Tarasha
A Field Action Project of the Centre for Health and Mental Health
School of Social Work
Tata Institute of Social Sciences
Mumbai

PROGRESS REPORT
DECEMBER 2012-DECEMBER 2013
“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, regroup 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)
Foreword

Tarasha (meaning 'chiselled' or 'sculpted') is a field action project of the Centre for Health and Mental Health, School of Social Work, Tata Institute of Social Sciences, Mumbai, initiated in 2011. Tarasha is a community based recovery project that works with women living with mental illness, linking the three cornerstones, shelter, livelihoods and psychosocial issues to achieve reintegration in society.

Mental disorders have been linked with poverty, alienation and powerlessness. These conditions are more frequently experienced by women as a result of multiple factors including denial of economic resources, education, legal and health services, lack of physical, mental and emotional nurture, exhaustion from overwork, physical, mental and sexual abuse across the lifespan. Also, the routine of women’s lives render them to experience more stress than men given the greater number of social roles that women are required to fulfil. Women’s reproductive roles as bearer and nurturer of children also contribute to this stress and vulnerability. The prevalence of domestic violence in the lives of women and abuse in the natal and marital homes as a lived reality contributes significantly to distress and disorder among women.

Recovery from mental illness 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 that recovery process. Employment is known to promote mental health by facilitating an individual’s identity, providing economic remuneration, enhancing social status and interactions and giving a sense of contribution to the individual in addition to a basic structure of their day.

Tarasha believes that women recovering from mental illness are entitled to an independent and a dignified life and cannot be institutionalised forever. Women who lack adequate family and social support and hence become 'long stay patients' of the hospital, despite being asymptomatic are supported by Tarasha in building social networks and locating safe shelters outside of an institution.
Most importantly, *Tarasha* supports the women in achieving economic independence through psycho-social support, vocational training, job development and job support, thereby facilitating the process of breaking the cycle of unemployment, poverty, marginalization and disability.

We are happy to present the second progress report for the period December 2012 to December 2013.
Our Vision:
To create a safe, just, non-threatening and non-discriminatory society in which women living with mental illness can lead fulfilling and productive lives.

Objectives

● To support women recovering from mental illness in making a transition from institutions back into the community through networking, capacity building and sensitisation

● To facilitate the process of recovery in women aimed at addressing issues related to psychosocial well being, shelter, sustainable livelihoods and economic independence

● To shift society from a mindset of exclusion and stigmatisation to inclusion and acceptance, thereby supporting to create safe, non-threatening spaces for women living with mental illness
PROGRESS REPORT (DECEMBER 2012-DECEMBER 2013)

STAGE I: Screening, Selection and Capacity Building
(June 2012- October 2012)

Over 15 women from the Regional Mental Hospital, Thane were screened over the period June 2012 to October 2012 and five women were selected to participate in the Project. Group sessions were conducted every week over a period of five months at the Hospital. The sessions aimed at screening and selecting women for the Project. The sessions were subdivided into an introductory, reflective and an informative phase. While the introductory phase focused on establishing rapport with the women, encouraging and initiating group participation, sharing and assessing and enhancing strengths and capacities of the women, the second phase addressed thematic areas such as psychoeducation, anger and stress management, managing conflict and relationship and trust building.

By the end of the second phase, the team was in a position to identify women as potential participants for the Project. The last phase at the Hospital involved additional group and individual sessions with the women identified for Tarasha. Group sessions included briefing the clients on the Project, obtaining their consent to participate and clarifying roles and responsibilities of the Tarasha Team. Individual counselling was also used to enhance the women’s understanding of recovery and prepare them for the next stages of institutionalization as conceptualized by Tarasha.

The five women appeared before the Visitors Committee at the Regional Mental Hospital, Thane on November 21, 2012 and expressed their willingness to join Tarasha. The Visitors Committee at the Regional Mental Hospital, Thane assessed the women and granted them a ‘permanent discharge’ and the women were released from the Hospital on November 23, 2012.

Thus, the second year of the Project started with the selection of five women from the Regional Mental Hospital, Thane. The five women were selected based on Tarasha’s assessment criteria of age, level of symptoms experienced by women, its impact on their current level of functioning (as assessed through individual and group sessions at the hospital), degree of family support,
feedback from hospital team of psychiatrists, psychiatric social workers, occupational therapists, ward nurses and most importantly the women’s willingness to participate in the Project.

Out of the 5 women selected as potential participants, 2 women had regular contacts with their families but negligible support from them. Given that these two women had recovered considerably from their illness and continued to remain in the hospital owing to inadequate family support, the Team decided to include them in the project to facilitate recovery, including independent living.
## Profile of the women

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Diagnosis</th>
<th>Duration of Stay at the Hospital</th>
<th>Degree of Family Support</th>
<th>Education</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naseem Wallia</td>
<td>34</td>
<td>Schizo-Affective Disorder</td>
<td>4</td>
<td>Her parents have expired. She has a brother (also living with a mental illness) but has no contact with him.</td>
<td>Passed her Xth grade from Anjuman Islam Girls’ School, Kurla</td>
<td>Not Known</td>
</tr>
<tr>
<td>Parveen</td>
<td>35</td>
<td>Chronic Schizophrenia</td>
<td>9</td>
<td>No contacts with family</td>
<td>No Formal Education</td>
<td>Married with one son (No contact with him)</td>
</tr>
<tr>
<td>Purnima Ghosh</td>
<td>30</td>
<td>Bipolar Disorder</td>
<td>2</td>
<td>Has a brother residing in Mumbai and 3 elder sisters in Guwahati, Imphal and Shillong. She has regular contact with her family but they were not ready to support her.</td>
<td>Diploma in Civil Engineering &amp; Certificate Course in Interior Designing from Assam</td>
<td>Divorced</td>
</tr>
<tr>
<td>Rosemary Thomas</td>
<td>30</td>
<td>Schizo-Affective Disorder</td>
<td>6</td>
<td>No contacts with family</td>
<td>No Formal Education</td>
<td>Married with one son (No contact with him)</td>
</tr>
<tr>
<td>Suchita Ghosh</td>
<td>40</td>
<td>Schizo-Affective Disorder</td>
<td>3</td>
<td>Her father and elder brother reside in miami, Florida. Contacts were established with her father. Her father said that he cannot come down to India and can only financially support Suchita while she is in the Project</td>
<td>Passed her Xth Grade from Miami, Florida</td>
<td>Divorced, Two sons (No contact with sons)</td>
</tr>
</tbody>
</table>

1. Names of the women have been mentioned with their consent
Stage II: De-institutionalisation, strengthening self & Pre Vocational Testing
(November 2012- February 2013)

Expansion of safe and legitimate spaces across communities for women living with mental illness is what we at Tarasha aim for. Given this, Tarasha decided to partner with a new working women's hostel in its second year. The Team initiated contact with Sukh Shanti, a programme of Association for Social Health in India (ASHI) which runs a shelter home for women in destitution along with a working women’s hostel. Sukh Shanti agreed to participate in Tarasha by offering their hostel facilities to our women and facilitating their transition from the Institution into the community. On November 23, 2012, the women were discharged from the Hospital and moved into Sukh Shanti Hostel.

This stage focused on helping the clients adjust to a life outside of a mental health institution including aspects related to the self like shaping an identity beyond their illness, having a greater degree of autonomy to aspects related to daily living such as use of public transport, money management and sharing public spaces with other men and women. Group and individual sessions focused on self and psychosocial issues addressing areas of medication management, symptom management and substance abuse management. Social skills training included training in areas of basic conversational skills, interpersonal problem solving, building and maintaining relationships, workplace fundamentals, community living and family involvement. Individual strengths, skills and resources were harnessed thus enabling the women to explore areas they wished to be trained in.

Due to unforeseen circumstances, the women were unable to attend Manav Foundation. Therefore, activities and sessions similar to those carried out in a day care centre were carried out by the Team in the women’s hostel and on the TISS campus, thus acclimatising the women to a structured daily routine and addressing psychosocial issues.
Pre-Vocational testing

The first step towards vocational rehabilitation was to undertake a comprehensive vocational assessment for each of our women. Vocational assessment entailed gathering information and designing a vocational profile for our women that included assessing their skills, their existing resources and supports and career clarifications. The team guided the clients in defining vocational goals and developing plans that would help them in achieving the same. Goals were identified not just by listing of needs but through processes such as motivational interviewing that helped clients in indentifying their goals, assessing personal costs and benefits associated with the goals listed and assessing their readiness for change. During the phase of vocational assessment, clients were encouraged to list down aspirations and strengths and tie it down to the opportunities available in the field.

Stage III: Vocational Training
(February 2013- July 2013)

With the School of Vocational Education, Tata Institute of Social Sciences, Mumbai

Parveen and Rosemary had received no formal or informal education. Thus placing them in settings that demanded skilled work would be challenging. Naseem on the other hand had studied till the tenth grade but had no educational certificates to prove the same. In the absence of her educational certificates, it would be difficult to place her through Kotak Education Foundation- our partner organisation in vocational training and employment. Kotak Education Foundation told us that in the case of unavailability of educational certificates, the only type of employment that Kotak Education Foundation could guarantee Naseem was in the area of housekeeping. However, housekeeping did not interest Naseem and she voiced her desires of being trained as a beautician or in Mehendi Designing. Naseem was also open to other employment opportunities that came her way.

At this point, in addition to Kotak Education Foundation, Tarasha initiated contact with the School of Vocational Education (SVE) at Tata Institute of Social Sciences, Mumbai. SVE’s agreed to partner with us and support us in providing immediate and definite interventions
through appropriate vocational training programmes to three of our women who were excluded from the formal education system.

**Design of the Vocational Training Program offered by School of Vocational Education**

The vocational training program designed by the School of Vocational Education is an optimal mix of theoretical and practical inputs. Students who enrol with the program receive extensive training for a period of six months. The training module comprises of theoretical inputs (delivered through weekly class lectures held at the TISS campus every Saturday) and practical inputs (delivered in the natural environment of a printing factory during the remaining days of the week) covering various aspects of printing technology. At the end of the training period, the students are expected to appear for a written examination and based on their performance, they are awarded a certificate of proficiency in Printing Technology. During the six months period, the students are also entitled to a monthly stipend.

On 1st February, 2013, Naseem, Rosemary and Parveen began their vocational training with the School of Vocational Education at Tata Institute of Social Sciences, Mumbai. For the next 6 months, the women attended their theory lectures once a week on printing technology and the remaining days of the week, they stationed themselves at the factory- Jasmine Printing Press at Koperkhairane to apply their theoretical inputs to real practice.

- **Partnering with Kotak Education Foundation**

Suchita on the other hand enrolled at Kotak Education Foundation and began her training in Hospitality in April, 2013. Retail has a strict limitation on the age limit of women and given Suchita’s age, Kotak Education Foundation felt that Hospitality would be a safer option. Kotak Education Foundation was of the opinion that Suchita had a pleasing personality and excellent communication skills and if we could arrange for her educational certificates, her long term placement in a good organisation was guaranteed. Tarasha Team contacted Suchita’s father and arranged for her educational certificates from Miami, Florida.

Suchita’s performance during her training was remarkable. Her active participation in class, her preparation for class assessments and her readiness to help others in class was taken note of and appreciated by the staff at Kotak Education Foundation. Suchita was one of the first few students
to be placed from Kotak Education Foundation at Cafe Moshe’s, a cafeteria with a chain of several outlets in the city. On 1st July, 2013, Suchita began her on the job training with Cafe Moshe’s at Inorbit Mall, Vashi.

**On the job training**

When clients have no work history or a long gap in work history, on the job training is seen as one of the several forms of pre employment training. On the job training becomes an essential mechanism by which the women use the natural environment of a workplace to reclaim the work life that they had lost as a consequence of the illness. On the job training helps our clients orient/reorient themselves to understand the concept of work, work culture, their roles and responsibilities at work place, building and maintaining relations at workplace, negotiating public spaces with men and women and managing one’s illness.

On the job training in a formal set up also help us in making a situational assessment. It helps the team in observing clients and assessing the clients’ social, work and interpersonal skills. At this juncture, feedback from the agency becomes essential.

Our fifth woman, Purnima did not want to go through any vocational training program. She had a diploma in civil engineering and interior designing and she wanted to put her qualifications to use.

However, lived experiences of the illness associated with extreme degrees of stigmatisation and long periods of institutionalisation inculcates feelings of worthlessness and incompetence in the women so much so that women soon begin to internalise the labels. Women with a profound vocational history also do not prefer direct placement because the pressure of carrying out work responsibilities and performing adds on to their anxiety. Despite having had some experience of working in competitive settings, Purnima did not prefer direct placement. Instead, she preferred to first work in a protected environment that would give her the space and time to recollect and relearn her work skills, knowledge and build confidence before moving into a formal setting.

Purnima decided that she would not go through the vocational training program offered by Tarasha. Instead, she said that she wanted to look for employment opportunities independently in her chosen field of expertise. Given that women’s independence and self determination (as
principles) has always been prioritised by Tarasha, the Team decided to help her in searching for job opportunities and accompanied her for several walk in interviews. However, every organisation that she went to refused to offer her placement on grounds that she was not well versed with theory or practice. Following a request from us to Prof. Neela Dabir, (then Registrar, TISS) Purnima interned briefly at TISS with the Institute’s Civil Engineer. However, she left after as her demand for a stipend seemed unreasonable to Tarasha and TISS.

**Stage IV: Job Development and Job Support**

*(July 2013- Present)*

Parveen, Rosemary and Naseem continue to work at Jasmine Printing Press. They successfully passed their examination with fair grades and were awarded a certificate in Printing Technology. On the other hand, Cafe Moshe’s did not find Suchita’s performance up to the mark and she was asked to discontinue post her training period. The Human Resource Manager at Cafe Moshe’s met Suchita and told her that the decision to not retain her was based on her performance during the training period. The Manager told the Tarahsa Team that a cafeteria like Cafe Moshe’s is an extremely busy place and every waiter/waitress is expected to be alert and on their toes. Suchita lacks that quickness in her work and is not able to cope up with such a work environment.

Given Suchita’s pleasant personality and excellent communication skills, the Manager at Cafe Moshe’s suggested that a profile of a Guest Relations Associate will suit Suchita better. Kotak Education Foundation helped us to open up another employment opportunity for Suchita. She went for an interview at a Restaurant called, ‘The Village’. She was considered to be a perfect fit for the post of a ‘Guest Relations Associate’ and was immediately taken on board.

Loss of a job and taking on a new responsibility did create an undue anxiety on Suchita and she felt the sudden pressure to deliver. We had to constantly remind her that there are no vocational failures. Every employment brings with it learning and enriching experiences that can be carried forward.

At the restaurant, Suchita started with an initial salary of six thousand rupees and within four months, her efforts were recognised and as a mark of appreciation, her salary was doubled to twelve thousand rupees. She was also transferred to another branch of the same restaurant at the
World Trade Centre at Cuffe Parade because the Managing Director of the Restaurant felt that her presence at the World Trade Centre would help in a more efficient running of the Restaurant there. At this branch, she was also promoted to the position of an Assistant Manager. Suchita is currently working as an Assistant General Manager of the Restaurant at ‘The Village’. With a current salary of twelve thousand rupees per month, Suchita is financially managing her own living and also contemplating an exit from the Project.

**Challenges in Job Development and Job Support**

- **In Vocational Assessment**
  
The central tenet of psychosocial and vocational rehabilitation is clients’ choice and shared decision making. But in the Indian context, women are often deprived of the right to voice opinions and make independent choices. Once diagnosed with a mental illness, the culture of silencing them and not letting them articulate concerns is only amplified in psychiatric practice.
  
In the later years of their lives, when the label of a mental illness segregates the women and robs them of social supports, the women are suddenly expected to choose a vocation that will make them independent. Such a decision is then seen by them as more of a burden than a liberty. Autonomy and the power to take decisions independently cannot be achieved overnight. It is a process that needs constant guidance, support and encouragement from the professionals. In Tarasha, it starts with small steps like allowing the women to take charge of their daily lives by performing routine activities like travel and money management.

- **Disclosure of the Disability at Work Place**
  
Our women do not wish to disclose their illness to their employers. They feel that sharing their history of the illness at work place will continue the stigma and discrimination that they have been subjected to over the years. This is because not all employers are well informed about mental illnesses and disclosing the disability often leads them to attribute clients’ behaviour at workplace to symptoms rather than attributing it to the situational context.
  
While we believe that ‘Personal is Political’, we do not want to violate women’s right to confidentially. Disclosing clients’ disability to the employer can be carried out only with the clients’ consent. Therefore, we find it essential to engage with our women on the issue of disclosure of disability at work place and discuss the pros and cons of it. Clients are also
informed that disclosure can be done in varying degrees. Employers may be given partial information and not necessarily complete details of the illness. Disclosure of disability becomes important because it allows for necessary accommodations at work place. It also gives an opportunity to educate employers by clarifying myths and misconceptions of mental illness and help them make the work environment supportive and nurturing. Feedback from employers to review clients’ progress is valued and clients are encouraged to make a constructive use of the feedback given.

**Purnima’s voluntary exit from the Project**

Of the five women, Purnima refused to go through the vocational training program offered by Tarasha. While the four women were settled in their respective work place with a decent salary, Purnima (although being much more qualified than the other four women) remained unemployed. Failure to translate employment opportunities to successful placement caused her immense psychological turmoil. It undermined her self-concept and Purnima soon started to exhibit symptoms of mania. Her altered mood, her altered thinking and her altered physical symptoms (disturbed sleep and waking up at odd hours) were noticeable. On several occasions, she left the hostel without any intimation and permission from the Team and the Hostel Warden and wandered on the streets of Bandra at odd hours of the night.

The Team tried to convince Purnima for readmission at the Hospital for a brief period of time but she refused. Purnima continued to flout rules of the hostel and even refused to follow the Tarasha program. Her inappropriate behaviour of moving out of the hostel at odd hours of the night continued and at several instances she was picked up by the Police in an inebriated state.

The committee at Sukh Shanti Hostel was firm that they could not allow Purnima to stay at their hostel any longer. The committee felt that as a working women’s hostel, they could no longer retain Purnima because her behaviour was clearly putting the other girls in the hostel at risk and tarnishing the reputation of the Hostel. They issued a notice to the Project asking the Team to shift Purnima to an alternative place within a week’s time. The Team made alternative arrangements for her at Nagpada Neighbourhood House but Purnima refused to shift. Purnima
decided to fend for herself and in September, 2013, she made an exit from the Project. Today, we hear that Purnima has found a job as a civil engineer and settled in Navi Mumbai.

**Two of our women reconnect with their families**

1. **Aruna reconnects with her family in Solapur**

One of our women- Aruna who hails from the South was eager to trace her family in Raichur, Karnataka. Without any prior information and notice to the Team, she made a sudden exit from the Project on January 14, 2012 leaving behind all her personal belongings (clothes, medicines, documents like PAN card, ATM card) and a bank balance of fifteen thousand rupees. On the night of January 14, 2012, the Team filed a complaint with the concerned Police Station. Successive efforts were also directed in alerting Mumbai Railway Police and taking their help in tracing CCTV footage of the local stations from where she went missing.

Twenty days later, she called up one of the Team members to inform that she had reached Solapur and was staying at her uncle’s place. A month later, the Team made a visit to Solapur to meet her and her family. The purpose of the visit was also to talk to her of the need of continuing her psychiatric treatment and inform her that if she intended to stay back in Solapur, she had to make a formal exit to the Project by stating the same in writing.

On 19th February, 2013, the Team reached Solapur to meet Aruna and her family and found Aruna waiting at the door. Dressed in an orange colour suit, she looked beautiful, happy and contented. Her uncle’s house was spacious with two well furnished rooms, a kitchen, a toilet and a staircase that connected the ground floor to the terrace. Her uncle was the owner of the house and stayed there with his wife and two children. Aruna spent her days helping her aunt in daily household chores and learning to cook. Her uncle told us of his plans of getting her married soon.

Aruna was happy to see the Team and apologized for her uninformed exit. She shared how on the morning of 14th January, she had left her hostel for work, went up till Kanjurmarg Station but returned because she felt the dire need to meet her family. She came back to the hostel, picked up money and left for CST Station in a taxi. She reached CST and took help from strangers to buy a
ticket to Solapur and boarded the train around 4 pm. She reached Solapur late at night. She was aware that travelling at night would not be safe for her and so she spent the night in the waiting room of Solapur station. The next morning she took a rickshaw from the station and reached her uncle’s house successfully.

She was hesitant to inform the Team because she was scared of their reactions to her sudden exit. It was only because her uncle insisted that she called the Team 20 days later to tell them that she was in Solapur and was safe.

The consequences of her exit were explained to her. She was reminded that she was out on a leave of absence and needed to seek a permanent discharge from Thane Mental Hospital. This would require her to come down to Mumbai for a few days and finish all procedural formalities related to the discharge. She would also have to come down to Mumbai to collect her money, her necessary documents and her personal belongings. Aruna told the Team that she was happy living in Solapur and wanted to make an exit to the Project. A month later, Aruna called the Team to inform them that she was married and had settled in Gujarat with her husband. She said she was happy, doing well and would soon plan a visit to Mumbai to meet the Team and take away her personal belongings.

2. Madhuri reconnects with her brother, Sameer Gupte and meets him after eight long years

On 4th April, 2013, Madhuri made a visit to the place where she was staying prior to her hospital admission hoping to find out about her two sisters and her brother.

The ‘chawl’ that Madhuri used to reside in has been demolished and a building is being constructed in its place. The security guard at the construction site recognised Madhuri and informed her that he does not know about the whereabouts of her two sisters but often sees her brother wandering in and around the area. Madhuri left Tarasha Team members’ contact number with the security guard and one of her neighbours asking them to call her up if they had any news of her brother.

Three days after the visit, Madhuri’s brother called up the Team. He said that he was happy to hear about Madhuri and wished to meet her immediately. On 9th April, 201, Madhuri met her brother, Sameer Gupte after eight long years. Today, Madhuri visits her brother, his wife and daughter every week and even provides partial financial support to him.
CHALLENGES AND ACHIEVEMENTS:

1. ‘Undocumented Persons’ and Citizenship

Proof of educational qualification is a prerequisite for employment. Given years of institutionalisation, loss of family support, abandonment, absence of knowledge about residential address, procuring documents such as educational mark sheets, school leaving certificates for our women is a difficulty we are grappling with.

Housekeeping is one rare sector that did not hold any minimum educational criteria and did not demand educational documents. However even they are beginning to ask for educational certificates making procuring employment opportunities for our women more difficult.

Also, creating bank accounts for our women is challenging. Opening of a bank account requires documents such as a permanent address proof which none of our women have. Our women can only provide the bank with a residential proof of the hostel at which they are residing. Unfortunately, that is not being accepted as a valid residential proof by the bank. As a result of which, our women are unable to save their money in banks and are losing out on a considerable amount of interest.

1. Making the ‘Personal’ Political- Shifting Societal Mindset

Shifting societal mindset from exclusion and stigmatization to inclusion of persons living with mental illness requires us to highlight success stories of Tarasha and spread it across a macro level. However, clients are not often comfortable in sharing their history of illness with their employers and the larger society. Achieving the larger objective of changing worldviews while continuing to protect clients’ interests and privacy is extremely challenging.

Tarasha is working towards raising awareness among the women for the need to take a political position on mental illness. The women are beginning to realize that their journey of personal empowerment have the power to challenge and change societal myths related to mental illness and therefore need to be highlighted and spread across the macro level. However, it will take time for the women to get comfortable in sharing their history of illness with the society and showcase that their illness has not been a deterrent in achieving a healthy and productive life.
1. **Vocational training curriculum**

Training Institutes offer a training curriculum that requires a minimum level of education. Some of our clients come from a background of no formal/informal education and thus are not able to comprehend a major part of the curriculum.

The Team organises several meetings with the staff of the vocational training institutes and suggest periodic reviews and assessments to gauge the extent of learning and any difficulty in understanding or integrating concepts taught in the classroom. Such periodic reviews ensure that the content of the training program does not drift beyond the students’ capacity of comprehension and helps the teaching staff to fill in missing gaps if any.

For instance, it was extremely challenging for Parveen and Rosemary (who come with no formal or informal education and find it difficult to even read or write) to appear for a written examination at the end of their vocational training period. The Team had to devote a lot of time in re teaching them what had been taught in classrooms. Meetings were also organised with the School of Vocational Education and they were urged to create certain modifications in the design of the training modules like imparting most of the training through practical demonstrations rather than theoretical inputs. It was also agreed upon by the School of Vocational Education that the written examination would contribute to only a small portion of the overall assessment. The women would be assessed mainly on the skills that they displayed at the factory.

1. **Funding**

Given that mental health as a field of social work intervention is not adequately funded in India, funds of Tarasha are also limited. Meeting the basic needs of our women with the existing resources of the Project is quite a struggle.

1. Moved two batches of women and ready for the third batch
The Way Ahead

The custodial set up of mental health institutions has never been a viable option for delivering effective mental health care. Minimal emphasis on psychosocial interventions coupled with social isolation and ostracization has been deterrent to successful recovery. This is when a community based model as offered by Tarasha assumes significance. It ensures that inadequate and absence of family support does not become a reason for prolonged hospitalisation for women in recovery.

Destitution is a complex social phenomenon, which has been established as both a cause and consequence of mental illness and disability. For many women, destitution may follow years of violence and abuse, thereby undermining their sense of self and contributing to a sense of powerlessness. Tarasha is working towards changing societal mindsets and nature of discourse around mental illness. Women of Tarasha, through their stories will showcase that people living with a mental illness are capable of an independent living.

Mental illness will no longer be a deterrent to a dignified existence in society and people living with mental illness will be empowered to pursue personal goals with dignity and respect from others. Tarasha, using its experience and expertise is also striving towards creating a community based recovery model for women living with mental illness which then can be replicated and adopted by organisations and other agencies in the field of mental health.

As the Project nears the completion of two years in operation, we believe it is time to scale up the successful innovations of the Project by implementing and replicating the community based model of recovery for women in mental hospitals in different contexts.
## Acknowledgement

As reintegration into the community and employment is known to promote mental health, it is necessary to help women recovering from mental illness to make their transition from mental health institutions into the community through a gradual process that requires constant support and cooperation from diverse stakeholders at different stages. We acknowledge the support and valuable contribution of our partners and our advisory board in this journey over the last two years.

### Our Partners

1. Directorate of Health Services, Maharashtra  
2. Regional Mental Hospital, Thane  
3. Nagpada Neighbourhood House, Byculla  
4. Sukh Shanti Hostel, Association for Social Health in India  
5. Manav Foundation  
6. Kotak Education Foundation  
7. Our Advisory Board  
   1. Dr.Anuradha Sovani  
   2. Dr.Nilesh Shah  
   3. Ms.Binaifer Jessia  
   4. Prof. S. Parasuraman  
   5. Prof.Surinder Jaswal  
   6. Dr.Monica Sakhrani
Our Heartfelt thanks to:

- Dr. P.S. Jhaver, our primary donor
- Dr. Archana Patil, Director, Health Services
- Dr. S. Kumawat (Retired, Deputy Director, Director of Health Services, Maharashtra)
- Dr. Shirsat, Medical Superintendent, Regional Mental Hospital, Thane
- Staff of Thane Mental Hospital
- Ms. Vidya Bhambhal, Director, Nagpada Neighbourhood House
- Ms. Maharukh Adenwalla, Lawyer
- Ms. Preeti Shah, Committee member of ASHI
- Ms. Anjali Gokarn, Committee member, ASHI
- Ms. Rajeshwari Panickar, Superintendent, Sukh Shanti Hostel
- Ms. Suchita Rege, Cluster Co-ordinator, Kotak Education Foundation
- Mr. Michael D’souza, Centre Co-ordinator, Kotak Education Foundation
- Ms. Nisha, Centre Co-ordinator, Kotak Education Foundation
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- Colleagues from the Centre for Health and Mental Health, School of Social Work, Tata Institute of Social Sciences, Mumbai
Our Team

Shubhada Maitra, Ph.D
Project Director,
Professor, Centre for Health and Mental Health, School of Social Work
Tata Institute of Social Sciences, Mumbai
E-mail: shubhada@tiss.edu

Anindita Bhattacharya
TISS Fellow- Program Officer
E-mail: anindita0988@gmail.com

Ashwini Survase
Counselor
E-mail: ashwini.survase@gmail.com

Rohina Naykodi
Para- Professional Social Worker
E-mail: rohina.naykodi@gmail.com
TATA INSTITUTE OF SOCIAL SCIENCES
(Deemed University)
Centre for Health & Mental Health, School of Social Work
V. N. Purav Marg, Deonar, Mumbai - 400 088.
Phone : 022 - 2552 5463 | www.tiss.edu