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The Banyan



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Acknowledgements

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Founded in 1993 as a shelter and transit home for homeless mentally ill women, 'The Banyan' is an organization that cares for mentally ill women who have wandered from their homes across the country and ended up in the streets of Chennai, India. It germinated out of the conviction that even the homeless mentally ill have a right to timely treatment and a chance to a better future. It provides these women with a safe shelter, care, medical attention, and a supportive environment to enable them to recover and to take responsibility for their lives again. Today it has changed the lives of over 5,000 people by providing services to support them in reaching their definition of recovery.

'The Banyan' provides a full range of services such as prevention, access to care, rehabilitation, community awareness, policy advocacy and research. These services are required to get a mentally ill person, and his/her family back on track with their lives and bring a change in the social mindset. It is involved with prevention, access to care, rehabilitation, community awareness, policy advocacy and research.

Background

Global and National Burden

Mental and neurological problems are among the most significant contributors to the global burden of disease. The 10 leading causes of disabilities worldwide are mental problems such as major depression, schizophrenia, bipolar disorders, alcohol use, and obsessive compulsive disorders and are the third leading cause of death among young people. In fact, Neuropsychiatric conditions account for 14 percent of the global burden of disease and almost one million people die globally due to suicide every year.

Mental problems tend to proliferate as a result of complex, multiple biological, psychological and social factors. Although many effective interventions for the treatment of mental disorders now exist, and awareness of the need for treatment has also risen, the proportion of those who need mental health care but do not receive it remains very high. This so-called **"treatment gap"** is estimated to affect about 76-85 percent of the low- and middle-income countries, and 35-50 percent of the high-income countries.

In 2011, the World Health Organization estimated a shortage of 1.18 million mental health professionals, including 55,000 psychiatrists, 628,000 nurses in mental health settings and 493,000 psychosocial care providers.

In India, around two to five percent of the population suffers some form of mental or behavioral disorder of which around one percentage suffers from a serious form of mental disorder requiring urgent care. In order to cater to this increasing need, Indian Government launched the National Mental

Health Programme (NMHP) in 1982. This programme envisaged a community-based approach to the problem, which includes:

- 1) Training of the mental health team at the identified nodal institutes within the state
- 2) Increasing the awareness about mental health problems
- 3) Providing services for early detection and treatment of mental illness in the community itself with both outpatient and indoor treatment and follow-up of discharged cases.
- 4) Providing valuable data and experience at the level of community in the state and center for future planning, improvement in service and research.

Current Infrastructure

In India, there are 43 Mental hospitals (bed strength of approximately 19,008), 108 medical colleges and some General hospitals with psychiatric departments providing mental health care facilities. In the private and NGO sector, there have been innovative initiatives in the areas of mental health. The most notable of these are crisis intervention and rehabilitation of the mentally ill patients.

The Banyan model- A unique initiative

The Banyan model is unique as it has mastered the art of street rescue, pacifying the women, caring for them, giving them necessary medical treatment, helping with vocational training, building self confidence in the residents and finally traveling across India to reunite these women with their families. It offers comprehensive mental health services and has changed the lives of over 5,000 people by providing services to help them recover and lead a meaningful life. The Banyan's definition of the recovery process includes:

Care with a human touch

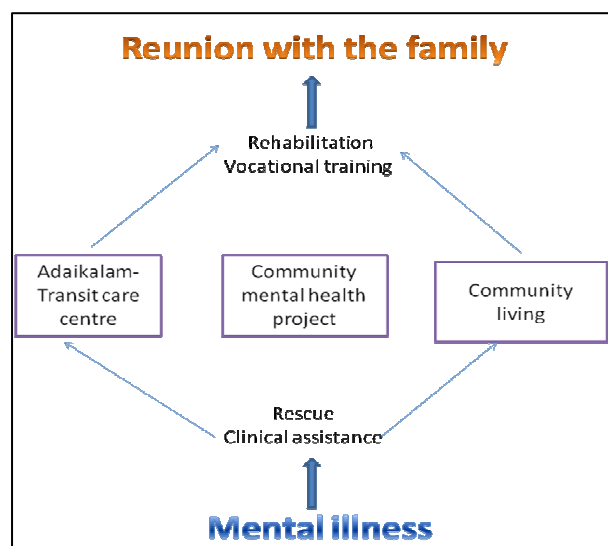
Provide effective treatment through medication, rehabilitation, psychological therapies, vocational training, occupational therapy and reintegration with communities.

Treatments close to home

Make services accessible to everyone through community mental health projects in both urban and rural places.

Assistance for the whole family

Take every effort to relieve both the physical and financial burden of a mentally ill person by providing financial assistance and effective care at home.



Sensitization & awareness creation for change

Sensitize communities, schools, panchayats, government bodies and other stakeholders in order to encourage a change within the policy framework and the civil society- so that those with mental illness can live lives of their choosing with dignity and respect.

Key milestones

The Banyan was started by Vandana Gopikumar and Vaishnavi Jayakumar in the year 1993 after Vandana finished her Masters in Medical & Psychiatric Social Work and Vaishnavi, dropped out of her MBA to join her. They were just 22 years old. During their college days both of them were deeply affected by the plight of mentally ill women who used to wander the city in a half-naked state distressing condition. The mentally ill women were both physically and sexually abused, and often found in a battered, bruised state being brutally ignored by everybody and with no place to call home. Moved by the horrifying condition of the mentally ill women, they started 'The Banyan' as a shelter and transit home for them. They strongly believed that mentally ill women deserve timely treatment and rehabilitation in mainstream society.

"We did not start with any comprehensive plan in mind. We went on learning according to the needs of our residents. The wandering mentally ill women lack basic physical care. They are vulnerable to all kinds of abuse, including sexual (abuse). They suffer from serious health complications such as tuberculosis and AIDS. Finally, nobody wants to deal with them. They are the 'untouchables' of urban society."

– Vandana Gopikumar, founder-trustee of 'The Banyan'

After working for about a decade, 'The Banyan' realized the enormity of hard core issues of mental health such as mental health prevalence, lack of access to medical facilities, family burden, lack of government support, lack of human resources and lack of research, and decided to start subsidiary projects. These include-

- Community mental health program to create accessibility
- Disability allowance program to reduce the family burden
- Dial 100 program to speed up the rescue process
- The Banyan academy of leadership in mental health to promote research and training and protected community for long stay patients (See Exhibit 1)

The Banyan service delivery

The Banyan is a socio-medical model and is a combination of aspects such as-

- Careful and accurate medication
- Extensive individualized therapy

- Vocational training and eventual employment

The services are provided through the Community Mental Health Project (CMHP), Adaikalam (the transit care facility) and the Community Living Project.

Community Mental Health Project

The Community Mental Health Projects (CMHP) offers three different types of care in the rural setting of Kovalam village and the urban setting of Chennai.

1. Outpatient services

Outpatient services are offered in two locations- Chennai and Kovalam. These centers offer-

- Psychiatric outpatient services
- General health care services
- Counseling services to people from rural areas

These centers are generally meant for mentally ill patients living with their family members who visit the center for regular follow-up and necessary medication. During these visits, the counselor educates the patient's family members on the medication to be followed and handling technique to be employed for the patients.

Since inception almost 1,000 people have accessed these psychiatric services in Chennai and Kovalam and 3,000 people have accessed health care services in Kovalam.

2. Disability Allowance

Often families that have a member who suffers from mental illness have limited financial resources and fail to take proper care of the patient. To overcome this constraint, 'The Banyan' and the 'Sir Ratan Tata Trust' collaborate every month to provide INR 250 as disability allowance to over 400 families having an individual suffering from mental illness. This benefit reduces the financial burden of a family member with mental illness and helps them provide sustained care to their loved ones.

3. Awareness programs

Mental illness is attached with a lot of stigma in the society, as a result people are often afraid to access care for fear of the discrimination they may have to face. In order to spread the awareness about mental health, the Community Mental Health Project (CMHP) of The Banyan is engaged in awareness creation both at the village and district level. At the village level it is done by word of mouth and encourages sufferers and families to seek help. At the direct level, Campaigns, street theatre and leaflet drops contribute to increase in awareness and incidence of accessing care. The Banyan is also involved in liaisoning and networking with local community members including Panchayati heads, youth leaders and officials who can persuade people to access treatment. The

family members of mentally ill patients are fully educated about mental illness by The Banyan team. They also train the residents on how to deal with stigma once they return to their family.

The transit care facility, Adaikalam

The transit-care centre was the first of 'The Banyan's' projects and catered to the most instinctive objective-*"To provide care for homeless women with mental illness, living on the streets for whom there was no other option"*. Since 1993, this facility has grown from a four bedroom house to a comprehensive facility with a space for 240 residents. It caters not only to the primary needs of the rescued individuals but also helps them begin their journey to rehabilitation and recovery with the help of medicines, psychological therapy, occupational therapy and vocational training in the following manner-

- In the first instance, rescued women are provided with primary care: a bath, clothes, nourishment and shelter.
- They are then assessed to establish the psychiatric medication and psychological therapies they require in order to embark upon a path of recovery.
- The final, and possibly most unique and important of the care mechanism is to encourage each resident to enter into rehabilitation and vocational training.

After-Care

Once the patients return to their normal life and are integrated with their family members, 'The Banyan' ensures that they continue to receive the same level of care at home, through regular contact with the residents. It also provides moral support to the family members and sends medication to those who are not able to get it in their area. This way it makes sure that there is some overlap between the care provided in site and that provided at home.

Adaikalam has been home to 1500 rescued women since inception and 950 of these women have been successfully rehabilitated to their families and communities

Community Living Project

The Community Living Project of 'The Banyan' is meant for long-stay residents who cannot be returned to their communities for various reasons such as - families not being found or unable or unwilling to accept the woman and in some instances unable to provide the constant care that is required. Through the community living project, a long term caring environment is provided for such patients and it is ensured that they do not end up back on the streets. In the community living set up situated at Kovalam, the women live together in cottages, supporting one another and contribute to the running of the facility. They undertake daily activities such as producing bags for the shop, cooking and cleaning, as well as engaging in therapeutic pursuits such as gardening and yoga.

This set up has 70 residents. The atmosphere of this project is peaceful, caring and accepting- each resident is encouraged to not only express herself as she wants but to also support others. This non-

institutional style of care is proven to be a sustainable, cost-effective treatment model for the of long-stay patients at 'The Banyan'.

Rehabilitation

Rehabilitation at 'The Banyan' is referred to as, ***"The process of a patient reclaiming his or her own body, mind, spirit and interpersonal relationships in order to have the ability choose her own future"***.

People who recover from mental illness make different choices about their future course of life - some want to go back to their families, some have resistant families and therefore seek employment and some others require long term support due to old age or profound physical or mental illness. 'The Banyan' facilitates implementation of these choices through the following initiatives.

To drive advocacy through grassroots whom mental illness is a day-to-day reality, The Banyan organized a key meeting with Thiruporur (one of the panchayat union in Tamil Nadu) panchayat leaders. Several patients and their care givers from nearby communities shared their issues with the political leaders, in effect making the pressing need for psychiatric medications distribution at primary health centres.

Vocational Training

When a patient reaches a level at which she is ready to engage in a productive activity, she is introduced to the vocational training unit. The aim of the training is to impart vocational skills that prepare her for a contributory role within the family and /or community. The vocational skills are taught by professional skilled instructors, who assess the skills and interests of each resident and accordingly build the training programme. Some of the favorite courses of 'The Banyan's' residents are tailoring, weaving, block printing, embroidery, beautician's course and cooking.

Employment

Once a patient has completed her training, 'The Banyan' helps her pursue many different employment angles depending upon her personal circumstances. Often she is found an employment within 'The Banyan' and its projects itself.

The Banyan Academy of Leadership in Mental Health (BALM)

The Banyan Academy of Leadership in Mental Health (BALM) acts as a bridge between knowledge and practice regarding mental healthcare by providing training, research and advocacy to impact positive changes in society. In order to spread mental healthcare across India, BALM transfers the learning's gained through 'The Banyan's' experience, by networking and communicating across the sector. The mission of BALM is-

- To increase active stakeholder participation in the mental health sector, particularly in support deficient regions, and positively affect prevalent trends through research, networking and advocacy.

- To train, nurture and equip human resources in the mental health sector with appropriate knowledge, skills and competencies.
- To map, document and disseminate information on best practices, challenges, and progress in the mental health sector.

BALM is also involved in various action oriented research projects that can help in policy decisions. It works with like minded partner organizations to replicate 'The Banyan' model in other parts of the country. Some such partners are Ashadeep in Guwahati, Karuna Trust in Mysore and Udhavum Ullangal in Vellore. As part of advocacy efforts, BALM holds regular discussion with state governments to ensure availability of psychiatrist and medicine in the district hospitals. In collaboration with University College London it also offers two short term courses- Introduction to Cultural Psychiatry in India and Possession States: Theoretical and Clinical Dimensions.

Human resources

Human resources at 'The Banyan' play a significant role in providing effective and efficient care. 'The Banyan' tries to ensure that-

- Most of its employees (80 percent) are females. This is because 'The Banyan' deals with only female sufferers.
- Also since dealing with mentally ill patients requires patience and compassion, 'The Banyan' employees people are patient, compassionate and empathic team players with a social work background.
- It gives opportunities for people to learn and grow in their career. It also provides a team driven atmosphere where everyone continuously supports and learns from each other.

The Banyan has a staff strength of 97 which includes consultants, health care workers, administration and other cadres. It conducts yearly appraisals to evaluate individual performances and decides salary increments and promotions accordingly. The HR team at 'The Banyan' conducts regular training programs for the staff to keep them updated with the recent happenings and technological advances.

Finance

'The Banyan' is registered as a charitable trust and is sustainable through donations and support received from voluntary organizations and donor agencies. Its model does not generate any income through patient activities. It provides entirely free care to the patients and raises around three crore rupees to cover the operational expenditures. Among the donors-

- Sir Ratan Tata trust contributes 30 percentage of the operational expenditure by supporting salary

- Zurich Community Trust contribute 10 percentage of operational expenditures.
- The rest is supported by other agencies and individual donors.

Income & Expenditure account for the year 2009-10			
Income	Amount (INR)	Expenditure	Amount (INR)
Donation and programme receipts	2,60,44,844.35	Transit care project expenses	1,27,72,772.18
Interest income	11,26,764.15	Kovalam CMHP Project expenses	36,92,321.00
Other income	1,86,566.60	Kovalam PC project expenses	17,30,226.50
		Urban outreach project expenses	18,54,475.00
		Aftercare/Rehab project expenses	19,88,803.00
Excess of expenditure over income	87,92,190.10	Programme expense	11,78,240.00
		Administrative expenses	33,30,860.14
		Assets maintenance	67,09,885.69
		Finance & accounts	9,26,181.69
		Research & training	1,90,250.00
		Human resources	17,76,350.00
Total	3,61,50,365.20		3,61,50,365.20

Performance

The project performances of 'The Banyan' are as follows-

Project name	Details	Number
Adaikalam (2009-10)	Total number of admissions	185
Community mental health project (2009-10)	Total patients registered for general OP	4,428
	Total patients registered for psychiatric OP	2,118
Community living project (2009-10)	New referral from Adaikalam	21
	Reintegration	7
Urban mental health project	Total patients registered for psychiatric OP	798

Future plans

'The Banyan's' team feels that the government not only needs to actively provide mental healthcare through its existing health infrastructure but also needs to increase the scale of its mental health activities. In the near future, in order to increase the availability and accessibility of mental healthcare, 'The Banyan' plans to focus its energy on advocacy and capacity building of other similar institutions also.

Accordingly, 'The Banyan's' future plans are as follows-

- To strengthen the network and linkages with the government in order to increase-
 - Demand for psychiatric medicines
 - Ensure availability of psychiatric medicines in all the PHCs of Thiruporur block
- To refer the patients to the government run PHCs to get their medicines and thereby increase the number of people accessing government facilities
- To increase the government links and put pressure on the government to acknowledge the demands of people with mental illness and respond to them in an appropriate manner
- To give concentrate on creation of self-help groups
- To enable the patients and their care givers group to be engaged in income generating activities and be economically better off.
- To experiment new business ideas with the group.
- To increase awareness in the communities.

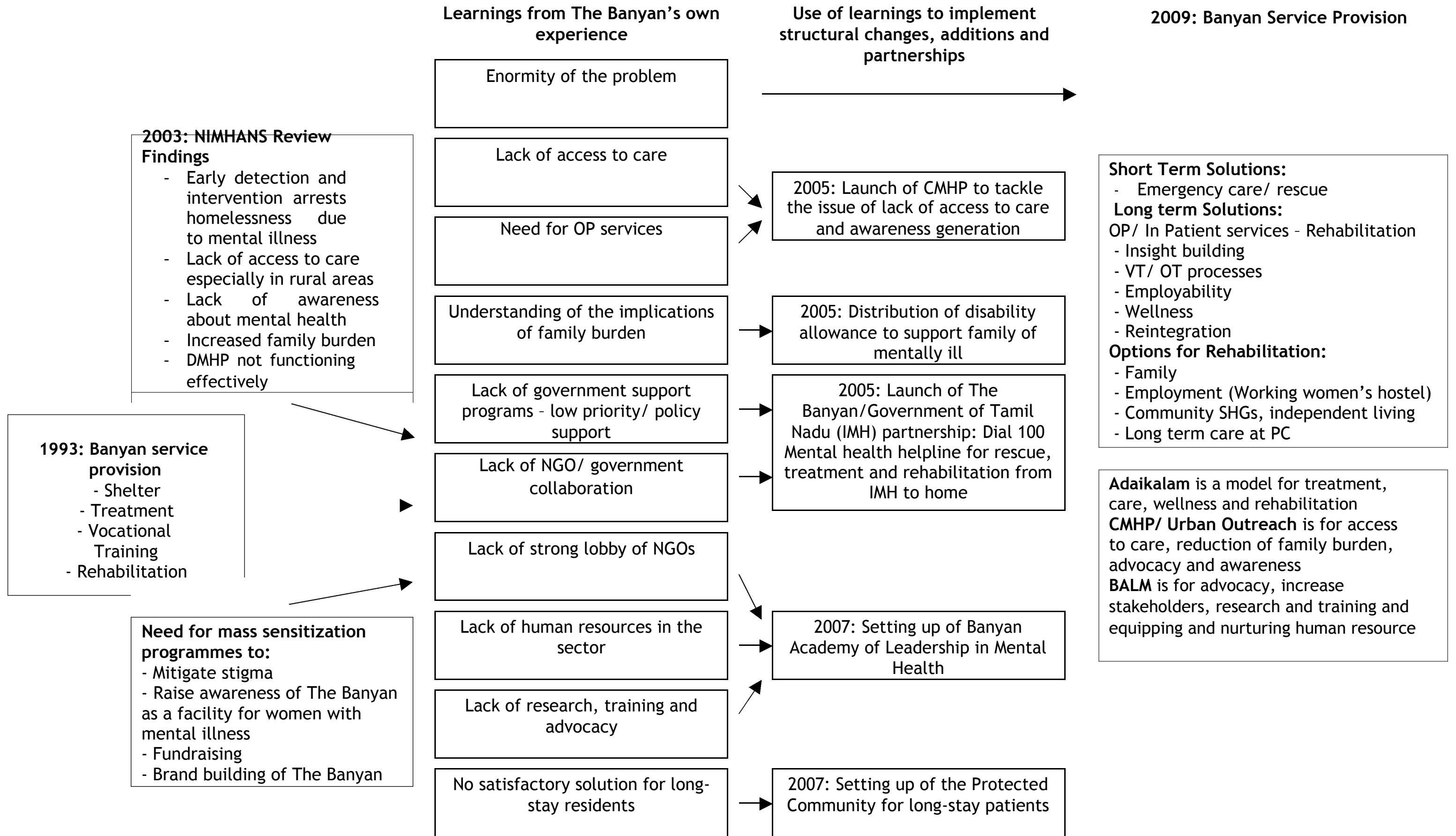
Conclusion

'The Banyan' is an ideal model to address mental health problems in a developing country like India. It covers all the aspect of care including prevention, treatment, rehabilitation and follow-up. The USP of this model is –

- Empowerment of mentally ill people by providing vocational training and building their confidence to get back to their normal life.
- The advocacy efforts of 'The Banyan' are also worth mentioning here, because private alone cannot provide treatment to all people with mental illness. The existing government infrastructure has to be utilized in a right manner to solve this problem.

Right now the model is sustainable through funds and donations received from various sources. However, to scale it further and to implement it across the country, one needs to incorporate a strong revenue generation model into it which will this model help sustain.

Exhibit 1 The Banyan Genesis



Disclaimer

The case study has been compiled after primary and secondary research on the organization and has been published after due approval from the organization. The case has been compiled after field visit(s) to the organization on May 2011. The author of the case or ACCESS Health International are not obliged or responsible for incorporating any changes occurred in the organization after receiving the due permission from the organization to publish the case. The case study has been developed with a specific focus to highlight some key practices/interventions of the organization and does not cover the organization in its entirety.

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