Basic Needs India

ANNUAL REPORT 2022 – 2023

BNI

Promoting Mental Health & Development

Towards Building Capacities

Our Impact

Impact Areas	Lives touched
PwMI Identified and under intervention	**3,405**
PwMI taking regular medicine	**1,980**
PwMI enjoying entitlements	**443**
Family members enjoying entitlements	**349**
Community awareness activities	**2,080**
Community members reached out to	**36,742**
Family Support Groups formed	**91**
Family members benefitted	**1,475**
Key stakeholders sensitised	**8,632**

On the Platter for you

From the Executive Director’s desk

The importance of mental health remains unchanged over centuries and so the treatment gap to persons with mental disturbances.

Hence, there is no let out in the vigour with which BNI takes her dream forward into the community, using her Community Mental Health and Development (CMHD) approach.

Being a resource building organisation, BNI's main strategy in implementing its CMHD projects is by involving and bringing the Government and Community stakeholders together.

The local Non-Government-Organisations are the Implementing Organisations that BNI partners with for the sustainability of the project and its processes.

BNI's strong conviction is that, for any mental health programme to succeed, the community should be aware of what is being done with them and should be willing to own them.

In the process, BNI's concerns are as below:

- As we work in rural geographics, transportation is a key factor that impacts access to mental healthcare.
- Availability of mental health services to residents: shortages of mental health professionals impact the availability of mental health services in rural areas.
- Affordability of costs associated with receiving mental healthcare.
- Acceptability of the perceptions of the persons with mental illness, their families and community associated with the need for mental health services. Factors impacting acceptability include stigma, mental health literacy of the community and culturally responsive care.

There are constant challenges in addressing these concerns and our team works with the Implementing Organisations with expert skills.

I'm grateful to the team and the Implementing Organisations for what they have done.

Best regards,

Dr. Rajaram Subbian

The Mental Health Scenario

Mental Health

Good health is invaluable in leading a good quality life. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (https://www.who.int/about/who-we-are/frequently-asked-questions). It affects how we think, feel and act. Mental health problems exist along a spectrum from mild, time-limited distress (grief due to loss) to common mental illness (e.g., anxiety) to chronic, progressive and severely disabling conditions (e.g., schizophrenia).

Indian Scenario

A countrywide National Mental Health Survey (2015-2016) conducted in India by the National Institute of Mental Health & Neurosciences (NIMHANS) has revealed a prevalence of 13.7 % of the general population with a variety of mental illnesses and that 10.6 % is the morbidity requiring immediate intervention i.e., nearly 150 million Indians are in need of active medical intervention. One of the biggest concerns emerging from this study is that despite three out of four persons experiencing severe mental disorders, huge treatment gaps exist. Treatment gap for mental disorders ranged between 70% and 92%: Common mental disorder - 85.0%; severe mental disorder - 73.6%; psychosis - 75.5%; and for Bipolar and Affective Disorder (BPAD) - 70.4%.

Severe Mental Disorders (SMD)

Severe mental disorders are associated with long-standing functional impairment and disability. The current prevalence of severe mental disorders in most states was less than 1% and their manifestation, outcome and impact severely impair the individual and the family. There is significant stigma and discrimination associated with these disorders in their daily lives as they affect all domains of life and require long term rehabilitation services. Three out of four persons with severe mental disorder experience significant disability in work, social and family life. They also bear a greater risk of physical and sexual violence. It is also associated with tremendous distress both for the affected individual and the caregiver.

Efforts by Government

The Government of India has launched the National Mental Health Programme (NMHP) in 1982 and The District Mental Health Program (DMHP) was launched under NMHP in

the year 1992. India launched its first National Mental Health Policy in 2014 and a revised Mental Healthcare Act in 2017, with the objectives of providing equitable, affordable, and universal access to mental health care. It provides the legal framework for providing services to protect, promote and fulfil the rights of people with mental illnesses.

Basic Needs India (BNI)

Basic Needs India, conceived in 1999 and registered as a Trust in 2001, is a resource organization which has pioneered Community Based Interventions to address the Mental Health Concerns primarily in rural India. It grew out of the belief that the rights of people who experience mental illness, especially the poor, must be addressed not only at individual level, but also in the context of a wider world. It also believes that however ill a person may presently be, she/he is capable of participating in her / his recovery.

BNI has evolved a unique Community Mental Health and Development program (CMHD) that promotes Quality Mental Health Care and reintegration within communities.

BNI's strategy in implementation of the programs:

BNI, along with its partner CBO, holds consultation meeting with the stake holders including local community representatives, PwMI, their families, and the field workers. The discussions form the basis for evolving a relevant and meaningful CMHD intervention.

BNI initiates activities that give the PwMI access to medical and psychosocial care and also focuses on their inclusion and economic rehabilitation.

BNI offers intensive field support to the partner CBOs, and offers specially designed training modules to facilitate an efficient implementation of the CMHD program. BNI also builds capacities of various community groups too like the Health workers, Teachers, Police, Faith Healers, Panchayat officials Self Help Group Leaders etc., who are critical to the success of rehabilitation of PwMI.

BNI has evolved systems of review and feedback, to maintain the quality of programs and ensure optimum utilization of resources.

As the program matures, BNI promotes the stakeholder groups to independently and actively engage in addressing their entitlements and rights issues with the public provider system and in the community moving towards sustainability and continuity of services.

Community Mental Health Development Programme (CMHD):

Through its CMHD Programme, BNI aims to create a caring, accommodating and understanding environment to ensure service provision, social inclusion and livelihood support. All of this in view of reintegrating persons with mental illness in the community and building the capacity of various stakeholders to bring impactful changes and ensure future sustenance.

Presently, there are three partners in Odisha and one partner each in Maharashtra and Karnataka. They are actively implementing the present phase of the CMHD programme from January 2022 (Odisha & Maharashtra) with the support of Misereor & Mariwala Health Foundation (MHF) and from September 2022 (Karnataka) with the support of Mariwala Health Foundation MHF. In addition, Spark India contributed an amount of Rs. 500,000 towards the CMHD programme.

In Odisha, BNI works in Belpada (Balangir), Birmaharajpur (Sonepur), Harbanga (Boudh) and Phulbani (Khandhanal) covering a total population of three lakhs. In Maharashtra BNI reaches out to the persons with MI in Dhadgoan, Nandurbar District, covering a population of seventy five thousand. In Karnataka, BNI covers Nanjangud Block of Mysore District with a population of over sixty thousand.

KEY ACTIVITIES:

1. **Baseline study:** This study was intended to understand the status of Mental Health (MH) services, perception towards Mental Illness (MI) and other demographic details of each Block & District. *St. Johns Research Institute* analysed the data. It helped BNI in developing linkages with various stakeholders, in creating awareness about the programme and to understand the ground situation.

Baseline study at RARE

2. **Conducted three sets of intensive capacity building training:** A five-day *Residential Training* for 85 volunteers, along with staff was organised for two different groups. In addition, all the ten staff underwent a two-day offline training and an intensive four-day on-line training. A separate four-day *Residential Training*

Training of Partner Teams

was organised for the Karunalaya team. These programmes focused on developing their understanding, building their skills, working on their attitude and strengthening them as individuals. Regular quarterly visits and field level support were platforms to provide additional inputs and handholding support.

At the partner level, the following activities were carried out: community awareness, identification, facilitating treatment services, psycho-education, livelihood support, sensitisation to key stakeholders and World Mental Health Day related activities.

3. **The Government psychiatrist service** being the key affordable source of treatment in the locality, each organisation worked closely with the District Mental Health Programme (DMHP) team to ensure regular availability of psychiatric service and medication at the Block level. Today, out of the 6 programmes, 3 have improved treatment services while the struggle continues in the other areas.

4. **FSG initiation and strengthening:** Family Support Groups (FSGs) are the key systems at the community level to strengthen the PwMI & their families as a collective. They have been formed in all the grama panchayats. There are over

1,475 members in these groups. They have been supporting each other at both community and government level.

5. **Livelihood Project (Odisha & Maharashtra) :** 57 PwMI from the previous project areas of RARE, YCDA & JAVS were supported with financial and other required support to initiate livelihood activities in view of improving their financial, social and functional aspects.

6. **Community Awareness:** Building awareness in the community is crucial, from the time of initiating the programme to ensuring sustainability. It also adds value by contributing towards promotion of mental health. Awareness is created in the community through various means like awareness programmes in groups, in the general community, rallies, wall writing, street plays, hand bills and competitions. It has helped in reducing stigma, identification of PwMI and creating a supportive environment for PwMI and their families. The occasion of World Mental Health Day was also utilised to create awareness. Over 2,000 programmes were carried out reaching over 35,000 persons and 60 wall writings involving different community members were made in 60 villages.

Awareness Programmes across the project area

7. **Identification of PwMI:** Identification of PwMI is a challenging task with strong stigma attached to severe mental illness (SMI). Initial consultations with different

Volunteer identifying new PwMI

key stake holders in the community, awareness creation and networking pave the way for identification. Asha workers & Anganwadi workers helped in identifying 3,405 PwMI mostly from rural and tribal areas.

8. **Treatment and follow-up:**

Psychoeducation at the home of a PwMI

It takes several visits to educate the family to agree and come for treatment. The government psychiatrist services being the key source of treatment services, each organisation worked closely with the District Mental Health Programme (DMHP) team to ensure availability of psychiatric services and medicine at Block level.

Checking medical compliance

Out of the six programmes, four have improved treatment services, while in two regions, the struggle continues. Strong linkage with the DMHP has been built and the process of e-sanjeevini (video calling) at CHC (community health centre) was organised. In two regions, the DMHP team visited the SMIs at home. The psycho-education continues with the family to ensure compliance and integration process.

DMHP team member visiting the house of a PwMI

9. **Orientation & Sensitization to key stakeholders:** CMHD is a collective work involving various key stakeholders in the community like Asha workers, Anganwadi workers, panchayath members, faith healers, community groups, village level committees, etc. Orientation & sensitization of these groups ensured their involvement and support to PwMI & their families.

10. **Family Support Groups (FSG):** FSGs are the key systems at the community level to strengthen the PwMI & their families as a collective. They have been formed in all the grama panchayats. There are 91 FSGs with over 1,450 members in it. They have been supporting each other and going together to assert their rights at both community and government level.

Meeting of FSG

11. **Livelihood Project & Entitlement support:** 57 PwMI from three previous projects were supported with financial and other required support to initiate livelihood initiatives to improve their financial, social and functioning aspects. 443 PwMI and 349 family members were supported to get various Government entitlements like disability certificates, pensions, housing schemes, etc.

Livelihood initiatives by PwMI

Psycho-social Support to Vulnerable Communities

1. **Orientation Workshop for NGOs on 'Mental Health and Psychosocial Care': a two-day residential event in January 2023 at Sonepur:**

Orientation Workshop: 'Mental Health and Psychosocial Care'

The workshop was an orientation on Mental Health & Psychosocial Care aspects. It was a collective effort to look at the issues from a mental health and psychosocial angle to strengthen one's work with vulnerable individuals, families and communities. Representatives from 17 organisations from CMHD Project districts participated and the three BNI CMHD Project partners in Odisha joined them for both the days. They were oriented on the need and importance of 'mental health and psycho-social' aspects in their work.

2. Speak2Us, Madurai:

Speak2Us is a mental health Helpline run by *MS Chellamuthu Trust & Research Foundation*, Madurai from September 2020. This Tamil venture provides free psychosocial support to the Callers from 9 am to 6 pm and is purely voluntary. The calls are attended by trained professional and non-professional Volunteers. BNI is partnering with them to build the capacity of the 80 Volunteers by training and monitoring their functions on a regular basis.

3. Prajwala, Hyderabad:

'Prajwala' meaning 'an eternal flame' is a pioneering anti-trafficking organization, based in India, working on the issue of sex trafficking and sex crime. Established in the year 1996, Prajwala has pan India and International operations. BNI was requested to strengthen the capacity of their various team members to offer effective

Psychosocial Support to their clientele - rescued women in their centers and community, children of women in commercial sex studying in their schools and the team working in different programs of Prajwala. This work was done in different phases.

4. Deaf Children Worldwide (DCW), UK:

Deaf Child Worldwide (DCW) is the UK's leading international charity for deaf children in developing countries. DCW works with partners in developing countries, enabling deaf children and young people to be fully included in their family, education and community life. On request BNI joined their work in enabling their partner organizations to be sensitive to the mental health and the psychosocial needs of deaf children. BNI worked for months online with the Deaf-Role-Models who work with deaf children and their partners in India and Bangladesh. We also provided five-day in-person residential training to them in Odisha that was well appreciated by DCW.

5. ADD India Training:

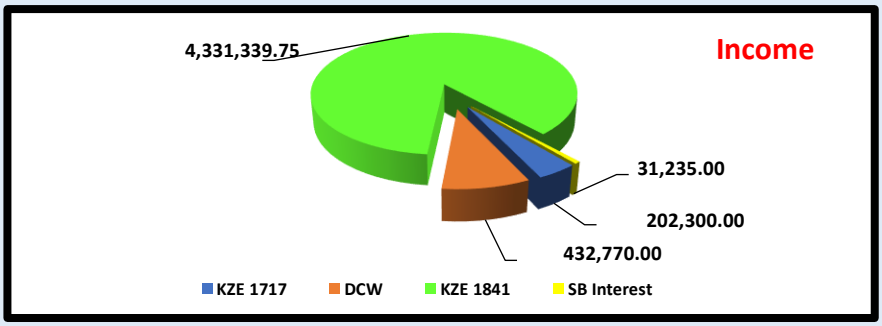
BNI has been closely associated with Action on Disability Development in India that was founded by Venkatesh B three decades ago. BNI offered it's training expertise to the partner organization of ADD India near Chikkaballapur, Karnataka.

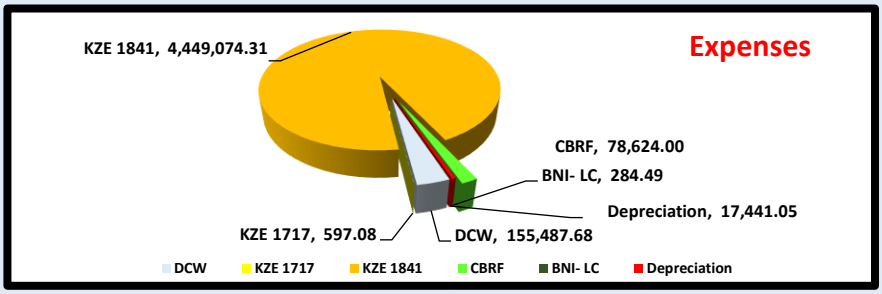
6. Sikkim Research in the pipeline:

In its efforts to expand its work, BNI made a visit to Mangan, North Sikkim along with a local organization Anugyalaya and spent a week exploring the place, it's culture, Government offices and NGOs. BNI also interacted with the District Commissioner, the District Child Protection Officer, Research Consultants and Addiction Rehab Centers. This visit was done with the support of Mariwala Health Initiatives. A need-based study is planned in order to identify the kind of community based mental health program that will be suitable to that area.

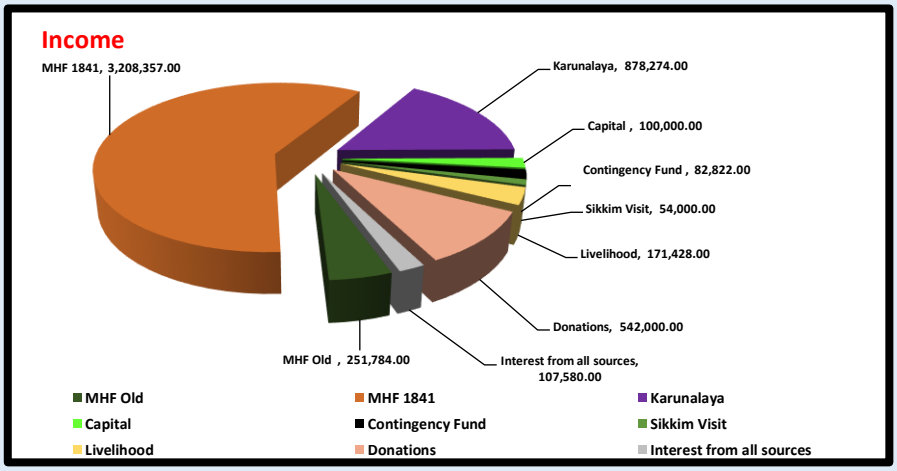
Finances

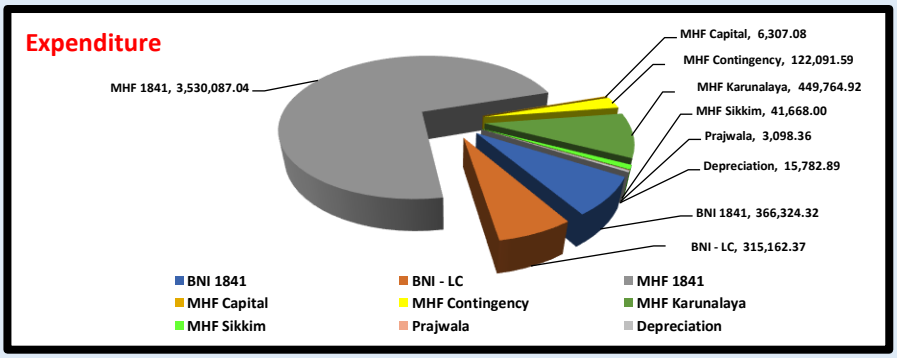
FOREIGN CONTRIBUTION



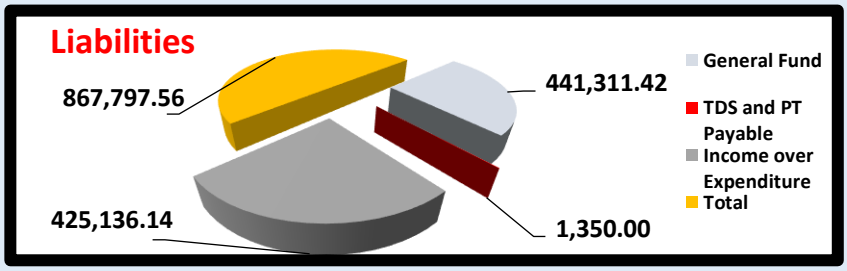


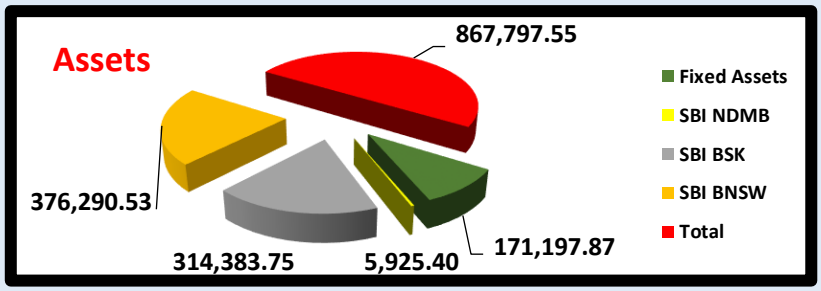
LOCAL CONTRIBUTION



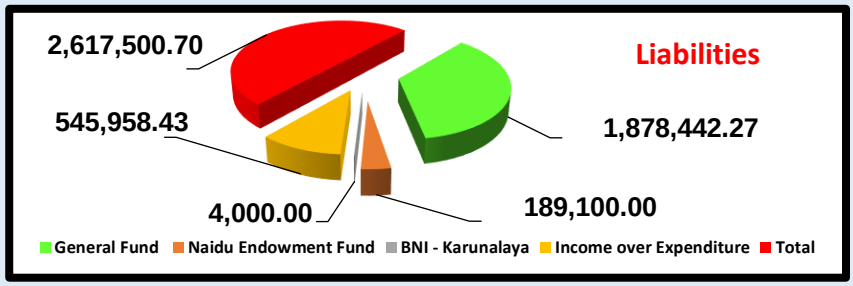


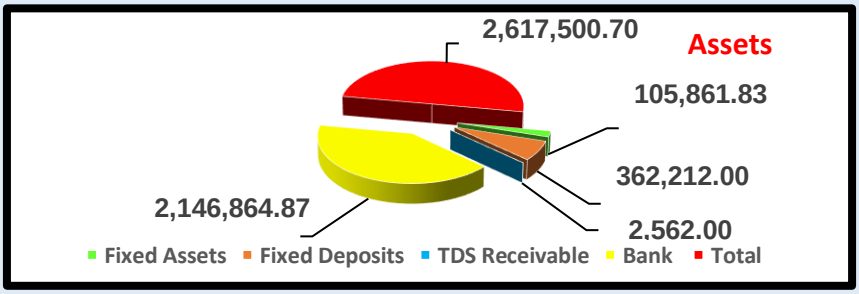
FC BALANCE SHEET





LC BALANCE SHEET





Bringing about change – Case Studies

Bringing home, the treatment

Rajan at home

Rajan's (name changed) life changed when he was 44-year-old - his behaviour changed, his mental health deteriorated, he stopped eating food, started living alone, forgot ADLS. Seeing all these symptoms, his mother took him to a Faith healer. Needless to say, his health did not improve. His mother lost the hope of recovery and left all efforts of treatment.

When he was identified, through an exchange with the mother and neighbours, the team came to know that she and her son were living alone and that their younger son was married and lived separately. They did not know what disease he was suffering from. They did not even know that it could be treated free of cost in the Government hospital. They thought that it could not be cured. The staff educated his mother about mental illness and its treatment.

Rajan with his certificate

They agreed to start the treatment but it was a big challenge for the team to take him for treatment because he would not agree to go anywhere. Repeated visits and discussions failed. During one of the team reviews, it was suggested to request the clinical psychologist of DMHP to visit Rajan at home. As planned, the psychologist agreed and visited Rajan's home. He interacted with the PwMI and his family. Subsequently, the psychologist shared the details of his interaction with the psychiatrist. This was followed by a visit of the PwMI's mother and staff to the DMHP for consultations with the psychiatrist and psychologist. Based on the symptom's, the psychiatrist prescribed medication. His mother availed of free medication and started administering the same to her son. Today, Rajan is taking the medication regularly. The team, on its part, makes timely home visits to monitor the changes and ensure that medicines are taken as prescribed. It is observed that there has been improvement.

Bringing about change – Case Studies

A Life Changed

A poor family with two PwMIs, mother and son. The son, Prem (name changed) suffered from mental illness for about 14 years. He did not have proper food, clothing or shelter to survive. He survived just with the help of his neighbours. Prem's mental and general health was very bad. He would not talk to anyone, would always stay inside the house, would not pay attention to food and clothes and would urinate in the house. The local MLA & sub collector, visited them many times, but with no result.

Taking Prem and his mother for treatment

BNI's volunteer identified them & visited them a few times but could not make a difference. The staff then visited and spoke to his brother and a neighbour. They educated him about mental illness and its treatment. A week later, the volunteer with the support of the neighbour took Prem & his mother to the DMHP which was 50 kilometers away. Treatment was initiated and regular follow-ups were made.

Prem on the way to recovery

Today, both the mother and son are improving after taking medication. They have started doing small tasks such as going to the market, cleaning the house & cutting wood. The DMHP Balangir has also provided them with blankets, sweaters, bedding and winter clothes.

Life has changed for them now! Their mental and physical health has improved. Members of the Yuva Sangam Committee thanked the organisation.

Organisational Update

Trustees
Ms.Vandana Bedi - Chairperson
Mr. Nicholas Guia Rebelo - Secretary
Mr. Gururaghavendra - Treasurer
Ms. Rama Krishnamachari - Trustee

Auditors
Auditor for Misereor Programme:
A.R. Rao and Rajan

Statutory Auditor:
Gautama and Company

Bankers:

State Bank of India

FCRA Registration No.:

094421170 dated 1 Apr 2023 (Renewed)

BNI is registered under 12A of Income Tax Act and also has exemption under Section 80G of Income Tax Act.

BNI Team

The BNI Team was made up of the following:

- **Executive Director: Dr. Rajaram Subbian**
- **Programme Head: Ms. Sujatha V.**
- **Programme Coordinator: Mr. Rajeeb Kumar Karmi**
- **Finance and Communication Officer: Mr. Nicholas Guia Rebelo**
- **Accountant: Mr. Ajeya Mandyam**
- **Field teams comprising of 5 Field Coordinators and 75 Volunteers**

Partnerships

The work of BNI would not have been possible without the wonderful collaboration of our partners in Odisha, Maharashtra and Karnataka states. The pro-active participation of persons with mental illness, their families, other community members and the personnel of various government departments ensured that BNI made strides in its CMHD programme in these states.

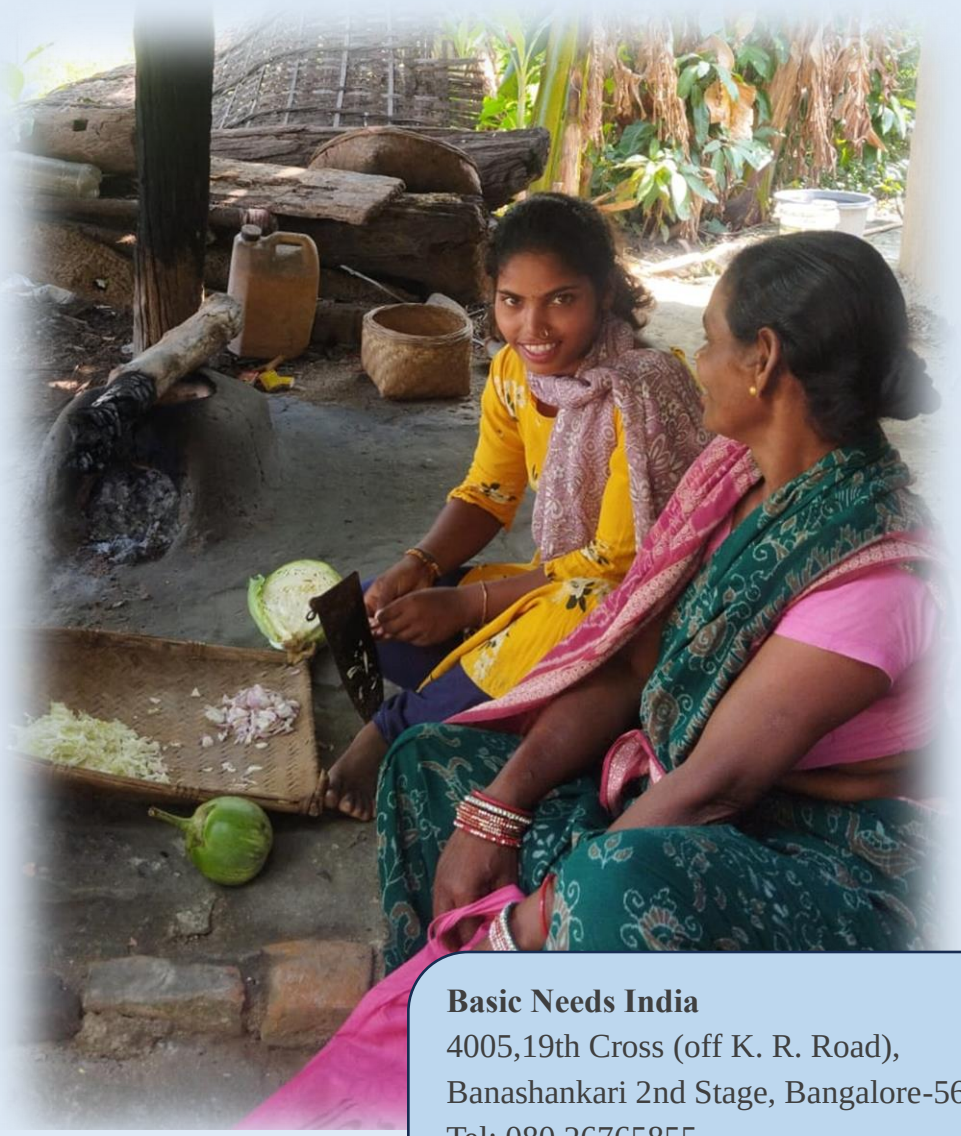
Key Donors

A huge word of gratitude and appreciation to our donors. But for their support, our work would have been but a dream:

- ☑ Misereor, Germany
- ☑ Mariwala Health Foundation, Mumbai
- ☑ Spark Capital Advisors Pvt. Ltd., Chennai
- ☑ And many Individual benefactors

Acknowledgement & Appreciation

- ADD India
- Dhwani Foundation
- Darjeeling Diocese Social Service Society
- M.S. Chellamuthu Trust & Research Foundation
- National Deaf Children's Society (DCW)
- Prajwala
- St. John's Research Institute



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