



# DEHRADUN ANNUAL REPORT

2020-2021



# 2020 At a Glance

## Summary

Burans have had a busy year set within lockdowns and curfews due to the pandemic. We have four formally funded projects all sitting under the broad aspiration to promote mental health (awareness, agency, and access to care) among people with psychosocial disabilities (PPSD), their caregivers, and community members. With more than 3000 + people with a psycho-social disability registered with Burans, it was important to address the root causes of the problems, increase resilience among the community's young people with *Nae-Disha* sessions, and increase caregiving skills among carers in the community.

Although we had planned in March to start facilitating *Nae Disha* sessions with young people in school settings, the lockdown led to a quick adaptation of the program to work with young people in communities who are attending the same school. 440 young people participated in this program, with a lot more interested to participate.

After a short break from working directly in the communities, we also continued with our plan to work with caregivers in the community using *Nae Umeed* caregiver manual. 115 caregivers participated in these group sessions.



Burans was founded in 2014 as a partnership initiative of the Emmanuel Hospital Association with the Uttarakhand Community Health and Global Network (CHGN) cluster. Herbertpur Christian Hospital administers Burans.

Central to governance is the participation of the Experts by Experience group. People with lived experience of mental health problems help us set programme priorities, develop acceptable and engaging resources and build strong relationships in communities.



<b>Location</b>	<b>Grand total</b>
Total number of PPSD registered	311
No. of people with mental illness disclose their status –i.e. total number of people disclose status vs. total PPSD in your project	310
No. of persons with mental illness who report reduction in use of abusive language in community (calling <i>paagal</i> , etc.)	276
No. of PPSD who are able to attend social functions such as wedding, religious functions (number includes PPSD registered in previous years as well)	365
No. Of PPSD above the age of 18 able to engage in economically productive activities	63
Total people who received MH awareness (include all community meetings, World MH day etc.)	15112
Total PPSD who started meds this year	110
Total PPSD who received counselling and family support this year	311
Total people who access disability pension or certificate this year	9
Total active DPG (or caregiver/ PPSD support) groups this year	22
Total young people completed youth resilience course this year	429
Total PPSD back to income generation work this year	62

**Table 1: Summary of our key projects**

## Nae Umeed – Support group sessions for caregivers– funded by Radiata foundation (Australia)

**Key responsible staff** – Pooja Pillai & Dr. Kaaren

**Project timeline:** April 2020 – March 2021

Nae Umeed is an intervention for community-based groups of caregivers of people with disabilities including with psycho-social disability. The nine modules each focus on an aspect of knowledge and skills useful for caregivers. As part of addressing the socio-economic status of people in these communities, we have also added a 4 module financial inclusion resource to these sessions (i.e. a total of 13 sessions). These financial inclusion modules were developed and implemented widely in southern India by *Diksha* (a non-profit) who worked with us to translate the resource into Hindi. The focus of these modules is to create awareness and influence participants to manage their debt

and finances responsibly and to understand the importance of planning finances, saving and using debt wisely. It includes the opportunity for the caregiver support group to form a micro-credit and saving group (SHG) for on-going mutual social and financial support. Carers who participated in both these modules report that this intervention is relevant, effective at building their skills in caring as well as their own wellbeing and has increased peer support and connections in the community. The financial inclusion modules and new skills in managing household finances have given women greater autonomy and financial literacy and ultimately agency.

**Moolchand, a caregiver in the community lost his job during COVID – He became depressed and was unable to cope with the stress. He also started becoming violent at home. Through problem solving in the Nae Umeed group sessions, he took a leap of faith and started a new business. This business is ‘COVID-proof’ to an extent and he along with his family has implemented a saving plan as well to secure their future.**

### Key outcomes & learning

- 117 carers participated as part of 22 groups
- Relationship building became much easier in communities through these groups
- Medication adherence increased (One of the modules covers side-effects of medication)
- Problem solving skills growing within groups and a sense of belonging and community grew among group members (a space for forgetting troubles and be with friends)



**Figure 1: Nae Umeed group meeting with carers in the community**



**Figure2: Community worker running caregiver support group sessions**

## Nae Disha in Schools – Research funded by local funding

**Key responsible staff:** Pooja Pillai & Dr. Kaaren

**Project timeline:** April 2020 – March 2021

Nae Disha (ND) is a youth resilience group-based intervention building on the Ottawa health promotion charter, positive psychology and youth development, designed by Burans. It's been implemented amongst out-of-school adolescents in Northern India and studies have demonstrated effectiveness in improving resilience, mental health and social inclusion.

Building on these studies we examined effectiveness and feasibility of Nae Disha and health promoting in schools as a tool to promote student resilience, school attendance, learning and a supportive school environment. This intervention hoped to build on existing relationships with private and public schools in the Dehradun district, Uttarakhand. However, with the lockdowns and

school closures in the state, the program was revised to facilitate ND sessions among school going adolescents from the community, grouped according to their specific schools. We used five tools; Schwarzer's General Self-Efficacy Scale, Connor-Davidson resilience scale (CD- RISC), Child and Youth resilience measure, GEMS - gender attitudes scale and General Health questionnaire GHQ12, to measure expected outcomes.

The intervention commenced in September 2020 (delayed due to COVID restrictions, the 18 modules were completed amongst the intervention groups by February 2021.

**Ruman –an adolescent from a Muslim household was depressed, shy and quiet. Initially she was not allowed to leave her home to attend the sessions. Community worker visited parents and convinced them to allow her to join the sessions. Ruman was able to be a part of the sessions and in the end-line women's day program where she volunteered to perform alone on stage.**

***"Ruman was so shy in the beginning – now she is bold enough to come forward and say she will perform alone!" – Facilitator***

Group sizes were also revised – Instead of 18 adolescents per group, we facilitated groups with 8-10 adolescents per group

keeping in mind social distancing. The facilitators had to run more sessions to cover the same number of participants.

### Key outcomes & learning

- 440 adolescents participated in Nae Disha sessions
- 11 boys' groups and 32 girls' groups formed to facilitate sessions
- Formed advisory group and held meeting to guide implementation. Members included school principals and teachers
- Better attendance this year as young people were available due to school closure
- Sessions were easier to conduct as young people were familiar with group discipline requirements learnt from school environment
- There was a lot of interest from many adolescents in the community who were not included in this round of sessions. WE did not have enough staff to run that many sessions although interest was very high.
- We are completing analysis now of third time point and hope to write this up this year.



**Figure 3: Nae-disha group session**





**Figure 4: World Mental health day celebrations with Nae Disha groups**



**Figure 5 : SCK raising awareness in the communities**



# Increasing community mental health and social inclusion during COVID – supported by New Zealand private donations & Mariwala Health Initiative

**Key responsible** – Pooja Pillai and Dr. Kaaren Mathias

**Timeline** – April 2020 – 31 March 2021

Throughout the lockdowns and curfews, we have continued to support the communities in the following ways;

## Engaging 18 young people in informal urban communities for COVID awareness and MH awareness

When COVID-19 broke out and India was in a lockdown for 3 months, we needed to ensure elderly in communities received awareness and skills to stay safe. Thanks to the flexibility of NZ donations & Mariwala Health Initiative funding we could straightaway shift plans for public gatherings (International Youth Day) and instead, we engaged 18 young people who had completed our youth resilience training half time – each of them worked 4 hours a day and they held meetings in alleys, public halls, sports areas and individual homes to teach COVID safety and protection. As India slowly

‘unlocked’ they continued as health promoters as we ran a programme for carers of people with disabilities and a youth resilience programme. They are a wonderful group and have really strengthened our work, while their leadership has grown. We plan to continue with this team of 18 enthusiastic young people in 2021.

## In centre counselling spaces in Chamanpuri, Nanda ki Chowki and Chuna bhatta (from Neil Broshanan)

A challenge during COVID-19 was visiting people at their homes which are small, poorly ventilated and with limited privacy for conversations/ counselling. We used some donations to rent out 3 new rooms right in the middle of slums where we could provide

counselling and also run the Nae Umeed (New Hope) programmes for caregivers of people with disabilities. The rooms were also used for our on-going Nae Disha (New Pathways) youth resilience groups and we could control spacing/ and also ensure a space that was not interrupted. This really also helped increased our 'presence' in these informal urban communities and has been a great help to give a place to our work.

#### **World Mental Health Day community engagement and awareness**

We couldn't run a larger community awareness rallies with invited Government officials to advocate for better access to medicines this year due to the need to avoid large groups, but we used donations from NZ to run a series of smaller events in communities with leadership and speaking about the needs and challenges led by people with mental health problems.

#### **Purchase of PPE for elderly population and awareness**

We were able to buy 2000 masks for elderly and carers of elderly

and contracted a group of people with disabilities to sew these which also provided them with income during the harsh lockdown. We also used this funding additional to buy PPE for staff and to buy hand sanitizers for use in public community gatherings.

#### **Networking for access to essentials and services**

We were able to network with religious groups and other NGOs to support people in communities with dry ration, hygiene kits, sanitisation kits as well as medication. We were able to reach marginalised groups and make sure that essentials reached the right people as we have good relationships with key leaders in the community. We were able to tap into the network of volunteers in the community to ensure adequate supply and share the right information about government entitlements.

#### **Community based rehabilitation**

311 people with psychosocial disability were identified, and had home based support with recovery, access to care and counselling.

## Capacity building of community health workers in Hindi speaking belt using e-learning platform funded by Dr. Raja (DAI)

**Key responsible** – Pooja Pillai and Dr. Kaaren Mathias

**Timeline** – April 2020 – 31 March 2021

This was a quick and innovative project developed at the beginning of the lockdown to enable on-going capacity building and knowledge dissemination about COVID and Mental Health among community workers. Below is a link to the Moodle platform;

<https://buranselearning.moodle.school/login/index.php>

We are continuing to use this platform for Community worker training in Burans. Mariwala Health Initiative supported us with some graphics related work to get this platform up and running.

### Key outputs:

- All 35 Burans staff has completed the COVID and Mental health and the Nae Umeed courses set up online.
- Online trainings come with their own set of challenges that include internet and network issues. This hampers the seamless interactions as well as attention of the participants. This is a work in progress and we are looking to improve our e-learning platform. 80+ people across India have enrolled in at least one of the courses on the platform.



**Figure 6: Mental health modules on our moodle platform**



## **Project capacity and field-building – community mental health in India**

Burans team members participated in the following events:

- a. **Health Systems Reform symposium 2020 (August –September 2020)**– Pooja P and Kaaren Mathias participated in the Health Systems Global Symposium held online (Originally planned in Dubai) and presented papers on Qualitative Content Analysis and Parwarish.
- b. **Mental Health Innovation Network Webinar (July 2020)**– Pooja P presented on Webinar about “Addressing Mental Health and Poverty Alleviation during COVID-19”
- c. **Mental health national mini-conference** – Department of Health and Family welfare (Union India) with University of Melbourne (October 2021) – Kaaren M presented a webinar summarising our Nae Disha intervention and evaluations linked to this. Over 4000 people attended this webinar
- d. **ICMDA and Christian Coalition for International Health (April 2020 and July 2020)** – Kaaren M presented at large webinars to provide overview of strategies for community mental health in pandemics.
- e. **CHGN International networking meeting (July 2020)**– Jeet B presented strategies for working in community with people with psychosocial disability
- f. **International Centre for Evidence in Disability (ICED) webinar (January 2021)** – Pooja P presented on Webinar about “Co-production in disability research and intervention development” using Swasthya Labh Saadan and Experts by Experience groups examples
- g. **Ember foundation mentorship (March 2020 –Feb 2021)** Ongoing Organisational Development workshop with Ember – Burans was

awarded an innovation award by Ember – we participated in these workshops as we develop our branding, identity and strategic plan for coming 5 years. Our new website is; [www.burans.org](http://www.burans.org)

- h. **MHIN video project** on - Project Burans: Continuing mental health support in northern India during COVID-19  
<https://www.youtube.com/watch?v=WWaqMfv9Hx8&t=7s>

**The above engagements led to the following outcomes;**

- **Ongoing engagement with academics** working from University of Umea, University of Melbourne, University of Edinburgh, UCL and Brown School, Washington University. These have led to successful grants for 2021-22.
- **Invitation of team member to join Indian Mental Health Observatory (KM)** in the social determinants and mental health group.
- **Invitation to participate and present at national level mental health meetings** linked with Dept of Empowerment of people with disabilities.

## OUR RESEARCH PUBLICATION

1. Mathias K, Rawat M, Thompson A, Gaitonde R, Jain S. **Exploring community mental health systems – a participatory health needs and assets assessment in the Yamuna valley, North India.** *International J Health Policy Management.* 2020; x(x),1-10. [https://www.ijhpm.com/article\\_3962\\_ec504f3a81f23caabfd4c80e09b42b0b.pdf](https://www.ijhpm.com/article_3962_ec504f3a81f23caabfd4c80e09b42b0b.pdf)
2. Mathias, K, Rawat M, Philip, S. et al. **“We’ve got through hard times before”:** acute mental distress and coping among disadvantaged groups during COVID-19 lockdown in North India - a qualitative study. *Int J Equity Health.* 19. 224 (2020).(LINK) <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01345-7>
3. Mathias K, Rawat M, Pillai P. **Resilient practices for mental health in rural and urban Uttarakhand.** *ReFrame.* 2020;3:18-20. (LINK) <https://mhi.org.in/voice/details/resilient-practices-mental-health-rural-and-urban-uttarakhand/>

4. Mathias K, Corcoran D, Pillai P, Deshpande S, San Sebastian M. **The effectiveness of a multi-pronged psycho-social intervention among people with mental health and epilepsy problems - a pre-post prospective cohort study set in North India.** International Journal of Health Policy and Management. 2020.(LINK) [http://www.ijhpm.com/article\\_3809.html](http://www.ijhpm.com/article_3809.html)
5. Kermod M, Grills N, Singh P, Mathias K. **Improving social inclusion for young people affected by mental illness in Uttarakhand, India.** Community Ment Health J. 2020.(LINK) <https://pubmed.ncbi.nlm.nih.gov/32333229/>

## Key reflections

The last twelve months with the COVID-19 pandemic as well as the harsh lockdown with associated loss of livelihood and uncertain futures has been one of the most labile and capricious times imaginable for our work in promoting mental health and wellbeing. At the same time, the ongoing presence, advocacy, relief support and activities from the Burans with team members resident in communities, has meant growing trust and relationships with community members, leaders and authorities.

Particular highlights included the rapid pivot by the Burans team to develop online resources for COVID as well as engaging in a wide spread of activities linked to

lockdown and COVID\_19 relief. This meant we made new connections – e.g. with a group of hijra in the OPEN area who sought our support and also with other groups in the community. Another highlight was the living out of Burans values seen through the committed engagement of our team in communities as well as in support, despite the challenges of almost all children at home and out of school for the entire 12 months of this reporting period, and the stress of the situation. There was engaged support by team members for each other and fortunately we staggered our personal times of distress to cover for each other. The Ember partnership meant we could really spend time to form a clearer



identity, values, re-branding and website [www.burans.org](http://www.burans.org)

We hope that this thinking and some strategic planning linked to this can help us in reaching people with mental health problems in more diverse settings, stretch our delivery of excellent community mental health care and engage with other partners as we do this.

Some things didn't go to plan. Our COVID-19 modules did not end up getting wide uptake – perhaps because we didn't promote through the right networks or perhaps the huge surge of online activity meant supply exceeded demand. We still spent quite a lot of time on unsuccessful funding proposals – particularly disappointed to miss Grand

Challenges with our Gupshup and Games proposal. And the scoping review which we have plugged at has not progressed due to a range of challenges with partnering groups as well as our own stretched capacity.

There were some surprises: it was easier to implement community-based activities when young people had neither study nor employment to pull them away from our Nae Disha intervention. It was great to have a range of young people as interns or short-term team members even when they had to work virtually – they brought really useful skills and insights (Sana, Jed, Trupti, Roni, Rita K-D as well as Atulya and Romi). We are really thankful to each of them.

## Summary

Burans team has continued to innovate, to show compassionate and creative responses with a very challenging year linked to the COVID outbreak. 2021-22 year has started with a devastating surge in COVID cases, inequalities in access to vaccines and life-saving care and a reminder that working to promote justice, attention to health determinants, and building resilience and mental health are critical roles in the years ahead.