



*“Recovery is a process, a way of life, an attitude,  
and a way of approaching the day’s challenges.*

*It is not a perfectly linear process.*

*At times our course is erratic and we falter, slide back,*

*Re-group and start again . . . .*

*The need is to meet the challenge of the disability  
and to re-establish a new and valued sense of integrity  
and purpose within and beyond the limits of the disability;  
the aspiration is to live, work, and love in a community  
in which one makes a significant contribution.”*

***Patricia Deegan (1988)***

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## **Vision**

The creation of a safe, just, non-threatening and non-discriminatory society in which women living with mental disorders can lead fulfilling and productive lives.

## **Objectives**

- To support women recovering from mental disorders in making a transition from institutions back into the community through networking, capacity building and sensitizing programs
- To facilitate the process of recovery in women aimed at addressing psychosocial issues, shelter, sustainable livelihoods and economic independence
- To shift society from a mind-set of exclusion and stigmatisation to inclusion, thereby supporting to create safe, non-threatening spaces for women with a history of mental disorders
- To influence policy through advocacy and networking

## Introduction

*Tarasha* is a field action project of the Centre for Health and Mental Health, School of Social Work, Tata Institute of Social Sciences, Mumbai. *Tarasha* was initiated in 2011, as a response to the findings of a study titled 'Status of Women in Mental Hospitals in Maharashtra' undertaken by Prof. Shubhada Maitra for Maharashtra State Commission for Women in 2002. Two key-findings of the study prompted the conceptualisation of *Tarasha*: i. A majority of women were admitted in their late 20s and early 30s and stayed in the hospital as long-stay patients anywhere between 5 to 10 years, growing old in the institution. ii. While nearly 70 percent women were admitted by the family, less than 30 percent ever went home, pointing to the fact that women were abandoned by their families despite being asymptomatic with no chance to ever get discharged and no skills to fend for themselves even if they got discharged.

*Tarasha* has been conceptualized as a community-based recovery model for women recovering from mental illness. At the core, the project addresses issues of Identity, Self, Shelter and Livelihoods. Working from a rights-based perspective, *Tarasha* facilitates the transition of women living with mental disorders from institutions back into the community through networking, capacity building and advocacy.

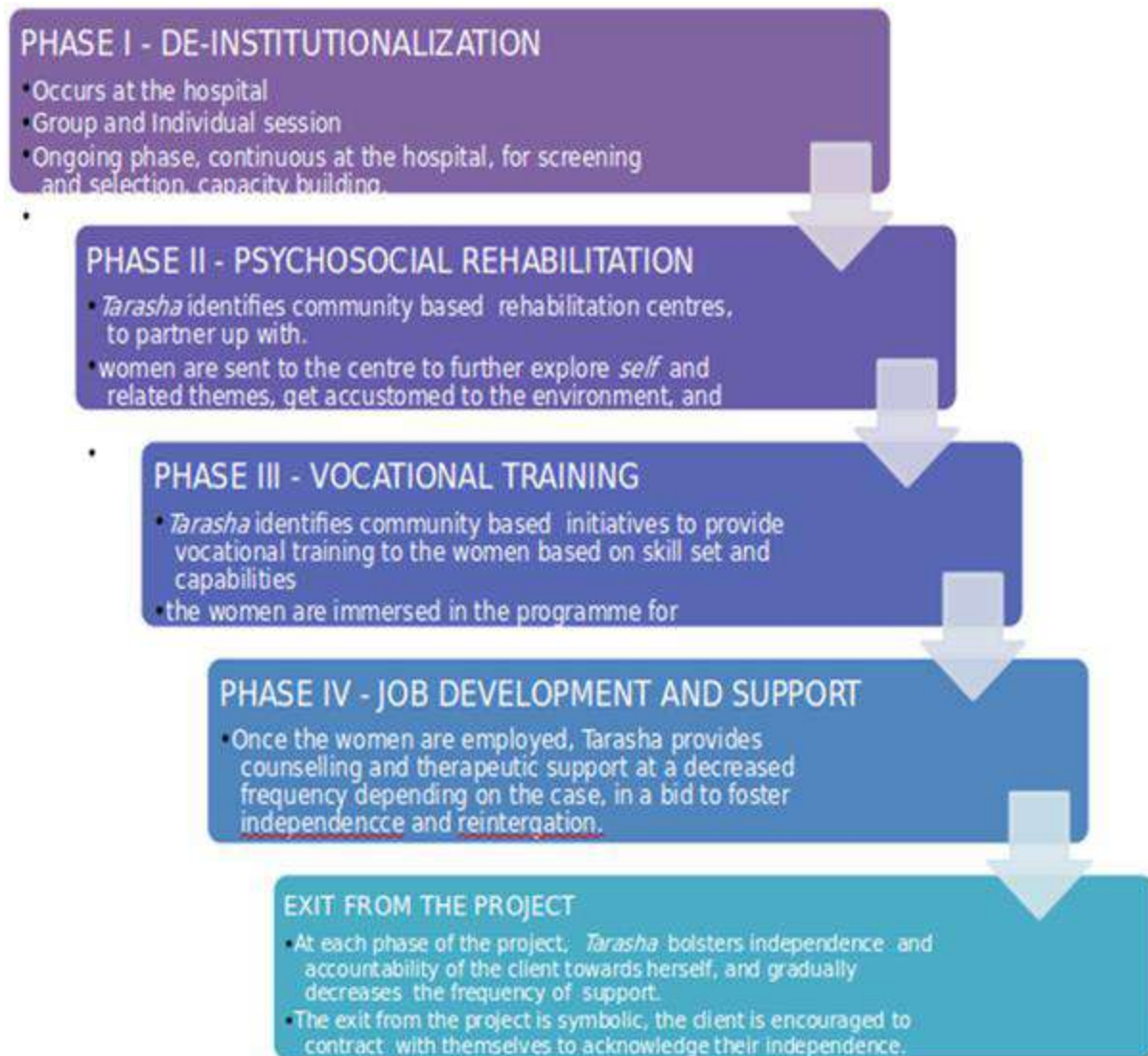
*Tarasha* works in collaboration with the Directorate of Health Services, Maharashtra, through the Regional Mental Hospital, Thane. Our other partners include working women's hostels which offer safe shelters for our women once discharged from the hospital, vocational training institutes where women obtain training in a vocation of their choice, day care centres for persons recovering from mental illness, providing psycho-social inputs to facilitate women in their recovery

process and organisations where women find employment, thereby creating a large network for inclusive practice.

Recovery from mental disorders encompasses both internal processes such as aspirations, personality traits and symptom management as well as external factors such as interaction with the environment and social support. Independence, or rather, interdependence, employment and fulfilment of community roles are all part of the recovery process. Employment is known to promote mental health by facilitating an individual's identity, providing economic independence, enhancing social status and interactions and giving a sense of contribution to the individual in addition to a basic structure of their day, thereby facilitating a breakaway from the cycle of unemployment, poverty and marginalisation.

## Tarasha's recovery and reintegration model

### Phases within Tarasha's Model of Recovery and Reintegration



#### **PHASE I: DE-INSTITUTIONALIZATION (6-8 months)**

Phase I is a stage of screening, selection, capacity building and a move towards de-institutionalization. This phase includes intensive, ongoing therapeutic group and individual sessions with women who are on the path of recovery and look forward

to moving out of the hospital. This phase also helps Tarasha select women for discharge, to live a life outside the institution. Women are selected in consultation with the staff of Regional Mental Hospital (RMH), Thane on the basis of their symptoms, behaviour in the hospital, eligibility and interest level. Selection of potential participants for the Project is based on certain assessment criteria including:

- i. Level of functioning
- ii. Current symptoms
- iii. Insight about the illness
- iv. Willingness towards adherence to medication
- v. Age (upper age limit is restricted to 40-45 years given the employability opportunities for women discharged from the hospital)
- vi. Degree of family/social support

Operating from a feminist, strength-based perspective, the group sessions conducted have various therapeutic objectives. These may be categorised under four broad themes: *Introductory, Informative, Exploratory and Reflective*. Accordingly, the sessions are designed around encouraging and initiating group participation and interactions, sharing, assessing and enhancing strengths and capacities of the women as well as cognitive and body functioning, building awareness about the self and the other, developing awareness about mental illness and mental health, symptoms and medication, including side-effects of medication, understanding stressors and the roots of one's mental illness, exploring boundaries, getting in touch with emotions, building trust and the ability to function in teams, addressing society, societal notions and constructs around patriarchy, the role of women, gender and illness, developing communication and social skills, managing conflicts and relationships, re-defining recovery and so on. The women are encouraged to form and share their own opinions, and listen to those put forth by other group members. The group sessions are participatory and experiential in nature and open to all women who are coherent and wish to participate. Women's progress over the sessions is monitored using certain indicators related to regularity and participation in group sessions, self-care



and hygiene, pro-social behaviour, awareness of one's illness, reduction in symptoms and so on.

Individual counselling sessions are conducted with women who are in touch with reality and show a willingness to work on their recovery. Individual sessions address personal and socio-cultural factors contributing to the illness, communication skills, getting in touch with emotions, addressing past traumas, sexuality and relationships and goals and aspirations for the future.

The first phase culminates when women are ready for discharge and make an application to the Visitor's Committee for the same, expressing their desire to exit from the hospital and join *Tarasha* to take forward their recovery and be reintegrated into mainstream society.

**Phase 2 PSYCHOSOCIAL RECOVERY (3 months):** This phase follows the deinstitutionalisation phase. Once women are discharged from the hospital, we link them with working women's hostels for shelter. The first week is spent in familiarising the women with the city: understanding the public transport system, using public spaces, knowing the city and the topography and essential services particularly around their place of residence and the day care centre and visits to recreational spaces such as parks and beaches. They attend a daycare centre for persons recovering from mental illness to further address psychosocial issues and connect with persons with similar histories.

Phase II of the project is thus marked by two key events:

- i) Moving into a working women's hostel
- ii) Beginning psychosocial recovery

This is also one of the first phases wherein women begin to meet and interact with other women from different walks of life in the hostel and other clients in the day care centre. Women begin to shape an identity for themselves outside the bracket of a diagnosis, and apart from their disorders. The idea of the 'future' starts to become more concrete. A major challenge is readjusting to a life outside the hospital,

following a daily schedule that includes attending the day care centre in another part of the city, negotiating spaces and interacting with the social environment.

**Phase 3 VOCATIONAL TRAINING (3 months):** Women start vocational training after attending a day care centre for three months, becoming ready to choose a vocation and enter the employment sector. Since the inception of *Tarasha*, women have been trained and employed in mainstream sectors such as hospitality, housekeeping, retail and sales, printing press technology, and home care assistance. This is also the time when *Tarasha* begins the process of working on women's citizenship rights by obtaining Aadhar and PAN cards, opening bank accounts thereby creating identity proofs. Women's only identity while in the hospital is that of a 'case number', a 'mad woman'. Identity documents and reintegration helps women to move from 'undocumented persons' to someone with multiple identities such as a hostel resident, a worker and a colleague, a friend and a person who is more than a 'mad woman'.

**Phase 4 JOB DEVELOPMENT AND JOB SUPPORT (4-6 months):** Following successful completion of vocational training of their choice, women obtain a job through the Vocational Training Institute. Once the women are employed and settle in their jobs (approximately 3 months), *Tarasha* gradually withdraws financial support; women begin paying for their own expenses towards lodging, boarding, travel, monthly supplies, clothes and other essentials and entertainment. *Tarasha* continues to provide psychosocial support in the form of regular counselling and group sessions, monitoring medication and dealing with any issues that may arise at the workplace.

The team keeps in touch with the women at least once a week. Step by step, the clients are encouraged to take control of the therapeutic sessions in terms of

scheduling and themes, thereby building ownership of the process of recovery. *Tarasha* strives to be in touch with the client's employers as well, thereby obtaining feedback from the workplace, while maintaining the client's' dignity, confidentiality and respecting the client's' wishes.

**Phase 5 Exit:** The last phase of the project is a formal exit, where the women are encouraged to move towards greater autonomy and freedom by exiting the project. Women acknowledge their independence through an exit letter. Psychosocial support continues to be available to the women.

*Tarasha* is an innovative project in the mental health sector as it uses a non-institutionalized approach to recovery from mental illness, linking livelihoods and shelter with psychosocial issues; it involves independent living in mainstream spaces and works towards facilitating access to citizenship rights of hitherto undocumented women.

We are happy to present the Annual Report for the period January to December 2019.

## **Therapeutic Interventions with women in the Hospital**

*Tarasha's* therapeutic interventions involved conducting individual and group sessions with women residents of RMH, Thane and identifying women to be discharged under *Tarasha's* recovery and reintegration model.

### **Group Sessions with Women**

Our group sessions mostly begin with therapeutic themes such as introduction to mental health and mental illness, myths and misconceptions around mental illness, causative factors, self-care and hygiene, communication and social skills, getting in touch with emotions and emotional expression, dealing with conflicts, team-building, relationships and sexuality, transitioning from an institution into the open community, dreams and aspirations and so on. The group setting and process helps the clients find a space away from the four walls of the hospital ward to be able to connect with other women meaningfully. For any setting to be therapeutic it is essential for its participants to feel safe, unconditionally accepted for who they are and not judged. We take care to ensure our group sessions are inclusive and are sensitive to how a woman is able to participate given the psychosocial disability she is living with. We ensure to engage each and every woman during the activity and the way in which she is participating/contributing is validated. We use words, body, role play and appropriate therapeutic material that communicates best to them. We conduct our sessions in a way that we are able to cater to the women's linguistic diversity too.

**Figure 1: Women attending *Tarasha's* Group Sessions**



**Figure 2 and 3: Planting sapling activity in a group session and Women's art -**

**These leaves were made by one of the women. Modelling clay was the most appropriate medium she could express herself with.**

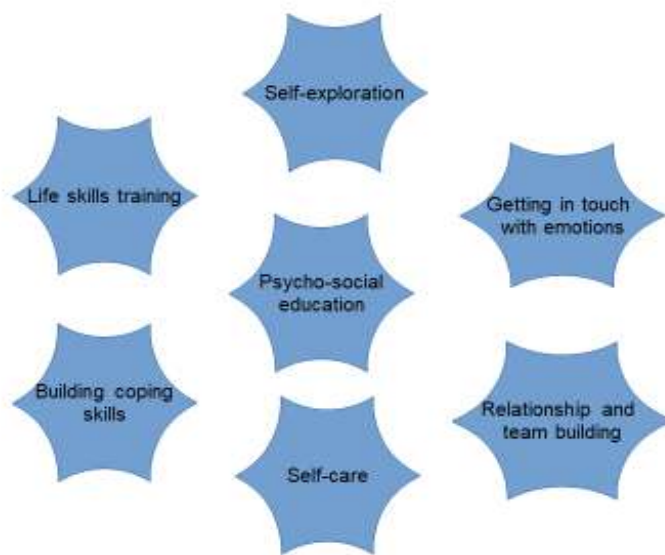
The sessions also provided information on issues around wellbeing and distress/disorders, side-effects of medication and so on. Group building exercises were conducted in order to hone confidence among the participants and prepare them for deep sharing and self-expression for upcoming sessions. Earlier, there would be an anticipatory silence and a wait for the facilitator to give cues to act/do or engage in whatever it is that is planned for the day. Some shifts in group behaviour were observed right after the group building activities. Women were now beginning to ask each other for names so that they could remember them, some even began to notice other women's appearances and ask them about their wellbeing and where they are from. This engagement was a preliminary sign of women acknowledging each other's presence and willingness to forge an association. After additional sessions, women have begun to remind each other of group rules, ask others to repeat things they could not hear, paraphrase questions for others and patiently prompt them if they sense a woman struggling with expression. We could see the group members beginning to acknowledge the presence of others, improving their listening and cultivating a sense of ownership for the group and the space. We facilitated cultivation of relaxation skills and providing information on living a life outside the institution. When we facilitate group sessions, we ensure that we are not conducting interventions passively, instead there is an active engagement with the women during group sessions. This is ensured by receiving experiences and thoughts women share in the sessions even if they are not consistent with that day's objective. Sometimes when such responses cannot be addressed immediately, they are parked for later sessions. For instance, we conducted 2 group sessions for women to talk about these parked issues where they explored what concerns affect them. Similarly,

the sessions on women’s experiences of exclusion ended with women wanting one entire session on exploring “what is mental illness”. Another way we retained active engagement was through immediate and consistent feedback to the group. We asked questions and shared crucial observations with the group about their engagement. Group sessions are often developed in advance yet organic emergence of the content and themes is strongly encouraged and women feel free to voice what they would like included.

In 2019, *Tarasha* team visited the hospital 4 days a week. A total of 120 women benefited through *Tarasha*’s interventions in the hospital.

We have conducted a total of 194 therapeutic group sessions in the hospital.

**Figure 4: Themes for Group Sessions**

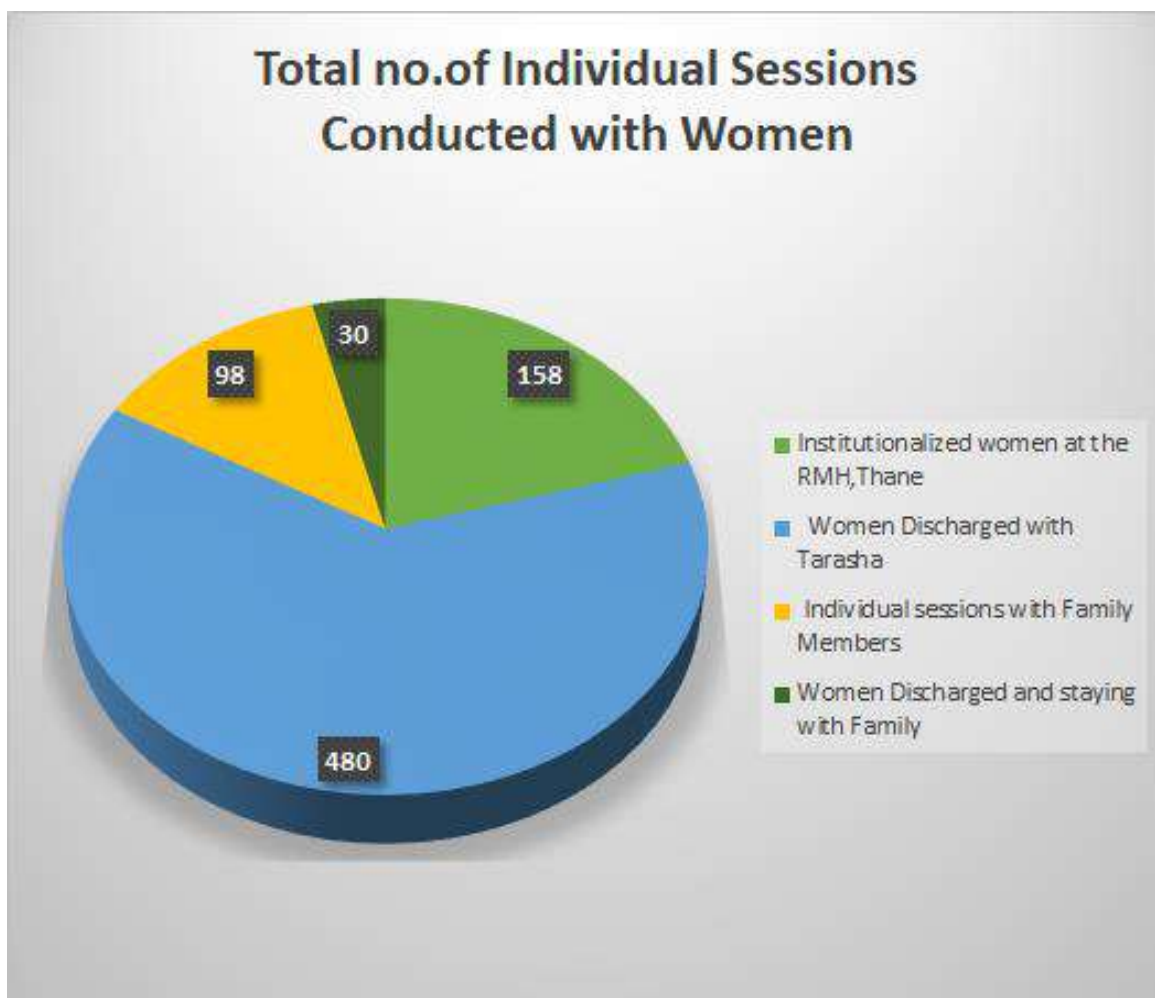


## **Individual Sessions with Women**

*Tarasha* also took individual sessions which involved one-on-one counselling and therapeutic sessions for the resident women at RMH, Thane. These sessions were focused on building a therapeutic relationship between the client and the *Tarasha* social worker, understanding her immediate needs and plans for the future, exploring personal issues that were difficult to work upon in group settings, understanding unique factors from their personal and mental health history that impede or accelerate recovery and preparing the client for likely challenges that they may have to face upon deinstitutionalisation. To create a meaningful and effective plan for women, detailed case histories were taken; mental status examinations (MSE) were done and our observations of the client were plotted on an indicator sheet. Individual sessions later comprised of working towards personalised goals and identifying personal barriers to recovery and reintegration. Through this engagement *Tarasha* has come in contact with women who may not fit perfectly into our recovery and reintegration model due to various reasons such as level of family support, age, physical ailments, etc. Therefore, *Tarasha* is exploring an alternate way of providing them support and facilitating their recovery and reintegration.



**Figure 5: Number of individual sessions with women**

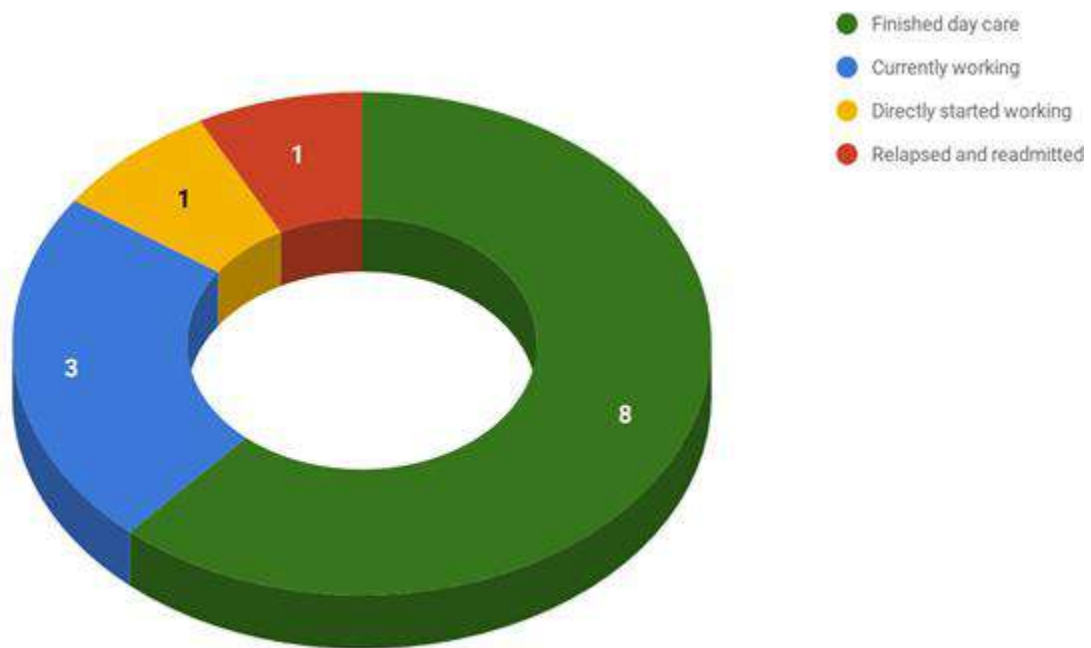


***Tarasha's* work with women discharged with families:**

*Tarasha* has been able to support women getting discharged with families who tend to experience frequent relapse and soon fall back into the cycle of readmission, reduction of symptoms, discharge and relapse. *Tarasha* facilitated women's discharge with families and applied the *Tarasha's* model of psychosocial recovery through daycare centre, livelihoods (vocational training and job development and job support) and shelter (this time, the woman's family home instead of a hostel) to prevent relapse and readmission. In 2019, 13 women were discharged with their families by *Tarasha*. Involvement of the family in women's recovery helped prevent

women's abandonment and long-term stay within the hospital. As shown in the following figure, 8 of these women successfully completed attending daycare, and vocational training by the end of 2019 and *Tarasha* is currently exploring job opportunities for them. Three women have already begun working - one at a medical store, other 2 as a medical attendant and as a Home Care assistant. One of the women shifted to her home town in Mathura and directly began working in a company. One woman relapsed and had to be readmitted to the hospital.

**Figure 6: Women discharged with families supported by Tarasha in 2019**



## Success Stories

### 1. Story about Tina showing her resolve and ability to change

Tina, 26 years old, was admitted to ward no. 16, Female Ward of the Regional Mental Hospital, Thane by Police with a diagnosis of Acute Psychotic Disorder in the year 2018. Her experience with mental illness got her to wander and be admitted to the hospital. Tina, having recovered from the symptoms of mental illness, continued to languish in the hospital as her family could not be traced. Like several higher-functioning women, Tina too was a helper-patient in her ward and would do cleaning chores. She was regular in attending Occupational Therapy and was very active. *Tarasha* team members first interacted with Tina in the Occupational Therapy department of the hospital. OT professionals introduced the client to *Tarasha* team members. At first, Tina was quiet and did not say much but showed interest in attending group sessions. Gradually she became familiar with the team and began to trust the *Tarasha* team.

#### **Phase I: Deinstitutionalisation**

While Tina was quiet in group sessions, she would open-up in individual sessions. Through consistent support, confidentiality, non-judgmental and empathising space in the group and individual sessions, Tina gained insight about her illness and ways in which she could manage the symptoms if they were to recur. She was able to articulate her aspirations to be independent and begin to earn. Tina consented to enter *Tarasha's* recovery programme. Tina sat for the Visitor's Committee in the hospital and was deemed fit for discharge in the Visitor's Committee at RMH, Thane. On 10th April 2019, *Tarasha's* team facilitated Tina's discharge from the hospital.

**Figure 7: Tina on the day of her discharge from the hospital**



## **Phase II: Psychosocial Recovery**

After her discharge, Tina was shifted to a Working Women's Hostel in Saki Naka, Andheri. *Tarasha* introduced Tina to a Day Care Centre in Thane operated by a mental health organisation. Tina came a long way from being very reluctant to travel via public transport, even when accompanied by a para-professional social worker and other women, to travelling independently every day to the day care centre. Tina got a chance to groom herself in becoming more confident, sociable and self-reliant.

## **Phase III: Vocational Training**

Tina, aware of her own strengths, had clearly expressed that she would want to work as a full-time domestic help given her prior experience. She preferred a life of peace, dignity and maintained routine with supportive people around her, over the hassle of a fast-paced life demanding daily commute towards the workplace. Tina expressed that she would like to be directly employed and keeping in mind her strength, interest

and choice for stay-at-home work, *Tarasha* began exploring livelihood options which were financially secure and long-term.

#### **Phase IV: Job Development and Job Support**

In August 2019, Tina got employed as a full-time domestic help. *Tarasha* had introduced Tina to a potential employer. Being an altruistic person, the woman was open to take in Tina as a full-time domestic help and provide life-long support. The employer generously offered to take care of all of Tina's expenses and ensure all basic needs of food, clothing and shelter and more, to assure a life of dignity. This support included Tina's medical expenses and taking responsibility for her timely follow-ups with the Psychiatrist at RMH, Thane. As this livelihood opportunity matched well with Tina's expectations and aspirations, she chose to take-up it up. She continues with her job and is content with her life. She continues to stay in touch with *Tarasha*.

**Figure 8: Tina celebrating her birthday with her employer's family**



## **2. The story of Babita**

Babita is a 30-year-old woman who was admitted to the Female Ward of the Regional Mental Hospital, Thane by the Police with a diagnosis of Schizophrenia in October of 2014. Babita battled with recovery for a long time especially with impeding factors that also affected her reintegration such as a physical disability. Finally, with her hard work *Tarasha* could facilitate her discharge in August 2018.

In the initial phases after discharge, things were smooth for her in terms of transitioning from an institution to life outside. However, she maintained a skeptical disbelief at the turn of events knowing how fate had dealt her real tough hands even before she had landed up in the hospital. One could find Babita in the group, gracefully going about her business in quietude. In moments of vulnerability, she

would share how a lonely sadness engulfed her and led her into believing that life can never be as she had ambitiously imagined it to be.

From the Day Care Centre phase, Babita completed a course in working with Computers as well as Receptionist/Tele-calling work with one of our vocational training partners. She showed immense potential in the field with her agreeableness and polished communication skills. However, Babita could not land a job placement right after vocational training because of lack of openings as well as her physical disability. She had to wait for a long time without a job since there were no vacancies available that suited her. Meanwhile, individual sessions with Babita continued with the *Tarasha* team. Trained in the martial arts and someone who dabbled in acting and enjoyed performance, Babita shared that her interest in them had begun to decline long back and seemed impossible to revive. With her age, Babita adapted to what is realistically possible for her to do given her mental and physical strengths. In the four years at the hospital, with having seen so much, she had grown up and learned to wait.

Finally, *Tarasha* explored opportunities through NASEOH (National Society for Equal Opportunities for the Handicapped) where, in one of their job fairs, Babita was registered as a candidate for matching with available job vacancies. NASEOH also opened up the possibility of training along with covering her travelling and paying her Rs. 2,000 to Rs. 3,000/- as remuneration but Babita took the call of not accepting this offer since she was already trained and wished for a job that would give her a steady income. *Tarasha* then connected with a disability-friendly organisation that provide livelihood opportunities to youth. At the time of creating her job aspirant profile on their portal Babita could not finish her application due to the unavailability of her educational certificates. *Tarasha* communicated about her

unique situation with the core team at the organisation but things did not move forward.

Babita briefly held a job in a far-off suburb of Mumbai that concerned with tele-calling and dealt with computer parts but that too only lasted just a week. Babita made a decision to quit the job since there was very little to do. While facing obstacles in procuring a job, Babita and the *Tarasha* team had a long struggle in getting disability aids. The aid required multiple trips to the hospital for measurement and long hours of waiting. A lot of times we had to return with no progress and follow-up visits. Another of Babita's plans was also to go to her home in Nalasopara to check on the small property she had bought before her relapse that led her to languish at RMH, Thane for more than 4 years. After one of our travels to explore job options in the Western Suburbs, Babita insisted that we visit her residence. As soon as we reached there, we learned that her property had been demolished and there stood a residential building in its place. She remembered the name of the builder, connected with him and obtained her brother's current address. As Babita approached the neighbourhood, a man came forward and recognised Babita as his daughter. The rest of the hour or two were emotional to say the least.

Soon after, Babita began to live in Nalasopara in the same building as her parents and brother, but in a separate room. She shares a conflicted relationship with her brother who is not willing to accept her but she receives constant support and love from her parents. She has finally found a job of her choice and is working at a tele-calling centre in Nalasopara, Mumbai.



**Figure 9: Babita with her parents**



## **Recreational Activities with women**

This year, *Tarasha* decided to bring recovered women (discharged from the mental hospital) together for a recreational outing to celebrate Women's Day. A two-day outing was organised to Kelva beach, Palghar. A total of 17 women, 4 *Tarasha* team members and 3 fieldwork students were part of the outing. One woman was accompanied by her two-year-old son. This outing was supported by The Hans Foundation as part of its overall support to *Tarasha*.

The key objective of the outing was to have fun and enjoy the freedom women had found as part of their recovery from mental illness. *Tarasha* also used this outing as a reflective space for women to look back on their journey from the time of discharge from the hospital till now. Most women are working and earning a living. Some have settled into matrimony. A few women could not join the outing; they were missed by the group.

**Figure 10: Women and Tarasha Team at Palghar for the Recreational Activity**



The team met the women at Dadar station on 29th of February at 8.30 a.m. While half of the team had already reached Palghar and made arrangements for food and stay, the other half ensured safe commute of the women from Dadar to Palghar. After a quick breakfast at the station, the team, along with women left for Palghar and reached there by 12.30 p.m. Shuttles were arranged to drop women from the station to the rented venue. The place was close to the beach. After freshening up, everyone had lunch followed by a round of introductions and some quick ice-breaking

activities. The women got familiar with each other and after briefing everyone with the plan for the evening, women got ready and left for Kelva beach.



*Women enjoying at Kelva Beach and playing games*

The evening at the beach was followed by quick refreshments at the shore and returning back to the house. On their return, women freshened up and chatted with each other, shared their experiences and reported how good they felt because of this outing. One of the women said that she felt that this day should ever end and she wished all of them could stay up the whole night chatting and sharing their stories and experiences. The next day, the group packed up after breakfast and left the venue by 11 am to reach their place of residence on time.



## **On the way back**

The environment that the women had created amongst themselves was something worth cherishing. Not all of them knew each other, but they took no time to befriend and stay together throughout the journey. All of them had some situated goals in their head; not everyone wanted to earn and work necessarily, but those who were working were happy with the work they did. There were a few issues regarding the salary that they get, and *Tarasha* promised to look into it. The one thing that was sure, was that everyone was happy with the state they are in and the new life following long-term institutionalisation.

A few quotes below capture women's experiences associated with the outing.

***“Aise laga ki puri zindagi hum char diwaron ke ander rahenge, kabhi socha nahi tha khuli hava me saans le payenge”.*** (“I had thought that my whole life will be spent locked up within the institution, I had never imagined that I will ever breathe the fresh air of freedom”) (Savita, age 56 yrs, diagnosed with Schizophrenia, lived 2 years in the hospital)

***“Zindagi me peheli baar maine aaj samunder dekha hai, abhi tak sirf samunder ke bare me suna tha”.*** (“For the first time in my life I have seen the ocean, till now, I had only heard stories about the sea”) (Prerna, age 27 years, diagnosed with Borderline personality disorders, lived 5 years in the hospital)

***“Aise lag raha hai bahut salon ke bad khud ke hisab se apni zindagi ka maja le pa rahi hu.”*** (“I feel that after ages, I have been able to enjoy life on my own terms”) (Tina, age 26 yrs, diagnosed with Acute psychotic disorder, lived 1 year in the hospital)



### *Hope to Live Dreams and Aspirations*

Moreover, there was a promise to the self that they need to progress more in the upcoming years. For example, one of the clients currently goes to a day care centre but she is waiting for some better opportunities of work to come to her. She said she does not enjoy much of the household chores, but if she gets a good job and if that demands her to cook her own food or leave home early, she is willing to put that effort - *“Mujhe ghar ka kam karne me bilkul maja nahi aata lekin mujhe accha job milta hai aur uske liye mujhe jaldi uthana aur khana banana pade to main woh karne ke liye taiyar hu”*. This made us realize that the new life that each one of them has found as part of the recovery and reintegration process is highly appreciated by them and all are very much willing to make the most of it. Moreover, there is also a sense of solidarity amongst all. With the world that we live in, it is necessary to have some people who understand your past, however dark it may be, but stay with you in the present, and these women are the same for each other. The strength in their wings has helped them overcome their past and the same strength will help them progress in life, despite the challenges that come their way. This women’s day is a true celebration for the women of *Tarasha* who have helped to build themselves up with

support from the *Tarasha* team, particularly when their own family had abandoned them due to their mental illness.

## Care-givers' Support Programme

One of Tarasha's primary goals is to facilitate the shift in society from a mindset of exclusion and stigma to acceptance and inclusion. Apart from working in an institutional setting by providing women therapeutic support and discharging them through a model that promotes recovery by linking the three cornerstones of livelihoods, shelter and psycho-social care, *Tarasha* believes it is important to work with populations outside of institutions to prevent the phenomenon of long-stay and revolving door patients. Creating inclusive spaces with mental health services and support to vulnerable groups such as care-givers and people in mental distress is necessary to not only prevent institutionalization but improving quality of life. Therefore, *Tarasha* expanded its work from working within the hospital to working outside of it in order to build resilient, inclusive spaces in the community, increasing awareness and reducing stigma.

In 2019 *Tarasha* launched the Care-givers' Support Programme (CSP) through which we trained and linked college-going students who were enthusiastic about mental health and wished to bring about a change in their communities to families that were facing an oppressive burden of care-giving. It was achieved by initiating a discourse around mental health in college spaces and training student volunteers to support the care-givers of people diagnosed with mental illness.

Following are the objectives of Care-givers' Support Programme:

- To relieve the care-giving burden and provide assistance to the primary care-giver and their care-recipient through concrete, logistical and emotional support
- To prepare a cadre of student volunteers to work with care-givers and care-recipients



➤To reach basic mental health services and disability benefits to those affected by mental illness

It is a known fact that caregiving for a person with mental illness places severe and multiple burdens on the family. There are countless families across socio-economic groups that need to be supported in their caregiving, thus preventing burnout and stress in the care-givers. *Tarasha* conceptualised a modality of supporting the care-givers by building a cadre of student volunteers who will reach out to the families every week, by sharing household chores, providing psycho-social support and relevant information and engage with the care-recipient. This could be in the form of shopping for the family, relieving the primary caregiver of some responsibilities every week to do things for themselves, accompanying the person living with mental illness on small walks in the vicinity of their home, providing assistance to access disability benefits, documentation and so on.

### **Identifying colleges and orienting students to mental health and Care-givers' Support Programme**

Colleges across the city of Mumbai were identified to reach out to students and engage them in the CSP. We chose colleges that added to the academic, lingual and economic diversity of the student population. In addition, colleges that displayed social sensitivity and had a robust National Service Scheme (NSS) programme were preferred.

The CSP training programme with college students was preceded by an initial 2 to 3-hour orientation programme on mental health that was organised on the college premises. A total of 639 students were oriented in 2019.

Interested students attended the programme and participated actively by sharing their thoughts, asking questions and wanting to know more. We engaged with college

students on the significance of dialogue and openness in exploring mental health experiences as well as stigma around mental illness. Central to the orientation was the idea that ‘we all have mental health’ and ‘mental health is for everyone’. Students were presented an opportunity to receive training to support caregivers of people living with mental health conditions across the city. They were introduced to *Tarasha’s Care-givers’ Support Programme (CSP)*. The need to relieve caregivers’ stress was discussed. After the preliminary orientation, a smaller group of students were selected and trained to provide assistance, support and care to families all over the city.



*Orientation at a college in Bandra*



*Orientation at a college in Prabhadevi*

### **Training Workshop with College Students on CSP**

Families needing support were identified by contacting mental health professionals and organisations working with persons living with mental health conditions.

After the orientation programmes in colleges, interested students were shortlisted and invited for a 3-day training workshop at the Tata Institute of Social Sciences, Mumbai. The CSP training programme followed an intensive schedule with interactive and educational sessions. The sessions were designed to cultivate a sensitive understanding about mental health and hone basic communication and counselling skills in student volunteers. The student volunteers learnt about the experiences and challenges associated with care-giving through the testimonies of family members who met the students in one of the sessions. Student volunteers were given inputs on how to encourage and connect care-recipients to move out to participate in groups, vocational training and formal employment if possible as well

as by ensuring that the family is regularly accessing the most cost-efficient, closest and trusted Psychiatric facility.



*A Training Session with students on Mental Health and Wellbeing*



*A session on “The Ground Realities of Mental Health System” in action*



*Busting myths and misconceptions around mental health*



*Participants from batch 1 successfully finishing the first training workshop*

Tarasha conducted 2 batches of CSP training workshop in September 2019 covering a total of 30 students from diverse colleges and socio-economic backgrounds.

Through the student volunteers, the care-givers were extended support with the following interventions:

- Providing a non-judgmental space for ventilation
- Assisting care-givers in daily chores
- Connecting them with opportunities for recreation such as yoga, going on walks, occasionally helping with cooking and so on

- Providing companionship and day-time engagement to care-recipient or to children in the house in the absence of the primary care-giver
- Motivating the care-giver and the care-recipient to enhance self-care and encouraging the latter in adhering to medication to maintain recovery

Total of 110 families were contacted to assess their need for support. Of these, 32 families indicated their interest to be supported by a student volunteer and got enrolled within the Care-givers' Support Programme.

Starting November 2019, 16 families were assigned a student volunteer while the remaining would be reached in the forthcoming year. Working from a feminist lens and recognising the invisible emotional and physical labour of women, preference was given to families with a female primary care-giver to assign a student volunteer.

Student volunteers provided support to the care-givers about 4-5 hours a week in the areas of needs expressed by the care-giver. Regular review and monitoring meetings were conducted with the student volunteers to support them in this novel experiment across the city of Mumbai.

## **Mental Health at the Workplace**

With an aim to create a discourse around mental health at the workplace, *Tarasha* initiated the Mental Health at the Workplace programme in the latter part of 2019.

The key objectives of the programmes are:

- To create a discourse around mental health, well-being, distress
- To reduce stigma and discrimination around mental health issues
- To develop mental health-friendly workspaces
- To develop mental health-friendly policies in corporate organisations

The programme will take off in the coming year as the modules and content is ‘work in progress’.



## **Advocacy and Influencing Policy Change Work**

*Tarasha* was a part of an advisory committee formed by the State of Maharashtra to make suggestions to be incorporated in the scheme related to half-way homes for persons residing in State mental hospitals. Our suggestions were developed keeping hospital residents' need and rights at the centre within a feminist and rights-based perspective.

*Tarasha* became a part of the Jan Swasthya Abhiyan (JSA) Bombay and represented mental health in the mission. We hold a position in the interim committee and work toward making inclusion of mental health narratives within the broader narrative of health.

*Tarasha* was part of a three-day consultation from July 27th to July 29th, 2019 organised by Nazariya: A Queer Feminist Resource Group and TARSHI in Hyderabad. The consultation was organised as an interactive workshop, to help identify and document the self-care and burnout prevention needs of human rights defenders, activists, and caseworkers.

*Tarasha* was invited by Blue Dawn to facilitate a session on the Mental Health Care Act 2017 with college students of St. Andrews College, Bandra, Mumbai on 10th August, 2019. Blue Dawn is a Mental Health Support group for Bahujans (SC, ST, OBC across religions) and facilitates provision of affordable services.

*Tarasha* was part of the training program on Psycho-Social Care & Laws on Mental Health' organised by 'Mission Ashra', People's Forum, Odisha on 20th September, 2019. In this Training Programme *Tarasha* facilitated a session titled “Mental Healthcare Act, 2017 and Psycho-social healthcare services” where we facilitated

knowledge building about the Mental Healthcare Act, 2017 and *Tarasha's* recovery and reintegration model.

### ***Tarasha as a Fieldwork Training Setting***

*Tarasha* believes that being a Field Action Project of an educational institute, it is our responsibility to facilitate students in the field. M.A. Social Work students specializing in Women-Centred Practice, Children and Family and M.A. Women's Studies students were placed with *Tarasha* for their fieldwork. Fieldwork with *Tarasha* gave the students an opportunity to understand mental health interventions with women and develop a critical analytical lens to view and intervene on mental health issues.

## ***Tarasha's Major Achievements***

- Since 2011, *Tarasha* has worked with more than 500 women and their families to prevent abandonment and long-term institutionalisation.
- Till date thirty two women were discharged and reintegrated through mainstream occupations; of these, three have voluntarily chosen to return to the hospital and one woman has had a relapse and was readmitted to the RMH, Thane. *Tarasha* is continuously supporting these four women within the hospital in their recovery and reintegration.
- *Tarasha* was the first FAP in the country to work on citizenship rights and obtain identity documents such as PAN cards, AADHAR cards, and opening bank accounts for women living with mental illness, thereby moving them from a status of 'persona non-grata'/ undocumented person' to having an identity of their own.
- In 2019, initiated the novel 'Caregivers Support Programme' and 'Mental Health at the Workplace' to support caregivers of people living with mental illness and corporate organizations respectively.

## **Our Funders**

*Tarasha* was initiated in 2011 with generous support from (Late) Dr. P.S. Jhaver. Ms. Purnima Nasare, Sr. Vice President, Kotak Mahindra Bank extended her generous support to *Tarasha* for one year in 2012.

In 2019, with the continued support of Prayas Trust, *Tarasha* expanded the project's interventions to support women getting discharged with families other than the population we primarily work with i.e., women who have been abandoned and are without familial support. Under this intervention, we continued to extend support that comes under our psychosocial model of recovery that aims to prevent relapse and readmission, however we added the aspect of working with these women's families to provide guidance in accessing services, information and building their capacity as care-givers. Through this kind of parallel support to families we want to prevent the phenomenon of revolving door patients by strengthening their immediate social system (family) and facilitating the woman to recover and cultivate a meaningful relationship with her environment and self.

We also received the generous support of The Hans Foundation (THF) in 2018 in expanding *Tarasha's* intervention both within and outside of its recovery and reintegration programme for institutionalised women, as part of the "Mainstreaming Mental Health through Creating Inclusive Spaces" initiative. We were thus able to initiate the Care-givers' Support Programme (CSP) and Mental Health at the Workplace Programme in 2019.

## **OUR PARTNERS**

*Tarasha* works in collaboration with the Directorate of Health Services, Mumbai, through the Regional Mental Hospital, Thane.

Sharan Hostel, YMCA, Bombay.

Tridal Rehabilitation Centre of Institute of Psychological Health (IPH), Thane

The Head of the Department of Psychiatry at Lokmanya Tilak Municipal General Hospital and Lokmanya Tilak Municipal Medical College, Sion Mumbai

HBT Medical College and Dr. RN Cooper Municipal General Hospital

## **Way Forward**

We are looking forward to training a larger cadre of student volunteers under CSP so that we can provide support to a larger number of care-recipients and families struggling with care-giving. We are also going to be finalising organisations with which we can begin workspace sessions. We are aiming towards expansion of our advocacy and awareness work as well to make Mumbai an inclusive and mental health friendly city!