ANJALI - A Mental Health Initiative for care, treatment, dignity and rights

India

Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

Anjali works in one of the most neglected areas of health. Mental Illness is not a priority as a health issue in any part of the world, more so in developing nations like India. Our thrust is two fold - one, to establish Mental Illness within the health paradigm and two, to "speak for" a large population of marginalized people in the context of Health for ALL. Anjali works with a group of people those who have suffered both "stigma" and are "voiceless". It has evolved a process that avoids coercive and non-participatory forms of treatment. We recognize that the stigma attached to people with psychosocial disability is as destructive as the condition itself. Anjali gives the beneficiaries a voice and the confidence to interact and negotiate with families, doctors and other caregivers. Anjali continuously creates spaces enabling the beneficiaries to exercise their right to self determination. The primary beneficiaries of Anjali's initiative are people with acute/chronic mental illness especially those under treatment in state run hospitals. Anjali's rehabilitation and re-integration package takes a holistic view where all the interventions are geared towards ensuring that the mentally ill can lead a life to full potential. Some of the services included in the rehab package are cognitive therapy to revive the basic intellectual abilities needed in everyday life; psychotherapy to address the specific needs of each individual participant, also in terms of group/social behavior; creative therapy that includes performing arts to awaken dormant imaginative and creative instincts; relaxation and recreational therapies to enjoy life through social get-togethers, and occupational therapies to help participants learn skills usable for income earning in future. In terms of reintegration, we offer: tracing families, family counseling and follow-up care, job-search and placement services and supplying medicines when needed.

About You

Location

Project Street Address
Project City
Project Province/State
Project Postal/Zip Code
Project Country

Your idea

Focus of activity
Mental Health

Start Year
17 January 2000

Positioning in the mosaic of solutions

Main barrier addressed
Cultural taboos and health illiteracy

Main principle addressed
Design inclusive systems

Innovation

Description of health product/service offering:

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Description of innovation:

ANJALI is unique because provides a comprehensive rehabilitation package designed specially to supplement the treatment available at state-run mental hospitals. Anjali works in partnership with the government within hospital premises, using state infra-structure, rather than creating another parallel system such as a half-way home. Anjali sets in place a cost effective system that makes optimal use of available resources. Anjali is also unique because it makes sure that the state does not withdraw from its responsibility towards health especially for most marginalized communities. Finally, Anjali has evolved as a best practice model for government-non government partnership that is very necessary in the health field.

Operational model:

Anjali focuses on offering rehabilitation and reintegration through sustained family counseling, home visits, community sensitization and winning the support of community leaders. Lobbying with the government for quality improvement in mental health care and treatment is another priority for Anjali. Anjali also builds cross- sectoral partnerships to facilitate changes at the policy level. Anjali works very closely with state run hospitals for greater outreach the details of this partnership follow in question 9.

Human resources:

Anjali is guided by a Board of Trustees comprising of 5 reputed members who are experts in health, social sciences and business. Its founder and managing trustee is Clinical Psychologist with more than 15 years of experience in the sphere of rehabilitation of mentally ill persons. The office staff comprise of 1 programme coordinator, 3 project managers (1 each for each hospital), a documentation expert, 1 office assistant, an office cleaner and 1 accountant. A team of 17 therapists (part-time), 1 psychologist and 1 psychiatric social worker works in location in the 3 state mental hospitals. Anjali is advised on a regular basis by a Voluntary Think-tank of 10 members comprising of mental health professionals, development workers and human rights activists.

Key operational partnerships:

Anjali's main partnership is with the government. As described in previous sections Anjali's partnership with the state is central to its work since Anjali has taken a conscious decision from the start that it would work within the state hospital system making the hospitals accountable, bring in a fresh approach and most importantly optimize available resources. Another important and most important partner with government hospitals is the acknowledgement that state institutions have oppressed and abused people with mental illness for time immemorial. This is a unique partnership considered an example of good practice between the government and social sector. Anjali introduces innovative interventions within the functioning of an entrenched state system of health care. It is a fine balance of confrontation and support. Anjali also works in partnership with business and civil society at large. Businesses have historically avoided the mental health sector since it cannot ?see? much benefit from supporting people who are not ?productive? in the traditional sense. Anjali has been making efforts to liaise with this sector especially with confederations of corporate houses to not only raise funds but to provide a supportive voice for policy change. With civil society Anjali is building alliances to ensure easier mainstreaming of people with mental illness.

Impact:

Financial Sustainability:

- Fees charged to clients: How do you assure affordability?: Anjali's outreach strategy of working within state run mental hospitals itself ensures that the beneficiaries can avail its services and products at little or no cost to themselves. Additionally, Anjali networks with doctors (including psychiatrists) for free service to our clients after reintegration. We also have legal experts offering legal aid (including and up to fighting cases) for our clients in case of disputes over property, job and so on. Beyond these, Anjali raises funds from donor agencies and INGOs to keep its services accessible to its programme beneficiaries. Anjali sells products made by the beneficiaries and this accounts for a very small part of its costs.
- Earned incomes as a percentage of operating costs: Anjali is a non-profit organization whose main aim is to implement the programme. The programme innovatively uses available resources and at the same time has managed to achieve considerable impact so as to draw the attention of both international donors as well as national foundations.
- Strategy for long-term sustainability: Anjali is working towards our basic services being included within the state-sponsored mental health care and treatment package. This means that Anjali's services will be factored into the state health budget. That is our long-term goal.
- We have already initiated the process of utilizing Corporate Social Responsibility principles to encourage non- pharmaceutical businesses to fund our therapies. The challenge, however, is that pharmaceutical companies are the ones most ready to support this kind of an initiative. But, we are opposed in principle to any partnership with them as there are cases of unethical research methods being used by these companies, violating the rights of the people we serve.

Current and Future Impact:

- Total number of clients: Clients in the past year: The Anjali initiatives help our clients in many different ways beyond the rehabilitation and reintegration services. Beyond the 129 direct beneficiaries, there are 210 families with mentally ill members, receiving counseling and other forms of support from us. We have a Human Rights Awareness & Advocacy Programme through which we are building up alliances for policy change for better mental health care and treatment. We offer legal aid either free or at subsidized rates for many recovered persons with chronic mental illness who have not been directly benefited by our rehabilitation programme. We are building a movement with different stakeholders, including legal experts and practitioners, to bring about legislative change protecting rights of people with mental illness.
- Overall "market": Schizophrenia affects an estimated 33 million people in developing countries. There is a 50 percent increase in the disease burden attributable to schizophrenia in developing countries, a burden approaching that of malaria and nutritional deficiency. There are approximately 20 million people with acute mental illness in India. They are serviced by only 36 hospitals and 3000 trained psychiatrists. The cost implications of providing half-way homes is too high (approx. US$ 1000 per patient per month against US$ 200 for developing countries to bear on an ongoing basis. The Anjali model can benefit people who are institutionalized or under custodial care, eg. vagrant and beggar?s homes, homes for destitute children, prisons etc. in India, South East Asia and Latin America ? regions with similar cultural milieu. Finally, it needs to be said that Anjali does not sell ?products? like soaps and detergents. While the potential clientele for Anjali?s product are the 20 million acute mentally ill and government hospitals and NGOs working with them; the socio cultural context within which Anjali works is very different from a market driven product and services situation.
**Scaling up strategy:**

**Stage of the initiative:**

&lt;i&gt;Scaling Up&lt;/i&gt; stage.

**Expansion plan:**

To increase the number of primary beneficiaries for Anjali’s programme in the existing partner hospitals. To further strengthen the existing partnerships with government hospitals and build capacity of medical as well as non-medical staff for them to adopt a humanized approach to treatment. To increase number of hospitals in which Anjali’s programme is being implemented from 8 to 15 at the national level. To increase the number of partner NGOs from 30 to 60 nationally. To build national level coalition and alliances with appropriate partners to effect policy level dialogue and change.

**Origin of the initiative:**

The initiative was started by Ratnaboli Ray. She says, “mental illness had disturbing connotations for me since childhood. It was embodied in the physical presence of two aunts whom I never got to know. Both suffered from schizophrenia and they were locked away never a part of family gatherings, as though they were simply not there. It was impossible for me to forget my aunts. I acquired a Master’s degree in clinical psychology and took up a career in caring for people with psychosocial disability. Anjali was born, as a service delivery organization offering rehabilitation and reintegration services to people with psychosocial disability in state-run mental hospitals. Later adopting a rights framework to advocate for the rights of these people. I have been working for 15 years in the mental health field with the last 6 years devoted to build Anjali.”

**Sustainability**

**Policy change:**

In India there is no national or state level policy on mental health. We are governed by two Acts that are inadequate legal instruments. It is imperative that each state develops a policy on mental health within the overall health policy and at the same time amend the existing laws to bestow justice and equality for those suffering from chronic and acute mental illness.

**Source URL:** https://www.changemakers.com/competition/healthforall/entries/anjali-mental-health-initiative-care-treatment-dignity#comment-0