ProjectBurans

working with communities for mental health in Uttarakhand

A PROJECT OF EMMANUEL HOSPITAL ASSOCIATION

BURANS COMMUNITY MENTAL HEALTH

Key learnings in our first five years.

EMMANUEL HOSPITAL ASSOCIATION

FELLOWSHIP FOR TRANSFORMATION THROUGH CARING

CHGN Uttarakhand Cluster

HERBERTPUR CHRISTIAN HOSPITAL

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WHO ARE WE?

Project Burans is a partnership project working with communities to improve mental health in Uttarakhand, northern India. It is led by the Emmanuel Hospital Association, in partnership with the Uttarakhand Community Global Health network and started in June 2014. Burans is the local name of the rhododendron tree, which spangles red flowers over trees and forests of Uttarakhand each spring and provides shade the whole year through.

Burans vision: Communities in Uttarakhand welcome and support all people, including those with mental health problems. Community members have knowledge and skills to be mentally healthy and care for others. People with psycho-social disability participate in all aspects of family and community life, have the resources, services and support they need to recover and lead life to the full.

Burans development has been multi-faceted and agile. We started work in Dehradun, the capital district of Uttarakhand, to build on access to existing psychiatric services at Doon hospital and the Selaqui State Mental Institute, as well as existing work in communities with implementing partners. Our first three community teams were located in highly disadvantaged periurban communities in Sahaspur (HOPE team), Mehuwallah (OPEN team) and Mussoorie (Landour community hospital), with a fourth team joining in 2015 in the Kanwali road colony (SNEHA). Each team consisted of a project officer and four community workers as well as volunteer health promoters.

Our Work is community-based, and we are committed philosophically to building on existing resources so that community members can sustain and shape their own psycho-social wellbeing

Figure 1 - Community worker Vikas (OPEN Burans) visits a client at her home

Burans teams seek to be responsive to the varying priorities and conditions of their communities. They regularly consult senior community members and leaders, hold workshops and discussions, counsel individuals with mental health problems, and also work in communities by facilitating support groups. In each location we operate with core organizational practices of looking for new ideas, opportunities and resources, documenting learnings, sharing our learnings and resources, experimenting often, regular critical reflection and having fun together.

OVERVIEW

– Kaaren Mathias

The last five years with Burans have been exciting and hopeful (and occasionally discouraging and exhausting). Recently I bumped into a young man we had worked with in the early years of Burans, who we could call Raju. I first met Raju sitting in a dark corner of a room, rocking and unable to speak with a huge tangle of fear and confusion behind his eyes. We helped him get to a psychiatrist and supported his initial access to medicines. Our community workers also counselled and supported his family members who were wrung out, and when they were back on their feet, our team members carried on with other work and clients. Two days ago, as I walked through the Mussoorie bazaar I met Raju in the shop below his parent's house, running a busy cafeteria, and joking with customers. He told me things were going well, he was following ideas we had developed for him to recover (meeting friends often, staying away from alcohol, and working) and he was feeling well. I felt very encouraged to see him so well.

I was reminded of many hundreds of people who have found recovery through Burans, with a mix of the opportunity of counselling, kind companionship, access to medicines, support to family members, support group participation, income generation and community sports initiatives. We have engaged and worked with over 1400 people with psychosocial disability (PPSD) and their families in these past five years. Other key achievements include maintaining a supportive and effective partnership in implementation with HOPE and OPEN organizations, as well as less expected outcomes such as our work developing resources and interventions which has been used and recognized inside and beyond India. This has included working with PPSD who formed an "Experts by experience" group to collaboratively develop the recovery tool 'Swasthya Labh Saadan'.

Figure 2 - Building community awareness among community members in informal settlement.

A surprisingly (because we didn't really set out to work in the area of youth resilience) successful initiative has been the Nae Disha intervention to promote resilience, social inclusion and mental health among young people which has led to strong outcomes and is currently being adapted for use among young people with disabilities by a National Institute of Disability in Chennai. Nae Disha 3 is also currently being further evaluated with a randomized controlled trial in Dehradun. In strengthening Government services we have good collaborative relationships and are called on by the Department of health to run trainings to many levels of staff in mental health (we have trained over 1500 Government staff and community workers). Last year we were asked to lead Dehradun district World Mental Health day celebrations. Unrelenting advocacy by PPSD, Burans team and community members was a key factor

leading to availability of essential medicines for mental ill-health and epilepsy across all district hospitals and secondary providers across the state since October 2018.

In the midst of all the great outcomes, we have had times that were heart-breaking and frustrating. We have seen houses of clients razed by fire in the informal settlement in Mehboob Nagar, we have watched helplessly while clients have returned to drug abuse or violent relationships. Several Burans clients have died by their own hand. Work themes where we have not made progress that we hoped for include in livelihood, engaging effectively with people who abuse substances and alcohol and increasing access to epilepsy care through Government primary services. We have struggled for funding all the way and therefore needed to close the Mussoorie site and farewell effective team members in April 2019. Funding has come in an often miraculous and ad hoc fashion from individuals, churches, research funds and formal funders. Partnership with colleagues at the Universities of Edinburgh, Umea and Melbourne have been very supportive and engaged. By hook or by crook, we have managed to keep functioning, and this approach has kept our work fast-paced and productive.

Looking ahead we now have started a new project in the Yamuna valley in partnership with the Mariwala Health Initiative in Mumbai and we are starting several new strands of work around advocacy, policy maker engagements, youth mental health, social inclusion and gender-based violence across Burans. There is much to look forward to ahead and we are thankful for the support, encouragement and prayers of many, and for God's grace each day.

Figure 3 - Burans has achieved strong outcomes through psycho-social support groups of women - in urban and rural settings

OUR JOURNEY

We launched Burans in 2013 building on a series of grace moments and positive synergies. The Community Health Global network cluster of Uttarakhand was already working together in physical disability but were keen to be equipped to respond to people with psycho-social disability. Dr Kaaren Mathias, based in Mussoorie, proposed the founding of a partnership project working for mental health in communities in Uttarakhand and building on this, the EHA Community Health and Development programme leadership agreed to lead development of a partnership project with the Uttarakhand cluster, with Dr Kaaren at the helm.

A call to organisations in the Uttarakhand Cluster invited expressions of interest, and those showing capacity and enthusiasm to implement a programme and a focus on marginalised in Dehradun district were assessed as partners. Four organisations, namely, OPEN Society, AKS Hope, SNEHA and Landour Community hospital (EHA) were selected as initial implementing partners. In late 2013 several steering group meetings were held with members of the four implementing partners to develop a draft concept, Terms of reference for the Burans project, and a funding proposal. In December 2013 the partnership was successful in gaining funding of a seed sum of Rs 7 lakh (USD10,000) from Sir Ratan Tata Trust. This was enough for the Burans partnership organisations to take a step of faith to commit to implementing the project and in early 2014 further funds were raised through friends and support from churches in New Zealand.

Project governance by the Burans advisory group, with members who have attended meetings in Dehradun including Michelle Kermode, Alok Sarin, Gracy Andrews, Nathan Grills as well as a Project management committee made up of EHA and implementing partner directors, and a community advisory group. The central coordinating team of Burans is employed by EHA and conduct programme design, and raise and manage funds, working with each of the four implementing teams. For each of the partner organisations, the mental health aspect was a new branch of work and each engaged a dedicated team to implement the mental health work in field sites with disadvantaged populations. (The Sneha team started one year later, in April 2015). A key advantage of this partnership model was that we could reduce organisational overheads and build on existing relationships within the target communities as well as Government functionaries.

Implementation work was demanding and in 2015 the Landour Community Hospital team based in Mussoorie decided to handover their team to be part of the EHA Burans coordinating team. From mid-2017 SNEHA also felt they needed to focus on their core education work and EHA took on employment of that team working in the slum area of Kanwali road. From June 2018, administration and financial management moved from the EHA Delhi office to the CHDP programme of Herbertpur Christian Hospital. Implementing teams from OPEN and HOPE have continued through-out the Burans journey.

Figure 4 There are many 'care providers' in the community and many PPSD report spending large sums of money without improving their mental health.

In this report reviewing the past five years of Project Burans, we focus on five work-streams in our work and reflect on our approaches. Key work streams:

1. Caring for people with psycho-social disabilities (PPSD)
2. Youth resilience and mental health
3. Addressing mental health determinants
4. Social inclusion
5. Strengthening mental health systems

Figure 5 A key component of the youth resilience (Nae Disha) programme is completing home activities, example shown here.

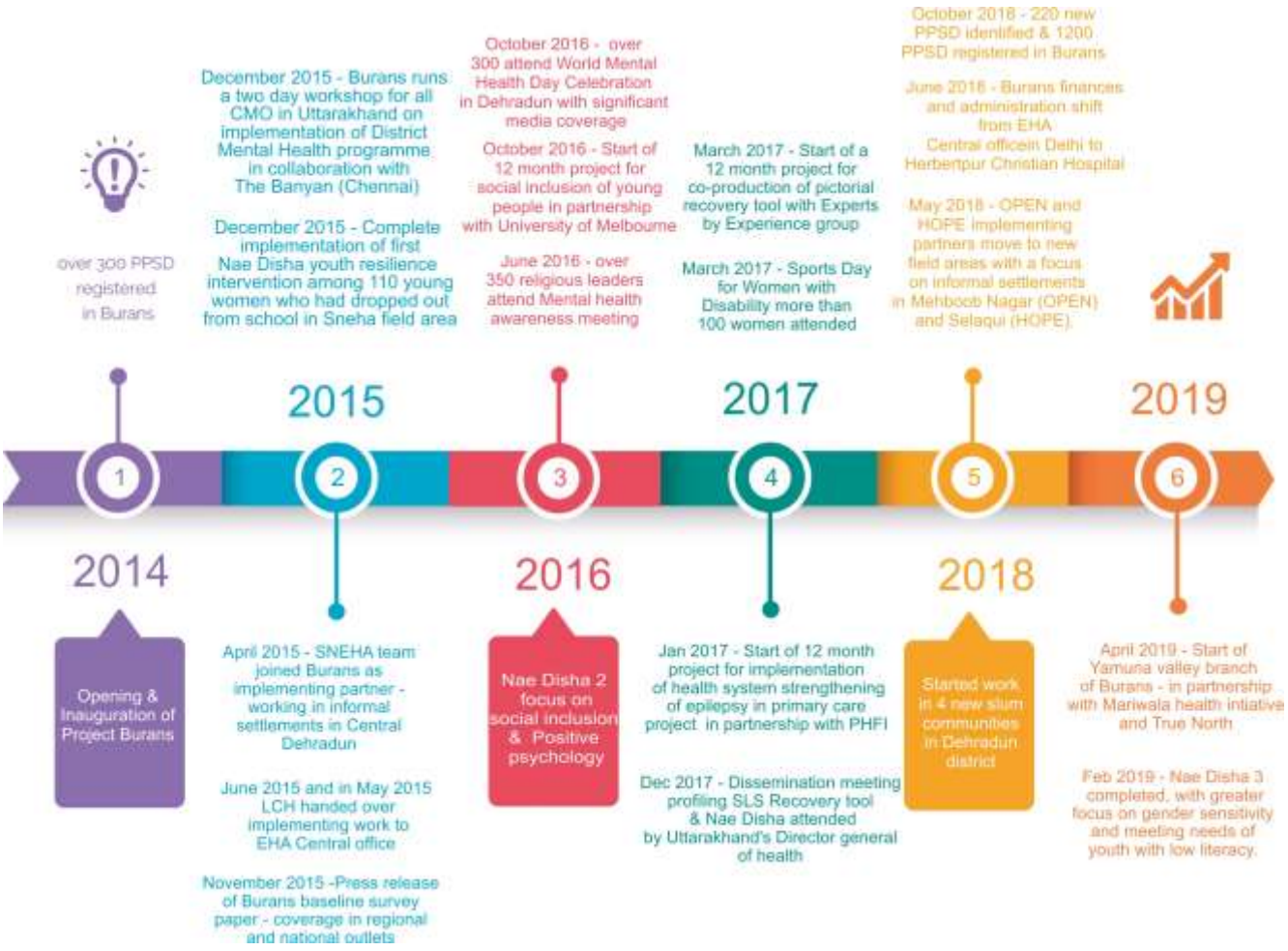

Figure 6 Timeline of Burans

1. Work with people with psycho-social disabilities (PPSD)

Objective – PPSD use their knowledge and skills to actively participate in their own physical, mental, spiritual and social health. They participate in family and community life and make decisions for themselves as possible. They know where to go for help, access care and work collaboratively with others to advocate for their own needs.

How we do it – Work with PPSD has four key facets and is implemented by community workers resident in or near the target area

1. Knowledge building – we use dialogue and discussion with PPSD and family members to understand their perspective and share knowledge about mental health.

2. Psycho-social support and care – individual home visits (fortnightly) include promoting social inclusion and engagement, encouraging participation in psychosocial support groups, active listening, linking to livelihood and Disabled persons groups and encouraging engagement with responsibilities (behavioural activiation). These activities are supported by a careplan and described in detail in our Burans case study paper (1) The current careplan format uses six home-visits with set objectives for each visit, although adaptations for each client are made by community workers. New clients, particularly migrants from out -of- state need several relationship building visits prior to starting the objectives of the 6-visit plan.
3. Support access to professional mental health services particularly for people with SMD, epilepsy and with more secret symptoms of CMD by accompanying PPSD to Government services in Dehradun (Coronation or Doon hospitals) or to Selaqui State mental institute.
4. The Swasthya Labh Saadan (SLS) recovery tool is used with PPSD with more severe problems and builds on eight domains of 'recovery' using a pictorial approach shown below in Figure One (2). The three meta-domains of recovery were normalcy, belonging and contributing and three meta-themes were taking action for recovery, supportive physical environment and supportive social and economic resources.

What we learned

A key learning is that we can significantly improve measures of mental health, disability and social participation through community-based psycho-social interventions. We evaluated this with a two-year prospective cohort study from 2015 – 17 where we followed 297 PPSD and measured their disability (WHODAS 2.0), Engagement Index and other measures of mental health five times. During this time only 1/3 of PPSD were using psychiatric services, yet nearly all had a significant improvement in scales that measured disability, depression, personal recovery (3). Figure Two illustrates the reduction in disability and increase in recovery and engagement over the two year period for people with epilepsy.

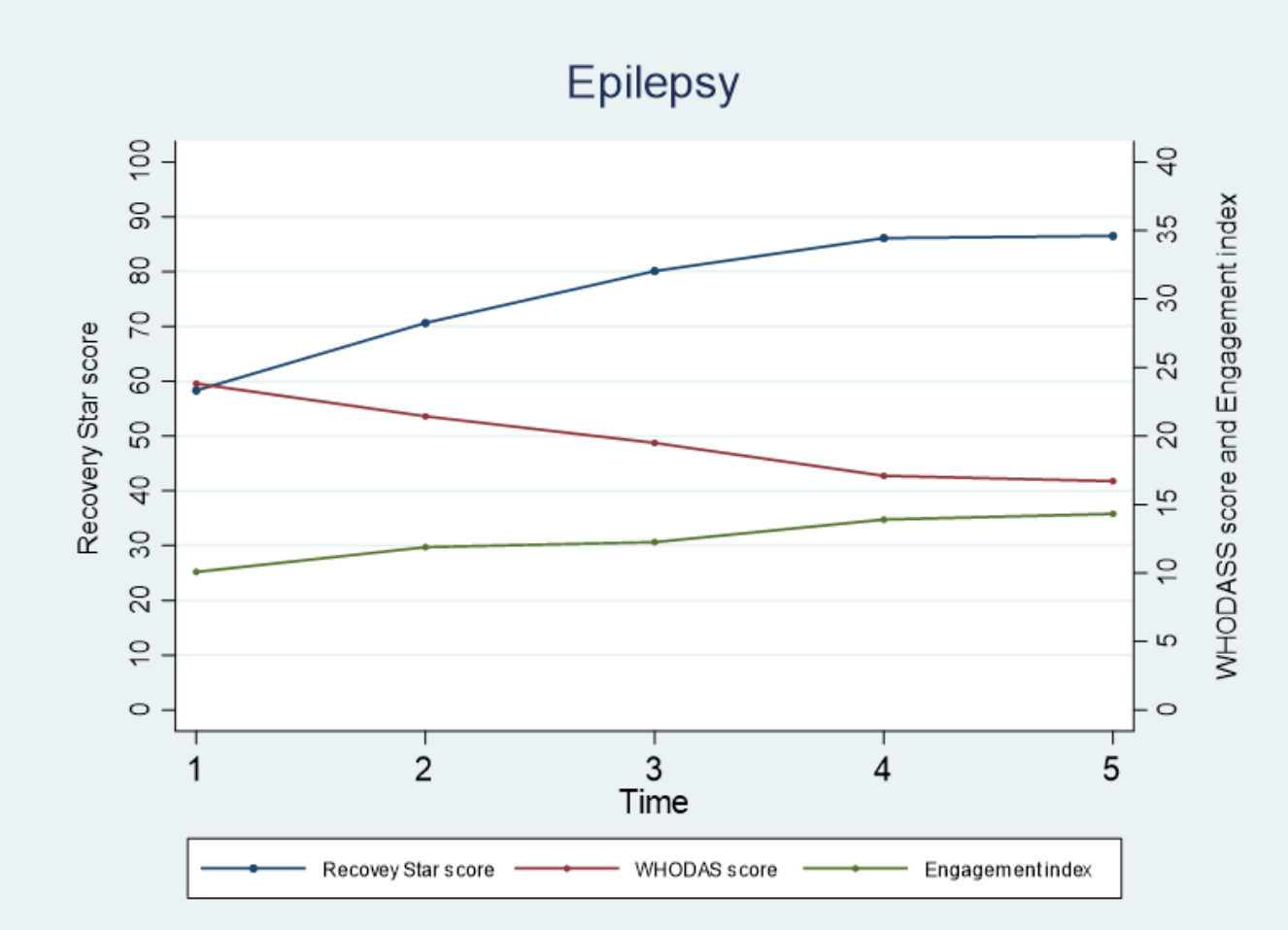

Figure 7 Trends in mean scores in Recovery star, PHQ9, outcome statements, WHODAS over 24-month period for people with epilepsy (n=47)

Many studies internationally and in India underline that giving people access to psychiatric care improves mental health, but what we have been able to add is that psycho-social support by lay health workers, even if there is no access to a psychiatrist, can still substantially improve quality of life and health, even for people with more severe mental illness.

2. Youth Resilience

Objective - Young people are resilient and able to bounce back from disappointment using knowledge and skills in communication, planning, mental health, forgiveness and a positive outlook which increases their mental health, wellbeing and social inclusion.

How we do it -

In 2014 we developed the ***Nae Disha*** (New directions) Programme, an 18-module intervention that seeks to promote the resiliency, positive mental health, participation and active learning of young people affected by psycho-social disabilities. Evaluation has shown the programme as effective in improving mental health (anxiety and depression), social inclusion, resilience and

Figure 8. Recognising and naming emotions is a key learning objective in Nae Disha

gender equal attitudes with improvements in mental health and gender attitudes being sustained at nine months after completion of the programme (4). Mechanisms supporting this change are shown in Figure Three below, elicited in a realist evaluation of the programme (5). With the support of EHA, we were able to produce a designed manual for the programme in English and Hindi. The intervention supported by the evaluation has taken the interest of the national Secretary for Disability and is currently being adapted for use among young people with disabilities in National Institutes of Disability nationally.

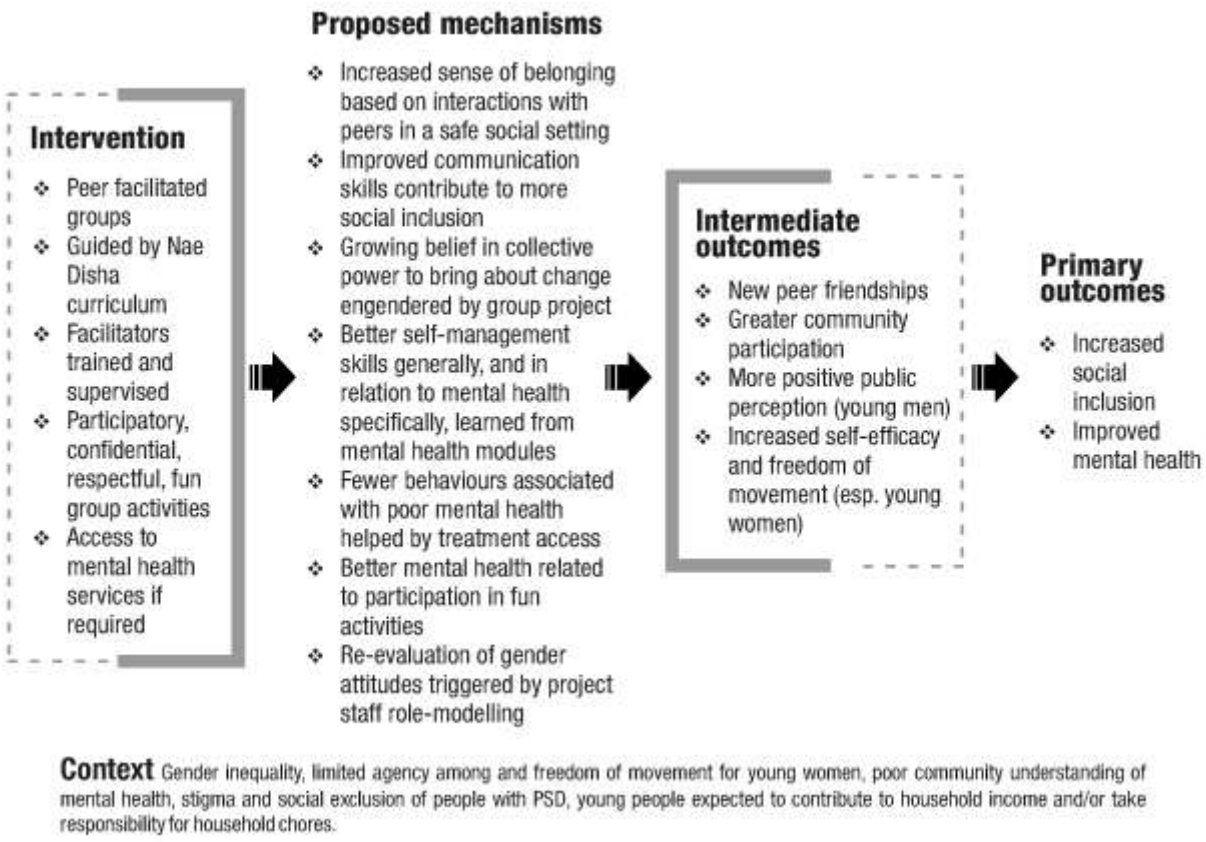

Figure 9 A proposed program theory for how the Nae Disha intervention increases social inclusion and mental health

What we learned – In the Nae Disha intervention development a systematic, sequenced approach included, first iteratively developing and trialing the intervention with young women in marginalised communities, followed by Nae Disha II which had more focus on social inclusion, focusing on young people with psycho-social disability (5). In 2019 we developed Nae Disha 3 which has more focus on gender transformative approaches, and we are conducting a randomised cluster control trial to further evaluate effectiveness with a control group.

Figure 10 Building psycho-social resilience for young people is a key focus of Nae Disha

"Earlier we were called 'nashedi' (addicts) but since joining this programme they call us 'sewadar' (students). And now we are permitted to go to the gurudwara."

3. Addressing Mental Health Determinants

Objective - to reduce risk of mental distress by addressing social and economic factors which can lead to poor mental health

How we do it – Our Burans baseline survey from 2014 found that poverty, low education, poor housing, and belonging to an oppressed caste increased the risk of depression three or four times even when these other factors (6) were taken into account. These findings received considerable media coverage of our findings through The Scroll.

What we learned - through our research into mental health determinants, we came up with four main approaches in terms of how we carry out our work:

1. Work among the most disadvantaged
    a. We choose to locate our work in the highest need areas meaning in urban areas we are only working with people in informal settlements (slums) as people residing here are often stressed, migrants, landless and therefore at higher risk of mental distress. In rural areas of Dehradun we have focused on Muslim areas, and peri-urban industrial areas with high numbers of migrant workers.
2. Increase access to education
    a. We promote participation in education by using the Right to Education act (RTE). In 2016 the OPEN Burans team worked with schools and 60 children of migrant labourers from Eastern Uttar Pradesh who worked in brick kilns and we eventually got around 20 of these children enrolled and regularly attending school. IN 2018-9 a further 37 children have joined school through Burans RTE advocacy.
3. Increase gender equality.
    a. We have focused work on women caregivers (of family members with any type of disability) who are a group at high risk of social exclusion and highly burdened(7). We developed a nine-module psycho-social group intervention called *Nae Umeed* which means New Hope. This programme seeks to increase skills in self-care, how to access health services, government entitlements, behavior management and mental well-being.
4. Strengthen financial inclusion
    a. By adapting and translating into Hindi four units of a financial inclusion module from South India, we have adapted a four- module approach to build skills in household budgets, savings, use of financial technology and micro-credit and savings. We have also formed 6 SHG groups
    b. We have tried a range of initiatives to increase income generation and livelihood for families – with hand craft production, sales outside of India and also poultry and goat projects with a CHGN cluster Disability livelihood intervention project. Outcomes have patchy and difficult to sustain and this is an area we are keen to find better and more effective ways to work.

4. Social Inclusion

Objective - people with psycho social disability participate in all aspects of family and community life, and communities to welcome and support all people, including those with mental health problems.

How we do it – we examined attitudes to people with psycho-social disability in the community as part of a baseline survey and here (8) and built on other work about social inclusion and exclusion in nearby EHA mental health projects (9). We found that unsurprisingly, participants preferred greater social distance from a person with psychosis than from a person with depression. Factors that reduced social distance included familiarity with PPSD, and belief that PPSD can recover, underlining the importance of increasing social contact and awareness around mental health in the community. Key project actions for social inclusion have been:

1. We formed an "experts by experience" group who developed the Swasthya labh saadan (SLS) tool in collaboration with the Burans team and the University of Edinburgh (2). This used a process of participatory action research and sought to use an action-reflection cycle. Although we made a number of mistakes in the power-sharing/ knowledge coproduction process, this project was critical to help the Burans team recognize the value of using participatory and power-sharing processes, and for ensuring tools and resources are contextually validated.

Figure 11 A client filling the Swasthya Labh Saadan (pictorial recovery)

2. Increasing social awareness and inclusion and contact with PPSD by engaging community leaders, religious leaders and general members of the community. As a result, we have seen that the stigma around mental health problems reduced and people are less likely to attribute mental illness to a curse from sin or black magic. People have seen the recovery of people who go to the doctors to get medical help and that encourages others to do the same.
3. Increasing social inclusion through facilitated groups to build peer friendships, social skills and social networks. This includes the *Nae Disha and Nae Umeed* programmes.
4. Encourage social inclusion by supporting PPSD to improve their self-care skills, like washing regularly and wearing clean clothes as well as contributing to small household responsibilities e.g. giving water to buffalo or watering plants. This is also a strong focus in the SLS tool to encourage people to contribute to the household, as we have identified that as a core community value of recovery.

5. Strengthening Mental Health Systems

Objective - to support Government health services to be inclusive of people with psychosocial disability (including in policy and programme design) and to strengthen the District mental health programme implementation at every level from ASHA, to ANM, to PHC, CHC, District hospital and Tertiary level services

How we do it – Our core philosophy is that as an NGO we should not create a parallel service to the government but rather, we work in the 'black holes' where Government is less active, and develop models, resources and community monitoring approaches. A key Burans approach is to support and strengthen the existing government efforts, advocate for those who are not able to access entitlements, provide training around mental health to community leaders and government health workers, and rights-based training to help those in need access the services to which they are entitled.

***Training* -** We have conducted trainings in mental health and epilepsy with over 1200 government ASHA workers (Accredited Social Health Activists) across Dehradun District with a focus on identifying mental and neurological conditions, where to refer people who need professional care, and strengthening ASHA skills in identifying and supporting families in communities.

***Hospital Referrals* –** When Burans started, the government district mental hospital at Selaqui, outpatient numbers were 30 patients a day. Now, the number of psychiatrists at the hospital has doubled and they are getting around 150 out-patients daily. There are many contributing factors to this, but we feel that by building awareness communities, among community leaders and through our training of ASHA workers, we may have supported these increases in people accessing care.

***Advocacy for access to essential medicines*-** For the first four years of our work, the medicines were only available at the State National Institute of Mental Health at Selaqui, which is not in Dehradun city. We had advocated for these to be more widely available for several years without success. But in 2018 we held a big, public meeting, and invited the Chief Pharmacist and Chief Medical Officer of the State and many people with mental health problems and epilepsy told their stories. Two weeks after that meeting, a representative from the government called to say that they now have medicines available in all the main district hospitals.

We conducted a partnership project (with the Department of Health, Uttarakhand, and AIIMS Delhi) with the aim of getting epilepsy care into the Primary Health Centre ("PHC") and Community Health Centre ("CHC") levels. It was funded by the World Health Organization Alliance via Public Health foundation of India funding. Dr Mamta Bhushan, an AIIMS professor epilepsy ran training for all the doctors in Raipur block.

Figure 12 We have learned to work together really well, all supporting each other towards a common goal.

Relationship Building - we put a considerable amount of time and effort into developing and maintaining relationships with government representatives. We invite the Uttarakhand Director General of Health to the dissemination meetings of our research findings. Whilst it is difficult to pinpoint direct outcomes from these relationships, Burans is well known within the Department of Health in Uttarakhand for leading the work in community mental health. Continuing to foster these relationships with the government is an important part of our work in strengthening mental health care systems. We have recently co-authored a paper reflecting on the value of using collaborative governance approaches to support health systems change (10)

What we learned - the progress in this area feels slow at times, and much of it is not in our hands. We have, however, gained a much better understanding of how the government works and how decisions are made, so we feel we have a better idea about how to go about things on that level.

1000+ ASHA workers trained
100+ outpatients per day at district mental hospital (tripled from 30 per day at start of project)
200+ CHC and PCH personnel trained

"Within the group, we have learned to accept each other as we are and understand our own strengths an limitations. We have learned to work together really well, all supporting each other towards a common goal.

In the community, we are open and accepting of the fact that we are experimenting and constantly trying, reflecting, learning. We have also learned that building relationships is so important and we have built some strong relationships within the communities where we work. When one of our teams moves from a previous location to a new location, there are often tears in the community to see the team move on, such s the depth of relationship formed there. That is a core value - working in and through relationships."

Pooja, Burans Team Member

In terms of our work, the following are my key learnings:

1. *build the capacity of the community - transfer the knowledge and skills we have to the community*
2. *build networks - we can't solve things on our own, we need a network of government and other organisations to work together to support these people and communities.*
3. *research, self-reflection, learning from the things that don't go well and continue to try to improve. "*

Jeet, Burans Team Member

KEY BURANS RESOURCES AND MEDIA COVERAGE

Figure 13 Media coverage of Burans

Burans movies and resources:

Movie 1 - My journey to wellness
Link: https://youtu.be/CvkocPVSuBI

Movie 2 - 5 steps to Wellbeing
Link: https://youtu.be/W1KQPWQnQWg

Movie 3 - Co-producing a recovery tool with an Experts by Experience group
Link: https://youtu.be/GQRwwlQ3a5c

Movie 4 - Using the SLS tool to find my way to recovery
Link: https://youtu.be/776qXR-0IKQ

LOOKING AHEAD - CHALLENGES AND OPPORTUNITIES

Essential for this work is the generous funding we have received in these last five years. Donations from individuals, churches, supporters, friends of friends have added to funding from high commissions, research grants and corporate donors to keep our work and teams operational. There have been positive and negative aspects to this. We have had mostly 12-month funds from a wide range of funders. The positive side of this has been high productivity of output and outcomes on a wide range of facets relating to community mental health in a range of topics and a relatively short time.

Personally, I have learned a lot about mental health through my work with Burans. It was a completely new area to me and I am grateful to have been able to learn so much about it.
-Community volunteer

In April 2019 we started a new branch of Burans in the Yamuna valley. This three-year project is funded by the Mariwala health initiative and True North and has a focus on promoting mentally healthy and violence free communities. We are excited to work in a more remote and rural setting where there are huge care-gaps for people with psychosocial disability.

We are very thankful for all that has been possible in the past five years and we look forward to continuing our work for mental health in disadvantaged communities in Uttarakhand in years ahead.

Figure 14 Young women feel greater social inclusion and mental health through participating in Nae Disha

MESSAGES FOR BURANS AFTER COMPLETING FIVE YEARS OF OPERATIONS FROM KEY PARTNERS

Message from Executive Director of Emmanuel Hospital Association - Dr Sunil Gokavi

The burden of mental ill health, when one actually contemplates the issue, is rather shocking! Besides those with obvious 'mental' illnesses, the need for some form of psychological and psychiatric aid in the apparently 'normal' is significant. During my practice, I at one point realized that I was prescribing anxiolytic agents to a good number of my patients even as a surgeon.

This underlined to me, in no uncertain terms, the tremendous, yet unspoken, need for this aspect of health to be pro-actively addressed, especially amongst the poor in rural India who seemed to have absolutely no recourse to help in such a domain. Psycho-social health is of paramount importance as it enables those with physical difficulties, be they in the form of illnesses or circumstances, to cope and continue to live meaningful and productive lives.

I am thrilled that EHA has had the courage to foray into areas where 'angels may fear to tread' – the whole area of mental wellness – through initiatives like the Burans project, that adds immense credible value through its trainings and research components. It is my hope and prayer that these will bring about the TRANSFORMATION that is the exciting part of the vision of EHA!

Message from Mrs Madhu Singh, Chair of CHGN UKC and Director of OPEN

The Organisation for Prosperity, Education & Nurture (O.P.E.N.) had been working in the field of Community Health and Development since 1985. In 2013 when CHGN asked for expression of interest for a proposed project on mental health in Uttarakhand, O.P.E.N. was one of the three initial partners who met the criteria. No funding was available yet and meetings with Dr Kaaren were based on faith and prayers for people who were in need of help and caring. The inauguration of Project BURANS was held on 31st May 2014 by the then DG Health Uttarakhand and the project commenced from 1st June 2014, in Mussoorie (LCH), Raipur Block (OPEN) and Sahaspur (HOPE). We were very excited to be instrumental in helping to alleviate the suffering of people with psychosocial disability.

OPEN Burans commenced in six villages of Raipur Block in District Dehradun covering a population of 25000 people with a team of one PO and four Community Workers. Lot of

hesitation and resistance to share any psycho-social disability with outsiders was the biggest hurdle, where social stigma played a vital role. However, with God's grace, we were able to break the ice and communities, leaders and opinion-leaders as well as the health department officials, all contributed in bringing people forward. OPEN Burans team members accompanied the PPSDs and their care-takers to the Government Hospitals and helped them in obtaining the required treatment and medicines. After four years of working in these six villages OPEN Burans team has now moved to a slum-area where need was felt. The new area is challenging and we are hopeful the Lord will carry on this work under His guidance and blessings enabling us to do our bit in softening and abating the sufferings of the PPSDs and their families. We are indeed grateful to the Lord that we are a part of this initiative in Uttarakhand.

Message from Director of CHDP, EHA – Pratibha Singh

I would like to take this opportunity to congratulate the Burans team of the Emmanuel Hospital Association for completing five years of pioneering work in community mental health. The path breaking work in preventive mental health with adolescents is a highlight among many other achievements. Praying for broadening horizons and bigger innovations in this area of great need in the coming years.

Message from Deputy Director, CHDP, EHA and Project Director, Herbertpur Christian Hospital – Robert Kumar

I congratulate Burans team and leadership for completing a very successful first five years. During this period Burans was able to guide EHA community health projects to respond the need of mental health services in urban and rural communities, and also showed leadership in developing resources and tools for community led mental health programs in north India. Burans has been able to showcase life transforming stories from the community which has inspired others. A strength of Burans is their work in research and documentation which has added value and scope in the mental health program in EHA as well as the CHGN- UKC cluster. Herbertpur Christian Hospital is grateful for the work Burans team doing in communities with few resources. Our wish is that Burans will continue to lead in community mental health in Uttarakhand and that many lives will be touched through their work. We also hope that the State government will take lessons learnt through Burans practice and research, and include them in mental health programs in the State and beyond.

Message from Mr Lawrence Singh, AKS – HOPE

We the AKS 'HOPE' are proud to be a part/partner of the Burans Project, under the leadership of Dr. Kaaren. The staff have gained good knowledge in the Mental Health through various trainings/workshops during the time period and the said message has been delivered to the communities we have worked amongst, the impact can be seen in the lives of individual staffs as well in the community during these 5 years". We look forward to many more years ahead to go.... God bless you all.

Message from Landour community hospital, Mussoorie (EHA)

On behalf of Landour Community Hospital, Mussoorie, I take this opportunity to congratulate the entire Burans team for the excellent work that you have undertaken in the area of Mental health for the past 5 years. Your work in this field has greatly contributed to the persons with mental health and disability. As you celebrate the successful completion of 5 years, we all want to thank God for all HIS provisions for implementing the project with many CHGN partners in many areas. As one of the initiative of CHGN-UKC, Burans has certainly given the visibility to government.

Our sincere prayers to the Almighty God is that, He may forever guide the Burans team and those associated to it, that you may continue to do the good work in the communities and reach out to those affected with mental illness in many more years to come. **Rajkumar Chery on behalf of LCH**

Message from Dr Michelle Kermode, University of Melbourne

Burans is a wonderful example of a context sensitive wholistic community mental health programme operating in a part of India where the availability of mental health services is limited, and those that do exist tend to be institutionally based and medically oriented. The Burans approach combines treatment, prevention and research, taking account of the broader personal, social and economic situation of clients, while respecting their autonomy and remaining concerned about their safety and well-being, as well as that of their carers. Burans offers an alternative, sustainable model of mental health care both at the individual and community level, that could be replicated in many other places.

Message from Dr Nathan Grills, University of Melbourne

Burans has been a unique partnership run with little funds but with high impact. It has effectively operationalised the concept of navigation by judgement- agilely responding to opportunities and threats. And it has thrived with support through friendship and fellowship. The various partners and friends and their contribution of time and resources have enabled Burans to have an impact beyond its budget. It came together with support from a group of local organisations who cooperate under the banner of the Community Health Global Network - Uttarakhand Cluster. The various partners saw the vision and the need for Burans and realised that together they could make a difference. Together they could improve the lives of those with, or at risk of, psychosocial disability. The University of Melbourne, where I am a professor, have greatly enjoyed working alongside Burans and researching the various models as they have developed. This partnership with Melbourne University has contributed to various publications and programs. However, without the capable leadership and passion of Dr Kaaren Mathias this program would not have had the success or the impact that it has had! Happy 5 years from the University of Melbourne!

Message from Professor Smita Deshpande – Centre for mental health excellence, Dr Ram Manoher Lohia hospital and PGIMER, New Delhi

India has fewer than 4000 psychiatrists to more than 1.3 billion population. Most mental healthcare services are concentrated in the urban areas, with the result that rural and specifically socially disadvantaged, who may need the most care- are deprived of services. Community based and community assisted care is therefore the only immediate solution for healthcare needs of this vast population.

Emmanuel Hospital Association, with its network of hospitals catering to the poor in North India, was uniquely placed for developing training for community-based care. Yet, it requires visionary leadership to scale up and improve the effectiveness of this model. Bringing together diverse groups such as government officers, community leaders along with people with mental health issues and their caregivers, was no easy task, yet this Burans achieved with singular success. Most importantly, there is a spirit of optimism in those whom the project serves and a spirit of enquiry in the staff as well, so that they now not only serve, but expand their service and develop new ways to evaluate its efficacy. As a clinician and researcher, I have become associated with this project relatively recently, but am deeply impressed by its breadth, innovation and reach. I wish this project all success.

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