PROGRESS REPORT

Field Action Project of the Centre for Health And Mental Health,
School of Social Work

(JUNE 2011 – DECEMBER 2012)
Tarasha
A Field Action Project of the Centre for Health and Mental Health,
School of Social Work
Tata Institute of Social Sciences
Mumbai

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(JUNE 2011 – DECEMBER 2012)
“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 'chiseled' or 'sculpted') is a field action project of the Centre for Health and Mental Health, Tata Institute of Social Sciences, Mumbai, initiated in 2011.

*Tarasha* is a community based project that aims at reintegrating women recovering from mental illness with the larger society. The cornerstones of *Tarasha* are self, shelter and livelihood.

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 as a lived reality has been extensively documented. The high rates of domestic violence and abuse in natal and marital homes contribute 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 increasing disability.

We are proud to present you the first report for the period June 2011 to December 2012.
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 psychosocial issues, 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
THE CORNERSTONES OF TARASHA

SELF:

*Tarasha* operates from a strengths perspective that recognises its clients’ strengths, abilities, knowledge, skills, and aspirations that can be harnessed to achieve their goals.

Work on self incorporates group and individual sessions that encourage the women to shape an identity debarred from the label of a mental illness and to achieve a greater degree of autonomy in making choices and decisions that concern their lives. It addresses issues of recovery maintenance, emotional regulation and skill building. Women are also made to be habituated to other aspects
related to daily living such as use of public transport, money management, eating and working in spaces with men and women and more importantly developing work skills such as professional behaviour, time management and communication skills

SHELTER:

Integration is difficult to facilitate through the use of segregated settings. Tarasha therefore partners with non-segregated spaces like working women’s hostels that have an optimal mix of sensitivity to clients’ needs and can also offer a certain degree of clinical supervision while providing shelter to our women.

LIVELIHOOD:

Tarasha believes that attaining economic independence will allow the women to address power relations that impede their attainment of healthy and fulfilling lives.

The concept of rehabilitation in the area of mental health is contested. Today, evidence based practice favours supported employment to sheltered workshops and other traditional vocational rehabilitation programs, since research and practice shows that most clients will plateau in a segregated setting.

Employment also brings with it social inclusion by which the women take up meaningful and satisfying social roles in the communities that they live in.

Therefore, Self, Shelter and Livelihood are the three wheels on which Tarasha runs. Work on shelter and livelihood begins in the later stages but work on self continues through the entire time span of the Project.
"...a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” Anthony (1993)
**Clinical Recovery:** Tarasha does not underplay the role of medication but believes that medication alone cannot solve the illness and enhance recovery. Clinical recovery entails managing symptoms of the illness through timely medication. The Team undertakes a clinical engagement with the women through which they are well informed about their medication, dosage and possible side effects. The women are also talked through the risks and benefits of medication and encouraged to take medication in combination with other services and support. If clients show smooth progress in recovery, medicine dosages are altered post consultation with our psychiatrist.

**Social Recovery:** While in a mental health institution, clients' identity is limited to that of a patient of a particular ward. Social recovery entails guiding the women through fulfilling several roles that society expects out of them by building and shaping a life beyond the illness.

**Personal Recovery:** Personal Recovery entails guiding and supporting our women in defining recovery in their personal terms by setting targets and goals for personal growth and developing a sense of self. Individual sessions with the women lay a lot of emphasis on this aspect of recovery. Wellness tools like WRAP (Wellness Recovery Action Plan) help women to identify what makes them well and develop tools (daily maintenance plan, identifying triggers and warning signs of the illness, action plan, crisis planning) to relieve difficult feelings, maintain wellness and plan for any emergencies that may arise, in a way that their rights are not compromised.
HOW DO WE WORK?

STAGE I: Screening, Selection & Capacity Building (3 to 4 months)

STAGE II: De-institutionalisation, strengthening self & Pre Vocational Testing (3 months)

STAGE III: Vocational Training (3 months)

STAGE IV: Job Development & Job support (up to 6 months)
Year I, Phase I

Setting up the Project

The Project received support from Dr. P.S Jhaver in early 2011. Following this, necessary permission from the Directorate of Health Services, Maharashtra was sought to operationalize the Project.

*Tarasha* entered into partnerships with Regional Mental Hospital, Thane, Manav Foundation (day care centre) and Nagpada Neighbourhood house (working women’s hostel). Legal help was sought to draft Memorandum of Understanding between *Tarasha* and its partners.

A Team$^1$ of one project co-ordinator, counsellor and Para professional social worker was put together and the Project started operating in June 2011.

**STAGE I: Screening, Selection and Capacity Building**

**July 2011 to December 2011**

Over 18 women from the Regional Mental Hospital, Thane were screened and 4 women were selected to participate in the Project.

Group sessions and individual counselling were used to enhance their understanding of recovery and prepare them for the next stages of rehabilitation as conceptualized by *Tarasha*. Four clients were granted ‘Leave of Absence’ from the hospital and they joined the project in December 2011.

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$^1$The Team changed towards the end of the first year and by June 2012, *Tarasha* had a new Team consisting of a social worker, counselor and Para professional social worker.
Criteria to enter Tarasha

The assessment criterion takes into account:

- Degree of symptoms that the women are experiencing and its impact on their levels of functioning (only asymptomatic women are considered)

- The age of the women (upper age limit is restricted to 40 years)

- Degree of family/social support (women with no or minimal family support enter Tarasha)

- Their levels of willingness and motivation to participate in the Project

- Feedback from the Hospital staff (psychiatrists, Occupational Therapists, Ward Matron, Ward attendants and nurses)

Four clients who joined the Project in December 2011 aged 20-40 years were asymptomatic, had decreased/absent social support and were very motivated to join the project and build a future
Profile of the 4 women participating in Phase I of the Project

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>EDUCATION</th>
<th>YEARS SPENT IN MENTAL HOSPITAL PRIOR TO ENTERING TARAsha</th>
<th>PLACE OF ORIGIN/ FAMILY COMPOSITION</th>
<th>FAMILY SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>35</td>
<td>Passed IXth Standard from Maharashtra Board</td>
<td>2 years</td>
<td>Mumbai; Father in old age home</td>
<td>Nil</td>
</tr>
<tr>
<td>M</td>
<td>38</td>
<td>Passed Xth standard from Maharashtra Board</td>
<td>4 years</td>
<td>Thane, Mumbai; Parents have expired, Family untraceable</td>
<td>Nil</td>
</tr>
<tr>
<td>A</td>
<td>21</td>
<td>Passed VIIth standard</td>
<td>3 years</td>
<td>Raichur, Karnataka; Family untraceable</td>
<td>Nil</td>
</tr>
<tr>
<td>M</td>
<td>36</td>
<td>Graduate</td>
<td>2 years</td>
<td>Kolkata; Husband and daughter reside outside India, Mother in law in Kolkata</td>
<td>Nil</td>
</tr>
</tbody>
</table>
STAGE II: Deinstitutionalization and Pre-vocational Testing

December 2011 to April 2012

For the first two weeks beginning December 19, 2011, our clients continued to stay at the Regional Mental Hospital, Thane and began attending Manav Foundation, a day care centre for adults recovering from mental illness at Reay Road. They were accompanied by our Para professional staff to and from the Hospital.

As the women were getting acclimatised to de-institutionalisation, the working women's hostel, Nagpada Neighbourhood House was getting ready to receive our women.

Once the women moved into Nagpada Neighbourhood House, the Team worked on helping the clients adjust to life outside a mental health institution. Group and individual sessions focused on addressing issues of self and psychosocial issues. Individual strengths, skills and resources were harnessed that enabled the women to explore areas they wished to be trained in.

This stage terminated with the women having chosen areas in which they wished to have a career. Two clients chose hospitality as their industry of choice and one chose Corporate Retail and Sales.

One of our clients became symptomatic in February, 2012, despite medication monitoring and counselling. She was re-admitted to Regional Mental Hospital, Thane in April 2012 due to relapse.
STAGE III: Vocational Training
April 2012 to July 2012

Three of our clients began attending the Kotak Education Foundation Vocational Training program, which is a three-month training in hospitality and corporate retail and sales for school drop-outs. They graduated in July 2012 and eagerly awaited the next stage of employment.

STAGE IV: Job Development and Job Support
July 2012 to December 2012

Two out of the three women were successfully placed with the housekeeping department of a corporate agency that functions from Vikhroli. The women work for nine to ten hours a day and earn a monthly remuneration of six and a half thousand rupees. The third woman is working in the Retail Sales Department of Pantaloons. Her working hours range from 9 to 10 hours a day and she earns a daily remuneration of two hundred and fifty rupees and extra incentives based on her performance. However, due to the absence of educational certificates, she is finding it difficult to be employed as a permanent staff. She is on the look-out for alternative jobs that can guarantee her permanent employment.

The women have successfully completed 6 months of employment. They are managing all aspects related to daily living like travel, money management and medication independently.
One of our women who hails from the South was eager to trace her family in Raichur, Karnataka. Due to the inadequate address details, tracing her home was a challenging task but the Team had assured her that in due course of time; she would be helped in reconnecting with her family.

Unfortunately, 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. The reasons for her sudden, uninformed exit are still not known to the team. However, the Team, the Hostel Warden and her roommates are concerned that this is a planned and an informed exit and not a case of relapse.

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.
Work on other fronts:

- One of our clients who hails from a southern state began Hindi classes from April 2012.
- We initiated the processes to procure PAN cards, affidavits for our clients, and created bank accounts for them as well.
- One of our clients had a family conflict related to money and sale of property; we assisted the client in decision making through consultations with a lawyer. The team also initiated successive meetings with her branch manager and guided the client through the process of reactivating her bank account (that was dormant for three years) and transforming it into a fixed deposit. Today, she earns a monthly interest of six thousand rupees from her fixed deposit.
- Tarasha conducted a Mental Health Awareness workshop with Kotak Education Foundation in March 2012
- The first Tarasha Advisory Board meeting was held
- In June 2012, we began working with the new potential batch of clients at the Regional Mental Hospital, Thane.
- 2 more vocational training programs were identified that can provide 3-9 month training programs in a variety of courses ranging from stitching to computers and cooking for the new batch of clients
Challenges in Phase I

I. Theoretical inputs in the 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 organised several meetings with the staff of the vocational training institutes and suggested 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 ensured that the content of the training program did not drift beyond the students' capacity of comprehension and helped the teaching staff to fill in missing gaps if any.

II. Documents

Proof of educational qualification is a pre requisite 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 does not hold any minimum educational criteria and therefore do not demand educational documents. However given the monthly remuneration of Rupees six and a half thousand that housekeeping offers, clients find it difficult to manage shelter, food and other basic requirements within this amount.
III. **Towards Termination?**

Post the final stage of job development and job support, clients' are faced with several other issues like family tracing and marriage. They continue to seek guidance and support from the Team with regard to the other aspects of their lives and the Team finds it difficult to reach a point of closure with their clients.

IV. **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 is not a deterrent to achieving a healthy and productive life.
The Second Year, Phase II

June 2012 to November 2012

Stage I: Screening, Identification and capacity building

Fifteen women from the Regional Mental Hospital Thane were assessed over a period of three months and 5 women were identified as potential participants of the Project.

The 5 women identified aged 25 to 40 years were asymptomatic, had decreased/absent family support and were motivated to join Tarasha.

The five women appeared before the Visitors Committee at the Regional Mental Hospital, Thane on November 21, 2012 and voiced their interest to join Tarasha and to shape their lives outside of an Institution by successfully maintaining their recovery and working towards attaining a life of economic independence.

The Visitors Committee at the Regional Mental Hospital, Thane granted the women a permanent discharge and the women were released from the Hospital on November 23, 2012.

In the meantime, Tarasha 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.

Partnership with working women’s hostels like Nagpada Neighbourhood House and Sukh Shanti Hostel has led to the expansion of safe and legitimate spaces across communities for women living with mental illness.
## PROFILE OF THE 5 WOMEN PARTICPATING IN PHASE II OF **TARASHA**

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>EDUCATION</th>
<th>YEARS SPENT IN MENTAL HOSPITAL</th>
<th>PLACE OF ORIGIN/ FAMILY COMPOSITION</th>
<th>FAMILY SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>29</td>
<td>Passed Xth Standard from Mumbai</td>
<td>4 years</td>
<td>Mumbai; Parents expired, one brother but untraceable</td>
<td>Nil</td>
</tr>
<tr>
<td>P</td>
<td>32</td>
<td>No formal/informal education</td>
<td>8 years</td>
<td>Delhi; Married with one child, family untraceable</td>
<td>Nil</td>
</tr>
<tr>
<td>P</td>
<td>29</td>
<td>Diploma in civil engineering, Certificate course in interior designing</td>
<td>1 year</td>
<td>Assam; One brother residing in Mumbai, one sister in Assam,</td>
<td>Minimal (partial financial support)</td>
</tr>
<tr>
<td>R</td>
<td>28</td>
<td>Studied till Vth Standard</td>
<td>6 years</td>
<td>Uttar Pradesh; Married with one child, Family untraceable</td>
<td>Nil</td>
</tr>
<tr>
<td>NAME</td>
<td>AGE</td>
<td>EDUCATION</td>
<td>YEARS SPENT IN MENTAL HOSPITAL PRIOR TO ENTERING TARASHA</td>
<td>PLACE OF ORIGIN/FAMILY COMPOSITION</td>
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<tr>
<td>S</td>
<td>40</td>
<td>Passed Xth standard from Miami, Florida</td>
<td>2 years</td>
<td>Mumbai; Father resides in Miami, Florida; Husband, Children untraceable (Supposedly in South Africa)</td>
<td>Financial support from father</td>
</tr>
</tbody>
</table>
November 2012 to December 2012

Stage II: De Institutionalisation and Pre Vocational Training

This period focused on guiding the women in restructuring their lives outside of a Mental Health Institution. Days were structured, individual and group sessions aimed at addressing psychosocial issues and strengthening self.

Women were guided in exploring areas of interest that they wished to be trained in.

Vocational training programs of Kotak Education Foundation and School of Vocational Education, Tata Institute of Social Sciences have been identified.

These programs have been identified given that they match the interest areas of our clients and will also provide them with a supportive environment as they enter an ‘open, competitive, non-segregated space’ where they will create their own identities and build networks based on their interests and capacities.

Once the women are settled into the vocational training, group and individual sessions will resume at the Regional Mental Hospital, Thane to screen, identify and select the next batch of potential clients.
Work on other fronts:

- Educational certificates of one of our clients have been procured from her school in Miami, Florida. The certificates will help the client in her job development.

- We have initiated the process of procuring Pan Cards (Proof of Identity) for each of our 5 women.

- One of our clients who was unable to read or write is learning to read and write Hindi with the support of the other 4 women in the group and the Team.

- The Team has established contact with the families of two of our clients. The families have stated that owing to their own limitations, they will be unable to look after the women. However, they have agreed to support the women by covering the expenses that are incurred towards their boarding and lodging while they are in the Project.
KEY MILESTONES

- Early 2011: Receiving financial support for the Project

- October 28, 2011: Permission from the Directorate of Health Services, Maharashtra to operationalize the Project

- Entering into partnerships with various stakeholders

- November 21, 2012: Facilitating a permanent discharge as against a *leave of absence* for 5 women in Phase II of the Project.
**FUTURE VISION**

*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 model for women living with mental illness. The model can then be replicated and adopted by organisations and other agencies in the field of mental health.
Narrative from our clients

“Tarasha for me is like a tree, full of life. It has helped me to regain my lost confidence and will power. I feel secure in Tarasha and I know I have a bright and safe future awaiting me. Besides fulfilling our basic needs, they also spend time to understand us.”

“Tarasha has given me the opportunity and moral support to do something in my life. I want to earn money and be independent. It will give me the courage to become stronger in life.”

“Tarashahamareliyebahutkuchhaiaur agar ye nahotatoh hum shayadkuchnahinkarpaate. Tarashakiwajah se hum eyphir se jeenekiummedmilihai.”

“Agar Tarashanahinhota, toh hum kabhibhi Hospital se nahinnikalpaate. Tarashahamarizarooratepurikaregiaurapnepaironpekh ada hone kimadadkaregi”
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.

We appreciate the efforts put in by Ms. Nivedita Chalil, Project Coordinator in helping to set up the Project. We acknowledge the Ms. Gauri Ambavkar, Ms. Renu Singh and Ms. Shruti Chakravarty's dedication to the Project.
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
Our Advisory Board

1. Dr. Anuradha Sovani
2. Dr. Monica Sakhrani
3. Dr. Nilesh Shah
4. Prof. S. Parasuraman
5. Prof. Surinder Jaswal
6. Ms. Binaifer Jessia
7. Mr. H.N. Srinivas
8. Dr. Arun John
9. Mr. Keshav Desiraju
Our Heartfelt thanks to:

- Dr. P.S. Jhaver
- Dr. Archana Patil, Director, Health Services
- Dr. S. Kumawat, Deputy Director, Health Service (Hospitals), Maharashtra
- Dr. Nalawade, Medical Superintendent, Regional Mental Hospital, Thane
- Staff of Thane Mental Hospital
- Ms. Vidya Bambhal, Director, Nagpada Neighbourhood House
- Ms. Maharukh Adenwalla, Advocate
- Ms. Preeti Shah, President, ASHI
- Ms. Anjali Gokarne, Committee member, ASHI
- Ms. Rajeshwary Panickar, Superintendent, Sukh Shanti Hostel
- Mr. Sucheta Rege, Cluster Co-ordinator, Kotak Education Foundation
- Mr. Michael D’Souza, Centre Co-ordinator, Kotak Education Foundation
- Mr. Ralph Sequeira
- Advocate Chaya Haldankar
- Ms. Poornima Nasare
- Colleagues from the Centre for Health and Mental Health, School of Social Work, Tata Institute of Social Sciences
Our Team

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Para-Professional Social Worker
E-mail: rohina.naykodi@gmail.com