

Press Release

WHO Guidance And Technical Packages On Community Mental Health Services: Promoting Person-Centred And Rights-Based Approaches

- Kolkata-Based NGO, Iswar Sankalpa's Project 'Naya Daur' Recognised Globally By WHO As One Of The Five Models Of Best Practices For Mental Healthcare & Services -

Kolkata, 10th June, 2021: The World Health Organisation (WHO), today, virtually launched *Guidance and technical packages on community mental health services: Promoting person-centered and rights-based approaches*. Iswar Sankalpa, a Kolkata (West Bengal, India) based not for profit organization's community outreach programme for homeless persons with psychosocial disabilities - *Naya Daur*, has been recognised internationally by WHO as one of the five models of best practices of community outreach mental health service for delivering rights and recovery based mental healthcare and services, from around the world. The other community outreach models are from Gujarat (India), Zimbabwe, Ireland and Sweden.

The purpose of the WHO guidance documents is to provide information and roadmap to all the stakeholders who intend to improve and/ transform their mental health system and services; and to demonstrate that it is possible to develop person-centred and rights-based services which promote inclusion. Since 2007, the *Naya Daur* programme has been reaching out to the doubly marginalised population languishing on the streets of Kolkata - who have been subjected to generations of gross human rights violations with no access to healthcare or spaces for rehabilitation.

Around 23 crore Indians have been pushed into poverty during the past one year as the pandemic of COVID-19 and the eventual lockdowns wreaked havoc on the economy, as reported by Azim Premji University. In the current situation the need for mental healthcare systems that are non-coercive, person-centric, respects the person's legal capacity, and focuses on community inclusion are of utmost importance. "The world is accepting the concept of universal health coverage. Mental health must be an integral part of UHC. Nobody should be denied access to mental health care because she or he is poor or lives in a remote place", said **Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization**.

"It is a moment of victory and recognition of the choice and will of the person with severe mental distress. Persons who are doubly stigmatised and vulnerable due to homelessness and psychoses. Along with my team Iswar Sankalpa, I am grateful to my state and country to have given the chance for such a work to evolve which pays respect to the last persons on the street. We take this opportunity to congratulate WHO in leading this ground-breaking work and producing much needed guidance in this area. This landmark guidance represents a critical milestone in supporting mental health reform efforts and is timely to ensure that we build back better in the aftermath of COVID-19", said **Ms Sarbani Das Roy, Secretary, Iswar Sankalpa**.

About Naya Daur

According to the Census of India 2011 India has 1.77 million homeless people. The National Advisory Council (NAC) reports that figures on homelessness are likely to be underestimated given that this is a highly invisible population – both for the society and the government. As per the National Mental Health Survey (NMHS) Report 2015-16, 50% to 64% homeless people suffer from a diagnosable mental disorder amounting to 8,85,000 to 11,32,800 homeless persons with psychosocial disabilities in India. There are very few organisations in India that provide services to this population.

Naya Daur (beginning of a new age)- the flagship programme of Iswar Sankalpa was conceived by Dr. KL Narayanan, a psychiatrist by profession and Ms. Sarbani Das Roy, a mental health professional. The aim was to bridge a fundamental gap - humanise the homeless person with psychosocial disabilities and make mental healthcare accessible to them.

The goal of the programme is to provide community-based support, treatment and care for homeless people with mental health conditions or psychosocial disabilities, in order to increase their inclusion in the community. It heralded a new age, a new approach wherein mental healthcare services were taken to the persons in need of support- the guiding principle being that no one would be forced to move from the neighbourhood in which they live, to receive treatment and care. All efforts are made to build meaningful relationships with community members to avoid the seclusion and ill-treatment of people with mental health conditions or psychosocial disabilities and support them to live meaningful and dignified lives.

Naya Daur's multidisciplinary team works to engage and build rapport with homeless adults between 16 and 80 years of age battling mental health conditions/psychosocial disabilities. The team provides regular check-ups, physical and mental health care, clothes, food, access to entitlements, and visits by counsellors and social workers. The central premise of Naya Daur is the autonomy of the client; service delivery is entirely governed by a person's will and preferences. The client's choice is central to all decisions and interventions offered, from accepting food and taking medicines to the degree and manner of interaction with the team, sharing information about families and whether to take employment. Individual care plans (ICPs) are drafted in conjunction with the client, who is supported to make every decision through a process of informed consent by the staff.

Community volunteers are vital to Naya Daur. They live in the same neighbourhood and are recruited to support the homeless client, alongside the team without expecting any remuneration in return. These volunteers usually have small vending carts, eateries or shops on the streets of Kolkata and limited educational qualifications. The community volunteers are usually people who already know the person; often they have been concerned about the person but did not know how to help.

Responsibility for providing support, however, is jointly shared between the multidisciplinary team, the client, and community volunteers. Volunteers are trained and supervised by outreach workers in taking on caregiving roles. Providing care in the community where people are witnessing the recovery and transformation of persons with severe mental health conditions promotes the concept that recovery through humane care is possible. It dispels myths and combats stigma associated with homeless persons with psychosocial disabilities- that they aren't a lost cause!

The holistic recovery approach followed by Naya Daur puts the person at the centre of the care process; it focuses on their social recovery alongside symptoms that they may be experiencing. Daily communication with the client is goal-oriented in the way that it seeks to motivate the client to take decisions regarding their well-being, regain control of their life and develop hope for the future. The process of obtaining entitlements, re-establishing social and family connections and securing a livelihood in the community, enables clients to reintegrate into community life.

Naya Daur recognises the personhood of such persons who are languishing on the streets, therefore to engage them in their recovery process through non-coercive practices has been the aim of the programme since its inception. Since 2007, it has touched and transformed the lives of over 3000 homeless people with psychosocial disabilities.

For further information:

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