



**BASIC
NEEDS
INDIA**

promoting mental health
and development

ANNUAL REPORT

2024 – 2025

**“Empowering Minds &
Changing Lives”**



**A Person with
Mental Illness
stabilised with
treatment support**

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Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BDO	Block Development Officer
CDPO	Child Development Project Officer
CF	Community Volunteer
CHC	Community Health Centre
CHO	Community Health officer
DLC	District Level consultancy
DMHP	District mental Health Program
DPO	Disable Persons Organization
FSG	Family Support Group
FWO	Field Worker
GKS	Goan Kalyan Samithi
HWC	Health and wellness Centre (Ayusman Arogya Mandir)
IO/s	Implementing Organization/s
MH	Mental Health
OLM	Odissa Livelihood Mission
PHC	Primary Health Centre
PO	Project Co-Ordinator
PRI	Panchayath Raj Institute
PWMI	Person with mental illness
SHG	Self Help Group
SLC	State Level Consultancy
SMDC	School Management and Development Committee
VHNSC	Village Health Nutrition Sanitation Committee

From the Executive Director's Desk

As Executive Director of Basic Needs India (BNI), I am humbled to mark 25 glorious years of community mental health and development work. Together we have reached nearly 45,000 individuals affected by serious mental disorders, poverty, stigma and social deprivation. While reintegrating these Persons with Mental Illness (PwMI), BNI has reduced the burden of thousands of families, helped them realize and respect PwMI as a member of their families.

What makes this journey truly remarkable is the unwavering support of tribal and rural communities, that we could mobilize. Our volunteers from these very communities have become the backbone of our effort — mobilizing locals, building cooperation, and serving as informal Community Desks that sustain our impact long after we move on.

I also extend deep gratitude to our Community-Based Organizations (CBOs) — their partnership has been instrumental in implementing programs, while we worked hand-in-hand to build their capacities and empower them to lead.

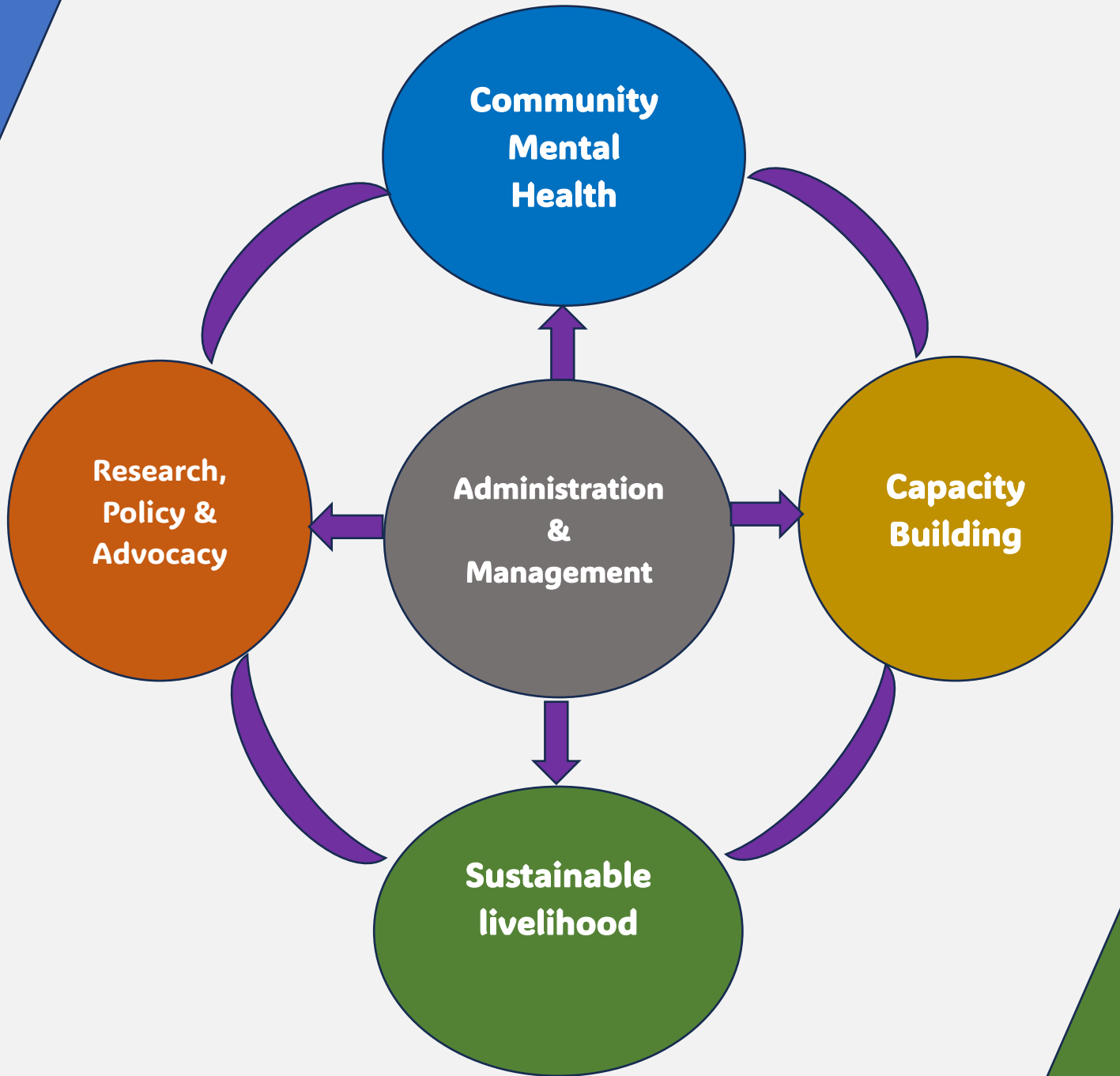
Thank you for being part of this transformative journey. Here's to many more years of breaking barriers and building a kinder, more inclusive world!

Warm regards,

Rajaram

Dr Rajaram Subbian MSW MPhil PhD MNLP
Executive Director,
Basic Needs India
Bangalore

The Connecting Points in BNI's Work





ODISHA

We are In



MAHARASHTRA



KARNATAKA



SIKKIM

New Entry

Training for Capacity



Sl No	Training Type	No. of trainings		No. of participants	
		2024	2025	2024	2025
1	Residential	1	3	21	96
2	Non-residential	1	-	8	-
3	On line	2	1	18	96
	Total Training	4	4		

WORKED WITH

4,884 People with Severe Mental Illness (1% of total population as per national average).



Home visits totaled 51,177



2305 Awareness Programs

Our Reach



23,286 Lives Reached

Partnered with 2 New & 5 Old CBOs

1,249 PWMI engaged in different productive activities & Contributing



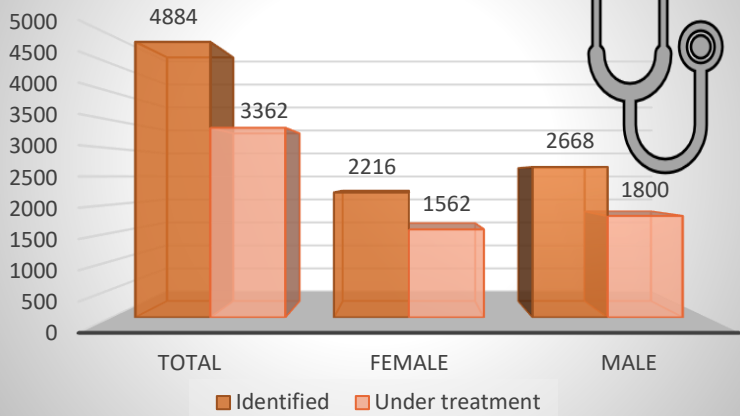
Livelihood Impact Study Initiated

A Person with Mental Illness, stabilised with treatment, engaged in household work.



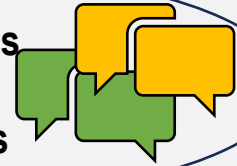
Key Impacts

PwMI Identified & under Regular Treatment



97 FSGs with 2,974 members actively engaged.

Mental Health has become a Topic of Conversations



Reduced Family Burden



Improved skills & Income



1,557 PwMIs and 1,012 family members benefitted

Reduction of Stigma & Improved Social Status



Psycho-social Support Programme



Capacity building of Speak2Us Project Team of ChellaMuttu Trust, Madurai

Contributed towards developing MHI Training Module for MITANIN in Chattisgarh

Training for SOCHARA Fellows in Mental Health

Challenges/What did not Work

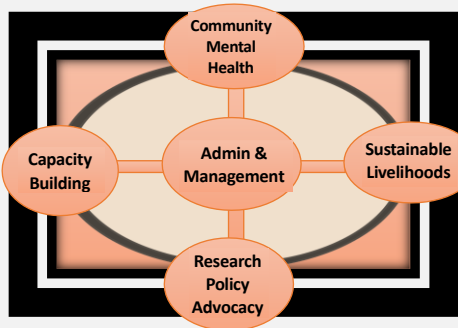
- **Accessible treatment to all identified PwMI continued to remain a challenge though there has been improvement especially with the initiation of E-Sanjeevini.**
- **Migration of PwMI families affecting regular treatment and interventions.**
- **One of the implementing organizations in Karnataka decided to conclude their programme mid-way as they found it difficult to continue with the implementation in field even after repeated intensive support.**

Learning

- **The Govt machinery has potential and is supportive, one needs to develop effective strategies to ensure it.**
- **Within the project period of three years, it is not possible to promote, build and develop federations of FSGs.**







Community Mental Health and Development

BNI works in the field of mental health in communities, primarily through its **Community Mental Health and Development (CMHD)** approach, comprising five key aspects: **Community Mental Health, Sustainable Livelihoods, Capacity Building, Research, Policy & Advocacy and Admin & Management**. Through this approach, BNI has been addressing the rights of people who experience mental illness and are poor, at individual level and also

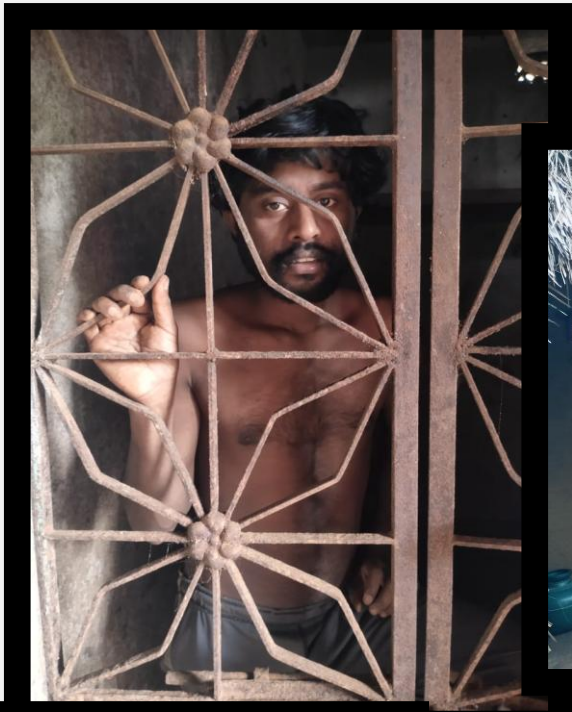


in the context of the wider world for the past two and half decades. BNI engages people living with mental illness, their care givers and other family members and the Government in mutually enhancing processes. All people involved in care and rehabilitation work, learn, grow and are strengthened together. BNI addresses both people's mental health concerns and situations of poverty to ensure sustainable recovery.

CMHD Programme Implementing Organisations and Areas: The year 2024-25 saw the completion of the CMHD projects initiated from January 2022 by the end of December 2024 and the initiation of the new projects starting from January 2025 in new geographical areas of Odisha and one district in Maharashtra. The geographical coverage for the year 2024-25 is given below:

	Implementing Organisation (IO)	State	District	Blocks - 2024	Blocks - 2025
1	Janarth Adivasi Vikas Sanstha 	Maharashtra	Nandurbar	Dhadgain	Akkalkuwa
2	 Research Academy for Rural Enrichment	Odisha	Sonepur	Binka	Tharba
3	Social Welfare Agency and Training Institute 	Odisha	Khandamal	Phulbani & Phiringya	K Nuagoan & Tikabali
4	 Youth Council for Alternative Development	Odisha	Boudh Balangir	Harbanga Belpada	Khaprakhol
5	Palli Alok Pathagarh 	Odisha	Bargarh	-	Paikmal
6	 Vishwa Yuva Kendra	Odisha	Angul	-	Atmalik

Identification, Psycho-education and Treatment



Community Mental Health

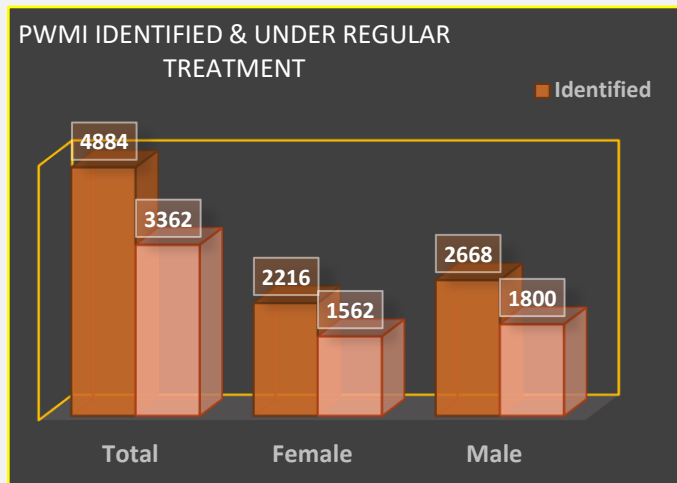
It involved identification of people with severe mental illness by creating awareness and involving various stakeholders in the community. The identified PwMI family were given psycho-education and linked to mental health treatment services in collaboration with DMHP, which was followed up regularly to ensure compliance through regular home visits totaling 51,177. Out of the 4,884 total identified PwMI in the CMHD Programme, 425 needy families were supported financially to receive treatment services. Alongside, the family was guided through to improve the skill sets (ADLS to Productive skills) and initiate and improve inclusion within and outside the family.

Activities

1. Consultations with Stakeholders
2. Home visits & psycho-education
3. Community Awareness: Community group awareness meeting, wall writing, WMHD Events, Rallies, School awareness. Media coverage

Outcome & Impact

- Increased Knowledge of mental health issues, symptoms and need for treatment.
- Identified 4,884 PWMI and Intervention was provided to each of them. Among them, 3,362 continued regular treatment resulting in reduction of symptoms.



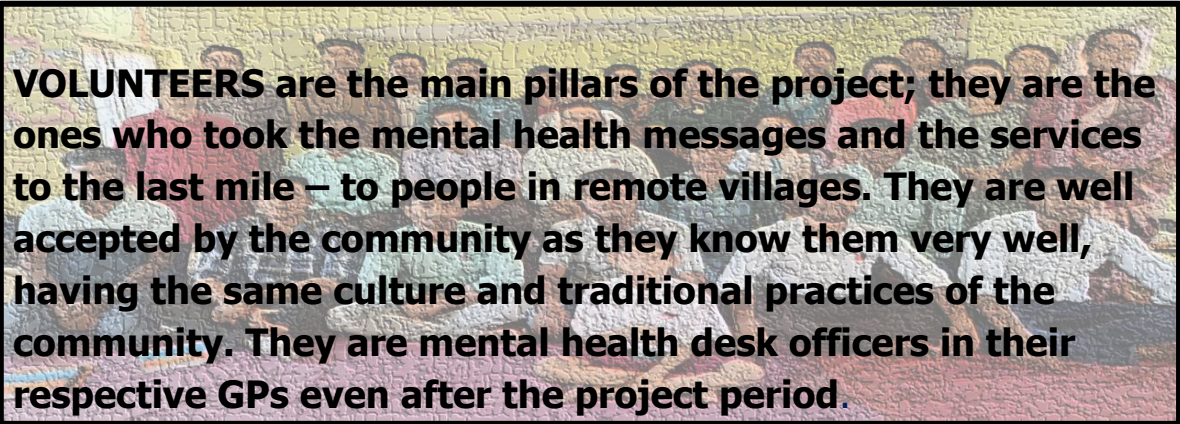
- Reached out to 23,286 people through 2,305 Awareness programmes.
- Reduction in stigma and increased positivity.
- Mental health was not a subject in the community earlier, now they are open to discuss and reach out to help the PWMI & family.
- The community has begun advocating for improved mental health services.
- Involvement of different stakeholders enhanced mental health care initiatives like identification, treatment, follow up & reintegration process.
- In JAVS project area, seven women with mental illness who were sent back to their parent's house, are reunited with their husband family and living a good life as the villagers supported them for treatment & recovery.
- SHGs have started to provide membership to PWMI / their family members in their groups.

Awareness Activities



Capacity Building

CMHD Programme:



VOLUNTEERS are the main pillars of the project; they are the ones who took the mental health messages and the services to the last mile – to people in remote villages. They are well accepted by the community as they know them very well, having the same culture and traditional practices of the community. They are mental health desk officers in their respective GPs even after the project period.

Capacity building to Strengthen individuals, families and communities by enhancing mental health awareness, skills and support systems for sustainable well-being and social inclusion.

Residential Trainings organized for the staff and volunteers:

- ☑ Three days training in Aug 2024 for all staff & 13 volunteers
- ☑ One day training (8 staff) and two online trainings (18 participants)
- ☑ February & March 2025 three residential trainings reaching 19 staff and 80 volunteers.

Capacity building of **Senior IO staff as Resources in Community Mental Health**

- ☑ Two Senior IOs support and mentor two Junior IOs through field visits, inputs and guidance.
- ☑ Senior staff trained and supported to facilitate trainings.

Capacity building of the BNI team:

Two days workshop was organized for all the members of the BNI team on **Digital Dynamics: Empowering Communication for Change** by Kabes Media in April 2024 equipping with essential digital communication skills, focusing on effective email strategies, basic photography and utilizing digital tools for impactful communication.

“This exposure visit was a good learning experience for me. I was able to learn about all the treatment facilities available for mentally ill people in our district and also got to know all the officials - this will be very beneficial for me in the coming days.”

Khageswara Bisi, FSG Leader

Capacity building of Family Support Groups (FSGs)

97 active FSGs in the working areas of CMHD Programme with 2,974 members (PWMI, Family & few interested Community Members) in it. Regular monthly meetings were held and members supported each other. Members are also making regular representations in the Grievance Meetings and raising issues. FSG leaders were trained and exposure visits were organized for them. Training sessions and exposure visits were organized for the Representatives of FSGs to build their capacity and develop linkage with key stakeholders.



Community Volunteer On the Go

Outcome & Impact

- The team members have a better understanding about mental Health & illness and reintegration aspects within the frame work of the CMHD approach.
- Their skills in building rapport with the individuals, families and other community stakeholders are developed.
- Facilitation skills of staff are strengthened.
- Carrying out their roles and responsibilities effectively.
- Senior team members are supporting new IO teams.
- Staff are facilitating training sessions given to CFs.

Psycho-Social Support Programme:

Capacity building of Project Speak2Us: BNI has been the technical resource to the Mental Health Helpline, Speak2Us that's being run by the MS Chellamuthu Institute of Mental Health & Research Foundation, from its inception in September 2020 onwards on a voluntary basis. This entire Helpline is run with the help of professional and non-professionals offering services from 9 a.m. to 6 p.m. every day. BNI continues to monitor the quality of services provided, induction of new batches of volunteers, running up of daily services and strengthening of the system that evolved.

MHI Training for MITANIN: BNI was part of the MHI team developing the **training module for MITANIN** (similar to Asha workers) training in Chattishgarh.

Training for SOCHARA Fellows in Mental

Health: The BNI team took sessions for the

Fellows pursuing the *PG Diploma in*

Community Health by SOCHARA,

Bengaluru in association with

Martin Luther Christian

University, Shillong, Meghalaya.



**PWMI with
her son and
mother**

Sustainable Livelihoods



Sustainable Livelihood promotes economic independence and therapeutic aspects by linking individuals with employment opportunities, reducing poverty, fostering self-sufficiency for those affected by mental illness and their family members.



After a certain extent of recovery of the PwMI, family members are encouraged to



involve the PwMI in small household activities with step-by-step guidance from the project team. Once the PwMI becomes functional, s/he is slowly nudged towards productive hours or work. If the PwMI is able to do so, s/he is encouraged to participate in income generating activities. The project



The project team helps out by exploring opportunities within the community to engage the PwMI in livelihood activities. Where PwMI are not able to take up the work independently, they are encouraged to involve and engage with the family/family member's initiative.

During the period, 361 PwMI and 229 family members supported for Livelihood initiatives through direct financial support & linkages to other sources like government, other projects of the organization and independent sources. The initiatives are varied related to agriculture, animal husbandry, small retail shops, etc.

Outcome & Impact:

- PwMI productive and social skills are enhanced.
- Become contributing members.
- Enhanced self-respect, respect and involvement in family aspects.
- Reduction in social stigma.
- A total of 1,249 PwMI are engaged in different productive activities independently or with family support.
- Family income has improved.

Research, Policy & Advocacy

1. Research:

Sikkim Mental Health Need Assessment:

With the desire to commence work in the NE, the Sikkim Study was initiated following BNIs visit to Mangan, North Sikkim to explore the region and its multicultural environment with the support of two Social Research Consultants – Dr. Jobin from IMHANS (Institute of Mental Health and Neuro Sciences, Kozhikode), Dr. Alphonsa of Chennai and a consultant Dr. Tshiring Noel from Bihar. The work involved data gathering using standardized scales from 300 households in two blocks: Dzongu & Chungtang of Mangan district by ten local enumerators and 40 FGDs involving students, GP members, members from the Government Health system, the community, the Psychiatry Department, Teams of Private and Government State Level Hospitals, DC, DMHP, DCPO & their teams from Mangan, local NGOs, etc. It is in its final stage of planning & will be executed during the coming year.

Livelihood Support for Persons with severe Mental Illness and their Families: An Impact Study: A study to evaluate and understand the impact of the livelihood support provided to persons with mental illness as a component of the project, is being undertaken. The main objective of the study are:

- To study the impact on ‘functional aspects’ of the PwMI.
- To study the outcome in terms of stigma reduction and acceptance in the community.
- To examine the impact on reduction of carer & family burden.
- To examine the role of treatment compliance, psycho-education, follow up and FSG.

Out of the 400 members who received financial support, a sample of 150 members was taken up for the study. Pre and post study will be carried out to analyse the impact with support from a senior research consultant who undertook to carry out and finalise the study. The pre-study data has been gathered and compiled. The Report will be ready in the coming year.

2. Policy & Advocacy

2.1 Consultations with Government Stakeholders at Block, District and State Levels:

The project activities were implemented in collaboration with the state health service systems at GP, Block & District levels. Government functionaries were influenced through different strategies to bring effective services to PwMI in rural areas. Towards this, five Block Network Meetings, four DLCs & preparations for SLC were organized during the period. The major stake holders who participated are the BDO, ABDO, CDPO, DHO, DMHP, B/DSSO, BPM, MOIC, ABEO, GPEO, Volunteers, PWMI, Caregivers, ASHAs, AWWs, FSG leaders, GP members and Sarpanches.

State Level Consultation: The State Level Consultation was designed with the following Objectives;

- To share civil society organization's work & learnings.
- To come out with intersectoral strategies to mainstream the PwMI and their families.
- To explore possible collaboration with the Government for comprehensive community-based rehabilitation & re-integration of persons living with mental illness.

Impact of SLC:

- E Sanjeevani started at Phulbani, Boudh and Sonepur.
- Increased free medicines availability in DHH at Boudh and Phulbani.
- Easy to get disability certificate and pension.
- Got support from block and district administration to support PWMI and families.
- Built good rapport with public health department especially mental health.

Outcome & Impact:

It helped the implementing team to access the support and resources from different departments, the health system and local governance. This has helped:

- 490 PWMI & 330 family members linked to various government entitlements.
 - Collaboration between various stakeholders, ensuring smooth coordination for effective project delivery.
 - Quick attending of Issues related to PWMI's pensions.
 - Effectiveness of the E-Sanjivani telemedicine program enhanced to ensure better access to mental health services through telemedicine
 - Enabled better access to government schemes and services for PwMIs, their treatment and rehabilitation services.
 - Block & District level officers were aware of PwMI related issues and on priority basis attempted to solve issues.
 - Commitment of local authorities to ongoing mental health initiatives, ensuring the program's integration with existing Government services.
 - Involvement of ASHAs, AWWs, and ANMs became a supportive system for the project.
 - The authorities committed to coordinate with medical officers to streamline the supply of medication, especially at local health centres like the CHO or Wellness Centres which is now available in all CHCs and even at DHH.
 - DMHP team members are visiting & contacting PwMI / families and providing information about the OPD service and following up.
- A WhatsApp group was created involving NGOs, DMHP staff and Govt representative to share successes and challenges faced by PwMI and families.

2.2 Media Matters: Going beyond the project area:



Media as a tool was utilized to raise awareness, sensitize and present the work/experiences through articles written in various magazines and social media platforms. When the issues related to PwMI treatment were not solved, newspaper media was used to publish the issue and received a quick response from Govt. officials. Media coverage of events like District and State-level Consultation Meetings, Block level Networking Meetings have drawn attention to unresolved issues, such as medicine shortages and delays in psychiatrist appointments, putting pressure on officials to take action. Community radios were used to disseminate the messages on mental health to very remote communities in Odisha.

Documenting lived experiences and data in the form of case studies, reports, photos, videos and linking with news media to influence policies ensuring better mental health programs and protecting the rights of affected individuals happening effectively.

2.3 FSG's in District Grievances Redressal Meetings:

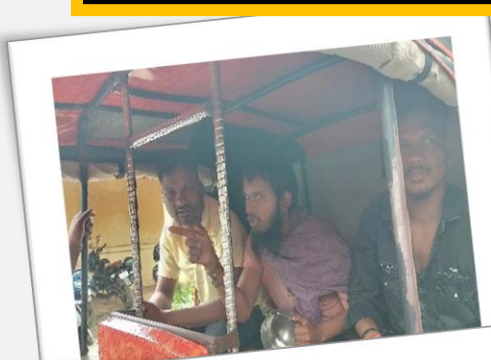
FSG members utilized the formal Grievance Platform at District level for voicing out and addressing the grievances relating to Government Services. Every month, half a day (on a specific day) is earmarked for Grievance Redressal of public issues and it is presided over by the District Collector & other officials of different departments. FSG Representatives participated, submitted their appeals and discussed issues. It requires regular follow-up, which is also taken up by the FSG with staff and volunteer support.

2.4 Linking with Entitlements:

The consequences of a mental illness in a family are many. The illness impacts not only the person, but it also drains the energy of the carer and resources of the family. The PwMI & family members are linked to Government Social Security Schemes. The Project team was actively involved in obtaining these entitlements for the identified PwMIs and their families. They organized meetings where PwMIs, their families and other community stakeholders like Panchayat Raj Institutes (PRIs), DMHP, Block Social Security Officers (BSSOs), District Social Security Officers (DSSO), Tahsildar, Block Development Officers and elected representatives participate and discussed about the available schemes and the procedures for obtaining them. During the past year, 9 such meetings have been organized. As a result, 1,557 PwMIs and 1,012 family members benefitted.

Changes on the Ground

PWMI MOINA: Rapport Building → Psycho-education → Linking Treatment → Building Productive Skills → Livelihood Initiative → Happily Sharing



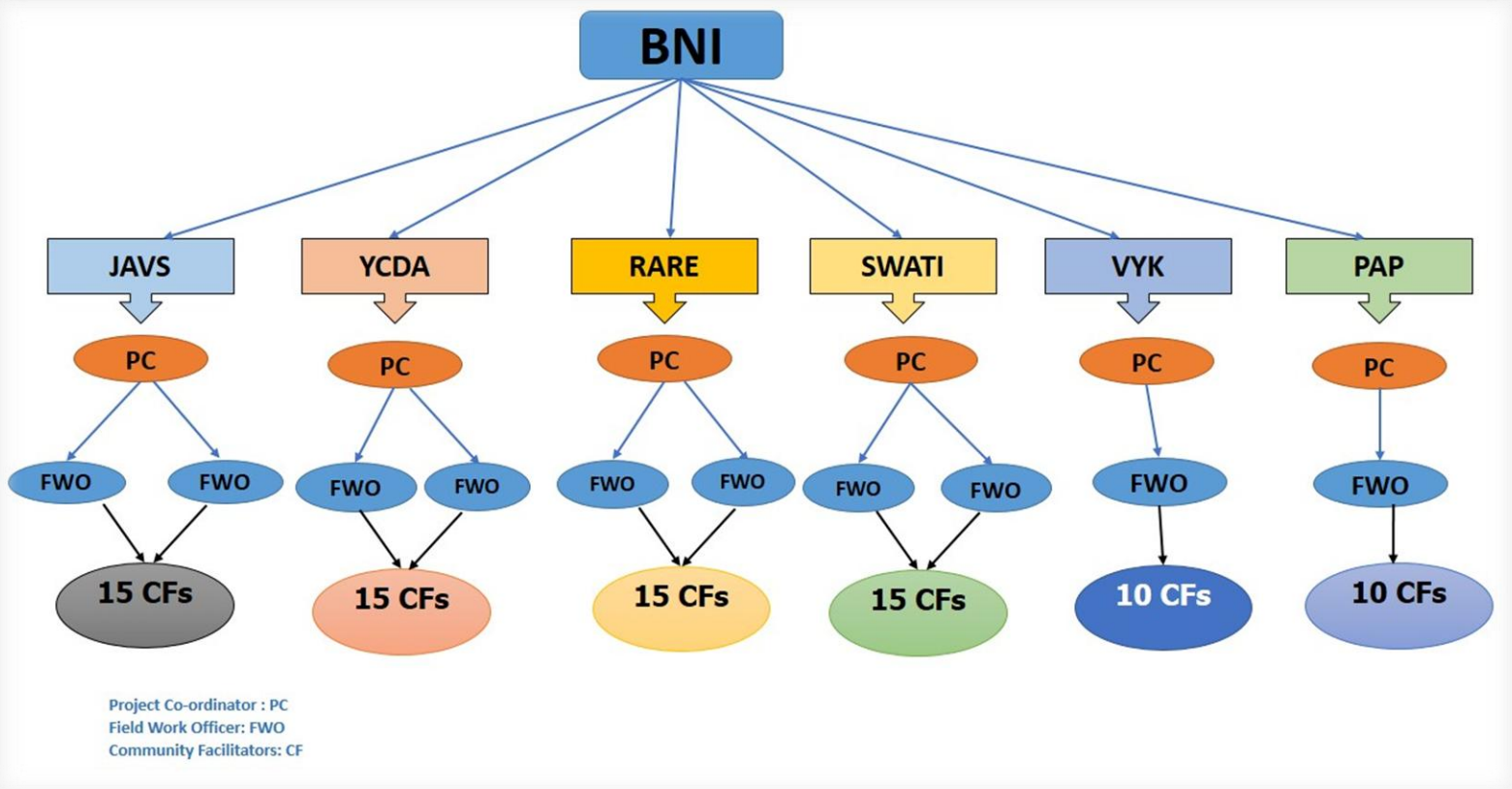


PWMI
Wandering & Risking, leading to Chaining.
Identified, Treated & Supported.
Independent & Contributing.



Administration and Management

The structure of the CMHD Programme: BNI manages the overall programme along with the Implementing Organisations who look into day-to-day and field level aspects. BNI creates processes and systems and builds the capacity of the IO team along with monitoring and support (including regular field support).



Each IO has FWO(s) (Two in the case of 750 target and one in the case of 500 target). Along with the PC and CFs, they work as a team in running the project with effect from January 2025. The previous project had only one PC & one FWO working in all the project sites. They are supported by the IO leader and other staff of the organization.

Finances

Recommended good practices on accountability and transparency of Credibility Alliance are followed in this report

This is a summary of information extracted from the Audited Financial Statement as on 31 Mar 2025

Abridged Balance Sheet as on 31 st March 2025									
Liabilities	2025		2024		Assets	2025		2024	
	INR	%	INR	%		INR	%	INR	%
Funds	32,29,458.00	92.00	18,71,046.00	88.71	Fixed Assets	198,631.00	6.00	2,34,216.00	11.11
Current Liabilities	2,99,015.00	8.00	2,37,991.00	11.29	Current Assets, Investments, Loans and Advances	33,29,842.00	94.00	18,74,821.00	88.89
Totals	35,28,473.00	100.00	21,09,037.00	100.00	Totals	35,28,473.00	100.00	21,09,037.41	100.00

Abridged Income and Expenditure Statement as on 31 st March 2025									
Expenditure	2025		2024		Income	2025		2024	
	INR	%	INR	%		INR	%	INR	%
Direct Program Expenses	35,49,223.00	27.00	60,34,295.00	50.00	Donations and Grants	1,28,62,604.00	1.00	1,02,99,135.00	39.00
Programme Costs - Personnel	73,61,137.00	57.00	40,90,942.00	34.00	Other Income	50,095.00	0.00	1,11,497.00	1.00
Admin Costs	6,08,342.00	5.00	18,51,453.00	15.00	Excess of Expenditure over income	0.00		16,08,902.00	60.00
Depreciation	35,585.00	0.00	42,844.00	1.00					
Excess of Income over Expenditure	13,58,412.00	11.00							
	1,29,12,699.00		1,20,19,534.00	100.00		1,29,12,699.00		1,20,19,534.00	

Abridged Receipts and Payments as on 31st March 2025	
RECEIPTS	31.03.2025
	INR
Opening Balance	
SBI A/c No. 40053893210	7,150.00
SBI A/c No. 37005976700	9,637.00
SBI A/c No. 10258325748	3,16,642.00
SBI A/c No. 10258325793	7,98,646.00
Cash on hand	
Receipts	
To Grants Received	1,27,47,601.00
Bank Interest Received	68744.00
Donations Received	1,15,003.00
Fixed Deposit Matured	46,59,088.00
Refund of Advance	5,33,269.00
Accrued Interest on FD	26,755.00
TOTAL	1,92,82,564.00
PAYMENTS	31.03.2025
	INR
Payments	
Program Cost	1,20,41,824.00
Fixed Deposits Reinvested	50,74,219.00
Closing Balance	
SBI A/c No. 10258325793	10,999.00
SBI A/c No. 37005976700	9,900.00
SBI A/c No. 10258325748	3,25,621.00
SBI A/c No. 40053893210	7,346.00
CA No, 42932621857	18,13,015.00
Cash on hand	0.00
TOTAL	1,92,82,564.00

In terms of our report attached
For Gowthama and Company
Chartered Accountants
Firm Registration Number 005917S

PUNDARIKAKSHA
PARTNER
Membership No. 214283

A Word of Gratitude

We would like to place on record our gratitude to:

- **Smt. Pramila Baral, Additional Director of Public Health & Dr. Rekha Bhagat, Additional Director, Mental Health, Govt. of Odisha**
- **CDMOs, DSSOs, BSSOs, BDOs, and DMHP Teams in the project areas**
- **Sarpanch's, GP members & PEOs of all the local Panchayaths of the project areas**
- **ASHA workers, CHOs and other stakeholders of the working areas**
- **Local Media**
- **DCPO, Mangan, North Sikkim**
- **Dr. Kannan, Senior Research Consultant**
- **Dr. Noel Tshiring, Researcher from Sikkim**
- **Mariwala Health Foundation Mumbai, SPARK Capital, Chennai & Every Individual Donor of BNI**
- **ADD India, Bangalore, Dhvani Foundation, Bangalore, Chellamuthu Trust, Tamil Nadu, SOCHARA, Bangalore, Anugyalaya, Darjeeling**
- **Our auditor Gowthama and Co.**
- **and several others for partnering us during the financial year 2024 – 2025.**



R\$B

Sensitization Programmes

A word on Basic Needs India

BNI, a Community Mental Health Resource Organization, was registered as a Trust in 2001 and 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 levels, but also in the wider context of community. We strongly believe that however ill a person may be, she/he is capable of participating in her/his recovery. BNI, through its **Community Mental Health & Development Programme**, works intensively with People with Severe Mental Illness in collaboration with Community Based Organisations (CBOs) in remote tribal and rural areas.

BNI has a wider interest in addressing the broader mental health and well-being of children and adults in vulnerable situations. As part of this, BNI also builds the capacity of Organisations in the area of Psycho-Social Well-Being of Vulnerable Populations like persons with disability, carers, women at risk, etc.

Research is an integral part of the BNI work. Through its work BNI has been able to directly reach out to over 42,000 persons with mental illness partnering with over 110 community-based organisations / NGOs in 11 states of India. Karnataka, Maharashtra, Odisha, Tamil Nadu, Andhra Pradesh, Telengana, Kerala, Bihar, Jharkhand & Sikkim.

Vision

Basic Needs India envisions that the essential needs of all people with mental illness are satisfied and their basic rights are respected and fulfilled.

Mission

To initiate programs that actively involve persons with mental illness and their caregivers to enable them to meet their basic needs and to ensure that their rights are respected and fulfilled. In doing so, to stimulate and support mental health programs in other organizations that promote the cause and influence public opinion and policy on the mental health issue.

Core Belief

Basic Needs India (BNI) grew out of the belief that the rights of people who experience mental illnesses, especially those who are poor, must be addressed at individual level and also in the context of the wider world. BNI engages people living with mental illnesses and their careers in processes that are mutually enhancing. All people involved in care and rehabilitation work learn, grow and are strengthened together. BNI addresses both people's mental health concerns and situation of poverty to ensure sustainable recovery.

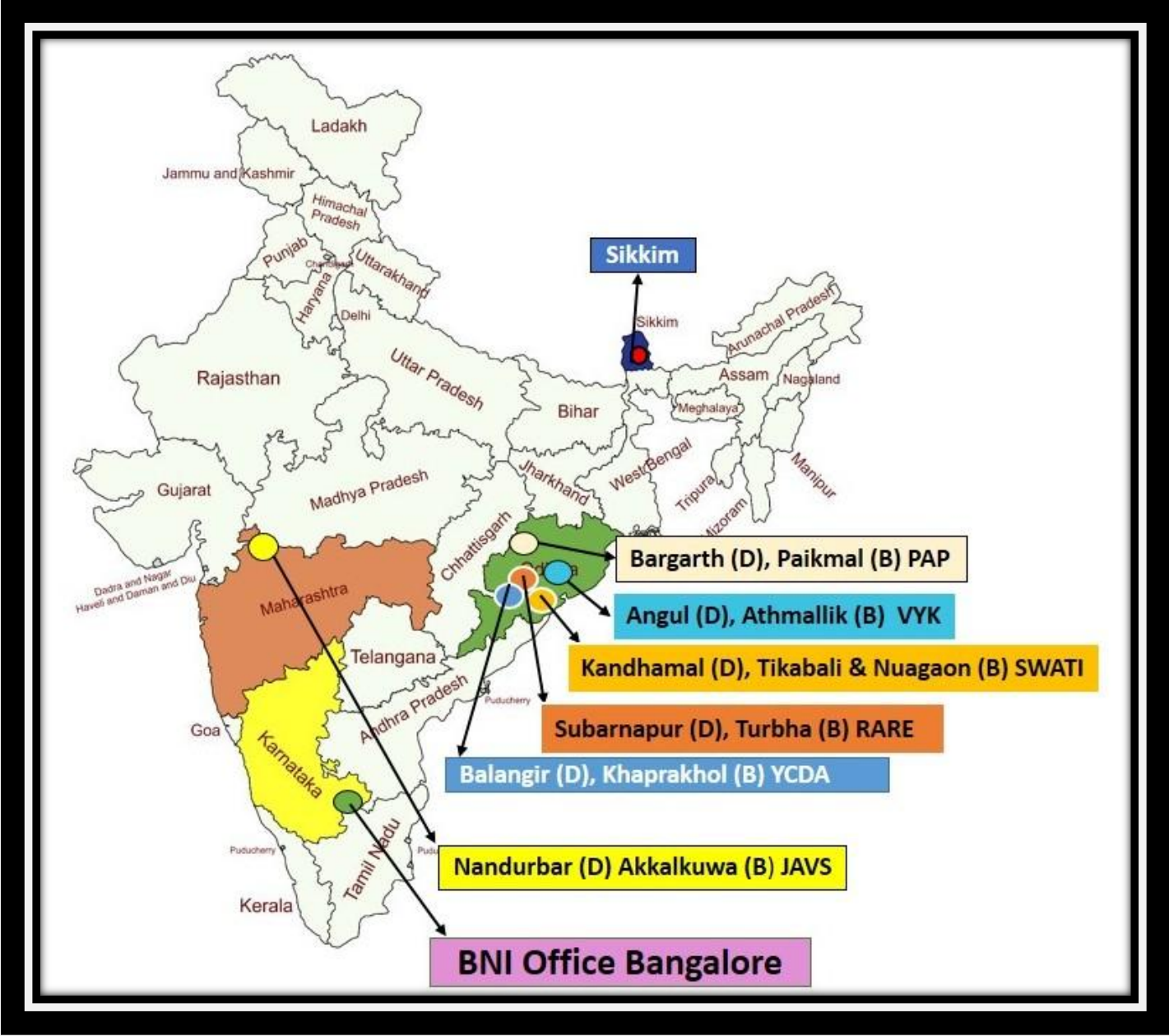
The underlying conviction is that mental health issues must be seen not only in medical terms but just as importantly, as human rights issues.

BNI's main role is that of creating a caring, accommodating and understanding environment to ensure treatment of people living with mental illnesses. Such an effort involves liaising with and including a host of people such as people affected by mental illness, family members and other carers, community members, traditional healers, medical professionals, policy makers and government officials.

BNI's CMHD Approach:

BNI's main role is that of Creating a Caring, Accommodating and Understanding Environment to ensure Treatment, Recovery and Reintegration of People Living with Mental Illnesses within their homes and in the community. This is done through its **Community Mental Health Development Programme** so as 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, including the partner organizations, to bring impactful changes and ensure future sustenance. All the IOs are local grassroot NGOs, rooted in the community & passionate about MH besides development of the local community.

BNI also builds the capacity of various organisations and institutions, working with vulnerable communities in the field of **Psycho-social Wellbeing**. It also takes up **Field Research** to showcase the issues, impact of various models and towards **Influencing Policy and Effective Implementation**.





PwMIs enjoying in a park

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