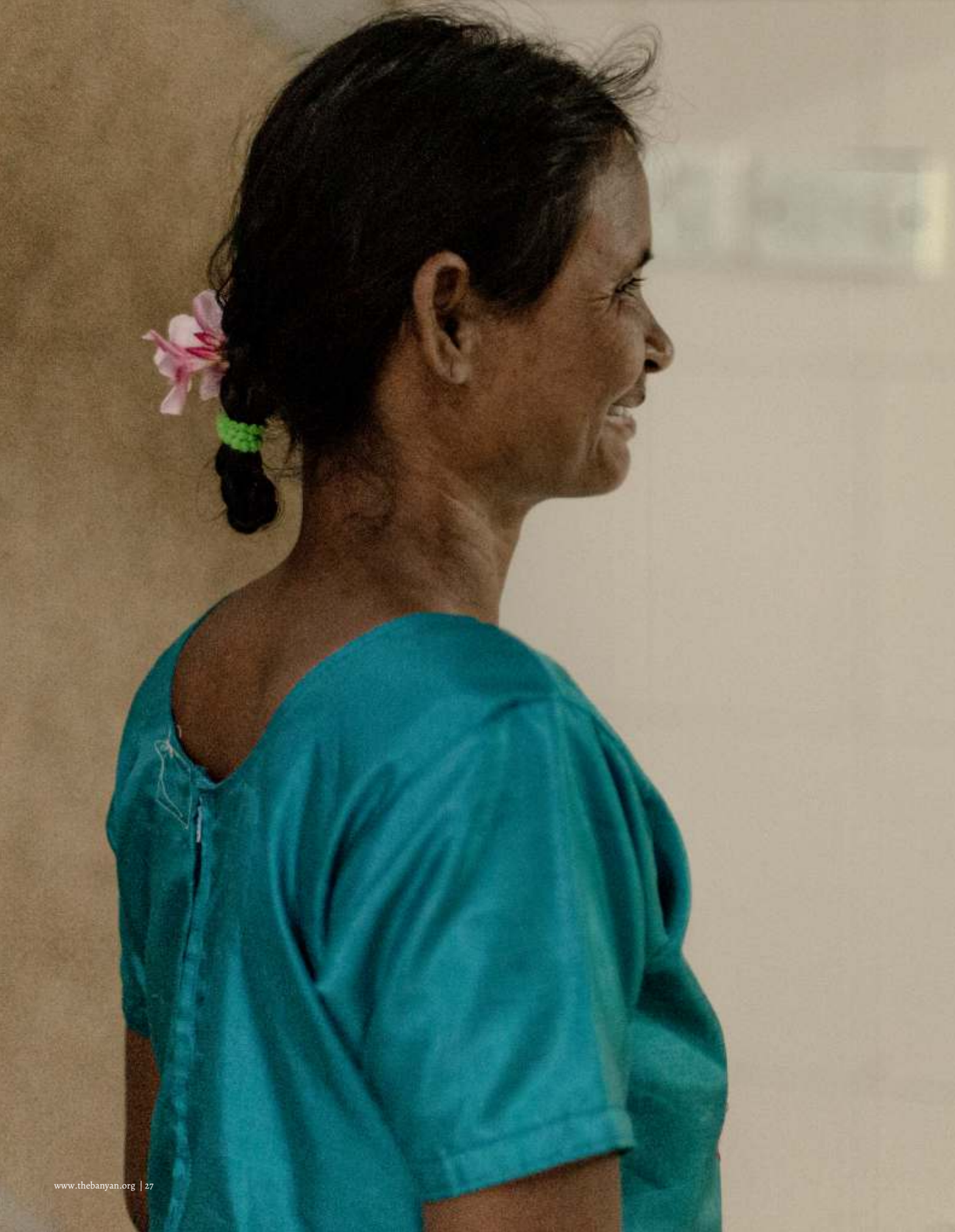
An unwilling Nafisa's vehement protests were in vain. People had already chosen to be oppressively silent while fundamentally refusing to accept her unwillingness. Things spiralled out of control and in time she started developing physical and mental manifestations of her own dread. One cold morning, in a surge to reclaim her lost sense of self, a fiery Nafisa walked out of home in rage for good, with her youngest son in tow. After some years of living life adrift, she reached an Emergency Care and Recovery Center and started accessing diverse services and individual care.

People face disproportionate disadvantages because of barriers enforced by a neurotypical world. These struggles are especially unique among those with histories of psychosocial disabilities, relational disruptions, isolation and oppression due to social locations including gender and caste. Women are required to labour tirelessly, take up multiple roles, navigate abuse and assault in powerless relationships and adhere to expectations set by others. Individual trajectories and narratives point towards disintegrated families and unbalanced dynamics similar to Nafisa's story.

For Nafisa, her entry into the ECRC environment enabled her to meet kinder people. She grew to trust and develop a community of friends who were willing to invest time in her to understand her story. This allowed Nafisa respite to volitionally engage at the loom section and gradually helped her become well. Recently Nafisa and the team had a breakthrough and managed to establish contact with her family once again. After 15 long years of being away, she had the opportunity to renew relationships, reconcile with accrued trauma and transcend the burden of adversity weighing upon her.



Nafisa is now at peace, at home with her grandchildren sharing her wisdom and stories over simple meals, taking life one day at a time. She keeps in touch with her friends in Chennai via occasional calls and hopes to lead a more fulfilled life on her own terms.

Thulasi hails from a village in Cuddalore. After falling in love and getting married, she moved to Chennai and experienced fleeting joy before her husband passed away. Shortly after this, she moved back to her native village to live with her parents and siblings. Although she tried working in a nearby factory and the local Anganwadi, she was ousted from these spaces on account of her refusal to assume upon herself the physical markers that made it clear she was a widow.

Life as a single woman was arduous and often murky. Unwilling to fall in line with archaic familial and societal roles and performative expectations foisted routinely on women whose partners die, Thulasi's distress expanded and proceeded to assume annihilative formations. The anger and disillusionment set in motion a cascade of emotions in Thulasi which culminated in mental illness. Solutions pursued by her family included options such as faith healing that did not offer much scope in the absence of clinical services. Thulasi reached The Banyan, recovered with time and opted to return. However the path back home was not easy.

We have learnt that a good number of people with histories of homelessness and exclusion can re-enter communities and live an equitable life, provided constant social and care support is made available on a long term basis. From a continued care perspective, conflicts arising in chosen pathways and implications faced by users and carers post discharge are complex. Dominant issues recorded by users who return home include lack of basic housing, chronic poverty, no social records or connected benefits, questioning and deriding of atypical lifestyles, non accommodative work options, burden of illness and carer burnout, aggregated indignities faced due to inter generational histories of discrimnation including caste, class and gender intersections et al. To address this, user and carer driven rehaul of outpatient clinic formats were substantially anchored. Besides typical clinical and social reviews during clinics, a multidimensional framework across a continuum of domains necessary for social care and living has been initiated into practice.

For instance, Thulasi had to encounter multiple tenuous relationships and exhaustive transactions to convince her parents that she too can lead a life of her own. Her mother was reluctant in welcoming Thulasi's ideas that were traditionally held problematic. Being the primary carer and saddled with irresponsible and absent husband and sons, Thulasi's mother found navigation gruelling and lonesome. To resolve this, the carer was supplemented with local resources by the aftercare team to allow for better balance. Solutions were framed using theories with consistent family and social network approaches such as Open Dialogue, helping Thulasi and her mother triage, reassume control and mediate their difficulties better. Although small issues in daily life persist, a year after discharge Thulasi feels she is doing as well as she hoped for.

She attends outpatient clinics regularly with her parents and has resumed work which offers her solace. Local channels of community based models of care existing nearby such as the District Mental Health Programme (DMHP) are being utilised on a need basis. Help has been enlisted from local partners and community elders as required. Peer mentors and social workers have been reaching out periodically to help the family cope better. Work to enable Thulasi's access to state benefits and schemes is ongoing. Crucially her friends and family, support and stand up for her, allowing for mutual solidarity and respect.

Wellness-Oriented Community Mental Health Services

Stories of Ezhil, Bhairavi and Sundari

Ezhil had a troubled first marriage. After his wife chose to leave him, he found himself unable to grapple with the after effects this transgression brought about. For the next fifteen years after this transpired, Ezhil remained severely depressed. Attributing his ways of being to black magic, his mother and extended relatives introduced him to faith healing which invariably did not have the desired results. He recalls spending excruciatingly trite years visiting one place after the other, in desperate search for a solution, only to be subject to various abusive ritualistic routines, against his consent, which included getting tied to a tree and being possibly flogged.

With time, his mother decided that a second marriage might help turn the course of events. He started developing irrational fear post this, which exacerbated during periods of stress. Despite his new wife's best efforts to help, an overwrought Ezhil refused to listen. As he became increasingly averse to the idea of being in public spaces, he vehemently started to avoid people, including his family and went to extreme lengths to ensure this. His panic levels slowly compelled him to stop playing the role of a husband, son or father. He isolated himself and remained within the safe space which was home.

Mental illness accounts for 13% of the global disease burden. In India, this translates to 150 million people having serious mental disorders, with points of access to care remaining questionable. The National Mental Health Survey 2015-2016 projects that while 7.5% of Indians have some form of mental disorder, more than 60% remain out of care. The effects of this are profound due to interaction with existing barriers such as stigma, overcrowded public health facilities, lack of access to education and multidimensional poverty, leading to social disenfranchisement, long term disability and continued homelessness. Priority investments like the NALAM programme can result in better outcomes for people belonging to key disadvantaged groups, their families and communities increasing chances of intervention service replicability and impacts.

Ezhil was convinced to start accessing services at a tertiary center run by the programme. Here challenges connected to his personal narratives were unpacked before formulating responses. Peer interaction and life stories were negotiated with and used to facilitate Ezhil to progress towards personal recovery and future directions. Community based psychosocial support was offered on an everyday basis. Ezhil's family and local networks were encouraged to utilise their own resources as part of a less hierarchical and more collaborative approach to care. Ezhil now lives an ordinary life and is employed as a daily wage worker at a construction site, enabling him to sustain his family's wellbeing.

NALAM is delivered by community-based health workers who address immediate mental health needs of people by facilitating treatment, family support and social care. They are drawn from communities that are directly in focus and are adequately equipped to deliver services.

A significant proportion of mobilisers have navigated similar histories and social positions of rooted discrimination such as poverty, caste, class, homelessness, mental illness and gender-based discrimination, placing them at the right position to understand care needs. Their direct lived experiences promote the contextual distribution of services.

Sharing the languages, cultures, politics of clients they intend to work with help in localizing interventions and sustaining care. It increasingly places them in a unique position to cultivate intimate connections across catchment areas, helping diminish social distance and develop critical hope. Bharavi and Sundari's relationship elucidates these nuances.

Bhairavi was fourteen years old when she married a man fifteen years older than her with whom she went on to have four children. Loss and unabting grief was not unfamiliar to Bhairavi. Her parents had passed away when she was a teenager and her elder son expired when he was three years old due to an illness. When Bhairavi was 56 years old, her husband passed away. It was post this that Bhairavi recalls feeling extremely burdened largely by the problems her children were facing as married adults. Her second son was an alcoholic who refused to get sober or take care of his wife and three children. Her younger daughter was childless and was facing extreme social pressure due to the same. She was also troubled by a debt which she entered into to build a house. Bhairavi had to pawn the little jewelry and land she owned to help her pay the surmounting interests. This took a toll on Bhairavi's mental health and she sought services at The Banyan. Soon after her elder daughter died due to a kidney ailment. Her son in law (the elder daughter's husband) turned alcoholic as well and neglected his children.

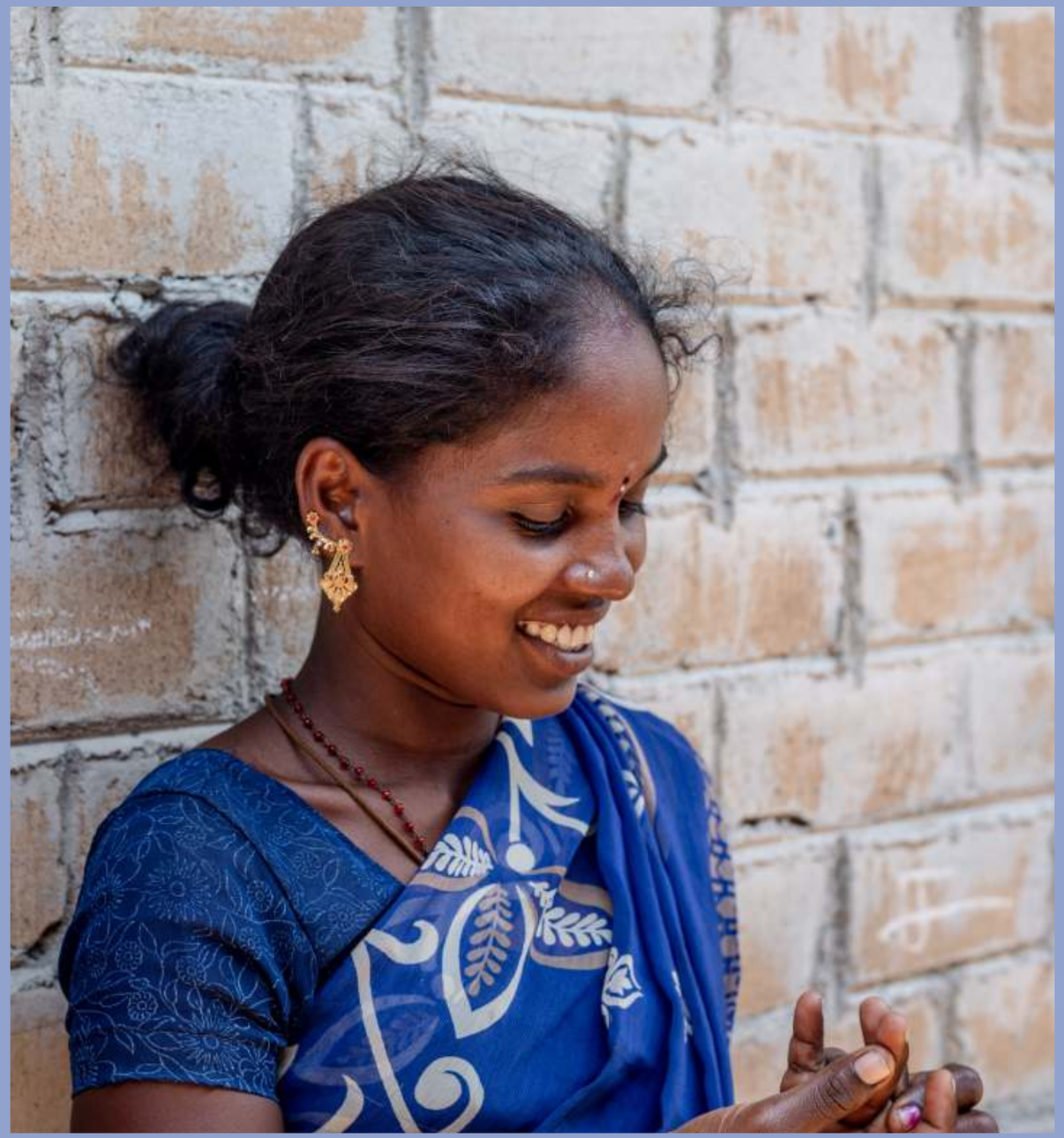
It was at this point that she met Sundari (a NALAM mobiliser) who started visiting her regularly at home. Sundari encouraged Bhairavi to create local networks in the community and enabled her to enroll under the National Rural Employment Guarantee Act (MGNREGA) scheme, so that she could earn and spend her time with the people during the day. Apart from helping her tide over everyday expenses, going to work enabled Bhairvai to listen, relate and help people like her.

Bharivai recalls that there was a brief period when her son attributed his mother's illness to her "need for attention". An affronted Sundari took this up as a task and started engaging in persistent home visits to unpack the stigma and help the son realize otherwise.

"I feel relaxed whenever I meet Sundari. She has been instrumental in my recovery. She has been with me since I was utterly helpless during my daughter's illness. Sundari even mobilised blood donors and accompanied me to visit her in the hospital during her last days. The way she talks to me makes me feel better, I can see my daughter who passed away (in Sundari). I share my feelings and worries, she helps me find the resolve to move ahead with unfettered courage in my life at this age."- Bhairavi

Independent and Supported Housing in the Community

Venba's Narrative



Hailing from a town in the interior Tamil Nadu, Venba recalls gradually becoming homeless and mentally ill. When illness became a part of Venba's life, it excavated existing familial dynamics leading to further disarray. Although she accessed private mental health services during this time, a path towards recovery could not be established due to infrequent medication and care. Choosing to walk away from this past set her life unhinged towards a course that Venba had not anticipated. It was around this time after some years of sleeping rough, that Venba entered The Banyan's critical care facility. She felt better, reclaimed her personhood and started taking active steps charged with meaning.

Few years back, Venba and her friends moved to a nondescript village near Kovalam to share homes across the community as part of Home Again. Directed by their unique sense of self, it did not take too long for Venba and her friends to break the sporadic quiet present among candy coloured houses in Vadanemmeli. A normal day involves carefree conversations, contributing to household chores, helping create elaborate meals, negotiating everyday life and accessing informal social networks (including peers, friends or neighbours or community members).

Across shared homes, importance is accorded to the diverse friendships and thriving relationships that transpire on an everyday basis. While on one hand there are residents who strike mutually beneficial deals to help each other, acting as designated contact persons for each other in the event of a lazy day or a crisis, on the other hand people get together and formulate impromptu plans for fishing or grazing the neighbour's goats, reinvent heirloom recipes for large celebratory meals or immerse themselves in long form articles on local happenings and politics, and crosswords from the comfort of their courtyards. Children from the neighborhood visit periodically for sweetmeats or summer drinks, while people indulge in afternoon siestas recalling memories of home.

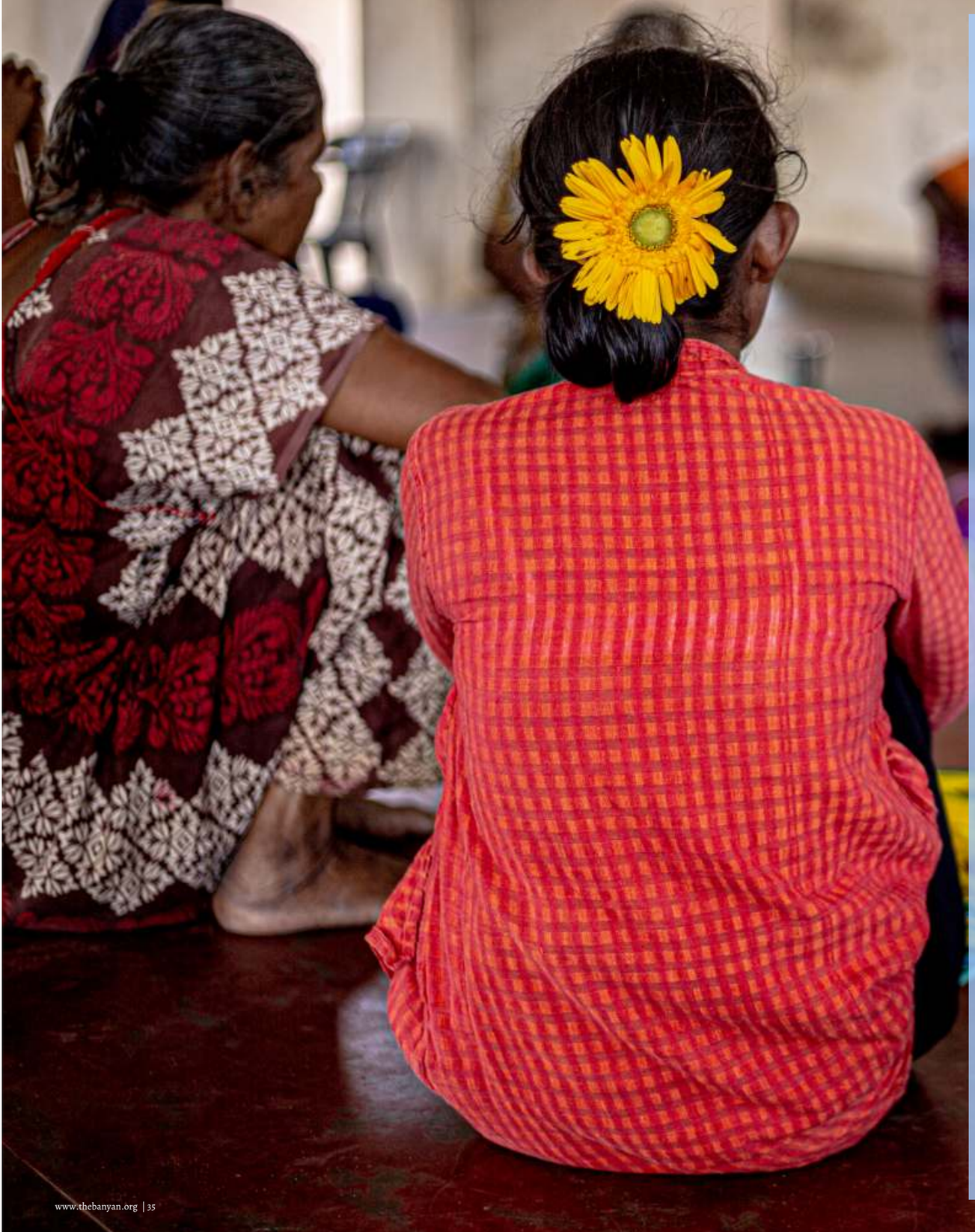
For Venba, the programme easily allowed her to assume the role of a leader in the home she shared with her friends, while consuming herself with work and taking breaks to engage in conversations with neighbours who leisurely stop by for a chat. Along with her friends, community members, personal assistants, Venba occasionally counsels those around her by drawing from her own life experiences of having to deal with an abusive relationship, disintegrated family and internal strife.

Venba's time is also taken up by Rowdy – the resident dog who is her mainstay for giving and receiving affection. As a ritual she winds down the day by walking down to the tea shop nearby along with her animal companion and indulging in piping hot cups of lemon tea and biscuits bought with the money she earns.

Venba also enjoys travelling independently using public transport and often undertakes long winding bus rides to the nearby town to purchase fresh vegetables at a bargain from the sunday farmers market along with her friends.

She says that self constructed livelihood initiatives (making of mango pickles, colourful wire bags, dry powders and rice crisps for sale) are witnessed in a full swing across seasons. Participating in activities that are reminiscent of their cultural past and potential present have helped people pursue variegated pathways to living life, allowing people like Venba create and recalibrate her own narratives of personal coping and recovery.

Such transactions with the community have helped in doggedly reducing social distance correlates, implying greater inter agency in community participation. Venba revells in the newfound sense of ownership and social mobility that options through Home Again have afforded her and looks forward to the years ahead with a sense of relief and contentment.



மனநோயிலிருந்து மீண்டவர்களின் வாழ்வாதாரத்தை மேம்படுத்துவதற்கான வழிவகைகள்

இன்றைய காலத்தில் மனநோய் பற்றிய விழிப்புணர்வு பெரிதளவில் வளர்ந்து வருகின்றது. அதே நேரத்தில், மனநோயிலிருந்து மீண்டு வருபவர்களின் உரிமைகளை பாதுகாப்பதும் மற்றும் அவர்களது வாழ்வாதாரத்தை உயர்த்துவதும் அவசியமானதாக திகழ்கிறது.

யார் மன நோயாளிகள் என்று தெரிந்துகொள்ளலாம்? அனைத்து மனிதர்களும் சமுதாயத்தின் பல்வேறு நெருக்கடியினால் மன உளைச்சலுக்கு ஆளாகி விடுகிறார்கள். அவர்களுக்கு சரியான நேரத்தில் முறையான ஆலோசனைகள் மற்றும் வாழ்வாதார வழிமுறைகள் கிடைக்காத போது, அதுவே நாளடைவில் தூக்கமின்மை, பசியின்மை அல்லது அதிக பசியை உணர்வது போன்ற நிலைக்கு தள்ளப்படுகிறார்கள். அந்நிலையில் உள்ள சில மனிதர்களுக்கு காதில் குரல் கேட்பது, தனக்கு தானே பேசிக்கொண்டிருப்பது, தனது வேலையை தானே செய்துகொள்ள முடியாமல் முடங்கி விடுகிறார்கள் இவர்களையே மனநோயாளிகள் என்று அழைக்கின்றோம்.

ஒருவர் மனநோயால் பாதிக்கப்பட்டு இருக்கும்போது சமுதாயத்தில் உள்ள பல விதமான ஏற்றத்தாழ்வு நிலைகளினால் அவர்களுக்கு உடல் ரீதியான பாதிப்புகளையும் கூடுதலாக ஏற்படுத்துகிறது. மேலும் மன நோயால் பாதிக்கப்பட்டவர்கள் கடந்த கால வாழ்க்கையில் பெற்ற உழைப்பு, படிப்பு, குடும்பம், குழந்தைகள், வீடு, சொத்துகள், உறவுகள், மானம், மரியாதை அந்தஸ்து என அனைத்தையும் இழந்த நிலைக்கே தள்ளப்படுகிறார்கள். அத்துடன் உடல் மற்றும் மனரீதியாகவும் தன்னம்பிக்கையற்ற மனிதனாகவும், தன்னால் எதுவும் சாதிக்க முடியாது என்ற மன நிலைக்கு ஆளாகி இருப்பார்கள்.

மனநோயில் இருந்து மீண்டவர்களுக்கு உதவுவதும், பாதுகாப்பதும் சமுதாயத்தின் கடமை அல்லவா? ஏனெனில் எந்தவொரு மனிதனும் தானாகவே மனநோயாளியாக மாறிவிடுவது கிடையாது. இந்த குடும்பமும், சமுதாயமும் மட்டுமே ஒரு நபரை மனநோயாளியாக மாற காரணங்களாக இருக்கிறது. அப்படியென்றால் ஒருவர் மனநோயால் பாதிக்கப்பட்டால் குணமடைய செய்ய வேண்டிய பொறுப்பும் கடமையும் பூமியில் வாழ்கின்ற நம் ஒவ்வொருவருக்கும் உண்டு அல்லவா? மற்ற எந்த நோயால் பாதிக்கப்பட்டாலும் அவர்களின் குடும்பமே பொறுப்பேற்று குணமடைவதற்கு எல்லா முயற்சிகளையும் செய்கின்றனர். ஆனால் மனநோயால் பாதிக்கப்பட்டவர்களை மட்டும் அவர்களின் குடும்பத்தை விட்டு ஒதுக்கிவைக்கின்றனர்.

மனநோய் என்றும் குணம்பெற முடியாத நோய் அல்ல. அப்படி இருக்கும்போது மனநோயை ஒரு நோய் என்ற கண்ணோட்டத்தில் மட்டுமே பார்க்க வேண்டும். ஆனால் மனநோயை காரணம் காட்டி மன நோயாளிகளை சமுதாயத்திலிருந்து ஒதுக்கி வைப்பது எவ்வளவு கொடூரமான செயலாகும்? அது எப்படி நியாயமாக இருக்க முடியும். இந்த நிலை மாற வேண்டுமானால் மனநோயாளிகளின் வாழ்வாதாரத்தை உயர்த்தியாக வேண்டும் என்பது தான் உண்மை.

மனநோயால் பாதிக்கப்பட்ட ஒருவரை முதலில் நமது குடும்பத்தில் அல்லது ஊரில் உள்ள ஒருவராக கருத வேண்டும். பின்னர், மருத்துவ உதவிக்கு அழைத்து செல்வது அவசியமான ஒன்றாகும். அத்துடன் தனது கடமை முடிந்துவிட்டதாக கருதிவிட கூடாது. இதன் பிறகுதான் உங்களது முக்கியமான கடமை உள்ளது. அவர்களுக்கு வாழ்க்கையில் முன்னேற்வதற்கான பல உதவிகளை செய்ய வேண்டும். அவர்களுக்கு கிடைக்க வேண்டிய உதவிகள் வழங்குவதன் மூலம் நல்லதொரு வாழ்க்கை வாழ்வதற்கு துணை செய்கிறது.

மனநோயாளிகளுக்கு எல்லா அரசு மருத்துவமனைகளிலும் மருத்துவ உதவிகள் கிடைக்கிறது. அதுமட்டுமே அவர்களுக்கு போதுமானதாக இல்லை. படிப்பை தொடரவும் உதவி செய்ய வேண்டும். அத்துடன் வேலை வாய்ப்பிலும் இட ஒதுக்கீடு அடிப்படையில் வேலை கொடுக்க வேண்டும். அவர்களுக்கென்று வீடு வழங்க வேண்டும். மனநோயில் இருந்து மீள்வதற்கான தொழிற் பயிற்சி மற்றும் ஆலோசனை மையங்களை அமைக்க வேண்டும். தொழில் வாய்ப்புகளை தனியார் மற்றும் அரசு பொதுத்துறை நிறுவனங்கள் வழங்க முன் வர வேண்டும். வேலைவாய்ப்பு வழங்கும்போது அவர்களது வாழ்க்கையில் தன்னம்பிக்கை பிரக்கும். மனதில் தைரியமும், துணிவும் வளரும். அதற்கு காரணம் தினமும் வேலையில் ஈடுபடுகிறார்கள் மற்றும் கைநிறைய சம்பாதிக்கிறார்கள். எனவே அவர்கள் யாரையும் சார்ந்து வாழாமல் மரியாதையுடன் வாழ முடிகிறது.

மனநோயாளிகளை இழிவாக பேசுபவர்கள் மீது சட்ட ரீதியான நடவடிக்கை எடுக்க வேண்டும். குடும்பத்தை விட்டு ஆதரவு இல்லாமல் காப்பகங்களில் தங்கியுள்ள மனநோயாளிகளுக்கு வீடு மற்றும் தொழில் கொடுத்து, சமுதாயத்துடன் வாழ்வதற்கான வழிவகைகளை செய்ய வேண்டும்.

அவர்கள் குடும்பத்திற்கு அரசு வேலை கொடுக்க வேண்டும். மனநோயாளிகளுக்கு தொடர்ந்து ஊதிய தொகை வழங்க வேண்டும். மனநோயாளிகளை வறுமை கோட்டிற்கு கீழ் உள்ளவர்கள் பட்டியலில் சேர்த்து அரசின் ஒதுக்கீடுகள் அனைத்தும் வழங்கிட வேண்டும். அப்போது தான் மனநோயாளிகளின் வாழ்வாதாரத்தை உயர்த்த வேண்டும்.

மனநோயிலிருந்து மீண்டவர்கள் சமுதாயத்தில் சிறந்து வாழ்வதற்கு அரவணைப்பு மற்றும் தொழில் வாய்ப்புகளை வழங்குவது. அவர்கள் விரைவாக குணமடைவதற்கு உதவி புரிகிறது. இவர்களை ஆதரிப்பதன் மூலம் வேலைக்கு செல்வார்கள் மற்றும் பைத்தியம் என்ற முத்திரையை அகற்ற முடியும். இதனால், மற்றவர்களை போல சாதாரண வாழ்க்கையை வாழ்வதற்கு உதவுகிறது.

ப.திருச்செல்வி (பி.எ உளவியல்)
முன்னாள் பயனாளி – தி பேனியன்

Personal Essay

Enhancing Livelihoods, Aspirations and Wellbeing by P. Thiruselvi

With awareness about mental health concerns growing, it becomes essential to protect the rights of people with mental illness, and promote better livelihood options for them. They may have been rendered emotionally vulnerable due to societal or personal crises. In the absence of timely counseling and support systems, certain symptoms might appear or become exacerbated which pushes already atypical people further away from the line of sight – such as insomnia, lack of appetite, excessive appetite, hallucinations, hearing voices, talking to oneself, becoming dysfunctional (not all of which are necessarily related to mental illness).

People with mental illness tend to face additional deteriorations and multiple harms due to the inherently inequitable nature of human society. They might lose everything they have earned prior to the onset of illness – work, family, children, relationships, home, property, respect. Physically and mentally, they might begin to internalize a sense of inability to achieve life goals. We see families taking responsibility and making efforts for a person's recovery when it comes to most health issues, yet the very same families often abandon people with mental illness. Society further discredits the mentally ill, labeling them "mad". The associated stigma pushes them further to the fringes, and excludes them from several areas of daily living. It may be said that people with mental illness endure lives consumed with many losses and humiliations.

Mental illness is no more untreatable than any other illness and needs to be perceived in the same manner. However, as things stand, people with mental illness are subjected to persistent social exclusion and isolation. One way of addressing this is to expand and improve justice-oriented livelihood opportunities for people with mental illness. Mental health conditions do not arise or exist in a vacuum divorced from the individual's environment. Family, society, and prevailing structural inequities, all play their own roles. Society as a whole, then, bears responsibility for helping people with mental illness access necessary care.

Persons living with mental illness must at the outset be acknowledged as an integral part of their families and communities. Facilitating access to equitable treatment is a necessary next step. However, care does not end merely with offering biomedical solutions, but calls for supportive measures that can help individuals concerned to progress towards their aspirations and personal choices in life. Opportunities for transformation should be doggedly offered. An effective way of doing this would be to reconnect persons with mental illness to their rightful access to resources, thereby renewing their sense of well-being.

Although most government hospitals offer mental health treatment services, these alone are inadequate for improving quality of life. Counseling facilities need to be allied with skill development initiatives – along with housing, education and employment opportunities that would allow people with mental illness to participate more fully in their communities.

Every person should be offered the chance to resume the education or work that they may have had to discontinue during a period of serious illness. Both public and private organizations must provide employment opportunities for people with mental illness. Reservations are needed in government jobs; it may also be worthwhile to make

concerted efforts for a specific quota in private institutions. Regular employment and an assured income are known to help instill confidence. Besides, when they are no longer perceived as "burdensome" dependents, people with mental illness would be able to live with greater respect from both family and society.

Access to housing needs considerable work. Legal action against those who discriminate against the mentally ill also ;must be pursued resolutely. Those without designated carers or places to stay – people who are homeless, or living in shelters – need to be acknowledged as a critical subgroup requiring greater focus. Social entitlements such as voter IDs, ration cards, banking facilities, and easy access to pensions should be made available. Carers, too, need to be offered jobs in the system if the person they are caring for is indisposed because of a serious mental illness. If carers are employed at minimum wage or unemployed, this can result in extreme impoverishment that may affect recovery. Hence mental health systems need to develop work options for such carers, to allow a better standard of living and quality of life.

Many people with mental illness belong to social locations that are below the poverty line, and must be offered all rightful social care options and subsidies. Facilitating employment alongside care for people with mental illness can play a major role in their recovery. Supporting marginalised people with mental illness to return to work can help eradicate the pejorative tag of "mad" or reclaim it on their own terms, thereby paving a way for them to return to ordinary, everyday life.

P Thiruselvi was a counselor at Aswini Adivasi Hospital, Gudalur, Tamil Nadu who has connected hundreds of distressed people to mental health care. Her own recovery trajectories, through homelessness and mental illness, have been diverse. A fellow at The Banyan Academy of Leadership in Mental Health (BALM), she is a single parent taking care of her son while pursuing an Msc in Psychology. Thiruselvi has recently started working as a case worker at the Ooty One Stop Centre, under the Ministry of Women and Child Development (MVCD)

Thank You!

The Banyan is able to operate thanks to the generosity of our partners, supporters and friends.

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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

*Prof.Dr. Vandana Gopikumar – Founder Trustee
Ms. Vaishnavi Jayakumar – Founder Trustee
Mr. A. Sankara Narayanan – Chairperson
Mr. Balraj Vasudevan [MD, Autopumps & Bearing Co.P Ltd] – Treasurer
*Mr. Senthil Kumar [Director, Qube Cinema Technologies Private Limited] – Trustee
Mr. Amarnath Reddy [MD, Shoetek Agencies] – Trustee
Mr. K.C. Mohan [Retd] – Trustee
Mr. P.S. Raman [Advocate] – Trustee
Mr. V.S. Pradeep, MD, Cholayil Group - Trustee
Ms. Arathi Krishna, Joint Managing Director, Sundram Fasteners - Trustee
Mr. N.K.Ranganath, Managing Director, Grundfos Pumps India Pvt Ltd – Trustee
Mr. T.K. Gowrishankar – Trustee
Lt.Gen.S.M Mehta – [CEO, The Hans Foundation] - Trustee
Mr. Vijay Hinduja – 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
5,000-10,000	6	24	30
10,000-25,000	31	151	182
25,000-50,000	9	12	21
50,000-1,00,000	5	4	9
1,00,000>	1	0	1
Total	52	191	243

Head of the Organisation: Rs. 1,50,000 Per month | Highest paid staff Member: Rs. 1,50,000 per month
Lowest paid staff member: Rs.10,956 per month

Total monthly payments made to consultants (in Rs)	Number of consultants
<5000	0
5,000 - 10,000	3
10,000 - 25,000	8
25,000 - 50,000	5
50,000 - 1,00,000	3

Travel Details

Total cost of National travel by Board members/staff/volunteers on behalf the organisation for 2019 -20 is Rs. 12,52,073.00
Total cost of International travel by Board members/staff/volunteers on behalf the organisation for 2019 -20 is Rs. 9,266.00

Dr. KV Kishore Kumar travelled to Geneva in January 2020

Board of Trustees Meeting 2019-20

Date	Attendance
08 th June 2019	9
14 th September 2019	7
08 th December 2019	9
14 th March 2020	7

Bank Accounts

Axis Bank
Mogappair Branch
016010100372572
083010100136983
917010022974356

HDFC Bank Ltd
Mogappair Branch
50100092343049

IDBI Bank
Kilpauk Branch
0287104000117616

ICICI Bank
Anna Nagar Branch
602701202072 Corpus
602701209343
602705038223

State Bank of India
Anna Nagar Branch
10408452644 Recurring
10408452859 Building Fund
10408453115 Swadhar

Kotak Mahindra Bank
Mogappair Branch
8413114703

RBL Bank Limited
Maduravoyal Branch
400040004004

ICICI Bank
Krishnankaranai Branch
032901000114

Kotak Mahindra Bank
Anna Nagar Branch
6011581033 Tata Trusts Corpus Grant
6011155791 FC
6011155807
6011291253 HCL
8411876887 FCRA Main

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

Auditor

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

Internal Auditor

KPMG
Nungambakkam
Chennai 600 034

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	

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 jjrajendran@thebanyan.org

Balance Sheet
As on 31st March 2020

LIABILITIES	SCHEDULE NO	AMOUNT (Rs) AS ON 31.03.19	AMOUNT (Rs) AS ON 31.03.20
General Fund	1	53800098.17	33313792.77
Corpus Fund - RIST		148923991.92	148923991.92
Corpus Fund - Tata Trusts		63094072.00	63094072.00
Corpus Fund - Bajaj		60000000.00	60000000.00
Corpus Fund - Others		18213488.53	18231488.53
Capital Fund Tata Trusts		1065.59	0.00
TOTAL		344032716.21	323563345.22
ASSETS			
Fixed Assets	2	44528617.31	45229122.31
CURRENT ASSETS , LOANS & ADVANCES			
Deposits	3	2151231.00	3064581.00
Other Current Assets	4	4815742.13	5048696.73
Balance in Scheduled Banks & Cash-in-hand	5	313647371.02	293753180.97
		320614344.15	301866458.70
Less : Current Liabilities		21110245.25	23532235.79
Net Current Assets [(A) - (B)]	6	299504098.90	278334222.91
TOTAL		344032716.21	323563345.22

[Schedules 1 to 6 and Notes in Schedule 26 form a part of this Balance Sheet]

For THE BANYAN

BALRAJ VASUDEVAN
HONORARY TREASURER

PLACE : CHENNAI
DATE : December 31 , 2020

For G . JOSEPH & CO .,
CHARTERED ACCOUNTANTS .
FRN : 001383S

VIJI JOSEPH
(Membership No : 027151)

Income & Expenditure Account for the year ended 31st March 2020

PARTICULARS	SCHEDULE NO	AMOUNT (Rs) Year Ended 31.03.19	AMOUNT (Rs) Year Ended 31.03.20
Donation and Programme Receipts	7	105005317.10	90806000.80
Interest Income		14372960.36	23606975.67
Other Income		4045546.43	4677452.59
TOTAL (A)		123423823.89	119090429.06
EXPENDITURE			
ECRC - Mogappair	8	24618532.00	26800785.00
ECRC - Trissur	9		2042383.00
ECRC - Thiruppur		46720.00	292904.00
ECRC - Vellore		129041.00	416441.00
Nalam - Rural	10	15793756.00	16764960.00
Nalam - Urban	11	9766274.00	7224437.00
Nalam - Maharastra	12		1031421.00
Home Again - Thiruporur	13	4054956.00	8949639.00
Home Again - Chennai	14	4359056.00	4626461.00
Home Again - Trichy	15	3369454.00	3900961.00
Home Again - Kerala	16	4150902.00	6982684.00
Home Again - Maharastra	17		3158273.00
Shelter for Men	18	5613183.00	6187945.00
Cluster Group Home	19	7412769.00	4442926.00
Aftercare / Rehab.project	20	3433689.00	3061563.00
Reintegration and Aftercare - Kerala	21	2452325.00	2624842.00
Skills Development	22	8444706.00	8130522.00
Research and Training	23	1021135.88	1558783.00
Flood Relief	24	763051.00	1656569.00
NHM District Mental Health programme		238473.00	458738.00
Other Programme Expense		488896.00	802892.00
Administration	25	8472709.97	10489107.11
Assets Maintenance	26	9915088.74	6708554.00
Fund Raising & Communication	27	5395099.68	1775539.35
Sub - Grant			9487405.00
TOTAL (B)		119939817.27	139576734.46
EXCESS OF EXPENDITURE OVER INCOME			20486305.40
EXCESS OF INCOME OVER EXPENDITURE		3484006.62	

[Schedules 7 to 27 and Notes in Schedule 28 form a part of this Income and Expenditure Account]

Receipt & Payment Accounts for the year ended 31st March 2020

PARTICULARS RECEIPTS	AMOUNT (Rs) Year Ended 31.03.2020	
Opening Balances		
Cash-in-hand		154134.00
Bank Accounts		
Axis Bank- 016010100372572 Rangoonwala	61176.53	
Axis Bank- 083010100136983 Rec	598802.04	
Axis Bank - 917010022974356 FCRA - GCC	5459469.73	
HDFC Bank Ltd - 50100092343049	6712371.71	
ICICI Bank-602701202072 Corpus	348360.98	
ICICI Bank-602701209343 Rec	59526.11	
ICICI Bank A/C : 032901000114	17196.08	
ICICI Grameena Bank : 602705038223	29348.89	
IDBI Bank -0287104000117616	18187052.32	
Kotak Mahindra - 6011581033 Tata Trusts Corpus Grant	1088144.60	
Kotak Mahindra Bank - 6011155791 - F C	476140.62	
Kotak Mahindra Bank - 6011291253 HCL	3777675.99	
Kotak Mahindra Bank - 8411876887 FCRA Main	7592552.30	
Kotak Mahindra Bank - 6011155807	-6623399.70	
SBI - 10408452644 Rec	36428.99	
SBI 10408452859 Building Fund	22536.24	
SBI 10408453115- SWADHAR	35230.01	37878613.44
Corpus Fund received		18000.00
Donations & Programme Receipts		90851000.80
Interest Income		23606975.67
Other Income		4686387.00
Loans & Advances Recovery		490351.00
Sale of Fixed Assets		63300.00
TOTAL (A)		157748761.91

PAYMENTS PARTICULARS	AMOUNT (Rs) Year Ended 31.03.2020	
ECRC - Mogappair		26002353.54
ECRC - Trissur		1809001.00
ECRC - Thiruppur		273788.00
ECRC - Vellore		397325.00
Nalam - Rural		16309385.75
Nalam - Urban		7058402.71
Nalam - Maharastra		936357.00
Cluster Group Home		4698220.66
Aftercare / Rehab.project		3212778.00
Home Again - Thiruporur		8439263.00
Home Again - Chennai		4637550.00
Home Again - Trichy		3826439.00
Home Again - Kerala		6802482.42
Home Again - Maharastra		2862611.00
Shelter for Men		6192957.00
Research and Training		1597783.00
Reintegration and Aftercare - Kerala		2623048.00
Skills Development		8296648.70
Flood Relief		1710098.00
NHM District Mental Health programme		445758.00
Other Programme Expense		802892.00
Administration		10383884.96
Assets Maintenance		3505028.00
Fund Raising & Communication		1614596.93
Sub - Grant		9487405.00
Purchase of Fixed Assets		3968507.00
Fixed Deposit Invested		4677927.60
Rent Deposit		868600.00
Gas Deposit		37250.00
GST Deposit		7500.00
Loans & Advances		399853.58
Tax Deducted at Source		402596.60

PAYMENTS PARTICULARS		
Cash-in-hand		373933.00
Bank Accounts		
Axis Bank- 016010100372572 Rangoonwala	63351.53	
Axis Bank- 083010100136983 Rec	694369.04	
Axis Bank - 917010022974356 FCRA - GCC	132022.93	
HDFC Bank Ltd - 50100092343049	2162756.85	
ICICI Bank-602701202072 Corpus	58918.98	
ICICI Bank-602701209343 Rec	57643.41	
ICICI Bank A/C : 032901000114	17196.08	
ICICI Grameena Bank : 602705038223	29348.89	
IDBI Bank -0287104000117616	1646283.24	
Kotak Mahindra - 8413114703	786857.60	
Kotak Mahindra - 6011581033 Tata Trusts Corpus Grant	2571533.20	
Kotak Mahindra Bank - 6011291253 HCL	1146834.99	
Kotak Mahindra Bank - 6011155791 - F C	49735.62	
Kotak Mahindra Bank-8411876887-FCRA Main	8486069.20	
Kotak Mahindra Bank - 6011155807	-6938658.33	
RBL Bank - 400040004004	2018400.00	
SBI - 10408452644 Rec	37682.99	
SBI 10408452859 Building Fund	23313.24	
SBI 10408453115- SWADHAR	42878.01	13086537.47
TOTAL (B)		157748761.91

For THE BANYAN

BALRAJ VASUDEVAN
HONORARY TREASURER

PLACE : CHENNAI
DATE : December 31 , 2020

For G . JOSEPH & CO .,
CHARTERED ACCOUNTANTS .
FRN : 001383S

VIJI JOSEPH
(Membership No : 027151)

INDEPENDENT AUDITOR'S REPORT

Opinion

We have audited the financial statements of The Banyan ("the Trust") which comprise the Balance Sheet at March 31st 2020, 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 31,2020 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,
FRN: 001383S

Viji Joseph.
Partner.
Membership No. : 027151

Place : Chennai
Date : December 31, 2020.